House Bill 3035

Sponsored by Representative DEXTER; Senators DEMBROW, GOLDEN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Directs Department of Corrections and local correctional facilities to assess and address health care needs of persons in custody upon intake. Establishes standards for provision of health care to persons in custody. Requires that person in custody receive copy of medical records upon release. Establishes health navigator positions for employment within Department of Corrections and local correctional facilities. Provides that health navigator salaries are paid by Oregon Health Authority. Appropriates moneys to authority to fund positions.

Directs Department of Corrections and cities and counties operating local correctional facilities to report to Legislative Assembly each biennium concerning health outcomes of persons in custody.

A BILL FOR AN ACT

Relating to health care for adults in custody.

Whereas adults in custody have a constitutional right to health care; and
Whereas discontinuities of care result when people enter into custody; and
Whereas adults in custody are reported to lack meaningful access to comprehensive reproductive health care, inclusive of abortion; peripartum health care, inclusive of prenatal care, postnatal care and the ability to breast-feed their newborns; gender-affirming health care; mental health care, inclusive of support for dealing with toxic stress and non-DSM diagnoses; and substance use disorder care and support; now, therefore,

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) No later than 48 hours after a person is committed or transferred to the physical custody of the Department of Corrections, the department shall:
(a) Assess the person’s health care needs;
(b) Address any immediate medical needs, including the administration of medication; and
(c) Contact the primary health care provider of the person, as identified by the person, for the purpose of coordinating ongoing health care. If the person is enrolled in a coordinated care organization or prepaid managed care health services organization, the department staff shall contact the coordinated care organization or prepaid managed care health services organization to determine the provider who is primarily responsible for the person’s health care.

(2) When providing medical and mental health care to adults in custody, the department shall:
(a) Provide care that is medically appropriate and that meets recognized standards in the medical community;
(b) Ensure the coordination and continuation of care throughout the time the adult is in the custody of the department, including transfers to or from local correctional facilities; and

NOTE: Matter in boldfaced type in an amended section is new; matter [italic and bracketed] is existing law to be omitted. New sections are in boldfaced type.

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(c) Ensure continuity of care with medical and mental health care the adult in custody previously received in the community, including the provision of all treatment prescribed by the primary health care provider of the adult in custody.

(3) Upon the release of an adult in custody, the department shall:
(a) Ensure that the adult in custody is provided with a full copy of all medical records of the adult in custody that are in the possession of the department.
(b) Ensure that the medical records of the adult in custody are made available through an electronic health record sharing program in order to facilitate and maintain consistency with medical care in the community.

(4) As used in this section:
(a) “Coordinated care organization” has the meaning given that term in ORS 414.025.
(b) “Prepaid managed care health services organization” has the meaning given that term in ORS 414.025.

SECTION 2. (1)(a) The Oregon Health Authority shall establish health navigator positions for employment within Department of Corrections facilities.
(b) A person hired as a health navigator must have knowledge of health care systems and must be a regulated social worker or have training similar to a regulated social worker.
(2) Each adult in custody shall be assigned a health navigator immediately upon assignment to a specific correctional facility.
(3) Health navigators shall:
(a) Assist adults in custody with meeting health care needs during the transition into department custody, during reassignment between correctional facilities and prior to release;
(b) Assist adults in custody with obtaining medical care, including advocating for care when necessary;
(c) Maintain a consistent relationship with each adult in custody assigned to the navigator so long as the adult in custody is housed within a Department of Corrections facility;
(d) Coordinate with health navigators within local correctional facilities if an adult in custody assigned to the navigator is transferred to a local correctional facility; and
(e) Coordinate with community health care providers if an adult in custody assigned to the navigator is released.
(4) Health navigators are not employees of the Department of Corrections but, in order to perform their duties under this section, shall be provided with the same access to correctional facilities as employees of the department who provide medical care to adults in custody.
(5) The salaries of health navigators within Department of Corrections facilities shall be paid by the Oregon Health Authority.

SECTION 3. (1) Each biennium, the Department of Corrections shall report to the interim committees of the Legislative Assembly related to the judiciary, in the manner provided under ORS 192.245, the following deidentified and disaggregated data concerning the health outcomes of all adults in the custody of the department:
(a) Life expectancy;
(b) Obesity rates;
(c) Vaccination rates;
(d) Sexually transmitted disease infection rates;
(e) Substance use disorder rates;
(f) Suicide attempts and completions;
(g) Rates of maternal mortality and severe maternal morbidity, as those terms are defined in ORS 432.600;
(h) Infant mortality rates; and
(i) Any other data specified by the Oregon Health Authority by rule under subsection (2) of this section.

(2) The Oregon Health Authority shall adopt rules specifying additional data to be reported by the Department of Corrections under subsection (1) of this section.

SECTION 4. Sections 5 and 6 of this 2021 Act are added to and made a part of ORS 169.005 to 169.685.

SECTION 5. (1) No later than 48 hours after a person is booked into a local correctional facility, the staff of the facility shall:
(a) Assess the person’s health care needs;
(b) Address any immediate medical needs, including the administration of medication; and
(c) Contact the primary health care provider of the person as identified by the person.
If the person is enrolled in a coordinated care organization or prepaid managed care health services organization, the facility staff shall contact the coordinated care organization or prepaid managed care health services organization to determine the provider who is primarily responsible for the person’s health care.

(2) When providing medical and mental health care to persons in the custody of a local correctional facility, the facility shall:
(a) Provide care that is medically appropriate and that meets recognized standards in the medical community;
(b) Ensure the coordination and continuation of care throughout the time the person is in the custody of the facility, including transfers to or from Department of Corrections facilities; and
(c) Ensure continuity of care with medical and mental health care the person previously received in the community, including the provision of all treatment prescribed by the person’s primary health care provider.

(3) Upon the release of a person in the custody of a local correctional facility, the facility shall:
(a) Ensure that the person is provided with a full copy of the person’s medical records in the possession of the department.
(b) Ensure that the person’s medical records are made available through an electronic health record sharing program in order to facilitate and maintain consistency with medical care in the community.

(4) As used in this section:
(a) “Coordinated care organization” has the meaning given that term in ORS 414.025.
(b) “Prepaid managed care health services organization” has the meaning given that term in ORS 414.025.

SECTION 6. (1)(a) The Oregon Health Authority shall establish health navigator positions for employment within local correctional facilities.
(b) A person hired as a health navigator must have knowledge of health care systems and
must be a regulated social worker or have training similar to a regulated social worker.

(2) Each person in the custody of the facility shall be assigned a health navigator upon being booked into the facility.

(3) Health navigators shall:
   (a) Assist persons in custody with meeting health care needs during the transition into the custody of the facility, during reassignment between correctional facilities and prior to release;
   (b) Assist persons in custody with obtaining medical care, including advocating for care when necessary;
   (c) Maintain a consistent relationship with each person in custody assigned to the navigator so long as the person is housed within the facility in which the navigator is employed;
   (d) Coordinate with health navigators within Department of Corrections facilities if a person assigned to the navigator is transferred to a department facility; and
   (e) Coordinate with community health care providers if a person assigned to the navigator is released.

(4) Health navigators are not employees of the local correctional facility, but in order to perform their duties under this section, shall be provided with the same access to the facility as employees of the facility who provide medical care to persons in custody.

(5) The salaries of health navigators employed within local correctional facilities shall be paid by the Oregon Health Authority.

SECTION 7. (1) Each biennium, a city or county that operates a local correctional facility, as that term is defined in ORS 169.005, shall report to the interim committees of the Legislative Assembly related to the judiciary, in the manner provided under ORS 192.245, the following deidentified and disaggregated data concerning the health outcomes of all persons in the custody of the facility:
   (a) Life expectancy;
   (b) Obesity rates;
   (c) Vaccination rates;
   (d) Sexually transmitted disease infection rates;
   (e) Substance use disorder rates;
   (f) Suicide attempts and completions;
   (g) Rates of maternal mortality and severe maternal morbidity, as those terms are defined in ORS 432.600;
   (h) Infant mortality rates; and
   (i) Any other data specified by the Oregon Health Authority by rule under subsection (2) of this section.

(2) The Oregon Health Authority shall adopt rules specifying additional data to be reported under subsection (1) of this section.

SECTION 8. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the General Fund, the amount of $__________, for the purposes of funding health navigator positions under sections 2 and 6 of this 2021 Act.