

FINAL BILL REPORT

SSB 5101

Brief Description: Concerning extraordinary medical placement for incarcerated individuals at the department of corrections.

Sponsors: Senate Committee on Human Services (originally sponsored by Senators Saldaña, Warnick, Dhingra, Kuderer, Nguyen, Nobles, Shewmake and Wilson, C.).

Senate Committee on Human Services

House Committee on Community Safety, Justice, & Reentry

Background: The Secretary of the Department of Corrections (DOC) may authorize an extraordinary medical placement (EMP) and transfer an offender to an alternative care setting outside of DOC if:

- the offender has a serious medical condition and is expected to require costly care and treatment;
- the offender poses a low risk to the community because they are currently physically incapacitated due to age or the medical condition, or is expected to be so at the time of release; and
- granting the EMP is expected to result in cost savings to the state.

Offenders authorized for an EMP must be placed on electronic monitoring unless the monitoring equipment interferes with the function of medical equipment or results in the loss of funding for the offender's medical care, in which case, alternative monitoring must be used. An EMP can be revoked at any time. Persistent offenders and offenders sentenced to life imprisonment without the possibility of release or parole are not eligible for EMP.

DOC has policies establishing criteria and procedures for referring, screening, placing, and monitoring individuals who are eligible for EMP. Per policy, the individual must be seriously ill or have a medical condition that is physically or mentally debilitating or incapacitating, rendering the individual unable or unlikely to engage in activities of daily living without assistance, perform gainful employment, and participate in criminal behavior.

Since 1999, the Secretary of DOC has been required to report annually to the Legislature on:

- the number of offenders considered for an EMP;

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- the number of offenders who were granted an EMP;
- the number of offenders who were denied an EMP;
- the length of time between initial consideration and the placement decision for each offender who was granted an EMP;
- the number of offenders granted an EMP who were later returned to total confinement; and
- the cost savings realized by the state.

Based on these annual reports, as of October 2022, during the prior year, 44 incarcerated individuals were considered for EMP and two were granted. In 2020, 75 incarcerated individuals were considered for EMP and four were granted. In 2019, 32 incarcerated individuals were considered for EMP and zero were granted.

Summary: Eligibility criteria for EMP is modified so that an incarcerated individual may be authorized for an EMP if:

- the incarcerated individual has been assessed by two physicians and is determined to be either:
 1. affected by a permanent or degenerative medical condition to such a degree that the individual does not presently, and likely will not in the future, pose a threat to public safety; or
 2. in ill health and is expected to die within six months and does not presently, and likely will not in the future, pose a threat to public safety;
- the incarcerated individual has been assessed as low risk to the community at the time of release; and
- granting the EMP is expected to result in cost savings to the state.

An alternative type of monitoring must be used if the electronic monitoring equipment is detrimental to the individual's health. References to offender are replaced with incarcerated individual.

Votes on Final Passage:

Senate	37	11	
House	59	39	(House amended)
Senate	30	15	(Senate concurred)

Effective: Ninety days after adjournment of session in which bill is passed.