
Community Safety Committee

HB 2490

Brief Description: Providing an alternative condition for extraordinary medical placement for incarcerated individuals.

Sponsors: Representatives Peterson, Parshley, Simmons, Scott, Reeves, Doglio, Goodman, Pollet, Obras and Reed.

<p>Brief Summary of Bill</p> <ul style="list-style-type: none">• Adds an alternative condition for which an incarcerated individual may be authorized for an extraordinary medical placement.
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Hearing Date: 1/27/26

Staff: Lena Langer (786-7192).

Background:

The Secretary of the Department of Corrections (DOC) may authorize an extraordinary medical placement (EMP) and transfer an incarcerated individual from a correctional facility if all of the following criteria are met:

- the person has been assessed by two physicians and is determined to be either:
 - affected by a permanent or degenerative medical condition to such a degree that the individual does not presently, and likely will not in the future, pose a threat to public safety; or
 - in ill health and is expected to die within six months and does not presently, and likely will not in the future, pose a threat to public safety;
- the person has been assessed as low risk to the community at the time of release; and
- granting the EMP is expected to result in cost savings to the state.

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

Per policy, the DOC considers the following factors in making EMP determinations:

- criminal history with scrutiny of convictions for crimes against persons;
- infraction, program, escape, community supervision, and substance use histories;
- the existence of felony warrants, detainers, and victim or witness concerns, and whether any such warrants, detainers, victim or witness concerns can be mitigated;
- sex offender status, treatment compliance, and screening if treatment has been refused;
- Indeterminate Sentence Review Board jurisdiction;
- medical prognosis and history of compliance with medical directives;
- risk to the community and whether the individual remains capable of committing the same, or similar crimes, for which they are currently incarcerated; and
- the presence, or lack of, a personal support system.

An incarcerated individual authorized for an EMP must be placed on electronic monitoring unless the monitoring equipment is detrimental to the person's health, interferes with the function of medical equipment, or results in the loss of funding for the person's medical care, in which case, alternative monitoring must be used. An EMP can be revoked at any time. Persistent offenders and persons sentenced to life imprisonment without the possibility of release or parole are not eligible for an EMP.

The DOC considers EMP participants to be in partial confinement. They are supervised by corrections specialists, similar to those participating in the Graduated Reentry Program.

The DOC is required to report annually to the Legislature on:

- the number of individuals considered for an EMP;
- the number of individuals who were granted an EMP;
- the number of individuals who were denied an EMP;
- the length of time between initial consideration and the placement decision for each individual who was granted an EMP;
- the number of individuals granted an EMP who were later returned to total confinement; and
- the cost savings realized by the state.

Per these annual reports, in 2024, 74 incarcerated individuals were considered for an EMP and five were granted. In 2023, 40 incarcerated individuals were considered for an EMP and four were granted. In 2022, 74 incarcerated individuals were considered for an EMP and two were granted. In 2021, 44 incarcerated individuals were considered for an EMP and two were granted. In 2020, 75 incarcerated individuals were considered for an EMP and four were granted. In 2019, 32 incarcerated individuals were considered for an EMP and zero were granted.

Summary of Bill:

An EMP may be authorized if:

- the person has been assessed by two physicians and is determined to be:
 - affected by a permanent or degenerative medical condition to such a degree that the

individual does not presently, and likely will not in the future, pose a threat to public safety;

- in ill health and is expected to die within six months and does not presently, and likely will not in the future, pose a threat to public safety; or
- diagnosed with, and is affected by, a serious medical condition to such a degree that the individual's basic medical care needs cannot be met or delivered by the DOC or its contractors as mandated by the federal Constitution, the state Constitution, and state law;
- the person has been assessed as low risk to the community at the time of release; and
- granting the EMP is expected to result in cost savings to the state.

"Basic medical care needs" means health-related accommodations, treatments, prescriptions, or medical devices which are consistent with the accepted standard of care for health care providers, exercising the degree of care, skill, and learning expected of a reasonably prudent health care provider at that time in the profession or class to which the provider belongs acting in the same or similar circumstances.

Appropriation: None.

Fiscal Note: Available.

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