
HOUSE BILL 1743

State of Washington

69th Legislature

2025 Regular Session

By Representatives Simmons, Couture, Street, Kloba, Griffey, Ormsby, Hill, Nance, and Davis

Read first time 01/30/25. Referred to Committee on Civil Rights & Judiciary.

1 AN ACT Relating to enhancing opportunities for community-based
2 providers to provide health care services in carceral settings;
3 adding a new section to chapter 4.92 RCW; adding a new section to
4 chapter 43.70 RCW; and creating new sections.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature finds that community-based
7 health care providers are preferred for providing transitional care
8 services to incarcerated individuals preparing for release due to
9 their provision of comprehensive, integrated primary care services,
10 focus on addressing social determinants of health, and continuity of
11 care after release from incarceration.

12 The legislature further finds that unlike large third-party
13 health care providers, community-based health care providers are
14 generally too small to self-insure and are prevented from providing
15 health care in carceral settings due to the reluctance of private
16 insurers to provide medical malpractice insurance in carceral
17 settings and because federal government insurance coverage does not
18 extend to state carceral settings.

19 The legislature further finds that the inability of community-
20 based health care providers to provide transitional care services in

1 carceral settings creates obstacles for local governments contracting
2 for health care services by limiting options and driving up costs.

3 The legislature is committed to facilitating the provision of
4 high quality, low-cost health care to, and enabling safe transitions
5 of care for, incarcerated individuals preparing for release back into
6 communities.

7 The legislature further finds that providing a medical
8 malpractice claim reimbursement program will enable community-based
9 providers to provide health care services in carceral settings and
10 increase local governments' contracting options.

11 The legislature further finds that engagement of community-based
12 health care providers in carceral settings improves outcomes upon
13 release, including reduced recidivism rates, greater trust of health
14 care systems, and increased compliance with treatment plans.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 4.92 RCW
16 to read as follows:

17 (1) When a judgment or settlement is entered against a community-
18 based health care provider under contract with a local correctional
19 agency for damages for personal injury or death resulting from any
20 act or omission in the provision of health care services in a local
21 correctional facility, the state of Washington shall provide
22 reimbursement for any amount of the judgment or settlement that is in
23 excess of \$50,000 and for reasonable costs incurred in defense of the
24 claim.

25 (2) Reimbursement is available only for those amounts of a
26 judgment or settlement entered on or after the effective date of this
27 section that are awarded as damages for an act or omission resulting
28 from the provision of health care actionable under chapter 7.70 RCW,
29 and does not include any amounts that are awarded for damages arising
30 from other tortious conduct or a violation of a person's
31 constitutional or other statutory rights.

32 (3) In order to qualify for reimbursement under this section, the
33 local corrections agency must file a claim for reimbursement under
34 the sundry claim process provided in RCW 4.92.040. In addition to the
35 requirements of RCW 4.92.040, the local corrections agency must
36 provide the office of risk management with the following information
37 relating to the claim:

38 (a) The date of the incident of medical malpractice that was the
39 principal cause of the action;

1 (b) The local correctional facility in which the incident of
2 medical malpractice occurred;

3 (c) The date of suit, if filed;

4 (d) The injured person's sex and age on the incident date;

5 (e) Specific information about the disposition, judgment, or
6 settlement, including:

7 (i) The date and amount of any judgment or settlement;

8 (ii) Court costs;

9 (iii) Attorneys' fees; and

10 (iv) Costs of expert witnesses;

11 (f) Whether the judgment or settlement included an award for
12 damages based on claims other than medical malpractice, and if so, an
13 attestation as to the amount of the judgment or settlement and costs
14 attributable to the medical malpractice claim and the amount of the
15 judgment or settlement and costs attributable to other claims; and

16 (g) Any other claim-related data the office of risk management
17 determines to be necessary for evaluation of the claim and actuarial
18 analysis of medical malpractice liability claims in carceral
19 settings.

20 (4) For the purposes of this section:

21 (a) "Community-based health care provider" means an entity
22 approved by the department of health under section 4 of this act.

23 (b) "Local correctional facility" means a facility operated by a
24 county, city, or local agency primarily designed, staffed, and used
25 for the housing of persons serving terms not exceeding one year for
26 the purposes of punishment, correction, and rehabilitation following
27 conviction of a criminal offense.

28 (c) "Local corrections agency" means any county, city, or local
29 agency providing or otherwise responsible for the custody, safety,
30 and security of adults or juveniles incarcerated in correctional,
31 jail, or detention facilities.

32 (d) "Medical malpractice" means an actual or alleged negligent
33 act, error, or omission in providing or failing to provide health
34 care services that is actionable under chapter 7.70 RCW.

35 NEW SECTION. **Sec. 3.** The department of enterprise services
36 shall adopt rules necessary to implement section 2 of this act.

37 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.70
38 RCW to read as follows:

1 The department shall approve community-based health care
2 providers for coverage under the claim reimbursement program
3 established in section 2 of this act. To be approved by the
4 department, the provider must:

5 (1) Be a federally qualified health center, as defined in 42
6 U.S.C. Sec. 1396d; or

7 (2) Be a clinic that the department has determined meets
8 substantially similar requirements to those in 42 U.S.C. Sec. 1396d.

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