

# FINAL BILL REPORT

## SHB 1817

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### PARTIAL VETO

Synopsis as Enacted

C 504 L 93

**Brief Description:** Directing the department of corrections to review the offender health care system.

By House Committee on Corrections (originally sponsored by Representatives L. Johnson, Morris, Long, Edmondson, Valle, Rayburn, Karahalios, Riley, Springer, Campbell and Cothern).

House Committee on Corrections  
House Committee on Appropriations  
Senate Committee on Law & Justice

**Background:** Because of unprecedented growth in the inmate population, Washington is engaged in one of the largest prison construction programs in the state's history. Forecasts indicate that the prison population will continue to increase to over 15,000 just after the turn of the century.

The costs associated with housing, feeding, clothing, and caring for offenders in the state corrections system is increasing commensurate with the growing prison population. The average costs are approximately \$26,000 per prisoner per year. One of the more significantly rising costs is inmate health care. Since 1986, the health care expenditures for inmates have doubled 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 Department of Corrections is required to provide and pay for health care for all inmates. These services 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, while 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.

The Department of Corrections maintains data on offender health care provided in their facilities; however, a more comprehensive range of utilization and cost information is needed for adequate cost and quality of care analysis and future health care reform planning.

**Summary:** The Department of Corrections is required to review and submit a report on the scope, nature, and cost of its inmate health care system, beginning with 1988 health services quarterly reports. The analysis must use the quarterly reports to provide a summary of the amount of medical care being used and the cost of that care.

The report must also include descriptive information on the capabilities of the department's health care information system and, to the extent possible, recommendations and a working plan for developing a fully integrated health care information system using shared resources with other state agencies or hospitals.

The department is required to investigate a range of potential cost savings options that include: purchasing health services through preferred contract providers, consolidating purchase of high technology services, purchasing of equipment and supplies in bulk, using generic pharmaceuticals, using preventive health care measures, implementing utilization review, exploring federal program assistance, developing a preferred provider contract with the state's Community Health Care Clinic Consortium, billing the offender's spouse's health care insurance for the medical care provided to the incarcerated spouse, and reviewing chronically ill offenders and their impact on the system.

The department is also required to consult with the state Health Care Authority to establish plans for transitioning the department inmate health care system into the health care system reform measures as they are implemented.

By September 1, 1993, the Department of Corrections must submit an initial report to the Department of Health, Department of Social and Health Services, and the Health Care Authority for review and written comments on departmental coordination on suggestions for additional savings. The final report must be submitted to the Legislature by December 12, 1993.

**Votes on Final Passage:**

House 98 0  
Senate 42 2

**Effective:** May 18, 1993

**Partial Veto Summary:** The requirement for the Department of Corrections to conduct a comprehensive review and analysis of its health care services and related expenditures is eliminated. The department is directed to conduct a more restricted review of inmate health care services that can be accomplished within the department's 1993-95 budget. (See VETO MESSAGE)