



March 5, 2024

**SUMMARY OF BILL AS AMENDED (014686):** Requires the Department of Correction (DOC) to provide payment to county legislative bodies for the human immunodeficiency virus (HIV) medication for inmates committed to a county jail or workhouse who previously received prescription medication to treat HIV or AIDS through a state department, agency, or program, including the Division of TennCare. Excludes the Ryan White HIV/AIDS program administered by the Department of Health (DOH). Requires a sheriff or the sheriff's designee to file a claim to receive such payment or reimbursement. Authorizes the DOC to use federal funding to pay the medication expenses. Authorizes a sheriff or sheriff's designee to transport an inmate housed in a local jail who was participating in the Ryan White HIV/AIDS program immediately prior to incarceration to the location of the healthcare provider that was treating the patient immediately prior to incarceration for HIV treatment under the Ryan White HIV/AIDS program. Requires the healthcare provider to continue HIV treatment for the inmate for the duration of the inmate's incarceration in a county jail or workhouse. Authorizes the healthcare provider to treat the inmate via telemedicine upon request.

**FISCAL IMPACT OF BILL AS AMENDED:**

**Increase State Expenditures – \$49,500/FY24-25 and Subsequent Years**

**Decrease Local Expenditures – \$49,500/FY24-25 and Subsequent Years**

**Other Fiscal Impact – Passage of the proposed legislation will result in a permissive increase and additional decrease in local expenditures. The extent and timing of such increase and decrease is dependent upon multiple unknown factors and cannot be determine with reasonable certainty but is estimated to result in a net decrease in local expenditures for participating local jails.**

**The extent and timing of any decrease in state expenditures associated with additional federal funding cannot reasonably be determined.**

Assumptions for the bill as amended:

- Based on information provided by the DOC, in each of the last three years, there was an average of:
  - 19,476 offenders in state facilities; and
  - 24,183 offenders in local jails.

- Of that 19,476, an average of 0.77 percent or 150 ( $19,476 \times 0.77\%$ ) offenders received monthly HIV treatment.
- This analysis assumes that the distribution of inmates who receive treatment for HIV in local jails is similar to that in state facilities, or 186 ( $24,183 \times 0.77\%$ ) inmates per year.
- According to the Bureau of Justice Statistics report *Jail Inmates in 2022* (NCJ 307086), the average number of days per year over the last 10 years that a person admitted to a local jail spends in custody is 26.33 days before release.
- The current monthly cost of HIV treatment per inmate is \$3,035 or approximately \$101 per day per inmate ( $\$3,035 / 30$  days).
- It is reasonably assumed 10 percent, or 18.6 ( $186 \times 10.0\%$ ), of offenders in the custody of a local jail previously received HIV treatment from a state entity, excluding the Ryan White HIV/AIDS program administered by the DOH.
- There will be a total recurring increase in state expenditures estimated to be \$49,464 [ $(\$101 \times 26.33 \text{ days}) \times 18.6 \text{ inmates}$ ] and a mandatory equal corresponding decrease in local expenditures in FY24-25 and subsequent years.
- To the extent an inmate housed in a local jail who was participating in the DOH HIV/AIDS program immediately prior to incarceration is transported to the location of the healthcare provider that was treating the patient for HIV treatment, there will be a permissive increase in local expenditures and a corresponding decrease in local expenditures for HIV medication costs covered by the DOH program.
- The extent and timing of any such permissive increase or corresponding decrease in local expenditures is dependent upon the number of offenders that were receiving HIV treatment from the DOH prior to being housed in a local jail and the number of local jails who decide to transport such inmates for treatment but is estimated to result in a net decrease in local expenditures for participating local jails.
- Pursuant to Tenn. Code Ann. § 41-4-115(a), the county legislative bodies alone have the power, and it is their duty, to provide medical attendance for all prisoners confined in the jail in their respective counties, except for federally or state funded medication for HIV positive patients.
- Pursuant to Tenn. Code Ann. § 41-4-115(h), subject to the availability of federal or state funds and the satisfaction of requirements for use of such federal or state funds, the DOH is authorized to use federal or state funding for the payment of medication for inmates who are HIV positive.
- According to the federal Health Resources and Services Administration, the state received approximately \$29,936,338 in FFY22-23 for the Ryan White HIV/AIDS Program Part B.
- Based on information previously provided by the DOH, all Ryan White HIV/AIDS Program Part B federal funding the department currently receives is being utilized for HIV treatment, education, and prevention programs throughout the state.
- To the extent the DOH is awarded additional federal funding, any such funding would be available to the DOC for use in covering the cost of HIV medications for inmates. The extent and timing of any such decrease in state expenditures cannot be reasonably determined.

**CERTIFICATION:**

The information contained herein is true and correct to the best of my knowledge.

A handwritten signature in black ink that reads "Krista Lee Carsner". The signature is written in a cursive, flowing style.

Krista Lee Carsner, Executive Director

/vh