9-20-2017

Saint Alphonsus Regional Medical v. Raney Appellant's Reply Brief Dckt. 45016

IN THE SUPREME COURT OF THE STATE OF IDAHO

SAINT ALPHONSUS REGIONAL MEDICAL CENTER, Plaintiff-Appellant, vs. ADA COUNTY SHERIFF GARY RANEY, in his Official Capacity, ADA COUNTY, and THE BOARD OF ADA COUNTY COMMISSIONERS, Defendants-Respondents.	**Docket No. 45016** (Ada County District Court Case No. CV-OC-2015-5002) **APPELLANT'S REPLY BRIEF**

APPELLANT'S REPLY BRIEF

Appeal from the District Court of the Fourth Judicial District of the State of Idaho, in and for the County of Ada

The Honorable Richard D. Greenwood, District Judge, Presiding

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I. INTRODUCTION

As explained in Plaintiff-Appellant Saint Alphonsus Regional Medical Center's ("Saint Alphonsus") brief-in-chief, the District Court erred in not recognizing that the provisions regarding payment of post-release medical costs for county inmate-patients under Idaho Code §20-605 were expressly incorporated into Idaho Code §20-612, the statute governing inmates (such as Patient) housed in the same county in which they are ordered to be held. Further, the District Court erred in finding that post-release costs for same-county inmate-patients were, instead, covered by Idaho's medical indigency program (Title 31, Chapter 35), a conclusion not supported by the express language of §§20-605 and -612 (as modified by amendments by the Legislature in 1994) or Idaho's medical indigency statutes.

The response brief filed by Defendants-Respondents Ada County Sheriff Gary Raney, Ada County, and the Board of Ada County Commissioners (collectively, "Ada County") relies heavily on pre-amendment case authority (to wit, St. Alphonsus Reg'l Med. Ctr., Ltd. v. Killeen and County of Bannock v. Pocatello, *infra*), while largely avoiding discussion of the actual amendments in 1994 and the effect thereof. In summary, Ada County's arguments in response fail for the following reasons.

Ada County's reliance on the 1986 decision of County of Bannock v. Pocatello, *infra,* offers little to the resolution of this matter, other than generally establishing that §20-605 applies to out-of-county inmates, and §20-612 applies to in-county inmates. It does not, for obvious reasons, address the 1994 amendments regarding

medical costs associated with care provided to inmate-patients during and post-custody.

Ada County's argument that the 1994 amendments do not require payment for medical care for inmate-patients post-release fails, in that the 1994 amendments were directly in response to the harsh results of St. Alphonsus Reg'l Med. Ctr., Ltd. v. Killeen, *infra*. Specifically, Killeen cut off reimbursement after release, but required counties to pay amounts vastly in excess of the reduced rates afforded by Idaho's medical indigency program. The 1994 amendments reduced the reimbursement rates, but ensured that providers would be reimbursed for the provision of care to inmates released for the purpose of receiving additional medical care.

Ada County's argument that the 1994 amendment to §20-612 was intended to "ensure that county commissioners furnish out-of-state inmates with medical care, even those inmates did not originate from the housing county" contradicts §20-612's application to same-county inmates. Moreover, it ignores the 1994 amendment to §20-612, which expressly incorporated §20-605's provisions regarding medical care afforded to inmates, including the proviso that "[r]elease from an order pursuant to section 20-604, Idaho Code, for the purpose of a person receiving medical treatment shall not relieve the county of its obligation of paying the medical care expenses imposed in this section."

Ada County's further argument that discussion of Idaho's medical

indigency laws is irrelevant to the determination of this matter also fails, given that both Ada County and the District Court pointed to Idaho's medical indigency program as the correct means for providers to secure reimbursement for care provided to post-release inmate-patients. In addition to the significant differences in procedure and eligibility requirements, nothing in §20-605, §20-612, or Idaho's medical indigency statutes expressly contemplates the medical indigency program picking up the costs of care for released inmate-patients, when specifically released from custody for medical care.

Finally, Ada County's argument that §20-605's language is only intended to ensure that a responsible county pay for their own inmate-patient's medical care is contradicted by Ada County's argument that medical indigency should cover those costs. In that scenario, the precise result that Ada County is claiming should be avoided is not avoided. In the medical indigency program, counties are only responsible for an initial amount, after which the statewide Catastrophic Health Care Cost Program pays – thus, relieving the originating county of potentially most of the medical costs for the inmate's care.

Accordingly, as Ada County's arguments fail to provide support for the District Court's summary judgment decision, as discussed further below, the District Court erred in its Memorandum Decision and Order on Cross Motions for Summary Judgment, which decision should be reversed and the matter remanded to the District Court.

II. ARGUMENT

A. *County of Bannock* is not determinative of the question posed by this case.

Ada County's first responsive argument suffers the same pitfall as the District Court's decision – emphasizing the 1986 decision of County of Bannock v. Pocatello, 110 Idaho 292, 715 P.2d 962, but wholly ignoring the subsequent 1994 amendments (following the Killeen decision) which modified both statutes. (Respondents' Brief at 8-10.)

Without lengthy repetition, all that County of Bannock stands for, with respect to the question in this case, is that "I.C. §§ 20–604, –605 and –606 are specific statutes which pertain only to the housing of prisoners in another county, while I.C. § 20–612 applies to prisoners housed within the county." 110 Idaho at 295. By no stretch does this answer the question in this case, as the 1994 amendments changed the language of both statutes, and added the language that is now actually in dispute. Thus, in response to Ada County's challenge that "Saint Alphonsus offers no argument as to why the *County of Bannock* case is not controlling," the answer is simple: the statutes in dispute were amended in 1994, and that amended language (regarding medical costs and responsibility for costs post-release) was added in 1994. Other than the basic principle of §605 applying to out-of-county inmates, and §612 applying to in-county inmates, County of Bannock offers no additional guidance in this case, and is not determinative of the question

posed.

Thus, Ada County's argument on this point fails and should be disregarded.

B. Idaho Code §20-605 was amended, post-*Killeen*, to reimburse providers for medical bills post-release for conditions that arise in-custody.

Ada County goes on to argue that the 1994 amendment to §20-605 "did not expand this obligation to include *future* medical expenses incurred after detention or confinement ends." (Respondents' Brief at 11-12.) Ada County insists, then, that the amendment did not alter the holding of Killeen such that "a county is not liable for an inmate's medical expenses incurred after the inmate is no longer in custody." (*Id.* at 12.) Instead, Ada County suggests, that a reading of the current §20-605 provides only that "the obligated county is still required to reimburse the housing county for those expenses *already incurred* while incarcerated." (*Id.*) However, quite to the contrary, the Legislature specifically amended §20-605 (and §20-612) to provide for reimbursement post-release, in direct response to the result in Killeen.

First and foremost, any argument that the amendment to §20-605 was to ensure that providers were reimbursed for care provided while an inmate-patient was in custody is nonsensical, because the provider in Killeen was reimbursed for all in-custody care; that issue was not left unresolved after the appeal. St. Alphonsus Reg'l Med. Ctr., Ltd. v. Killeen, 124 Idaho 197, 199-200, 858 P.2d 736, 738-740 (1993)("We are sympathetic to Ada County's policy arguments against being responsible for medical expenses—the anomaly being that when an indigent

is in jail, the hospital recovers more money than it would under the indigency scheme and the reality that the sheriff's office is not ordinarily so constituted to seek indemnity from other sources. Nonetheless, the statutes collectively indicate that it is ultimately the sheriff's responsibility to pay for prisoners' medical expenses. Re-allocation of that responsibility is within the province of the legislature.") What did remain open after the Killeen decision were two decisions impacting both parties: 1) the county was responsible for full reimbursement of the incurred medical expenses, but 2) only as long as the patient was actually in custody.

And it is here that Ada County's argument unravels. Ada County's reliance on County of Bannock and Killeen – both decided prior to the 1994 amendments to §20-605 and §20-612 – illustrates the question that Ada County desperately wants to avoid answering – what, then, did the 1994 amendments do? As best as can be gleaned, Ada County contends that the amendment in 1994 to §20-605 obligated counties to reimburse providers for care provided to an in-custody patient – which providers were already entitled to, under Killeen and the pre-amendment statutes. With respect to §20-612, Ada County makes little discussion, offering a fleeting thought that the amendment to §20-612 was intended to ensure payment for out-of-county inmates (while simultaneously arguing §20-612 only applies to same-county inmates). (Respondents' Brief at 13.) Indeed, Ada County even pretends that the amendment to §20-612 doesn't exist: "The legislature would not have inserted

this sentence into the middle of § 20-605 with the intent to have it apply in situations beyond the scope of § 20-605, at least without explicitly stating its intention to do so." The Legislature literally explicitly stated its intention to do so: "**and medical care as provided in section 20-605, Idaho Code**[.]" (amended language added to § 20-612 in 1994)(emphasis added).

Instead, what Killeen and the subsequent 1994 amendments teach us is that the Legislature intended to address the harsh results (as to both sides) of Killeen. On the one side, Sheriffs were not entitled to the 'discount' on reimbursement costs that the medical indigency program afforded to non-inmates. On the other side, providers were stuck with costs for medical care that arose while an inmate was in a sheriff's custody but which abruptly ended when the inmate was released to receive additional care. As here, the patient in Killeen was in custody when a medical condition developed. R., 34 at ¶8 & 45-46 at ¶8; Killeen, 124 Idaho at 197 ("While in the Ada County jail, Edmonds experienced chest pains."). As here, the patient in Killeen was released from custody while still receiving care. R., 34 at ¶9; 21, 46 at ¶9, 35-36 at ¶13, 27-31, & 46-47 at ¶13; Killeen, 124 Idaho at 197 ("While remaining at St. Alphonsus for observation, she was released from the sheriff's custody on her own recognizance by magistrate's order.").[1] However, whereas in

[1] As was also the case in Judge Watkins decision in In the Matter of the Application on Behalf of Wade Gord, Jefferson County Case No. CV-2012-235. (R. 148-165.) There, the inmate-patient was released from custody "for the express purpose of receiving medical treatment" – to wit, a traumatic brain injury, from which he passed away a few days later. (R. 149 & 160.) Applying §20-605, Judge Watkins

Killeen the Court cut off reimbursement at the point of release, the Legislature saw fit to ensure that ongoing care was paid for when the inmate was released for medical care, but at a much lower cost for the Sheriff:

- Idaho Code §20-605:

> In the absence of such agreement or order fixing the cost as provided in section 20-606, Idaho Code, the charge for each person confined or detained shall be the sum of thirty-five dollars ($35.00) per day, plus the ~~actual~~ cost of any medical or dental services paid at the unadjusted medicaid rate of reimbursement as provided in section 31-3502(4), Idaho Code, unless a rate of reimbursement is otherwise established by contract or agreement; . . . Release from an order pursuant to section 20-604, Idaho Code, for the purpose of a person receiving medical treatment shall not relieve the county of its obligation of paying the medical care expenses imposed in this section.

- Idaho Code §20-612:

> It shall be the duty of the board of county commissioners to furnish all persons committed to the county jail with necessary food, clothing and bedding, and medical care as provided in section 20-605, Idaho Code, ...

- Idaho Code §31-3302:

> (3) The expenses necessarily incurred in the support of persons charged with or convicted of crime and committed therefor to the county jail. Provided that any medical expenses shall be paid at the unadjusted Medicaid rate of reimbursement as provided in section 31-3502(4), Idaho Code, unless a rate of reimbursement is otherwise established by contract or agreement.

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held that "A county, wherein an individual is detained by law enforcement, is responsible for paying the costs of that confinement. Such is true even if the detainee is released for purposes of receiving medical treatment." (R. 160.)

(R., 146-147.) Thus, it is clear that, following the Killeen decision, the Legislature amended §20-605 and §20-612 to ensure that providers would be reimbursed (albeit at a lower rate) for inmate-patients that receive care after being released to receive care, to include inmate-patients housed in their own county.

Accordingly, Ada County's argument on this point fails, and the District Court's decision should be reversed.

C. Ada County mischaracterizes Saint Alphonsus' argument regarding §20-612.

Ada County next reiterates its empty claim that "Saint Alphonsus concedes the ultimate issue in this case" – that §20-605 governs out-of-county inmates and §20-612 governs same-county inmates. (Respondents' Brief at 13.) Saint Alphonsus' argument does not end there, of course - §20-612, applicable to Patient, expressly incorporates §20-605: "It shall be the duty of the board of county commissioners to furnish all persons committed to the county jail with ... medical care as provided in section 20-605." Thus, the plain language of the incorporation from §20-605 into §20-612 is clear – whatever medical care provisions are in §20-605 are incorporated into §20-612, including the proviso that "[r]elease ... for the purpose of a person receiving medical treatment shall not relieve the county of its obligation of paying the medical care expenses imposed in this section."

Faced with the incorporation problem, Ada County confusingly, and

awkwardly, argues that "[t]he inclusion of the §20-605 reference in §20-612 was necessary to ensure that county commissioners furnish out-of-state inmates with medical care, even those inmates did not originate from the housing county." (Respondents' Brief at 13.) Any contention by Ada County that §20-612 governs out-of-county inmates is meritless, given not only prior case law[2] and the District Court's holding[3], but Ada County's own summary judgment arguments: "The legislature certainly could have included the sentence in a different statute, for instance, in §20-612 (which the Supreme Court has held applies to prisoners held within the county)." (R. 67)(emphasis added). Moreover, Ada County's efforts to simply wave away §20-612 (and the 1994 amendment thereto) would otherwise be contrary to basic rules of statutory construction. Bonner County v. Cunningham, 156 Idaho 291, 295, 323 P.3d 1252, 1256 (2014)("[E]ffect must be given to all the words of the statute if possible, so that none will be void, superfluous, or redundant.").

Thus, Ada County's hollow argument, attempting to ignore Saint Alphonsus' argument regarding the incorporation plainly included in §20-612 and the applicability of §20-612 to same-county inmate-patients such as Patient, can be quite safely be rejected by this Court.

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[2] "...I.C. §20-612 applies to prisoners housed within the county." Bannock County v. City of Pocatello, 110 Idaho 292, 295, 715 P.2d 962, 965 (1986.)

[3] "This is also mandated by section 20-612, which applies to prisoners housed within their own county." (R. 265.)

D. Discussion of Idaho's medical indigency laws is perfectly relevant, given both Ada County and the District Court's discussion of such in the underlying proceeding.

Ada County goes on to argue that discussion of Idaho's medical indigency laws are irrelevant to the discussion of §20-612 and payment of medical costs for patient-inmates post-release. This argument can also be disregarded by this Court.

Setting aside the fact that §20-605 expressly refers to and incorporates a portion of the medical indigency code ("...the cost of any medical or dental services paid at the rate of reimbursement as provided in chapter 35, title 31, Idaho Code..."),[4] both Ada County and the District Court pointed to the potential availability of medical indigency in defense of their interpretation of §20-605/612. (R., 60, 62, 68 (Ada County's opening summary judgment memo); 199, 210 (Ada County's summary judgment opposition brief); 255, 256 (Ada County's summary judgment reply); 266 (District Court's decision).) Indeed, Ada County was quick to point out – and essentially blame Saint Alphonsus for – the denial of medical indigency benefits for the Patient. (R., 255-256.) Likewise, the District Court expressly pointed to medical indigency as the remedy for indigent inmate-patients post-release:

> The sheriff and the county remain responsible for the payment to prisoner medical care, indigent or not, but only at the Medicaid rate. If an indigent prisoner is ordered to be confined in his or her own county,

[4] Indeed, as explained previously, that provision was added post-*Killeen* to address the fact that a hospital would recover more from a county for an in-custody inmate than it would otherwise recover under Idaho's medical indigency program. (Saint Alphonsus' Brief-in-Chief, at pp. 14-16.)

> then that county will still be liable for an indigent prisoner's medical costs after release, but through the indigency statutes.

(R. 266.) Thus, reliance on an argument predicated on the availability of medical indigency is critical to Ada County and the District Court. Otherwise, neither Ada County or the District Court would be able to justify a scenario where, as here, an inmate attempts to take his own life while in custody, and is thereafter immediately released from custody and left at Saint Alphonsus to provide care. Without being able to point to medical indigency, Ada County and the District Court would essentially be forced to advocate for the position that Saint Alphonsus should solely bear the entirety of medical bills for any inmate-patients the County elected to release, for good faith reasons or otherwise.[5]

Ada County goes on to muse, in a foot note: "It is difficult to see why Saint Alphonsus would prefer that payment for a patient's medical bills originate from a specific source, as long as it received payment." (Respondent's Brief at 15.) Ada County's argument plays coy with the distinctions between payment by the Sheriff versus payment through the medical indigency system. Bluntly stated, the medical indigency system is a far more complex reimbursement system that frequently hinges on the cooperation of the patient for whom application has been made (a daunting problem being presented when the patient is deceased, comatose,

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[5] Which is the actual outcome in this case. Here, the Patient was injured while in the custody of Ada County, but – in light of the denial of the medical indigency application – Ada County has foisted the entire cost of a suicidal inmate's post-release care on Saint Alphonsus.

homeless, or otherwise uncooperative). For payment under §20-605/612 for post-release patient-inmates, essentially two binary questions are posed: Was the patient who received medical care from the provider an inmate? Was the inmate released from custody for the purpose of receiving medical treatment? If both questions are "yes," then a provider can be reimbursed at the indigency rate. Idaho Code §§ 20-605 & -612. In contrast, for payment under the medical indigency program, compliance by both the provider and the patient is required under an extensive series of steps outlined in a slew of statutes, for which a misstep at any point can result in a denial of an application. Bases for denial of a medical indigency application can run the gamut from, for example:

- Failure to submit the appropriate application based upon the care received – 31 days for emergency care, 10 days in advance for non-emergent care, and 180 days for care for which a bona fide application has been submitted to another resource but denied. §31-3505.

- Failure to submit (and have approved) a treatment plan for additional care not covered by the original application, submitted at least 10 days in advance of the additional care. §§31-3504 & -3505.

- Failure to complete the Combined Application for State and County Medical Assistance, a 13-page document requiring detailed information about the care received, the patient's person information (as well as that of their spouse and children, if any), residence history, all current public assistance being used, health insurance history, criminal history, civil settlements/judgments, child support, income, expenses, assets, a Patient Rights and Responsibilities Form requiring 30 initials and a signature, and a release requiring signature.[6]

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[6] The current Combined Application form is publicly available at http://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/CombinedApplicationENG.pdf, which this Court may take judicial notice of, as needed.

- Failure to attend an interview with the clerk. §31-3505A.

- Failure to provided demand verification documentation regarding the application, including picture ID, social security card, immigration papers (if applicable), veterans' status papers (e.g., DD214, if applicable), documentation regarding any kind of income, federal and state tax returns, bank statements, proof as to public expenses, documentation regarding any kind of expenses (rent, heating, electricity, utilities, phone, car payments, child care, medications, loan payments, court-ordered fines, etc. etc.).[7]

- Failure of provider(s) to submit "all medical records," or to request an extension of time to submit records, within 10 days of a clerk's request for same. §31-3504.

- Denial of part or all of the provided care based upon the opinion of a county-retained "utilization management" expert that the care was not "necessary" pursuant to the definition provided by statute. §§31-3502(18), (28) & -3505A.

- Denial of part or all of the provided care based upon the opinion of a CAT-retained "utilization management" expert that the care was not "necessary" pursuant to the definition provided by statute. §§31-3519.

- Having statutory "resources" (including imputed income) such as might pay the medical bill over a 5-year period. (§31-3502(25)).

- Failing to provide material information related to the application (inadvertently or otherwise), which can also result in criminal charges and/or ineligibility for indigency program for nonemergent care for a 2-year period. (§31-3511).

- For patients in bankruptcy proceedings, failure to secure a lift of the automatic stay in bankruptcy court, resulting from the statutory creation of a lien on patients' property at the time of filing an application. §31-3504(4); *see generally*, In re Johnson, 386 B.R. 272, 280 (Bankr. D. Idaho 2008).

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[7] An outline of the initial interview documents demanded by counties is on page 12 of the current application form. Additional extensive documents regarding the medical indigency program and aspects thereof is publicly available on the Idaho Association of Counties website at http://idcounties.org/documents/indigent-services/, which, again, this Court may take judicial notice of, as needed.

Just in the last decade, this Court has issued a number of decisions where counties have been reversed for denying applications for unsupported reasons, including:

- Claiming (erroneously) that an application was filed one day late, despite express statute setting out how to count days. Saint Alphonsus Reg'l Med. Ctr. v. Gooding Cty., 159 Idaho 84, 85, 356 P.3d 377, 378 (2015).

- Claiming (erroneously) that patients had to sign applications, despite application containing signature sections for third-party applications, as permitted by statute. Saint Alphonsus Reg'l Med. Ctr. v. Elmore Cty., 158 Idaho 648, 654, 350 P.3d 1025, 1031 (2015).

- Claiming (erroneously) that a federal reimbursement program available to hospitals should be considered a patient resource, contrary to statute. St. Luke's Magic Valley Reg'l Med. Ctr., Ltd. v. Bd. of Cty. Comm'rs of Gooding Cty., 150 Idaho 484, 488, 248 P.3d 735, 739 (2011).

- Claiming (erroneously) that providers lacked standing to file petitions for judicial review of adverse county board decisions, contrary to statute and long-standing case authority. St. Luke's Reg'l Med. Ctr., Ltd. v. Bd. of Comm'rs of Ada Cty., 146 Idaho 753, 758, 203 P.3d 683, 688 (2009); Saint Alphonsus Reg'l Med. Ctr. v. Ada Cty., 146 Idaho 862, 863, 204 P.3d 502, 503 (2009).

- Claiming (erroneously) that undocumented aliens were not "residents" for purposes of medical indigency, despite lack of statutory authority for such conclusion. Saint Alphonsus Reg'l Med. Ctr., Inc. v. Bd. of Cty. Comm'rs of Ada Cty., 146 Idaho 51, 54, 190 P.3d 870, 873 (2008); *accord*, Mercy Med. Ctr. v. Ada Cty., Bd. of Cty. Commissioners of Ada Cty., 146 Idaho 226, 229, 192 P.3d 1050, 1053 (2008)(error conceded).

- Claiming (erroneously) that provider could not submit resource dispute to statutory resource screening panel at Department of Health and Welfare, despite plain language of applicable statutes. Mercy Med. Ctr. v. Ada Cty., 143 Idaho 899, 900, 155 P.3d 700, 701 (2007).

- Claiming (erroneously) that county lacked sufficient information based upon patient's lack of cooperation, despite county's own failure to meet statutory duties to investigate and related failure to elicit information at hearing. Univ. of Utah Hosp. v. Ada Cty. Bd. of Comm'rs, 143 Idaho 808, 812, 153 P.3d 1154, 1158 (2007).

Moreover, Ada County's suggestion that Saint Alphonsus can simply avail itself of "the indigency appellate scheme [ ] designed to rectify any deficiencies in a county board's decision" not only implicates potential appeals to District Courts and this Court, but also potentially a resource pre-litigation evaluation through the Department of Health and Welfare (§31-3551) and/or a three-member non-binding arbitration of disputes over medical necessity (§31-3505F).

Thus, Ada County's suggestion that the medical indigency program is somehow a 1:1 substitute for payment under §§20-605/612 is disingenuous, at best – as even exampled by this case. Again, here, where the in-custody portion of patients' care was paid by the county (R., 10 at ¶13), the post-release care was submitted through the medical indigency program and rejected, leaving Saint Alphonsus to bear the entire cost of post-release care for an inmate injured while in the custody of the Ada County Sheriff. Indeed, as a reminder, the medical indigency system is a program of last resort. I.C. §31-3501(2). The Killeen case arose precisely because of that – the medical indigency system denied the application, asserting that responsibility fell on the Sheriff. St. Alphonsus Reg'l Med. Ctr., Ltd. v. Killeen, 124 Idaho at 198 ("Specifically, Canyon County maintained that Edmonds' medical expenses were the Ada County sheriff's responsibility.")

Accordingly, any such argument by Ada County on this point should be rejected, as the Legislature plainly did not contemplate use of the medical indigency

program for inmate-patients (in-custody and post-release) under §§20-605/612 or the medical indigency statutes, except for the very narrow purpose of establishing the reimbursement rate as set forth in §20-605.

E. Ada County's argument that §20-605 is only intended to avoid having other counties pay a county's inmate medical bills is contradicted by its interpretation that would, in fact, mandate that other counties pay a county's inmate medical bills.

Finally, Ada County argues that the necessity of §20-605 is clear, to "avoid shifting the costs related to the inmate to the taxpayers of the housing county[.]" (Respondent's Brief at 16-17.) This argument is, ultimately, simply an extension of Ada County's overarching argument that §20-605 only applies in cross-county housing scenarios (despite the reference and incorporation into §20-612) – otherwise addressed above.

However, Ada County's argument on this point also suffers a logic failure. Ada County argues that the Legislature was merely trying to avoid imposing medical costs on a housing county and, instead, ensuring that the originating county pays them. Ada County's desired interpretation here – that inmates released for medical care reasons be thrust into Idaho's medical indigency system – creates the precise scenario that Ada County claims the Legislature was trying to avoid: a county paying for another county's inmates' needed medical care.

As explained in Saint Alphonsus' brief-in-chief, by insisting that medical indigency is the correct means of payment, medical costs for inmates released to receive medical care (as here, following the Patient's suicide attempt in the Ada

County jail) would ultimately be medical costs borne by all counties in Idaho, rather than the "originating" county. This is because under Chapter 35, an obligated county is only responsible for the first $11,000 in medical bills, and the statewide Catastrophic Health Care fund would otherwise be responsible for all costs exceeding $11,000. *See* I.C. §31-3502(5), -3503, -3503A, -3517. Thus, Ada County's desired result creates the exact problem that Ada County asserts is avoided by its interpretation – inmate care would be paid only in part by the responsible county, with the remainder being paid for by the rest of the state.

Accordingly, as resort to Idaho's medical indigency system is something plainly not contemplated in §31-3302, §20-605, and/or §20-612, the District Court's conclusion that Idaho's medical indigency system supplanted the counties' payment obligations for post-release inmate-patients is in error and should be reversed.

III. CONCLUSION

For the reasons stated above, the District Court's October 25, 2016 Memorandum Decision and Order on Cross Motions for Summary Judgment should be reversed and remanded to the District Court.

RESPECTFULLY SUBMITTED this 20th day of September, 2017.

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By _____
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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 20th day of September, 2017, I caused to be served a true copy of the foregoing document, by the method indicated below, and addressed to each of the following:

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