

HOUSE BILL REPORT

SSB 5024

As Reported By House Committee On:
Corrections

Title: An act relating to health care services for offenders.

Brief Description: Requiring offenders to assist in paying for certain health care services.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Hargrove, Long, Smith, Winsley, McCaslin, Rasmussen, Bauer, Schow and Oke; by request of Department of Corrections).

Brief History:

Committee Activity:

Corrections: 3/22/95, 3/29/95 [DPA].

HOUSE COMMITTEE ON CORRECTIONS

Majority Report: Do pass as amended. Signed by 10 members: Representatives Blanton, Vice Chairman; Sherstad, Vice Chairman; Quall, Ranking Minority Member; Tokuda, Assistant Ranking Minority Member; Cole; Dickerson; Koster; Radcliff; K. Schmidt and Schoesler.

Staff: Antonio Sanchez (786-7383).

Background:

Department of Corrections Health Care

One of the most significantly rising costs in our prison system is inmate health care. Since 1986, the health care expenditures for inmates in prison have almost tripled. Costs have risen from \$10.97 million in 1986 to \$33.3 million in 1994. This represents an increase of 86 percent in the average annual expenditure per offender for health care. These costs are expected to continue to rise as medical costs inflate, the prison population grows, and an increasing number of inmates become older and need additional health and long-term care.

Currently the Department of Corrections' policy is to "provide, at a minimum, a degree of care which is designed to reasonably respond to an inmate's serious medical

and dental needs." Class action litigation has helped shape this policy and the health care services that the state is required to provide under it. The department is required to pay for all the health care needs of inmates attended to under this policy. Health care provided by the Department of Corrections can be grouped into four broad types of care as follows:

- Medical care to meet inmates' serious medical needs
- Basic dental care
- Mental health treatment and counseling
- Drug and alcohol rehabilitation

Medical co-payments have been found to reduce health care expenditures by discouraging overutilization and inappropriate use of health care services and are an important part of health care reform.

Currently, inmates who receive health care in state prison are not required to pay in part or in full for their health care. They are also not required to pay co-payments for each medical visit.

Summary of Amended Bill: The Department of Corrections is authorized to charge inmates nominal co-payments of at least \$3 per visit for offender-initiated, non-emergency health care services. Payments are collected directly from an inmate's institution account by the superintendent. Services and over-the-counter medications are not refused because of an inmate's inability to pay.

Inmates are required to purchase, by unit dose, all over-the-counter medications from the inmate store.

Amended Bill Compared to Substitute Bill: Language was eliminated that gave the department the authority to not collect a copayment if doing so would decrease an offender's institution account below the level of indigency defined by rule. The department is not required to assess and track all copayments regardless of an offender's indigence so that payments may be collected at a later date if the offender receives sufficient funds into his or her account. All copayments collected are not required to be deposited into the general fund.

The department is not mandated to track and report to the Legislature on the results of the copayment program, including the total number of health care visits and copayments assessed, the total amount collected from copayments, and the total number of copayments not assessed or collected due to indigence or the

serious/emergent nature of the treatment or because the service was not initiated by the offender.

The department is not required to make a financial assessment of the offender's ability to pay for medical services from personal resources or private insurance.

Technical changes relating to the secretary's ability to delegate authority to superintendents to withdraw funds directly from offenders' institution accounts are also eliminated.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: This will allow the Department of Corrections to control health care costs.

Testimony Against: None.

Testified: Ruben Cedeno and Beth Anderson, Department of Corrections (pro).