

HB

219

HFIN

FILE

HOUSE COMMITTEE REPORT

(11)

Date Referred: March 27, 1995

FURTHER REFERRALS:

Date of Committee Action: 4/20/95

The FINANCE Committee considered:

HB 219

HOUSE BILL NO. 219

PAROLE OF TERMINALLY ILL PRISONERS

"An Act authorizing special medical parole for terminally ill prisoners."

recommends it be replaced with the following committee substitute CS HB 219 (Fin) the same title a new title

additional referral to _____ Committee

attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) DOC by HFC zero fiscal note(s) DOA 3/27/95

SIGNING WITH RECOMMENDATIONS		DP	DNP	NR	AM
<i>Mark Hanley</i>	Hanley	X			
<i>Mark Mulder</i>	Mulder	X			
<i>Tom Martin</i>	Martin	X			
<i>Ben Grossendorf</i>	Grossendorf	X			
<i>Jim Brown</i>	Brown	✓			
<i>Pete Kelly</i>	Kelly	✓			
<i>Jim Theriault</i>	Theariault	X			
<i>Richard Foster</i>		X			

CHAIR'S SIGNATURE *Mark Hanley* *Richard Foster*
 Hanley Foster

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. CSHB 219 (FIN)

Title: Relating to medical care for prisoners
on probation.

Sponsor: Mulder, Foster

Requestor: _____

Dept. Affected Corrections

BRU: Statewide Operations

Components: All

Serial # 694

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants, Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (THOUSANDS OF DOLLARS)

General Fund	0.0	0.0	0.0	0.0	0.0	0.0
Federal Fund	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS :

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (ATTACH A SEPARATE PAGE IF NECESSARY)

see attached analysis

Prepared by: House Finance Committee

Rep. Mark Hanley, Co-Chair *MH*

Rep. Richard Foster, Co-Chair *RF*

Date: 4/20/95

Phone: 465-4939

Phone: 465-3789

FISCAL NOTE

(No. 1

Bill Version: CSHB 219 (JUD)

(H) Publish Date: 3/27/95

STATE OF ALASKA
1995 LEGISLATIVE SESSION

Revision Date: _____
Title: "An Act authorizing special medical parole for terminally ill prisoners."
Sponsor: Rep. Mulder
Requestor: JE

Department Affected: Administration
BRU: Public Defender Agency
Component: Public Defender Agency
COMPONENT SERIAL NO. 1631

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0	0	0	0	0	0
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CHANGE IN REVENUES ()	0	0	0	0	0	0
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FUND SOURCE: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 95) cost: \$ -0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary.)

This bill will not have a fiscal impact on the Public Defender Agency.

Prepared by: John Salemi, Director
Division: Public Defender Agency

Phone: 264-4400
Date: _____

Approved by Commissioner: Mark Bover
Agency: Department of Administration

Date: 3/20/95

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COMMITTEE COPY

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. CSHB 219(JUD)

Revision Date: 3/27/95 Dept. Affected: Corrections
 Title: An Act relating to medical care for prisoners; BRU: Statewide Operations
relating to drug testing for persons in prisons, on probation, etc., etc.... Component: All
 Sponsor: Representative Mulder, Foster
 Requester: Finance COMPONENT SERIAL NO. #0694

Expenditures/Revenues

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES	149.5	155.1	160.9	166.8	173.1	179.6
TRAVEL	8.0	8.0	8.5	8.5	9.0	9.0
CONTRACTUAL	68.6	68.6	68.6	69.0	69.0	69.0
SUPPLIES	11.2	11.2	11.2	11.7	11.7	12.0
EQUIPMENT	20.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	257.3	242.9	249.2	256.0	262.8	269.6

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()	256.4	256.4	256.4	256.4	256.4	256.4
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FUND SOURCE

(Thousands of Dollars)

FUND SOURCE	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts	256.4	256.4	256.4	256.4	256.4	256.4
1006 GF/MHTIA						
Other						
TOTAL	256.4	256.4	256.4	256.4	256.4	256.4

Estimate of any current year (FY95) cost: \$ 0.0

POSITIONS

POSITIONS	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
FULL-TIME	4	4	4	4	4	4
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

The impact on the Department of Corrections from this bill would be as follows:

(A)
 This bill would allow "special medical parole" for severely medically disabled or quadriplegic prisoners who were not severely medically disabled or a quadriplegic at the time they committed the offense or parole or probation violation for which they were presently incarcerated. Severely medically disabled is defined as a person who has a medical condition that requires the person suffering from the condition to be confined to bed and the person is likely to (A) be confined to bed throughout the entire period of parole, or (B) to die from the condition. The Inmate Health Care component does not anticipate a fiscal impact from this section of the bill. Prisoners that fall into this category are already dispatched into parole or other non-institutional settings as quickly as possible. Currently the state does not have persons incarcerated that would fall into this category.

Continued on page 2

Prepared by: Jerry Shriner
 Division: Office of the Commissioner
 Approved by Commissioner: Margaret Pugh
 Agency: Department of Corrections

Phone: 465-4640
 Date: 4/10/95
 Date: 4/10/95

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B)

This bill also includes amending language which requires the department to develop a program to require all prisoners, to the extent each prisoner has the ability to pay, to reimburse the department for all costs associated with drug testing.

For FY 95 the department has the following budgeted for substance abuse/urinalysis testing:

Institutions-Statewide	9,000 Tests (Appro	\$ 90,000
Northern Region Probation	4,000 Tests	5,294
Southcentral Region Probation	13,200 Tests	\$ 148,896
Southeast Region Probation	<u>1,948 Tests</u>	<u>\$ 28,210</u>
Total	28,148 Tests	\$ 312,400

or \$ 11.10 per test Average

If this bill passes, the department will still need all the above funds to contract out the testing for each area. In addition, the department estimates that one Accounting Clerk III will need to be authorized for each of the three (3) regional probation offices and one (1) Accounting Clerk III within the Institutions Director's Office to handle Institutional billings testing, etc. For FY96 the additional funding required to implement this action is as follows:

Personal Services:

Accounting Clerk III Northern Region Prob. (Fairbanks)	\$ 38.2
Accounting Clerk III Southcentral Region (Anchorage)	\$ 37.1
Accounting Clerk III Southeast Region (Juneau)	\$ 37.1
Accounting Clerk III Institution Director's Office (Anchorage)	<u>\$ 37.1</u>
Total	\$ 149.5

Travel:

Transportation to Institutions, Probation Offices for testing development, employee training, etc. \$ 2.0 X 4 PFT=	\$ 8.0
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(Continued on Page 3)

Contractual Services		
Professional Services: RSA LAW	= \$ 52.0	
Communications, FAX, etc.	\$ 1.2 X 4 = \$ 4.8	
DP Hookup Annual Fees	\$ 1.2 X 4 = \$ 4.8	
Printing/Binding	\$.5 X 4 = \$ 2.0	
Minor Repair & Maintenance	\$ 1.0 X 4 = \$ 4.0	
Other Miscellaneous Costs	= \$ 1.0	
Total		\$ 68.6
Supplies		
Office/Library Supplies	\$ 1.5 X 4 = \$ 6.0	
Misc. Small Office Equip.	\$ 1.0 X 4 = \$ 4.0	
Data Processing Supplies	\$.3 X 4 = \$ 1.2	
Total		\$ 11.2
Equipment (One-Time)		
Desks, Chairs, Computer Tables, Cabinets	\$ 1.0 X 4 = \$ 4.0	
Computers/Printers	\$ 4.0 X 4 = \$ 16.0	
Total		\$ 20.0
GRAND TOTAL		\$ 257.3

With the above stated needs and the basic contractual budget of \$ 312.4. The total program costs would increase to \$ 569.7 for FY96 and would increase slightly in subsequent years due to inflation and personal services increases due to merit adjustments.

Because the language of the bill says that "all the costs of drug testing...." is to be paid by the defendants, the average cost of testing would climb from \$ 11.10 per test to \$ 20.24 per test or almost double the current costs of drug testing.

The language of the bill states that the defendant, to the extent the defendant has the ability to pay, is to reimburse the Department of Corrections (DOC). This agency would implement every means to have the defendants cover these costs. Attachments would go towards Inmate Accounts in facilities and billings to individuals on Parole/Probation. A Reimbursable Services Agreement will also be entered into with the State Department of Law's Collection Unit for the

paralegal assistant to pursue payments on tests not covered by defendants, up to and including attachment of the defendants **Alaska Permanent Dividend Fund** check for the due amounts. The department currently has an agreement with them to pursue DWI penalties and we could ask them to expand it for that portion of the additional 28,148 drug testing defendants who can't or won't pay the costs of this imposed test.

Actual collections will be far below the total cost of the program. This program is aimed at the least responsible segment of the population. Some will not be eligible for a permanent fund. Many will simply not apply for a PFD knowing it will be attached by the State. Legislation currently under consideration which would make many offenders ineligible because of their offender status and would reduce the revenues available to this collection process. Other interested parties will sometimes attach the PFD before DOC.

PFDs are not the sole source of funds considered and some will pay through more normal collection procedures from other resources. It is counterproductive to the fiscal goals of this bill to consider re-incarcerating those who will not pay the costs of their drug testing. A similar cost re-imbursment procedure was tried in Alaska with respect to collecting from offenders to offset the costs of probation and parole. The program failed because the cost of operation exceeded the benefits realized.

It is expected that less than half of the potential revenues will be collected. The Department will necessarily have to continue the drug testing regardless of the collection success. If the collection rate falls below forty-five percent, there is a net increase in the Department's operating budget.

CS FOR HB 219 SECTIONAL ANALYSIS

- Section 1.** Amends AS 11.61.127(b) to accommodate number change in Section 12 of the bill. No substantive effect.
- Section 2.** Requires a prisoner to reimburse the Department of Corrections for drug testing during probation, to the extent the person can pay.
- Section 3.** Adds "special medical parole" to those subject to the conditions of parole imposed under AS 33.16.150.
- Section 4.** Adds prisoners eligible for special medical parole to those who the Parole Board may release.
- Section 5.** Adds consideration of special medical parole to the duties of the Parole Board.
- Section 6.** Permits special medical parole for prisoners who become severely disabled or a quadriplegic after the time they committed the offense for which they are incarcerated. A person convicted of a child sex offense would have to be a quadriplegic to qualify for special medical parole. Sets out the rights of the victims to be informed of the parole hearing, to be present and comment at the hearing, and to be informed of the decision to grant or deny parole.
- Section 7.** Requires conditions for special medical parole to be provided to the prisoner.
- Section 8.** Includes prisoners on special medical parole in the required general conditions for parole. Requires prisoners pay the cost of drug testing as a condition of parole, to the extent the prisoner can pay.
- Section 9.** Includes prisoners on special medical parole in those who may be required to abide by other conditions of parole imposed by the Parole Board. The Parole Board may set special conditions of prisoners on special medical parole if they have a communicable disease.
- Section 10.** Includes special medical parolees in those under custody of the Parole Board.
- Section 11.** Provides that "special medical parole" is not "discretionary parole"

Section 12. Defines severely medically disabled as a condition that requires a person to be confined to bed and likely to remain so through the parole period or die from the condition

Defines special medical parole as release on parole of a person who is medically disabled.

Section 13. Requires the Commissioner of Corrections to develop a charge system for drug testing of prisoners, considering their ability to pay.

Section 14 Makes any other coverage available to a prisoner primary to the Department of Corrections. For those prisoners without other coverage, the Commissioner shall develop a program for the prisoners to pay a fee for medical and psychological services, based on the prisoner's ability to pay.

Section 15. Requires the Commissioner of Public Safety to implement a program requiring other coverage of the prisoner to pay for medical services provided in community jails. This will change to the Commissioner of Corrections if HB 200 (moving Community Jails to Corrections) passes.

ALASKA SENTENCING COMMISSION



**1992 ANNUAL REPORT TO THE GOVERNOR
AND THE ALASKA LEGISLATURE**

December 1992

eligibility for discretionary parole be extended to some Class A presumptively sentenced offenders on the condition that they have served one-half the presumptive sentence and have successfully completed all court-required treatment or are being released into an appropriate program. The commission made the further recommendation that if budget conditions require downsizing of the prison population, eligibility for discretionary parole could be expanded to all presumptively sentenced first offenders on the same conditions. See Table 1, at the end of this section, for an estimate of the number of prison beds that could be saved by these changes.

2. Commission Recommendations on Parole

On the basis of its discussions, the commission adopted the following recommendations on parole:

1. **Discretionary parole should not be abolished.** A number of states have abolished discretionary parole. Some have done so in conjunction with shorter sentences in order to promote truth in sentencing.²⁴ Others have done so because of dissatisfaction with current parole practices or corruption on the parole board. However, a number of states which once abolished parole have since reinstated it, due to resultant prison overcrowding.

The commission recommends that discretionary parole be retained in Alaska. The Alaska Board of Parole historically has done an excellent job of screening offenders and setting conditions for release, carefully balancing public safety and rehabilitation considerations. The parole board has had written guidelines in place for over a decade to help the public and inmates understand their decisions. This recommendation passed unanimously.

2. **The term "mandatory parole" should be changed in the statute to "mandatory release."** The current terminology causes confusion with the public by giving the impression that release is in the control of the parole board, when in fact the offender is simply being credited for good time. Offenders, on the other hand, are told they are not eligible for parole, and therefore often fail to understand that the parole board will be setting conditions for release even when good time is earned. This recommendation passed unanimously.
3. **Parole statutes should be amended to allow special medical parole for terminally ill offenders.** Many offenders have serious medical problems that cost the Department of Corrections an extraordinary amount of money. The AIDS epidemic has not yet had a serious impact on Alaska prisons, but prison populations in some East Coast states are reported to be 40% HIV positive. In addition, there are a number of inmates serving long sentences who can be expected to grow old in prison.

²⁴ Truth in sentencing refers to the idea that offenders should serve the sentence envisioned by the legislature and imposed by the judge, rather than be released early through parole or emergency overcrowding procedures. In some states, felony offenders serve an average of two months in jail for every year imposed by the court, a practice that deceives the public and the victim, and leads to disrespect for the law. See 1990 Alaska Sentencing Commission Annual Report at p. 3; 1991 Alaska Sentencing Commission Annual Report at p. 10.

DOC currently can furlough a terminally ill person, but it still will be responsible for medical expenses. Medicare or Medicaid will pick up the person's medical costs only upon release from DOC custody. The parole board should be allowed to grant parole to terminally ill offenders. DOC should study the offender population and devise a system to achieve this objective. This recommendation passed unanimously.

4. **Eligibility for discretionary parole should be extended to all Class A presumptively sentenced first offenders, except those convicted of manslaughter and sex offenses, on two conditions. First, the offenders must have successfully completed all court-required treatment or be released into an appropriate program. Second, offenders should be required to serve one-half of the presumptive terms before becoming eligible. Offenders convicted of sex offenses and manslaughter should not be made eligible. AS 33.16.090 and .100, which set out the criteria to be followed by the parole board in granting parole, must be amended for this recommendation to be implemented.**

This issue raised the most intense debate and reconsideration among commission members. Data presented by the parole board showed that over the last several years, only 3% of offenders released on discretionary parole committed a new felony within the first year after release, and 3% committed a new misdemeanor. Another 24% of parolees had their parole revoked for failure to comply with parole conditions. See Appendix C of this report. The commission agreed that the parole board currently does an excellent job of screening applicants for discretionary parole.

Given this history, the commission concluded that there are a number of offenders in prison, not now eligible for discretionary parole, who could be released to parole supervision without increasing the risk to the public. However, it was difficult for the commission to agree on which presumptively sentenced offenders should be eligible for release.

Members of the parole board favored expanding eligibility for discretionary parole to include all presumptively sentenced first offenders,²⁵ if the offenders met certain conditions.²⁶ After much discussion and compromise, the commission agreed on a

²⁵ Most presumptively sentenced first offenders have been convicted of assault causing serious physical injury, robbery using a deadly weapon, sexual abuse of a minor (sexual penetration of a child under 13 or a son or daughter under 18), forcible rape, selling heroin to an adult, or manslaughter.

²⁶ Parole board members recommended that eligibility for discretionary parole be extended to all presumptively sentenced first offenders on the condition that they have successfully completed all court-required treatment or are being released into an appropriate program. Offenders also would have been required to serve one-third of their terms before becoming eligible. Proponents of this recommendation on the commission argued that it was a responsible step that would help reduce prison overcrowding without increasing risk to the public, and would reward participation in treatment programs. They believed that the parole board was capable of screening applicants with continued success. Opponents of this recommendation thought that it ran contrary to the intent of presumptive sentencing, that it would not meet with public or legislative approval, and that successful implementation depended on maintaining the current high quality of parole board members. They felt that the time to serve for most presumptively sentenced offenses is not disproportionate to the seriousness of the crimes, and that sex offenders should be excluded from eligibility.

EXPENSIVE HOSPITALIZATIONS FY95

- Inmate # 1 Diagnosis: Lung Cancer \$ 22,981.87
Had diagnostic work up and expired in hospital.
- # 2 Diagnosis: Osteomyelitis of the elbow. \$ 171,296.38
Street person/drug addict, in and out of jail. Left hospital against medical advice several times when not incarcerated, never followed up with his doctors. On last remand the bone infection was severe and required hospitalization and extensive treatment, to include long-term IV therapy and surgery.
- # 3 Diagnosis: HIV/AIDS \$ 587,749.46
Long time HIV pos. inmate, was sent to the hospital with significant rectal bleeding requiring transfusions and surgery for his bleeding hemorrhoids. Subsequently developed a severe infection, leading to septic shock requiring extensive therapy and life support. Expired.
- # 4 Diagnosis: Chronic Large Ulcer of the Heel \$ 58,936.46
Subsequently developed osteomyelitis (bone inf.). This required incision and drainage, then cross leg skin grafting and subsequent re-admission to the hospital to free the skin graft.
- # 5 Diagnosis: Myocardial Infarct (heart attack) \$ 112,107.72
Kidney transplant (prior to remand), on extensive immuno-therapy. Second coronary infarct, resulting in coronary bypass surgery.
- # 6 Diagnosis: Cancer of the Pancreas \$ 125,159.83
Chronic pancreatitis prior to remand. When jailed was diagnosed, hospitalized and received extensive therapy for this. Released from jail and subsequently died.
- # 7 Diagnosis: Ascending Familial Paralysis \$ 77,541.11
Subsequent to this disease process, patient developed pressure sores, osteomyelitis resulting in colostomy, hip disarticulation, above the knee amputation and extensive skin grafting. All requiring extensive care. Was cared for by orthopedic, plastic surgery, and infectious disease specialists. Most bills have not been received.
- # 8 Diagnosis: Angina
Required one vessel bypass. Bills have not begun to come in.

DRAFT

by Dept. of Corrections

1994

THE CORRECTIONS YEARBOOK

*INSTANT ANSWERS
TO KEY QUESTIONS IN CORRECTIONS*

Adult Corrections



Published by
Criminal Justice Institute, Inc.

CJ

How much did agencies spend per inmate per day during 1993? What were food and health care costs per day?

In 1993, 52 agencies averaged spending \$52.38 per inmate per day. An average of \$3.45 was spent on food service by 44 agencies and \$5.90 on health care by 44 agencies.

	Total	Food	Health		Total	Food	Health
AL	25.54	1.24	2.59	MT ^{1,6}	44.00	2.67	6.28
AZ ¹	43.21	3.61	5.34	NE	50.16	3.46	6.14
AR	31.43	1.26	4.42	NV	38.83		
CA ²	56.87	4.10	7.48	NH	47.40	3.10	7.03
CO	52.87			NJ	71.83	5.48	8.29
CT	63.90	3.89	8.28	NM ⁷	75.21	5.14	8.21
DE	61.89	2.67	5.83	NY	67.40	2.59	5.78
DC	60.44	5.04	5.45	NC ⁸	57.58		
FL	42.58	2.35	8.93	ND	50.80	3.42	3.50
GA ³	51.74	3.58	7.38	OH	35.02	2.41	3.73
HI	73.25	6.51	6.47	OK	32.35	2.48	2.58
ID	38.28	3.08	4.84	OR ⁹	50.06	4.05	5.75
IL ¹	43.22	4.50	6.58	PA	54.56	4.41	6.40
IN	43.62	3.00		RI	94.64		
IA ⁴	53.83	4.02	2.98	SC	33.69	2.52	3.97
KS	57.89	4.11	7.43	SD ¹	34.86	3.79	4.85
KY	34.39			TN	48.10	2.59	6.10
LA ⁵	33.01	2.63	3.37	TX	45.70		
ME	71.42	5.24	8.92	UT	54.80		11.45
MD	51.13	1.88	4.88	VT	63.85	3.43	4.98
MA	63.01	2.74	6.80	VA	44.37		
MI	55.21	2.35	3.73	WA	61.62	2.58	7.87
MN	73.55	4.19	7.06	WV	39.73	3.58	4.93
MS	27.57	1.30	2.62	WI	55.32	3.63	3.69
MO	25.03	1.84	3.72	WY	68.77	1.73	10.23
				FED ¹⁰	57.22	2.69	4.48

¹FY '83. ²Food in feeding service; med. incl. dental & psych. ³Food incl. food prep. (personnel), food production (farm) & equip. ⁴Food incl. food, labor & supplies. ⁵Food, med. costs for supplies only. ⁶Food costs for food only. ⁷Med. incl. mental health. ⁸FY 92-'93. ⁹Total based on extended cap.; incl. 120 inmate program beds at OR State Hosp. ¹⁰On 9/30/93 (FY 93). Food/Med. excl. salaries, contract facilities.

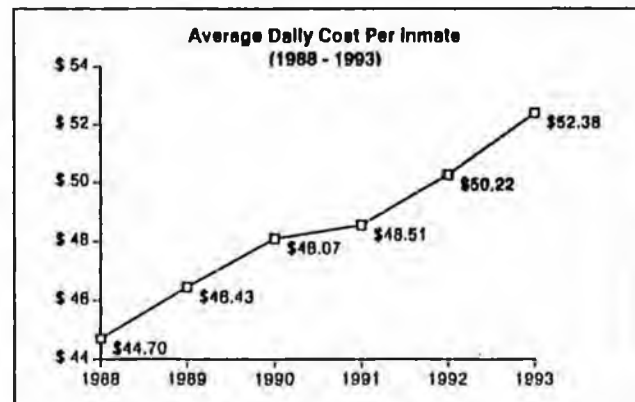
Which agencies are contracting for food and health services?

On January 1, 1994, 16 agencies contracted for food services in 40 institutions and 28 for health services in 413 institutions.

	Food Service		Health Service	
	Prisons	Inmates	Prisons	Inmates
Alabama ¹			30	18,411
Arizona	5	9,540		
Arkansas			15	8,024
Colorado ²			17	
Connecticut ³	2	1,562	21	13,324
Delaware			6	3,878
Florida ⁴	6	5,764	1	1,968

Contracting	Food Service		Health Service	
	Prisons	Inmates	Prisons	Inmates
Georgia ⁴	2	4,400	14	20,000
Illinois	1	1,047	23	32,333
Indiana	2	89		
Iowa			1	810
Kansas			9	5,884
Kentucky ⁵	3	900	8	5,500
Louisiana ²			20	
Michigan			3	1873
Minnesota	4	2,492	8	4,098
Mississippi ⁶	3	8,297	3	8,297
Missouri			14	15,022
Montana			7	1,595
Nebraska	1	150		
Nevada	1	88		
North Carolina			81	21,993
North Dakota ⁷			2	485
Ohio	1	245	1	948
Oregon	3	929		
Pennsylvania			22	28,060
South Carolina			7	5,488
South Dakota ⁸			7	1,570
Tennessee			9	7,128
Texas ⁹	2	590	57	70,127
Virginia			1	2,400
Washington			14	9,528
West Virginia	2	1,500	2	960
Federal ¹⁰	2	787		
Total	40	38,380	413	285,280

¹Reported "all." ²Each inst. contr. for portion of health care. ³Health Services is State employees & contr. svcs. ⁴Food svc. inmates and health svcs. figures est. Contr. provides health care. ⁵Health svc. inmates avg. ⁶Inmate figures incl. 1,227 inmates from crmty. work cns. ⁷Health svc. is dental. ⁸All inst. contr. for health care. ⁹Physician pos. on all units are contr. ¹⁰Figures for main fac.; excl. contr. fac. All inst. use consultant specialists.



Alaska State Legislature

Representative Brian S. Porter

CHAIRMAN
HOUSE JUDICIARY COMMITTEE

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DISTRICT 20

Sponsor Statement HB 65 Assistive Technology Loan Guarantees

What is the program?

An emerging public-private sector partnership to establish a loan guarantee and interest subsidy program which will enable persons with disabilities to purchase assistive technologies necessary to their independence.

Who will be affected?

Persons with disabilities, their families, employers and businesses.

What is Assistive Technologies?

Simply put, these devices and services that can help people live, learn, work and play within their communities. These tools range from simple eyeglasses, hearing aids and walkers to computers that talk and lift-equipped vans.

Why do we need this fund?

From a '93 study by the University of Alaska, over half of all middle-income persons with disabilities (58%) in the state do not have access to the equipment which can help them live more sufficient lives.

What are the benefits?

- Through the program, low-interest loans will be repaid and funds will continue to stimulate economic growth for years to come. According to other enacted states, on average, the overall default rate as of December 1993 is 5.2%
- Businesses will improve accessibility of their facilities through these loans and expand customer and labor markets.
- Employment of disabled workers will be promoted, reducing workers' compensation costs and developing additional work force that can be tapped.
- Need for public support will be reduced
- Persons with disabilities will make valuable contributions to their community

How will the program work?

The State of Alaska will guarantee up to 90% of the loan principal amount or subsidize the interest of a loan to a financial institution. Persons with disabilities will directly apply to their local bank for an assistive technology loan.

What about the cost?

Anticipated federal funding of \$100,000 will "seed" this initiative with no impact on the current state budget.

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. CSHB 219 (FIN)

Title: Relating to medical care for prisoners
on probation.

Sponsor: Mulder, Foster

Requestor: _____

Dept. Affected Corrections

BRU: Statewide Operations

Components: All

Serial # 694

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants, Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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FUNDING: (THOUSANDS OF DOLLARS)

General Fund	0.0	0.0	0.0	0.0	0.0	0.0
Federal Fund	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS :

Full-Time	0	0	0	0	0	0
Part-Time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (ATTACH A SEPARATE PAGE IF NECESSARY)

see attached analysis

Prepared by: House Finance Committee

Rep. Mark Hanley, Co-Chair *MH*

Rep. Richard Foster, Co-Chair *RF*

Date: 4/20/95

Phone: 465-4939

Phone: 465-3789

*Adopted
4/20/95*

9-LS0810M ✓
Luckhaupt
4/19/95

CS FOR HOUSE BILL NO. 219()

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES MULDER, Foster

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to medical care for prisoners; and authorizing special medical
2 parole for severely medically disabled or quadriplegic prisoners."

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 * Section 1. AS 11.61.127(b) is amended to read:

5 (b) This section does not apply to persons providing plethysmograph
6 assessments in the course of a sex offender treatment program that meets the minimum
7 standards under AS 33.30.011(a)(5) [AS 33.30.011(6)].

8 * Sec. 2. AS 33.16.010(d) is amended to read:

9 (d) A prisoner released on special medical, discretionary, or mandatory parole
10 is subject to the conditions of parole imposed under AS 33.16.150. Parole may be
11 revoked under AS 33.16.220.

12 * Sec. 3. AS 33.16.010 is amended by adding a new subsection to read:

13 (e) A prisoner eligible under AS 33.16.085 may be released on special medical
14 parole by the Parole Board.

1 * Sec. 4. AS 33.16.060 is amended to read:

2 Sec. 33.16.060. DUTIES OF THE BOARD. (a) The board shall

3 (1) serve as the parole authority for the state;

4 (2) upon receipt of an application, consider the suitability for parole of
5 a prisoner who is eligible for special medical or discretionary parole;

6 (3) impose parole conditions on all prisoners released under
7 discretionary or mandatory parole;

8 (4) under AS 33.16.210, discharge a person from parole when custody
9 is no longer required;

10 (5) maintain records of the meetings and proceedings of the board;

11 (6) recommend to the governor and the legislature changes in the law
12 administered by the board;

13 (7) recommend to the governor or the commissioner changes in the
14 practices of the department and of other departments of the executive branch necessary
15 to facilitate the purposes and practices of parole;

16 (8) upon request of the governor, review and recommend applicants for
17 executive clemency; and

18 (9) execute other responsibilities prescribed by law.

19 (b) The board shall adopt regulations under the Administrative Procedure Act
20 (AS 44.62)

21 (1) establishing standards under which the suitability of a prisoner for
22 special medical or discretionary parole shall be determined;

23 (2) providing for the supervision of parolees and for recommitment of
24 parolees; and

25 (3) governing procedures of the board.

26 * Sec. 5. AS 33.16 is amended by adding new sections to read:

27 Sec. 33.16.085. SPECIAL MEDICAL PAROLE. (a) Notwithstanding a
28 presumptive, mandatory, or mandatory minimum term a prisoner may be serving or
29 any restriction on parole eligibility under AS 12.55, a prisoner who is serving a term
30 of at least 181 days, may, upon application by the prisoner or the commissioner be
31 released by the board on special medical parole if the board determines

1 (1) for a prisoner convicted of

2 (A) an offense other than a violation of AS 11.41.434 -
3 11.41.438, that the prisoner is severely medically disabled or a quadriplegic as
4 certified in writing by a physician licensed under AS 08.64, was not severely
5 medically disabled or a quadriplegic at the time the prisoner committed the
6 offense or parole or probation violation for which the prisoner is presently
7 incarcerated; or

8 (B) a violation of AS 11.41.434 - 11.41.438, that the prisoner
9 is a quadriplegic as certified by a physician licensed under AS 08.64 and was
10 not a quadriplegic at the time the prisoner committed the offense or parole or
11 probation violation for which the prisoner is presently incarcerated; and

12 (2) that a reasonable probability exists that

13 (A) the prisoner will live and remain at liberty without violating
14 any laws or conditions imposed by the board;

15 (B) because of being severely medically disabled or a
16 quadriplegic, the prisoner will not pose a threat of harm to the public if
17 released on parole; and

18 (C) release of the prisoner on parole would not diminish the
19 seriousness of the crime.

20 (b) If the board finds a change in circumstances or discovers new information
21 concerning a prisoner who has been granted a special medical parole release date, the
22 board may rescind or revise the previously granted parole release date.

23 (c) The board shall issue its decision to grant or deny special medical parole,
24 or to rescind or revise the release date of a prisoner granted special medical parole, in
25 writing and provide a basis for the decision. A copy of the decision shall be provided
26 to the prisoner.

27 Sec. 33.16.087. RIGHTS OF CERTAIN VICTIMS IN CONNECTION WITH
28 SPECIAL MEDICAL PAROLE. (a) If the victim of a crime against a person or
29 arson in the first degree requests notice of a scheduled hearing to review or consider
30 special medical parole for a prisoner convicted of that crime, the board shall send
31 notice of the hearing to the victim at least 30 days before the hearing. The notice

1 must be accompanied by a copy of the prisoner's or commissioner's application for
2 parole submitted under AS 33.16.085. However, the copy of the application sent to
3 the victim may not include the prisoner's proposed residence and employment
4 addresses.

5 (b) A victim who requests notice under this section shall maintain a current,
6 valid mailing address on file with the board. The board shall send the notice required
7 by this section to the last known address of the victim. The victim's address may not
8 be disclosed to the prisoner or the prisoner's attorney.

9 (c) The victim has a right to attend meetings of the parole board in which the
10 status of the prisoner convicted of the crime against that victim is officially
11 considered and to comment, in writing or in person, on the proposed action of the
12 board. Copies of any written comments shall be provided to the prisoner and the
13 prisoner's attorney before action by the board.

14 (d) The board shall consider the comments presented under (c) of this section
15 in deciding whether to release the prisoner on special medical parole.

16 (e) If the victim requests, the board shall make every reasonable effort to
17 notify the victim as soon as practicable in writing of its decision to grant or deny
18 special medical parole. The notice under this subsection must include the expected
19 date of the prisoner's release, the geographic area in which the prisoner is required to
20 reside, and other pertinent information concerning the prisoner's conditions of parole
21 that may affect the victim.

22 * Sec. 6. AS 33.16.140 is amended to read:

23 Sec. 33.16.140. ORDER FOR PAROLE. An order for parole issued by the
24 board, setting out the conditions imposed under AS 33.16.150(a) and (b) [,] and the
25 date parole custody ends, shall be furnished to each prisoner released on special
26 medical, discretionary, or mandatory parole.

27 * Sec. 7. AS 33.16.150(a) is amended to read:

28 (a) As a condition of parole, a prisoner released on special medical,
29 discretionary, or mandatory parole

30 (1) shall obey all state, federal, or local laws or ordinances, and any
31 court orders applicable to the parolee;

1 (2) shall make diligent efforts to maintain steady employment or meet
2 family obligations;

3 (3) shall, if involved in education, counseling, training, or treatment,
4 continue in the program unless granted permission from the parole officer assigned to
5 the parolee to discontinue the program;

6 (4) shall report

7 (A) upon release to the parole officer assigned to the parolee;

8 (B) at other times, and in the manner, prescribed by the board
9 or the parole officer assigned to the parolee;

10 (5) shall reside at a stated place and not change that residence without
11 notifying, and receiving permission from, the parole officer assigned to the parolee;

12 (6) shall remain within stated geographic limits unless written
13 permission to depart from the stated limits is granted the parolee;

14 (7) may not use, possess, handle, purchase, give, distribute, or
15 administer a controlled substance as defined in AS 11.71.900 or under federal law or
16 a drug for which a prescription is required under state or federal law without a
17 prescription from a licensed medical professional to the parolee;

18 (8) may not possess or control a firearm; in this paragraph, "firearm"
19 has the meaning given in AS 11.81.900;

20 (9) may not enter into an agreement or other arrangement with a law
21 enforcement agency or officer that will place the parolee in the position of violating
22 a law or parole condition without the prior approval of the board;

23 (10) may not contact or correspond with anyone confined in a
24 correctional facility of any type serving any term of imprisonment or a felon without
25 the permission of the parole officer assigned to a parolee;

26 (11) shall agree to waive extradition from any state or territory of the
27 United States and to not contest efforts to return the parolee to the state.

28 * Sec. 8. AS 33.16.150(b) is amended to read:

29 (b) The board may require as a condition of special medical, discretionary, or
30 mandatory parole, or a member of the board acting for the board under (e) of this
31 section may require as a condition of mandatory parole, that a prisoner released on

1 parole

2 (1) not possess or control a defensive weapon, a deadly weapon other
3 than an ordinary pocket knife with a blade three inches or less in length, or
4 ammunition for a firearm, or reside in a residence where there is a firearm capable of
5 being concealed on one's person or a prohibited weapon; in this paragraph, "deadly
6 weapon," "defensive weapon," and "firearm" have the meanings given in
7 AS 11.81.900, and "prohibited weapon" has the meaning given in AS 11.61.200;

8 (2) refrain from possessing or consuming alcoholic beverages;

9 (3) submit to reasonable searches and seizures by a parole officer, or
10 a peace officer acting under the direction of a parole officer;

11 (4) submit to appropriate medical, mental health, or controlled
12 substance or alcohol examination, treatment, or counseling;

13 (5) submit to periodic examinations designed to detect the use of
14 alcohol or controlled substances;

15 (6) make restitution ordered by the court according to a schedule
16 established by the board;

17 (7) refrain from opening, maintaining, or using a checking account or
18 charge account;

19 (8) refrain from entering into a contract other than a prenuptial contract
20 or a marriage contract;

21 (9) refrain from operating a motor vehicle;

22 (10) refrain from entering an establishment where alcoholic beverages
23 are served, sold, or otherwise dispensed;

24 (11) refrain from participating in any other activity or conduct
25 reasonably related to the parolee's offense, prior record, behavior or prior behavior,
26 current circumstances, or perceived risk to the community, or from associating with
27 any other person that the board determines is reasonably likely to diminish the
28 rehabilitative goals of parole, or that may endanger the public; in the case of special
29 medical parole, for a prisoner diagnosed with a communicable disease, comply
30 with conditions set by the board designed to prevent the transmission of the
31 disease.

1 * Sec. 9. AS 33.16.200 is amended to read:

2 Sec. 33.16.200. CUSTODY OF PAROLEE. Except as provided in
3 AS 33.16.210, the board retains custody of special medical, discretionary, and
4 mandatory parolees until the expiration of the maximum term or terms of
5 imprisonment to which the parolee is sentenced.

6 * Sec. 10. AS 33.16.900(6) is amended to read:

7 (6) "discretionary parole" means the release of a prisoner by the board
8 before the expiration of a term, subject to conditions imposed by the board and subject
9 to its custody and jurisdiction; "discretionary parole" does not include "special
10 medical parole";

11 * Sec. 11. AS 33.16.900 is amended by adding new paragraphs to read:

12 (11) "severely medically disabled" means that a person has a medical
13 condition that requires the person suffering from the condition to be confined to bed
14 and the person is likely to

15 (A) be confined to bed throughout the entire period of parole;

16 or

17 (B) to die from the condition;

18 (12) "special medical parole" means the release by the board before the
19 expiration of a term, subject to conditions imposed by the board and subject to its
20 custody and jurisdiction, of a prisoner who is severely medically disabled or a
21 quadriplegic.

22 * Sec. 12. AS 33.30.011 is amended to read:

23 Sec. 33.30.011. DUTIES OF COMMISSIONER. The commissioner shall

24 (1) establish, maintain, operate, and control correctional facilities
25 suitable for the custody, care, and discipline of persons charged or convicted of
26 offenses against the state or held under authority of state law;

27 (2) classify prisoners;

28 (3) for persons committed to the custody of the commissioner, establish
29 programs, including furlough programs that are reasonably calculated to

30 (A) protect the public;

31 (B) maintain health;

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(C) create or improve occupational skills;
(D) enhance educational qualifications;
(E) support court-ordered restitution; and
(F) otherwise provide for the rehabilitation and reformation of prisoners, facilitating their reintegration into society;

(4) provide necessary

(A) medical services for prisoners in correctional facilities or who are committed by a court to the custody of the commissioner, including examinations for communicable and infectious diseases;

(B) [(5) PROVIDE NECESSARY] psychological or psychiatric treatment if a physician or other health care provider, exercising ordinary skill and care at the time of observation, concludes that

(i) [(A)] a prisoner exhibits symptoms of a serious disease or injury that is curable or may be substantially alleviated; and

(ii) [(B)] the potential for harm to the prisoner by reason of delay or denial of care is substantial;

(5) [(6)] establish minimum standards for sex offender treatment programs offered to persons who are committed to the custody of the commissioner; and

(6) [(7)] provide for fingerprinting in correctional facilities in accordance with AS 12.80.060.

* Sec. 13. AS 33.30 is amended by adding a new section to read:

Sec. 33.30.028. RESPONSIBILITY FOR COSTS OF MEDICAL CARE. (a)

Notwithstanding any other provision of law, the liability for payment of the costs of medical, psychological, and psychiatric care provided or made available to a prisoner committed to the custody of the commissioner is, subject to (b) of this section, the responsibility of the prisoner and the

(1) prisoner's insurer if the prisoner is insured under existing individual health insurance, group health insurance, or any prepaid medical coverage;

(2) Department of Health and Social Services if the prisoner is eligible for assistance under AS 47.07 or AS 47.25.120 - 47.25.310;

1 (3) United States Department of Veterans Affairs if the prisoner is
2 eligible for veterans' benefits that entitle the prisoner to reimbursement for the medical
3 care or medical services;

4 (4) United States Public Health Service, the Indian Health Service, or
5 any affiliated group or agency if the prisoner is a Native American and is entitled to
6 medical care from those agencies or groups; and

7 (5) parent or guardian of the prisoner if the prisoner is under the age
8 of 18.

9 (b) The commissioner shall require prisoners who are without resources under
10 (a) of this section to pay the costs of medical, psychological, and psychiatric care
11 provided to them by the department. At a minimum, the prisoner shall be required to
12 pay a portion of the costs based upon the prisoner's ability to pay.

13 * Sec. 14. AS 33.30.071(a) is amended to read:

14 (a) Notwithstanding AS 33.30.011(1), the commissioner of public safety shall
15 provide for the custody, care, and discipline of prisoners pending arraignment,
16 commitment by a court to the custody of the commissioner of corrections, or
17 admission to a state correctional facility. Except as provided in (c) of this section, the
18 responsibility for providing necessary medical services for prisoners remains with the
19 commissioner of corrections under AS 33.30.011(4), subject to the responsibility for
20 payment under AS 33.30.028. The commissioner of corrections and the
21 commissioner of public safety are not responsible for providing custody, care, and
22 discipline for a person detained under AS 47.30.705 or AS 47.37.170 [,] unless the
23 person is admitted into a state correctional facility.

SPONSOR STATEMENT HOUSE BILL 219

House Bill 219 provides the Department of Corrections additional "tools" to control spiraling inmate health care costs by allowing special medical parole for terminally ill and severely disabled prisoners and charging for medical services and drug testing.

This legislation creates a new category of parole called "special medical parole" for inmates who are suffering from terminal diseases or are severely disabled. The classification only allows parole -- it does not guarantee parole. The judgment will still rest with the Parole Board.

The Alaska Sentencing Commission has recommended that parole statutes be amended to allow special medical parole for terminally ill offenders. The Commission's report found that many offenders have serious medical problems that cost the Department of Corrections significant amounts of money each year. The Commission expressed concern that as the inmate population ages and as the number of HIV infected inmates increase, the Department will face even higher inmate health costs. A recent case cost the Department of Corrections over \$500,000 for two months of medical care before the inmate died.

"Special medical parole" should not pose a risk to public safety. Those who qualify will do so because they are debilitated to an extent that they cannot present any risk to the general public. Should the person have a communicable disease, the condition of parole would certainly include appropriate containment. If a prisoner becomes a

quadriplegic while in prison, the risk to society is likely to be substantially reduced.

Currently, the Department of Corrections can furlough a terminally ill or severely disabled inmate, but the Department remains responsible for medical expenses. Medicare and Medicaid will step in only after the Department of Corrections releases the person from its custody. If the offender can secure Medicaid or Medicare eligibility, those programs will help fund the cost of medical care.

We believe that there may, in the past year or so, be 5-10 prisoners that would be eligible for this program. It could save the Department of Corrections and the State of Alaska a few million dollars in a very short time.

The Department of Corrections also needs the ability to bill any "other coverage" a prisoner has and to charge for medical care and drug testing. This is especially important when a prisoner is on work furlough, or in a half way house and working in the community. If they have insurance, it should be primary, not the Department of Corrections.

Today, prisoners in our institutions receive health care at no cost to themselves. I believe that a nominal fee associated with "sick call" will act as a deductible does in the insured population. It will encourage users to consider if there is a real health care need.

This bill allows the department to establish charges for the health care it provides. It also requires insurance or any other coverage available to the individual to be primary rather than the Department of Corrections. It is true that we may have a problem with some federal programs paying for prisoner's health care in institutions. However, those prisoners in community settings can go to their own providers and get the coverage they are entitled to.

The bill requires the department to charge prisoners, parolees and those on probation for the cost of drug testing. The Commissioner is directed to consider the person's financial situation when charging for the testing.

HB 219 will reduce some of the costs of inmate health care and allow the Department of Corrections to focus its limited budget on its true mission.