
Public Safety Committee

ESSB 6063

Brief Description: Improving department of corrections health care administration.

Sponsors: Senate Committee on Human Services, Reentry & Rehabilitation (originally sponsored by Senators Wagoner, Kuderer and Padden).

Brief Summary of Engrossed Substitute Bill

- Requires the Department of Corrections (DOC) to establish minimum job qualifications for the position of prison medical director.
- Requires the DOC to develop and implement uniform standards for determining when a patient's current health status requires a referral for consultation or treatment outside the department.

Hearing Date: 2/25/20

Staff: Omeara Harrington (786-7136).

Background:

Every person incarcerated in a Department of Corrections (DOC) facility is entitled to receive basic medical services. The DOC provides health care, consistent with the Washington DOC Health Plan (health plan), that is medically necessary to address an incarcerated person's medical, dental, and mental health needs. Many DOC facilities can provide on-site chronic care and specialty services, and several institutions have on-site infirmaries that provide round the clock observation and care by licensed health care staff. Incarcerated persons may be transferred within the DOC system in order to receive care. The DOC health care staff can also refer incarcerated persons to community specialists for specialty services that the DOC facilities do not provide. Specialty services may include cardiology, orthopedics, oncology, general surgery, oral surgery, obstetrics, and gynecology. When an incarcerated person requires hospitalization for emergent or acute care beyond the capability of the facilities, community hospitals are used.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Department of Corrections policy governs the transfer of incarcerated persons for health care services. Medically necessary nonemergent community care is subject to pre-authorization through a care review process outlined in the health plan. Medically necessary emergency assessment, treatment, and related services are available at all times, consistent with the needs of the incarcerated patient as determined by a health care provider. With the exception of a life-threatening emergency, any care delivered outside a DOC facility must be approved by the Facility Medical Director or the DOC Chief Medical Officer.

The DOC Chief Medical Officer is a licensed doctor of medicine who acts as the statewide clinical health services authority. The DOC Chief of Dentistry is a licensed doctor of dental surgery or doctor of dental medicine who acts as the statewide dental health authority. Each facility has a Facility Medical Director, who is a licensed doctor of medicine or osteopathy who acts as the clinical health services authority at the DOC facility. Medical necessity of proposed health care is reviewed by a Care Review Committee, which is composed of DOC primary care physicians, dentists, physician's assistants, and advanced registered nurse practitioners, organized into discipline- or condition-specific committees, appointed by the Chief Medical Officer.

Summary of Bill:

The DOC must establish minimum job qualifications for the position of prison medical director in accordance with best practices, and must review the minimum qualifications at least every five years. A candidate for prison medical director must meet the established minimum qualifications to be considered for the position. By December 1, 2020, the DOC must report the minimum job qualifications to the Legislature, as well as the status of implementing those qualifications throughout the DOC's correctional facilities.

The DOC, in accordance with medically accepted best practices and in consultation with the Health Care Authority, must develop and implement uniform standards across all of the DOC's correctional facilities for determining when a patient's current health status requires a referral for consultation or treatment outside of the DOC. The standards must be based on the health care community standard of care to ensure medical referrals for consultation or treatment are timely and promote optimal patient outcomes.

Appropriation: None.

Fiscal Note: Requested on February 21, 2020.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.