

HB

229

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED BY

MAY 14 2003

DATE: 5/7/03

FURTHER:

SENATE FINANCE
COMMITTEE

DATE TURNED
IN TO OFFICE:

14 May 2003

Finance Committee considered CS FOR HOUSE BILL NO. 229(FIN)

HB 229 PAROLE FOR MEDICAL/COGNITIVE DISABILITY

"An Act relating to special medical parole and to prisoners who are severely medically or cognitively disabled."

and recommends:

- be replaced with S CS CS HB 229 (FIN)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

Senate Bill:

- same title
- new title

House Bill:

- same title
- technical title
- new: SCR # _____

NEW FISCAL NOTE(S):

| Department | Date | Fiscal | Zero | FN# |
|------------|------|--------|------|-----|
| | | | | |
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| | | | | |

PREVIOUS FISCAL NOTE(S):

| Department | Date | Fiscal | Zero | FN# |
|---|---------|---------|------|-----|
| DHSS ^{HLI/Fpb.} _{Asst.} | 4/25/03 | 8.7 | | #4 |
| DHSS Medical SVCS | 4/25/03 | 363.7 | | #3 |
| Corrections | 4/25/03 | (500.0) | | #2 |
| | | | | |
| | | | | |

APPROPRIATION - no fiscal note

| SIGNATURES AND RECOMMENDATIONS: | DO PASS | DO NOT PASS | NO REC | AMEND |
|---------------------------------|---------|-------------|--------|-------|
| <i>Adrian L. Taylor</i> | ✓ | | | |
| <i>[Signature]</i> | ✓ | | | |
| <i>Thomas P. [Signature]</i> | ✓ | | | |
| <i>[Signature]</i> | ✓ | | | |
| <i>Ben Stevens</i> | ✓ | | | |
| COCHAIR: <i>[Signature]</i> | ✓ | | | |
| COCHAIR: <i>[Signature]</i> | ✓ | | | |

FISCAL NOTE

REPORTED OUT

MAY 14 2003

STATE OF ALASKA
2003 LEGISLATIVE SESSION

Fiscal Note Number: 2 SENATE FINANCE
Bill Version: CSHB 229(FIN)
(H) Publish Date: 5/2/03

Revision Date/Time (Note if correction): 4/28/03 8:45am Dept. Affect: Department of Corrections
Title: Parole for Medical/Cognitive Disability BRU: Administration & Operations
Component: Inmate Health Care
Sponsor: _____ Component No. 705
Requester: _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

| OPERATING EXPENDITURES | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 | FY 2009 |
|------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 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 | (500.0) | (550.0) | (605.0) | (665.5) | (732.1) | (805.3) |
| 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 | (500.0) | (550.0) | (605.0) | (665.5) | (732.1) | (805.3) |

| | | | | | | |
|-----------------------------|------------|------------|------------|------------|------------|------------|
| CAPITAL EXPENDITURES | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
|-----------------------------|------------|------------|------------|------------|------------|------------|

| | | | | | | |
|-------------------------------|------------|------------|------------|------------|------------|------------|
| CHANGE IN REVENUES () | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
|-------------------------------|------------|------------|------------|------------|------------|------------|

FUND SOURCE (Thousands of Dollars)

| | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| 1002 Federal Receipts | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1003 GF Match | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1004 GF | (500.0) | (550.0) | (605.0) | (665.5) | (732.1) | (805.3) |
| 1005 GF/Program Receipts | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 1037 GF/Mental Health | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other (Specify Type--Do not abbreviate) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TOTAL | (500.0) | (550.0) | (605.0) | (665.5) | (732.1) | (805.3) |

Estimate of any current year (FY2003) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal: X

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)

The annual average savings from passage of this legislation is calculated to be approximately \$500,000. The numbers of inmates who qualify for medical parole and their cost of care may vary greatly from year to year. The Governor's FY 04 budget contains a \$500,000 decrement to inmate medical care which assumes passage of this legislation.

Amounts are for informational purposes only.

Prepared by: Jerry D. Burnett, Director
Division: Administrative Services
Approved by: Portia C.K. Parker, Deputy Commissioner
Agency: Department of Corrections

Phone 465-3339
Date/Time 4/28/03 12:51 PM
Date 4/28/2003

FISCAL NOTE #2

STATE OF ALASKA
2003 LEGISLATIVE SESSION

BILL NO. CSHB 229(FIN)

ANALYSIS CONTINUATION

Key assumptions underlying this analysis:

- Continued growth of critically ill inmates incarcerated by the Department of Corrections (DOC).
- Highest proportion of medical expenditures occurs in the last six weeks of life.
- Expertise exists whereby the DOC can identify with a high degree of medical certainty inmates at risk of death in 3-6 months, one year as a maximum projected survival time frame.
- A continued medical cost of living index increase approximating 10% per year (This comes from national projections and is not unique to Alaska). Projected savings for the first year must utilize this fact in calculating savings beyond the first year.
- Cost savings look only at the medical savings to the DOC and not the potential savings that may occur due to reduced security costs.
- Estimate utilizes actual costs to the DOC on selected patients who represent a cross-section of the type of inmate who would be eligible for medical parole.
- Projections are conservative and represent the most probable minimum savings to the DOC; actual future savings could be greater.

Projected Savings by increased flexibility in Medical Parole

Analysis utilizes actual costs (billings paid) on twenty-seven selected inmates for the time period FY01 – April 2003 (representing 30 months of billings) with significant medical conditions who have incurred medical costs ranging from \$22,170 to \$547,000.

Four inmates from this analysis are deceased and fit the profile for the type of person who potentially would be identified and released with a more flexible medical parole state statute; namely these individuals died within six months of being medically recognized as being at high risk for death. These four inmates incurred costs ranging from \$46,210 to \$269,456, for an average of \$120,000. Cause of death were due to:

- Advanced cardiac disease with congestive heart failure
- Metastatic cancers (Nasal & Melanoma)
- End-stage liver disease

Analysis for total group based on 27 selected inmates

Total expenditures over 2.5 years (30 months) = \$3,775,000
Average monthly costs over thirty month period = \$125,830
Annual cost projected from monthly average over 30 months = \$1,509,960
Annual cost per inmate averaged annually = \$55,925

Assume after review of all factors (Medical, nature of crime and resources available to a specific inmate, i.e. personal and family resources, public assistance eligibility, etc.), the Parole Board grants medical parole to ONLY nine inmates (33%) of all potential candidates reviewed.

Projected savings based on above = 9 inmates x \$55,925 (Annualized savings) = \$503,325

Note: This is a conservative analysis based on only 33% granting of medical parole. If this were increased to one in two candidates (i.e. 50%), the savings could increase to \$755,000. Additionally, although annualized, the total number of potential candidates for medical parole could be greater. Based on 2.5 years experience, the number of inmates who may qualify for medical parole is not anticipated to decrease significantly.

FISCAL NOTE

MAY 14 2003

STATE OF ALASKA
2003 LEGISLATIVE SESSION

Fiscal Note Number: 3
 Bill Version: CSHB 229(FIN)
 (H) Publish Date: 5/2/03
 Dept. Affected: Health & Social Services
 BRU Medical Assistance
 Component Medicaid Services

Revision Date/Time (Note if correction): 4/25/2003

Title SPECIAL MEDICAL PAROLE

Sponsor HOUSE(FIN)

Requester _____

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

| OPERATING EXPENDITURES | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 | FY 2009 |
|------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Personal Services | | | | | | |
| Travel | | | | | | |
| Contractual | | | | | | |
| Supplies | | | | | | |
| Equipment | | | | | | |
| Land & Structures | | | | | | |
| Grants & Claims | 363.7 | 400.1 | 440.1 | 484.1 | 532.5 | 585.7 |
| Miscellaneous | | | | | | |
| TOTAL OPERATING | 363.7 | 400.1 | 440.1 | 484.1 | 532.5 | 585.7 |

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|-----------------------------|--|--|--|--|--|--|
| CAPITAL EXPENDITURES | | | | | | |
|-----------------------------|--|--|--|--|--|--|

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|-------------------------------|--|--|--|--|--|--|
| CHANGE IN REVENUES (0) | | | | | | |
|-------------------------------|--|--|--|--|--|--|

FUND SOURCE (Thousands of Dollars)

| | | | | | | |
|---------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1002 Federal Receipts | 218.2 | 240.1 | 264.1 | 290.5 | 319.5 | 351.4 |
| 1003 GF Mental Health | 145.5 | 160.0 | 176.0 | 193.6 | 213.0 | 234.3 |
| 1004 GF | | | | | | |
| 1005 GF/Program Receipts | | | | | | |
| 1037 GF/Mental Health | | | | | | |
| Other(Specify Type-do not abbreviate) | | | | | | |
| TOTAL | 363.7 | 400.1 | 440.1 | 484.1 | 532.5 | 585.7 |

Estimate of any current year (FY2003) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

POSITIONS

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Full-time | | | | | | |
| Part-time | | | | | | |
| Temporary | | | | | | |

ANALYSIS: (Attach a separate page if necessary)

This bill gives the Department of Corrections greater discretion to grant special medical parole to "severely medically disabled" prisoners whose medical or cognitive condition, including irreversible dementia, substantially reduces, rather than substantially eliminates, the prisoner's ability to re-offend. This bill is seen as one way to reduce Department of Correction costs by paroling prisoners so that they can receive health care services in a more cost-effective and appropriate manner. Much of the health care costs are shifted to Medicaid, which receives federal matching funds.

Prepared by: Kevin Henderson
 Division Medical Assistance
 Approved by: Joel S. Gilbertson, Commissioner
 Agency Department of Health and Social Services

Phone 465-5821
 Date/Time 04/25/2003
 Date 04/25/2003

ANALYSIS CONTINUATION
ASSUMPTIONS

Our assumptions are based upon the list of 13 inmates that the Department of Corrections identified as representative of the type of parolees they would consider for medical parole under this bill. The Department of Corrections estimates that the typical parolee under this bill will have a life expectancy of 6 months or less. We reviewed the age and medical condition of each and estimated that 9 of the 13 are likely to be categorically eligible for Medicaid, 4 would not. We do not have income or resource information for the remaining 9 inmates, but we are assuming that because of their lengthy incarceration they would have very little income or resources available to them upon release and, therefore, will be financially eligible for Medicaid.

The anticipate cost for each parolee is based upon the following Medicaid categories and the average annual cost of Medicaid recipients in those categories:

| Parolees | Category | FY02 average annual cost |
|----------|--------------|--------------------------|
| 2 | Disabled | \$11,408 |
| 2 | Old Age | \$10,869 |
| 5 | Nursing Home | \$63,954 |

We estimated the life expectancy of a parolee released under this bill to be 6 months. Medical care in the final months of life is higher than the average costs listed above. Therefore, we started with one-half of the average annual cost listed above, but increased that amount by 50 percent to adjust for the higher cost associated with the end of life.

Nationwide health care costs are growing at an annual rate of 10%, consequently Medicaid expenditures are estimated to grow at the same rate.

Federal Medicaid match rate is 60%.

MAY 14 2003

FISCAL NOTE

STATE OF ALASKA
2003 LEGISLATIVE SESSION

Fiscal Note Number: 4
Bill Version: CSHB 229(FIN)
(H) Publish Date: 5/2/03
Dept. Affected: Health & Social Services
BRU Public Assistance
Component Adult Public Assistance

Revision Date/Time (Note if correction): 4/25/2003
Title SPECIAL MEDICAL PAROLE

Sponsor HOUSE(FIN)

Requester _____

Component No. 222

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

| OPERATING EXPENDITURES | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 | FY 2009 |
|------------------------|------------|------------|------------|------------|------------|------------|
| Personal Services | | | | | | |
| Travel | | | | | | |
| Contractual | | | | | | |
| Supplies | | | | | | |
| Equipment | | | | | | |
| Land & Structures | | | | | | |
| Grants & Claims | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 |
| Miscellaneous | | | | | | |
| TOTAL OPERATING | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 |

| | | | | | | |
|-----------------------------|--|--|--|--|--|--|
| CAPITAL EXPENDITURES | | | | | | |
|-----------------------------|--|--|--|--|--|--|

| | | | | | | |
|-------------------------------|--|--|--|--|--|--|
| CHANGE IN REVENUES (0) | | | | | | |
|-------------------------------|--|--|--|--|--|--|

FUND SOURCE (Thousands of Dollars)

| | | | | | | |
|---------------------------------------|------------|------------|------------|------------|------------|------------|
| 1002 Federal Receipts | | | | | | |
| 1003 GF Match | | | | | | |
| 1004 GF | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 |
| 1005 GF/Program Receipts | | | | | | |
| 1037 GF/Mental Health | | | | | | |
| Other(Specify Type-do not abbreviate) | | | | | | |
| TOTAL | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 | 8.7 |

Estimate of any current year (FY2003) cost: _____
Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

POSITIONS

| | | | | | | |
|-----------|--|--|--|--|--|--|
| Full-time | | | | | | |
| Part-time | | | | | | |
| Temporary | | | | | | |

ANALYSIS: (Attach a separate page if necessary)

This bill gives the Department of Corrections greater discretion to grant special medical parole to severely medically disabled prisoners.

Of the nine severely medically disabled prisoners identified by the Department of Corrections as potential medical parolees, four appear to be eligible for Adult Public Assistance (APA) upon their release.

Continued on page 2.

Prepared by: Angela Salerno Phone 465-3200
 Division Public Assistance Date/Time 01/15/2003
 Approved by: Joel S. Gilbertson, Commissioner Date 04/25/2003
 Agency Department of Health and Social Services

ANALYSIS CONTINUATION

Assumptions

Of the nine inmates identified as potential medical parolees, five will need Nursing Home level of care and will not be eligible for APA. Four parolees will be eligible for APA in FY 04.

As life expectancy for these parolees is six months, those paroleed in FY 04 will die, and only four new medical parolees will become eligible for APA in FY 05. We expect this trend to continue so that in FY06 and each fiscal year beyond, we anticipate a total of four parolees will be APA eligible.

Because of their lengthy incarceration, the potential medical parolees identified would have very limited income or resources and would be eligible for the maximum APA benefit of \$362/mo.

Calculations

FY 04 - FY 09: 4 persons x \$362/mo x 6 months = \$8.7

Robin - You'll need to request SCR

23-LS1127A
Cook\Luckhau,
5/9/03

SENATE CONCURRENT RESOLUTION NO.

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-THIRD LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

Introduced:
Referred:

A RESOLUTION

1 Suspending Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State
2 Legislature, concerning House Bill No. 229, relating to special medical parole and to
3 prisoners who are severely medically or cognitively disabled.

4 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 That under Rule 54, Uniform Rules of the Alaska State Legislature, the provisions of
6 Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State Legislature, regarding
7 changes to the title of a bill, are suspended in consideration of House Bill No. 229, relating to
8 special medical parole and to prisoners who are severely medically or cognitively disabled.

This is needed because of title change.

You don't need to do anything - Just to know that a SCR will be introduced

SENATE FINANCE
COMMITTEE
Amendment Number: #1
Bill Number: HB 229
Sponsor: Wilken Date: 5/10/03
Logged In By: Robin

ADOPTED

23-LS0885S.1
Luckhaupt
5/9/03

AMENDMENT

OFFERED IN THE SENATE
TO: CSHB 229(FIN)

1 Page 1, line 2:

2 Following "disabled":

3 Insert "; relating to a severe acute respiratory syndrome control program; and
4 providing for an effective date."
5

6 Page 1, following line 3:

7 Insert new bill sections to read:

8 "* Section. 1. The uncodified law of the State of Alaska is amended by adding a new
9 section to read:

10 PURPOSE. (a) The purpose of sec. 2 of this Act is to clarify the law and expressly
11 establish a comprehensive program for health care decisions to control severe acute
12 respiratory syndrome (SARS) in this state, including reporting, examinations, orders, and
13 detention to protect the public health.

14 (b) The purpose of secs. 3 - 7 of this Act is to clarify standards for special medical
15 parole and to address prisoners who are severely medically or cognitively disabled.

16 * Sec. 2. AS 18.15 is amended by adding a new section to read:

17 Article 1A. Severe Acute Respiratory Syndrome (SARS).

18 Sec. 18.15.112. SARS control program authorization. (a) A severe acute
19 respiratory syndrome (SARS) control program is authorized in the department. The
20 SARS control program shall be administered in the same manner and has the same
21 powers, authority, obligations, and limited immunities as does the program for the
22 control of tuberculosis under AS 18.15.120 - 18.15.149, except for the following:

23 (1) the provisions of the control program described in AS 18.15.120(1)

1 and (7);

2 (2) reports to state medical officers under AS 18.15.131;

3 (3) examinations of persons under AS 18.15.133;

4 (4) title to and inventory of equipment allotted to private institutions
5 under AS 18.15.140;

6 (5) the screening of school employees under AS 18.15.145.

7 (b) In this section, "SARS" or "severe acute respiratory syndrome" means the
8 infectious disease caused by the SARS-CoV or the SARS coronavirus and the
9 mutations of that disease."

10

11 Page 1, line 4:

12 Delete "Section 1"

13 Insert "Sec. 3"

14

15 Renumber the following bill sections accordingly.

16

17 Page 4, following line 12:

18 Insert a new bill section to read:

19 "* Sec. 8. Sections 1 and 2 of this Act take effect immediately under AS 01.10.070(c)."

Proof

23-LS0885\U

SENATE CS FOR CS FOR HOUSE BILL NO. 229(FIN)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-THIRD LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE FINANCE COMMITTEE

Can you
OK proof
Need this
SCR for time change
SPI

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to special medical parole and to prisoners who are severely medically
2 or cognitively disabled; relating to a severe acute respiratory syndrome control
3 program; and providing for an effective date."

Amend
#1

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

5 * Section 1. The uncodified law of the State of Alaska is amended by adding a new section
6 to read:

7 PURPOSE. (a) The purpose of sec. 2 of this Act is to clarify the law and expressly
8 establish a comprehensive program for health care decisions to control severe acute
9 respiratory syndrome (SARS) in this state, including reporting, examinations, orders, and
10 detention to protect the public health.

#1

11 (b) The purpose of secs. 3 - 7 of this Act is to clarify standards for special medical
12 parole and to address prisoners who are severely medically or cognitively disabled.

13 * Sec. 2. AS 18.15 is amended by adding a new section to read:

14 Article 1A. Severe Acute Respiratory Syndrome (SARS).

1 **Sec. 18.15.112. SARS control program authorization.** (a) A severe acute
2 respiratory syndrome (SARS) control program is authorized in the department. The
3 SARS control program shall be administered in the same manner and has the same
4 powers, authority, obligations, and limited immunities as does the program for the
5 control of tuberculosis under AS 18.15.120 - 18.15.149, except for the following:

6 (1) the provisions of the control program described in AS 18.15.120(1)
7 and (7);

8 (2) reports to state medical officers under AS 18.15.131;

9 (3) examinations of persons under AS 18.15.133;

10 (4) title to and inventory of equipment allotted to private institutions
11 under AS 18.15.140;

12 (5) the screening of school employees under AS 18.15.145.

13 (b) In this section, "SARS" or "severe acute respiratory syndrome" means the infectious
14 disease caused by the SARS-CoV or the SARS coronavirus and the mutations of that disease.

15 * **Sec. 3.** AS 33.16.085(a) is amended to read:

16 (a) Notwithstanding a presumptive, mandatory, or mandatory minimum term a
17 prisoner may be serving or any restriction on parole eligibility under AS 12.55, a
18 prisoner who is serving a term of at least 181 days, may, upon application by the
19 prisoner or the commissioner, be released by the board on special medical parole if the
20 board determines that

21 (1) the [FOR A] prisoner has not been convicted of [(A)] an offense
22 under AS 11.41.410 - 11.41.425 or [OTHER THAN A VIOLATION OF]
23 AS 11.41.434 - 11.41.438 and [THAT] the prisoner is severely medically or
24 cognitively disabled [OR A QUADRIPLAGIC] as certified in writing by a physician
25 licensed under AS 08.64 [, WAS NOT SEVERELY MEDICALLY DISABLED OR A
26 QUADRIPLAGIC AT THE TIME THE PRISONER COMMITTED THE OFFENSE
27 OR PAROLE OR PROBATION VIOLATION FOR WHICH THE PRISONER IS
28 PRESENTLY INCARCERATED; OR

29 (B) A VIOLATION OF AS 11.41.434 - 11.41.438, THAT
30 THE PRISONER IS A QUADRIPLAGIC AS CERTIFIED BY A
31 PHYSICIAN LICENSED UNDER AS 08.64 AND WAS NOT A

1 QUADRIPLAGIC AT THE TIME THE PRISONER COMMITTED THE
2 OFFENSE OR PAROLE OR PROBATION VIOLATION FOR WHICH THE
3 PRISONER IS PRESENTLY INCARCERATED]; [AND]

4 (2) [THAT] a reasonable probability exists that

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

7 (B) because of the prisoner's severe medical or cognitive
8 disability [BEING SEVERELY MEDICALLY DISABLED OR A
9 QUADRIPLAGIC], the prisoner will not pose a threat of harm to the public if
10 released on parole; and

11 (C) release of the prisoner on parole would not diminish the
12 seriousness of the crime;

13 (3) the prisoner

14 (A) was not suffering from the severe medical or cognitive
15 disability at the time the prisoner committed the offense or parole or
16 probation violation for which the prisoner is presently incarcerated; or

17 (B) was suffering from the severe medical or cognitive
18 disability at the time the prisoner committed the offense or parole or
19 probation violation for which the prisoner is presently incarcerated and
20 the medical or cognitive disability has progressed so that the likelihood of
21 the prisoner's committing the same or a similar offense is low;

22 (4) the care and supervision that the prisoner requires can be
23 provided in a more medically appropriate or cost-effective manner than by the
24 department;

25 (5) the prisoner is incapacitated to an extent that incarceration
26 does not impose significant additional restrictions on the prisoner; and

27 (6) the prisoner is likely to remain subject to the severe medical or
28 cognitive disability throughout the entire period of parole or to die and there is
29 no reasonable expectation that the prisoner's medical or cognitive disability will
30 improve noticeably; and

31 (7) an appropriate discharge plan has been formulated that

1 addresses basic life domains of the prisoner, including care coordination,
 2 housing, eligibility for public benefits, and health care, including necessary
 3 medication.

4 * Sec. 4. AS 33.16.087(a) is amended to read:

5 (a) If the victim of a crime [AGAINST A PERSON OR ARSON IN THE
 6 FIRST DEGREE] requests notice of a scheduled hearing to review or consider special
 7 medical parole for a prisoner convicted of that crime, the board shall send notice of the
 8 hearing to the victim at least 30 days before the hearing. The notice must be
 9 accompanied by a copy of the prisoner's or commissioner's application for parole
 10 submitted under AS 33.16.085. The [HOWEVER, THE] copy of the application sent
 11 to the victim must [MAY NOT] include the prisoner's proposed residence and
 12 employment addresses.

13 * Sec. 5. AS 33.16.900(11) is amended to read:

14 (11) "severely medically or cognitively disabled!" means that a person
 15 has a medical condition, or a cognitive condition, that substantially reduces
 16 [ELIMINATES] the [PHYSICAL] ability to commit an offense similar to the offense
 17 for which the person was convicted or to commit an offense in violation of AS 11.41
 18 that is punishable as a felony, and the person is likely to

19 (A) remain subject to the severe medical or cognitive
 20 condition throughout the entire period of parole; or

21 (B) die from the medical or cognitive condition;

22 * Sec. 6. AS 33.16.900(12) is amended to read:

23 (12) "special medical parole" means the release by the board before the
 24 expiration of a term, subject to conditions imposed by the board and subject to its
 25 custody and jurisdiction, of a prisoner who is severely medically or cognitively
 26 disabled [OR A QUADRIPLEGIC].

27 * Sec. 7. AS 33.30.017(c) is amended to read:

28 (c) The provisions of (b) of this section do not apply to prisoners

29 (1) who are

30 (A) developmentally disabled; or

31 (B) severely medically or cognitively disabled, as that term is

1 defined in AS 33.16.900;

2 (2) who are housed in a mental health unit or psychiatric unit of a state
3 correctional facility; or

4 (3) while placed in a state correctional facility awaiting classification
5 under classification procedures for the purpose of making the appropriate assignment
6 of the prisoner.

7 * Sec. 8. Sections 1 and 2 of this Act take effect immediately under AS 01.10.070(c).

1

HB 229

Are we getting
a new fiscal
note?

The dept testified
there was no fiscal
impact with the
amendment so the old
FN should be good —



Official Business

Alaska State Senate

Senate Finance Committee

Faxed 10:20 am

Mail Stop 3100
State Capitol
Juneau, Alaska 99801-1182

FAX COVER SHEET

DATE: 14 May 2003 TIME: 10:20 am

TO: Legal Services

NUMBER OF PAGES, INCLUDING COVER SHEET: 1

FROM: MINDY ROWLAND
SENATE FINANCE COMMITTEE SECRETARY
PHONE: 465-4935
FAX: 465-2187

NOTES: Final Please
~~HB~~ CS HB 229(FIN) 23-LS0885\S
plus 1 amendment S.1

Thanks
Mindy

Plus: Final SCR no.
Title Change 23-LS1127\A
Cook\Luckhaupt
5/9/03

Alaska State Legislature

House Finance Committee

REPRESENTATIVE
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Co-Chair

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COMMITTEE SUBSTITUTE FOR HOUSE BILL 229 (FIN) SPONSOR STATEMENT

House Bill 229 gives the Alaska Board of Parole the flexibility to grant or deny medical parole to applicants. This allows the board to release severely disabled prisoners from confinement and gives the Department of Corrections relief from the high cost of providing medical service for these prisoners.

The Alaska Parole Board has a proven track record in their decision-making abilities. Over the past seven years, the Alaska Board of Parole has granted parole to approximately 45% of all *discretionary* parole applicants. Less than 8% of these parolees have violated their conditions (i.e., missed a meeting with a parole officer) and approximately 1% committed a new offense. This number is particularly compelling when compared to the 77% return rate of *mandatory* parole violators. Two applicants were considered for special medical parole in 2002 and both were denied.

When making a determination for Medical Parole the following are considered:

1. Department of Corrections' medical report
2. The seriousness of the criminal offense
3. Release plan
4. Parole Officer/DOC recommendation
5. Will not pose a threat to the public if released

House Bill 229 will allow the Alaska Board of Parole and the Department of Corrections to work together to determine an appropriate and cost effective release plan. The cost of health care to the Department of Corrections has significantly increased over the last few years. Some of the factors causing these increases are the increased population of terminally ill inmates and hospitalization of prisoners for long-term assisted care. This bill will give the department and the Parole Board another tool to ensure public safety and at the same time, help the department reduce the rising costs associated with providing medical service for prisoners afflicted with debilitating physical and mental disabilities.

Alaska State Legislature
House Finance Committee

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SECTIONAL ANALYSIS
COMMITTEE SUBSTITUTE for HOUSE BILL 229 (FIN)
“An Act relating to special medical parole and to prisoners who are severely medically and cognitively disabled.”

Section 1: Amends AS 33.16.085(a). Special medical parole. Removes the language stating that a prisoner who may be considered for medical parole was not severely medically disabled or a quadriplegic at the time of the offense. Adds language to deny medical parole to those convicted of sexual assault or sexual abuse of a minor (AS 11.41.410-425 and AS 11.41.434-438).

Adds language that the prisoner must be either severely medically disabled or have a cognitive disability. In addition to the above, other provisions allowing for special medical parole are:

- The prisoner was not suffering from the severe medical or cognitive disability at the time of the offense was committed or the severe medical or cognitive disability the prisoner had at the time of offense has progressed so that the likelihood of the prisoner committing the same or similar offense is low;
- The care and supervision required of the prisoner can be provided in a more medically appropriate or cost effective manner than can be provided by the Department of Corrections;
- The prisoner is incapacitated to the extent that institutional confinement does not offer additional restrictions; and
- The prisoner is likely to die or remain subject to the condition throughout the entire period of parole and there is no reasonable expectation that the prisoner's disability will improve noticeably.
- A discharge plan that addresses basic life domains of the prisoner to include care coordination, housing, eligibility for public benefits and health care and medication must be formulated prior to release.

Section 2: Amends AS 33.16.087(a). Rights of certain victims in connection with special medical parole. Removes the words "against a person or arson in the first degree". This allows victims of any crime to request notice of a scheduled hearing to review or consider special medical parole. The parole board is required to send notice 30 days before the hearing.

Section 3: Amends AS 33.16.900(11). Definitions. Adds "or cognitively" disabled to the definition of severely medically disabled. Also adds "or a cognitive condition" to the definition. The words "eliminates" and "physical" are removed. Eliminates is replaced by reduces. Removal of the word "physical" allows for any disability to be considered for medical parole. "Severe" is added when describing the medical condition.

Section 4: Amends AS 33.16.900(12). Definitions. Amends the definition of special medical parole to include "or cognitively".

Section 5: Amends AS 33.30.017(c). Adds cognitively to this section of statute.

Medical parole

Financial aspects of Medical Parole

Proposal is both cost shifting and cost containing:

1. The number of inmates with terminal illnesses and conditions of advanced dementia are increasing in the Alaska DOC reflecting national trends. While age > 50 yrs. is not as medically significant in the general community in corrections it represents an important cut-point where significant medical illnesses begin to manifest themselves. This is due in part to prior lifestyles as well as reduced access to health care prior to incarceration. Presently there are approximately 430 inmates > 50 yrs. of age that are sentenced (includes institutions and community residential centers) for who the DOC is medically responsible. 23% of these are > 60 years of age, representing increasing risk for complex medical conditions.
2. Medical Parole would allow access to resources and matched monies not available during incarceration. While incarcerated inmates are NOT eligible for Medicare, Medicaid, Native American health benefits, and as a general rule Veteran's benefits. Once released, these benefits become available.
3. Medical care rendered in a correctional setting such as Alaska is substantially more costly than that in the community due to "economy of scale" (insufficient cases in the DOC) as well as the need to provide ongoing security (off-site office assignments) while care and medical evaluation is being accomplished in the community.

See next section

4. Medical parole obviates the need for officer on duty, for one inmate year with a single officer the cost saved is \$36 (hourly rate) x 24 hrs x 365 days = \$315,360.
Note: This security cost has historically been a DOC absorbed cost ascribed to Institutions budget rather than viewed as a medical expenditure per se.

Provided by Rep. Harris

5. Medical parole allows families to participate in sharing some care costs.
6. Medical parole allows for transfer when appropriate to lower 48 (Medical cost index saving of when Anchorage is compared to Portland, OR is, i.e. across the board medical expenditures are ~ 30% lower.
7. In computing projected costs, survival of inmates released under this program should not be assumed except to exceed 12 months with rare exception. The majority will succumb to their condition in 3- 6 months time from release. Future savings computations must factor medical cost index into the savings portion of the equation, i.e. if \$500,000 is saved in year one, given double-digit inflation for medical costs, in year two the saving would be \$550,000.
8. The vast majority of end-of-life care expenditures are concentrated in the last six weeks of life.

Overview of logistics:

- Parole consideration is only for those with a negligible possibility to re-offend due to severity of dysfunction (medical and/or cognitive). These candidates for medical parole are **not** able to live independently. A full medical overview is provided to the Board in every instance with a physician able to clarify the degree of disability. Upon discharge they continue to be followed by an assigned parole officer so they must still report to the DOC for supervision purposes. ***Note: These inmates did not arrive in the system with the disability that makes them a possible candidate for medical parole; rather the condition is new or has progressed substantially to the point that their medical or cognitive condition is markedly different from that which existed at the time of intake.***
- The inmate must be discharged with an individualized care plan, i.e. Medical continuity arranged, housing, etc. assured. Inmates are not presented as a candidate if this cannot be accounted for to parole board or to attending physician's satisfaction.
- Please be advised examples presented with medical backgrounds should be viewed only for purposes of discussion as "potential" candidates. Following a full review, many might no longer be considered appropriate for consideration for medical parole. The dollars however, represent actual expenditures encountered, excluding the security costs as noted in the introductory section.

| REQUEST FOR MEDICAL PAROLE: | | | | | | Updated 4/6/03 |
|-----------------------------|-----------|-----------------|---------------|-----------------|-----------------|---|
| Release Date | Site | Costs FY'01 | Costs FY'02 | Costs FY'03 | Costs to Date | Diagnosis |
| 12/3/2010 | AJ | \$ - | \$ 5,671.00 | \$ 107,632.00 | \$ 113,303.00 | Heart condition |
| 9/14/2038 | SCCC | \$ - | \$ - | \$ 85,372.93 | \$ 85,372.93 | |
| 8/2007 | HMCC | \$ 183,591.00 | \$ 2,500.00 | \$ 89,103.00 | \$ 275,194.00 | Liver failure; hepatitis C; alcoholic cirrhosis |
| 9/9/2002 | Released | \$ 88,026.42 | \$ 2,308.00 | \$ - | \$ 90,334.42 | Hodgkins |
| 3/13/2011 | SCCC | \$ 133,636.25 | \$ 47,513.67 | \$ 554.00 | \$ 181,703.92 | Advanced cardiac stroke |
| 1/11/2004 | AJ | \$ - | \$ 10,443.38 | \$ 59,204.00 | \$ 69,647.38 | |
| 10/2/2004 | AJ | \$ - | \$ 23,734.27 | \$ 50,459.64 | \$ 74,193.91 | Heart condition |
| 9/10/2000 | Deceased | \$ 46,202.99 | \$ - | \$ - | \$ 46,202.99 | Nasal Pharynx CA |
| 7/28/2003 | AJ | \$ - | \$ 212,589.00 | \$ 335,351.59 | \$ 547,940.59 | Chronic abdominal blockages |
| | CIPT | \$ 150,631.22 | \$ - | \$ 14,178.09 | \$ 164,809.31 | Advanced cardiac |
| 10/16/2008 | PCC | \$ 53,874.90 | \$ 84,148.70 | Not Available | \$ 138,023.60 | CAD-CABG x 5 |
| | Probation | \$ 123,067.20 | \$ 2,477.80 | \$ - | \$ 125,545.00 | Nasal Pharynx CA |
| 10/0/03 | SCCC | \$ 193,700.00 | \$ 500.00 | \$ 26,293.20 | \$ 220,493.20 | Paraplegia - requires full-time aid |
| 2/10/2001 | Deceased | \$ 269,456.36 | \$ - | \$ - | \$ 269,456.36 | Advanced cardiac |
| | CIPT | \$ 19,387.49 | \$ 24,698.61 | \$ 59,011.04 | \$ 103,097.14 | |
| | Probation | \$ - | \$ - | \$ 22,169.70 | \$ 22,169.70 | Terminal metastatic cancer |
| 11/17/2002 | Deceased | \$ - | \$ 469.00 | \$ 85,389.85 | \$ 85,858.85 | |
| 11/22/2005 | HMCC | \$ 70.00 | \$ 29,625.60 | \$ 110.00 | \$ 29,805.60 | Chronic anemia/splenectomy/lymphoma |
| 3/29/2005 | CIPT | \$ 300.00 | \$ - | \$ 46,887.08 | \$ 47,187.08 | |
| 8/17/2005 | HMCC | \$ - | \$ - | \$ 70,030.59 | \$ 70,030.59 | Renal cell carcinoma |
| | CIPT | \$ 5,000.00 | \$ 5,253.00 | \$ 617.50 | \$ 10,870.50 | Alzheimers |
| 4/22/2004 | SCCC | \$ - | \$ - | \$ 5,558.83 | \$ 5,558.83 | Kidney mass |
| | | | | | | |
| | | \$ 1,266,943.83 | \$ 451,932.03 | \$ 1,057,923.04 | \$ 2,776,798.90 | \$5,553,598 |

| REQUEST FOR MEDICAL PAROLE: | | | | | | Updated 4/6/03 |
|-----------------------------|----------|---------------|---------------|---------------|-----------------|---|
| Release | | Costs | Costs | Costs | Costs | |
| Date | Site | FY'01 | FY'02 | FY'03 | to Date | Diagnosis |
| Out-of-State | | | | | | |
| 1/10/1963 | AZ | \$ - | \$ 235.00 | \$ 1,362.85 | \$ 1,597.85 | Renal failure |
| 4/8/2003 | AZ | \$ 6,540.24 | \$ 53,644.05 | \$ 88,133.38 | \$ 148,317.67 | Stroke w/L hemiplegia & ataxia |
| 8/20/2004 | AZ | \$ 196.00 | \$ 360.76 | \$ 208.29 | \$ 765.05 | Blind |
| 9/19/2007 | AZ | \$ - | \$ - | \$ - | \$ - | Abdominal mass |
| 5/15/2020 | AZ | \$ - | \$ - | \$ 48,532.02 | \$ 48,532.02 | |
| 6/8/2003 | AZ | \$ - | \$ - | \$ 6,966.37 | \$ 6,966.37 | CAD, HTN |
| 10/2029 | WA | \$ 259,752.00 | \$ 85,618.00 | \$ 38,543.40 | \$ 383,913.40 | Renal kidney failure - on dialysis |
| 2011 | WA | \$ - | \$ - | \$ 221,823.15 | \$ 221,823.15 | Paraplegia from DOC car accident |
| 2/11/2003 | Deceased | \$ 6,346.31 | \$ 18,632.60 | \$ 54,625.42 | \$ 79,604.33 | |
| 5/4/2004 | AZ | \$ - | \$ - | \$ 4,395.17 | \$ 4,395.17 | Cancer w/2 reoccurrences |
| 9/24/2008 | WA | \$ - | \$ 80,315.04 | \$ 20,570.00 | \$ 100,885.04 | Stroke w/residual disability |
| 9/7/2003 | AZ | \$ - | \$ 881.43 | \$ 3,821.46 | \$ 4,702.89 | Lung lesion |
| 7/2025 | AZ | \$ 8,565.76 | \$ 2,321.55 | \$ 20,588.67 | \$ 31,475.98 | Multiple aortic aneurysms; kidney disease |
| | | \$ 281,400.31 | \$ 242,008.43 | \$ 509,570.18 | \$ 1,032,978.92 | \$2,065,958 |



Sec. 33.16.085 Special medical parole.

(a) Notwithstanding a presumptive, mandatory, or mandatory minimum term a prisoner may be serving or any restriction on parole eligibility under AS 12.55, a prisoner who is serving a term of at least 181 days, may, upon application by the prisoner or the commissioner be released by the board on special medical parole if the board determines

(1) for a prisoner convicted of

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

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

(2) that a reasonable probability exists that

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

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

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

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

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

Provided by Rep. Harris



⊕ Sec 11.41.410. Sexual assault in the first degree.

(a) An offender commits the crime of sexual assault in the first degree if

(1) the offender engages in sexual penetration with another person without consent of that person;

(2) the offender attempts to engage in sexual penetration with another person without consent of that person and causes serious physical injury to that person;

(3) the offender engages in sexual penetration with another person

(A) who the offender knows is mentally incapable; and

(B) who is in the offender's care

(i) by authority of law; or

(ii) in a facility or program that is required by law to be licensed by the state; or

(4) the offender engages in sexual penetration with a person who the offender knows is unaware that a sexual act is being committed and

(A) the offender is a health care worker; and

(B) the offense takes place during the course of professional treatment of the victim.

(b) Sexual assault in the first degree is an unclassified felony and is punishable as provided in AS 12.55.





Sec. 11.41.420. Sexual assault in the second degree.

(a) An offender commits the crime of sexual assault in the second degree if

(1) the offender engages in sexual contact with another person without consent of that person;

(2) the offender engages in sexual contact with a person

(A) who the offender knows is mentally incapable; and

(B) who is in the offender's care

(i) by authority of law; or

(ii) in a facility or program that is required by law to be licensed by the state;

(3) the offender engages in sexual penetration with a person who the offender knows is

(A) mentally incapable;

(B) incapacitated; or

(C) unaware that a sexual act is being committed; or

(4) the offender engages in sexual contact with a person who the offender knows is unaware that a sexual act is being committed and

(A) the offender is a health care worker; and

(B) the offense takes place during the course of professional treatment of the victim.

(b) Sexual assault in the second degree is a class B felony.



→ Sec. 11.41.425. Sexual assault in the third degree.

(a) An offender commits the crime of sexual assault in the third degree if the offender

(1) engages in sexual contact with a person who the offender knows is

(A) mentally incapable;

(B) incapacitated; or

(C) unaware that a sexual act is being committed;

(2) while employed in a state correctional facility or other placement designated by the commissioner of corrections for the custody and care of prisoners, engages in sexual penetration with a person who the offender knows is committed to the custody of the Department of Corrections to serve a term of imprisonment or period of temporary commitment; or

(3) engages in sexual penetration with a person 18 or 19 years of age who the offender knows is committed to the custody of the Department of Health and Social Services under AS 47.10 or AS 47.12 and the offender is the legal guardian of the person.

(b) Sexual assault in the third degree is a class C felony.



Sec. 11.41.434. Sexual abuse of a minor in the first degree.

(a) An offender commits the crime of sexual abuse of a minor in the first degree if

(1) being 16 years of age or older, the offender engages in sexual penetration with a person who is under 13 years of age or aids, induces, causes, or encourages a person who is under 13 years of age to engage in sexual penetration with another person;

(2) being 18 years of age or older, the offender engages in sexual penetration with a person who is under 18 years of age, and the offender is the victim's natural parent, stepparent, adopted parent, or legal guardian; or

(3) being 18 years of age or older, the offender engages in sexual penetration with a person who is under 16 years of age, and

(A) the victim at the time of the offense is residing in the same household as the offender and the offender has authority over the victim; or

(B) the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the first degree is an unclassified felony and is punishable as provided in AS 12.55.

Sec. 11.41.436. Sexual abuse of a minor in the second degree.

(a) An offender commits the crime of sexual abuse of a minor in the second degree if

(1) being 16 years of age or older, the offender engages in sexual penetration with a person who is 13, 14, or 15 years of age and at least three years younger than the offender, or aids, induces, causes or encourages a person who is 13, 14, or 15 years of age and at least three years younger than the offender to engage in sexual penetration with another person;

(2) being 16 years of age or older, the offender engages in sexual contact with a person who is under 13 years of age or aids, induces, causes, or encourages a person under 13 years of age to engage in sexual contact with another person;

(3) being 18 years of age or older, the offender engages in sexual contact with a person who is under 18 years of age, and the offender is the victim's natural parent, stepparent, adopted parent, or legal guardian;

(4) being 16 years of age or older, the offender aids, induces, causes, or encourages a person who is under 16 years of age to engage in conduct described in AS 11.41.435 (a)(2) - (6); or

(5) being 18 years of age or older, the offender engages in sexual contact with a person who is under 16 years of age, and

(A) the victim at the time of the offense is residing in the same household as the offender and the

offender has authority over the victim; or

(B) the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the second degree is a class B felony.

Sec. 11.41.438. Sexual abuse of a minor in the third degree.

(a) An offender commits the crime of sexual abuse of a minor in the third degree if

(1) being 16 years of age or older, the offender engages in sexual contact with a person who is 13, 14, or 15 years of age and at least three years younger than the offender; or

(2) being 18 years of age or older, the offender engages in sexual penetration with a person who is 16 or 17 years of age and at least three years younger than the offender, and the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the third degree is a class C felony.



Sec. 33.16.087. Rights of certain victims in connection with special medical parole.

(a) If the victim of a crime against a person or arson in the first degree requests notice of a scheduled hearing to review or consider special medical parole for a prisoner convicted of that crime, the board shall send notice of the hearing to the victim at least 30 days before the hearing. The notice must be accompanied by a copy of the prisoner's or commissioner's application for parole submitted under AS 33.16.085. However, the copy of the application sent to the victim may not include the prisoner's proposed residence and employment addresses.

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

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

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

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



Sec. 33.16.900 Definitions.

In this chapter

- (1) "board" means the board of parole;
- (2) "commissioner" means the commissioner of corrections;
- (3) "controlled substance" means a drug, substance, or immediate precursor included in the schedules set out in AS 11.71.140 - 11.71.190;
- (4) "crime against a person" has the meaning given in AS 33.30.901 ;
- (5) "crime involving domestic violence" and "domestic violence" have the meanings given in AS 18.66.990 .
- (6) "department" means the Department of Corrections;
- (7) "discretionary parole" means the release of a prisoner by the board before the expiration of a term, subject to conditions imposed by the board and subject to its custody and jurisdiction; "discretionary parole" does not include "special medical parole";
- (8) "mandatory parole" means the release of a prisoner who was sentenced to one or more terms of imprisonment of two years or more, for the period of good time credited under AS 33.20, subject to conditions imposed by the board and subject to its custody and jurisdiction;
- (9) "parolee" means a prisoner, sentenced to one or more terms of imprisonment exceeding 180 days in the case of discretionary parole and of two years or more in the case of mandatory parole, released by the board or by operation of law before the expiration of the term, subject to the custody and jurisdiction of the board;
- (10) "prisoner" means an offender confined for a violation of state law, but does not include a person confined under AS 47;
- (11) "severely medically disabled" means that a person has a medical condition that substantially eliminates the physical ability to commit an offense similar to the offense for which the person was convicted or to commit an offense in violation of AS 11.41 that is punishable as a felony, and the person is likely to
 - (A) remain subject to the medical condition throughout the entire period of parole; or
 - (B) die from the medical condition;
- (12) "special medical parole" means the release by the board before the expiration of a term, subject to conditions imposed by the board and subject to its custody and jurisdiction, of a prisoner who is severely medically disabled or a quadriplegic.

(13) "victim" has the meaning given in AS 12.55.185 .



Sec. 33.30.017. Fees for utilities services for prisoners.

(a) The commissioner shall establish a reasonable utility fee for electrical utilities that are used by prisoners who are confined in a state correctional facility.

(b) The commissioner shall

(1) charge each prisoner who possesses at least one major electrical appliance the utility fee established in (a) of this section; the commissioner may deduct the utility fee monthly from the account established for a prisoner into which money due the prisoner for labor is paid; if a prisoner is indigent, the commissioner shall make the deduction from any amount credited to the indigent inmate's account;

(2) if available from legislative appropriation, expend money deducted and collected under (1) of this subsection to offset the cost of the department's utility expenses; the commissioner shall annually report on the amounts that are collected and expended under this paragraph.

(c) The provisions of (b) of this section do not apply to prisoners

(1) who are

(A) developmentally disabled; or

(B) severely medically disabled, as that term is defined in AS 33.16.900;

(2) who are housed in a mental health unit or psychiatric unit of a state correctional facility; or

(3) while placed in a state correctional facility awaiting classification under classification procedure; for the purpose of making the appropriate assignment of the prisoner.

SENATE FINANCE COMMITTEE

SIGN-IN

HB 229-PAROLE FOR MEDICAL/COGNITIVE DISABILITY

NAME: Angela Salerno Subject/Bill No: HB229
Co./Dept./Title: DHSS/DPA- Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: Ethan Falatko Subject/Bill No: Amendment
Co./Dept./Title: Dept of LAW Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: Kevin Henderson Subject/Bill No: HB 229
Co./Dept./Title: DHSS, DIV. MEDICAL ASST. Phone: 465-5821
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions about Medicaid

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

SENATE FINANCE COMMITTEE

SIGN-IN

HB 229-PAROLE FOR MEDICAL/COGNITIVE DISABILITY

✓ NAME: DOUGLAS BRUCE Subject/Bill No: _____
Co./Dept./Title: Dir. Div. of Public Health Phone: 907-223-5766
Address: 1045 Potomac Ave., Anch. Zip: 99503
Do you wish to testify? Yes No Respond To Questions

✓ NAME: Angela Salerno Subject/Bill No: HB 229
Co./Dept./Title: DHSS / DPA Phone: 3200
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____
Do you wish to testify? Yes No Respond To Questions

SITE: ANCHORAGE LIO

COMMITTEE: SFIN

DATE: 5-10-03

SUBJECT OF MEETING:

HB229

UPDATE #: 1

PLEASE SIGN IN

P R I N T YOUR NAME

ADDRESS (MAILING & ZIP)

REPRESENTING

DO YOU WANT
TO TESTIFY?
Y OR N

✓ **Dr. Beth Funk**

DHSS/DPH

Y-HB229

Email address:

Email address:

Email address:

Email address:

Email address:

Email address:

Email address: