

SENATE BILL REPORT

SB 5895

As Reported by Senate Committee On:
Human Services, January 20, 2026
Ways & Means, February 9, 2026

Title: An act relating to providing an alternative condition for extraordinary medical placement for incarcerated individuals.

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

Sponsors: Senators Saldaña, Hasegawa, Nobles and Wilson, C..

Brief History:

Committee Activity: Human Services: 1/13/26, 1/20/26 [DPS-WM, DNP].
Ways & Means: 1/29/26, 2/09/26 [DP2S, DNP, w/oRec].

Brief Summary of Second Substitute Bill

- Authorizes an extraordinary medical placement (EMP) for an incarcerated individual (II) that has been assessed by two physicians and is determined to be affected by a serious and chronic or permanent and degenerative medical condition and that II's ability to care for themselves is substantially limited or the Department of Corrections (DOC) cannot meet the individual's basic medical care needs in a total confinement setting.
- Modifies a grant of an EMP that the II be assessed and expected to die within 6 months and extends it to approximately 18 months.
- Requires physicians to be responsible for diagnosing an II's illness and the appropriate DOC personnel to be responsible for assessing any risk level.
- Requires the DOC to provide written and individualized explanation for a denial of an EMP and if a person is denied, they may seek review of

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the decision from the Office of Corrections Ombuds.

- Defines basic medical care needs.

SENATE COMMITTEE ON HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5895 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Wilson, C., Chair; Frame, Vice Chair; Orwall.

Minority Report: Do not pass.

Signed by Senators Christian, Ranking Member; Warnick.

Staff: Will Trondsen (786-7552)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5895 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Robinson, Chair; Stanford, Vice Chair, Operating; Trudeau, Vice Chair, Capital; Frame, Vice Chair, Finance; Cleveland, Conway, Dhingra, Hansen, Hasegawa, Kauffman, Pedersen, Riccelli, Saldaña, Wellman and Wilson, C..

Minority Report: Do not pass.

Signed by Senators Gildon, Ranking Member, Operating; Torres, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Dozier, Assistant Ranking Member, Capital; Braun, Muzzall and Warnick.

Minority Report: That it be referred without recommendation.

Signed by Senator Wagoner.

Staff: Sarian Scott (786-7729)

Background: Extraordinary Medical Placement. An incarcerated individual (II) may be given an extraordinary medical placement (EMP) when authorized by the secretary of the Department of Corrections (DOC). Such placement will transfer the individual to an alternative care setting outside of the custody of DOC if:

- the II has been assessed by two physicians, and is determined to be one of the following:
 1. affected by a permanent or degenerative medical condition to such a degree the individual does not presently, and likely will not in the future, pose a threat to public safety; or
 2. is 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 a low risk to the community at the time of release; and
- it is expected that granting the EMP will result in a cost savings to the state.

An II sentenced to death, life imprisonment without the possibility of release or parole is not eligible for an EMP. An EMP may be revoked at any time.

Electronic Monitoring Requirement. All IIs authorized for an EMP are required to have electronic monitoring unless the monitoring equipment is detrimental to the II's health, interferes with the function of the II's medical equipment, or results in the loss of funding for the II's medical care. For those people that meet the exception, an alternative type of monitoring must be used.

Department of Corrections Policies. DOC has policies for establishing general requirements on who may refer, or receive an EMP. An EMP will not be considered when there is an absence of resources in the community to provide necessary care for the individual.

Summary of Bill (Second Substitute): The secretary of DOC is authorized to allow an EMP for an II when the II has been assessed by two physicians and is determined to be affected by a serious and chronic, or permanent and degenerative medical condition and that II's ability to care for themselves is substantially limited or DOC cannot meet the II's basic medical care needs in total confinement, or is in ill health and is expected to die within approximately 18 months.

The II must be assessed as low risk to the community at the time of placement, using risk factors including the II's institutional history, programming history, and Washington one score.

An II sentenced as a persistent offender is not eligible for an EMP.

Physicians are responsible for diagnosing an II's illness and the appropriate DOC personnel is responsible for assessing any risk level.

Any person seeking an EMP that is denied must be provided a written and individualized explanation for the denial by DOC. The II may seek review of the decision from the Office of Corrections Ombuds.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Second Substitute):

- Allows for an EMP and creates separate medical conditions for an II that has either a serious and chronic medical condition, or a permanent and degenerative medical condition.

- The medical condition must be to such a degree that the II's ability to care for themselves is substantially limited or DOC cannot meet the basic medical care needs in a total confinement setting.
- Provides a definition for basic medical care needs.

EFFECT OF CHANGES MADE BY HUMAN SERVICES COMMITTEE (First Substitute):

- Authorizes an EMP for a person that has been assessed by two physicians and is determined to be affected by a serious and chronic permanent or degenerative medical condition that substantially limits the incarcerated person to care for themselves in total confinement.
- Extends the range from that person assessed for an EMP is expected to die from 6 months to approximately 18 months.
- The incarcerated individual must be assessed as low risk in the community at the time of placement instead of release, and requires DOC to use risk factors to assess the person as low risk, including the person's institutional history, programming history, and Washington one score.
- Directs physicians to be responsible for diagnosing an incarcerated individual's illness and the appropriate DOC personnel to be responsible for assessing any risk level.
- Combines life without the possibility of parole and persistent offender as not eligible for an extraordinary medical placement.
- Requires DOC to provide written and individualized explanation for a denial of an extraordinary medical placement. The person denied may seek review of the decision from the Office of Corrections Ombuds.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill (Human Services): *The committee recommended a different version of the bill than what was heard.* PRO: When people in custody are looking at their end of life needs and are not a threat to public safety, providing an opportunity to be outside in a facility that's going to actually care for them is what works. The additional extraordinary medical placement is as narrow as possible to be compassionate, and not some sort of privilege. This also ensures that last moments are with families. There was hope that the statutory language that was passed previously would have resulted in an increase of EMPs but it has not led to that outcome. This new pathway for an EMP makes the expectation clear. When men or women are housed in the DOC and are not provided with adequate medical care, DOC needs to have authority, compassion, and

courage to grant an EMP. Providing care in DOC is extremely expensive, and this new EMP would shift costs from the state, all while people are receiving better treatment outside of the prison system. Necessary treatments are being delayed for incarcerated people, and DOC medical is not able to accommodate everyone due to policy restrictions. This additional EMP is the humane, smart thing to do, and there is more that could be added to improve this bill. Reviews for EMP have increased, but actual placements have only gone down and any effort to expand the program is needed.

OTHER: The department is committed to continuing to work on policy and work to meet the spirit and intent of the EMP law.

Persons Testifying (Human Services): PRO: Senator Rebecca Saldaña, Prime Sponsor; Sarah Leon; Melody Simle; Karen Peacey; Marc Stern; Rachael Seevers, Disability Rights Washington.

OTHER: David Flynn, Department of Corrections.

Persons Signed In To Testify But Not Testifying (Human Services): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: This is about implementing a policy that protects tax payer dollars. Clarifies EMP will parallel the standard for medical malpractice. DOC will be able to sidestep lawsuits that are costing tax payers millions of dollars. Inmates are not getting the medical care that DOC is statutorily required to provide. Recent individual payouts have been \$9.9 million, \$6 million, \$3.25 million, \$549 thousand to name just a few of recent settlements. The fiscal note does not fully represent the millions that could be saved on DOC medical expenses and lawsuits. There are 1500 people over 60 years old in DOC. Research shows that caring for older people in prison is three to nine times more expensive, mostly due to medical costs. DOC does not have enough beds, cells or staff to properly care for the population. They are proposing to expand their assisted living beds to larger capacity at massive expense to the state. Rather than that, in 2003 the legislature tried to expand EMP by passing 5101 to allow more safe releases so that people could be cared for in the community and access Medicaid services. Only a very small handful of people are released on EMP each year. Expanded medical criteria will finally address this issue and allow DOC to meaningfully review people for EMP, saving the state millions in the process.

Persons Testifying (Ways & Means): PRO: Rachael Seevers, Disability Rights Washington; Sarah Leon.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.