

# HOUSE BILL REPORT

## HB 2311

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As Reported By House Committee On:  
Corrections

**Title:** An act relating to health care services for inmates.

**Brief Description:** Requiring that health care for inmates equal coverage of the basic health plan.

**Sponsors:** Representatives Morris, Long, L. Johnson, Padden, Ogden, Edmondson, Orr, Mastin, Conway, Brown, Kessler, Linville, Kremen, Sommers, H. Myers and Shin.

**Brief History:**

Reported by House Committee on:  
Corrections, February 2, 1994, DPS.

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### HOUSE COMMITTEE ON CORRECTIONS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Morris, Chair; Mastin, Vice Chair; Long, Ranking Minority Member; Edmondson, Assistant Ranking Minority Member; G. Cole; L. Johnson and Padden.

**Staff:** Antonio Sanchez (786-7383).

**Background:**

DEPARTMENT OF CORRECTIONS HEALTH CARE:

The costs associated with housing, feeding, clothing, and caring for offenders in our state corrections system is increasing, commensurate with the growing prison population. These costs are approximately \$27,000 per prisoner per year. 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 doubled. They have gone from \$10.97 million in 1986 to \$22.23 million in 1992. In 1992 alone, health care costs increased by 14 percent. 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.

The "Minimum Standards for Operation and Maintenance of Health Services in Correctional Facilities" were adopted in 1982, and the "Standards for Operation and Maintenance of

Mental Health Units within Correctional Facilities" were adopted in 1983. These standards were designed to ensure offenders access to an appropriate level of health care, based on the results of a number of federal and state court rulings and correctional association studies. These standards form the foundations of health care delivery for the Department of Corrections.

Currently, the Department of Corrections' policy is to "provide, at a minimum, a degree of care which is designed to reasonably respond to an inmates' serious medical and dental needs." The department is required to pay for all the health care needs of inmates covered under this policy. Health care provided by the Department of Corrections can be grouped into four broad types of care, as follows:

- 1) Medical care to meet inmates' serious medical needs;
- 2) Basic dental care;
- 3) Mental health treatment and counselling; and
- 4) Drug and alcohol rehabilitation.

Services covered under this policy can include essential medical care, dental care, mental health treatment, prescription services, laboratory procedures, and radiological procedures. Health care services for inmates are provided in a variety of ways. Most health care services are provided on site by the department's health care staff. However, some services are provided on site by contracted health care providers. Services that cannot be conducted in the prison facility are provided outside in health care facilities in the community or where the appropriate level of care is available.

Medical personnel in the institutions are responsible for determining which inmate illnesses or injuries constitute a "serious medical need" and deserve medical attention.

Currently, there is no uniform Department of Corrections utilization management program or protocol to assist providers in determining the type or level of care provided to inmates.

While inmates are on inmate status, they are considered by both public and private health insurers to not be eligible for any form of health coverage, with the exception of continued coverage for treatment for a prior work-related injury under workers compensation programs.

#### BASIC HEALTH PLAN SERVICES AND EXCLUSIONS FOR SUBSIDIZED ENROLLEES:

The Basic Health Plan is a state subsidized health insurance program designed to provide health care coverage for up to

25,000 uninsured Washington residents. Those who are eligible pay reduced monthly premiums, based on family size and income, for the care coverage through private sector providers. The difference between their reduced premium and the cost of the health coverage is subsidized through state revenues.

Subsidized enrollees are those with incomes below 200% of the federal poverty level for whom the state partially subsidizes premiums. Their plans contain the following basic services:

- 1) physician visits;
- 2) hospital care;
- 3) emergency care;
- 4) lab and X-ray services;
- 5) ambulance transportation;
- 6) preventative care; and
- 7) maternity care.

Some of the major relevant exclusions include:

- 1) Any services which are not medically necessary for the diagnosis, therapeutic care or treatment, or prevention of disease, sickness and injury, or to improve the functioning of a malformed body member;
- 2) Custodial care such as help in walking, getting around or in or out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications;
- 3) Personal comfort items or private rooms in a hospital;
- 4) Emergency facilities for non-emergency conditions;
- 5) Medical, surgical, or other health care procedures, services, drugs or devices considered experimental, or investigated by the American Medical Association, National Institutes of Health, or comparable organization;
- 6) Implants; except cardiac devices, artificial joints, and intraocular lenses;
- 7) Any transplants including, but not limited to, organ, bone marrow, skin, and cornea;
- 8) Sex change operations or treatment for infertility, reversal of sterilization, artificial insemination, and in vitro fertilization;

- 9) Contraceptive supplies;
- 10) Eyeglasses, contact lenses, and routine eye examinations;
- 11) Speech, occupational, and physical therapy;
- 12) Certain dental services;
- 13) Mental health services;
- 14) Treatment of chemical dependency;
- 15) Biofeedback and acupuncture; and
- 16) Cosmetic surgery.

UNIFORM BENEFITS PACKAGE:

The range of services included under the uniform benefits package is currently being established by the State Health Commission. It is expected that the package will be completed by this year.

**Summary of Substitute Bill:** The Department of Corrections is required to develop and implement a health services plan for all inmates that includes a range of services that is equal to the services provided under the state's subsidized Basic Health Care Plan. Dental and mental health care must be included in the plan. The secretary is allowed to only approve health services beyond the subsidized Basic Health Care Plan to comply with federal requirements, or if an inmate purchases additional coverage with his or her own funds.

The health care services provided to offenders is required to be equal to the Uniform Health Plan when the plan is developed by the State Health Care Commission.

All health care contractors providing services for the Department of Corrections are required to comply with the Health Services Plan upon its implementation.

**Substitute Bill Compared to Original Bill:** The substitute bill allows the plan of care provided to inmates in state prisons to exceed the provisions of the Basic Health Plan for appropriate dental care and mental health care. These exceptions for the plan of care also apply to the Uniform Health Plan. The implementation date is extended to December 1, 1994.

**Fiscal Note:** Available.

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

**Testimony For:** None.

**Testimony Against:** The approach seems to be in the right direction and consistent with the goals of health care reform. More time and funds are needed to put a workable package together. Because the Uniform Benefits Package will be the level of coverage to which all state residents are insured access and mandated to have, there is a good argument that the Uniform Benefits Package will stand up to federal legal requirements as the "community standard," better than the health plan. It is probably premature to try to "second guess" the Health Services Commission or to make drastic changes that may be reversed a year later. Concerns about the complexities and expense supports waiting a year before implementation of this concept. Dental care, vision care, and substance abuse treatment are all components that should be in the plan.

**Witnesses:** Linda Melton, Director of Washington Health Care Authority (con); and Rueben Cedeno, Department of Corrections (con).