

- SUBJECT:** Medical facility for inmates released on MRIS
- COMMITTEE:** Corrections — committee substitute recommended
- VOTE:** 4 ayes — Madden, McReynolds, Haggerty, Jones
0 nays
3 absent — Hochberg, Dunnam, Oliveira
- WITNESSES:** For — Nicole Porter, American Civil Liberties Union of Texas.
(*Registered, but did not testify:* Carlos Higgins, Texas Silver-Haired Legislature; Daniel Jones, Inland Public Properties Development, Inc.)
Against — None
On — Gary Jesse, Texas Department of Aging and Disability Services;
Dee Wilson, Texas Department of Criminal Justice - TCOOMMI)
- BACKGROUND:** Government Code, sec. 508.146 allows the state’s prison inmates, except those sentenced to death or life without parole and those who are required to register as sex offenders upon release, to be considered for release from prison on a type of parole called medically recommended intensive supervision (MRIS) if the following conditions are met:
- the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), in cooperation with the Correctional Managed Health Care Committee (CMHCC), identifies the inmate as being elderly, physically disabled, mentally ill, terminally ill, mentally retarded, or having a condition requiring long-term care;
 - the parole panel determines that, based on the inmate’s condition and a medical evaluation, the inmate does not constitute a threat to public safety; and
 - TCOOMMI, in cooperation with the pardons and paroles division, has prepared a medically recommended intensive supervision plan that requires the inmate to submit to electronic monitoring, places the inmate on super-intensive supervision, or otherwise ensures appropriate supervision of the inmate.

A parole panel must require as a condition of release that the offender remain under the care of a physician and in a medically suitable placement. At least once each quarter, TCOOMMI must report to the parole panel on the offender's medical and placement status. A parole panel may modify the conditions of release and impose any condition, including a condition that the offender reside in a halfway house or community residential facility.

Offenders convicted of certain serious and violent offenses listed in Code of Criminal Procedure, 42.12 sec. 3g (often called "3g" offenses), can be considered for MRIS under the above conditions only if a medical condition of terminal illness or long-term care has been diagnosed.

DIGEST:

CSHB 2100 would amend Government Code, sec. 508.146 to allow TCOOMMI and the Department of Aging and Disability Services (DADS) to jointly enter into a lease agreement 20 or fewer years in length to finance, design, and build a medical facility to house inmates released on MRIS and to contract with a private vendor to provide treatment services at such a facility. A facility constructed by this authorization would have to be located in a county contiguous to a metropolitan statistical area as defined by the U.S. Census Bureau.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2007.

**SUPPORTERS
SAY:**

CSHB 2100 is necessary to provide for the growing need of placement options for MRIS recipients. Ongoing demographic changes in inmate populations, including a substantial number of aging inmates, will result in greater demand for MRIS facilities in the near future. Authorizing the financing, design, and construction of a special medical facility for MRIS recipients also would allow the state to take advantage of draw-down federal funding available for such a facility. The opportunity to utilize such funds would reduce the fiscal impact to the state of arranging for the construction of a medical facility. Constructing a facility would allow the state to house inmates that are refused by local facilities due to the nature of their crimes. Many local facilities, for example, are unwilling to accept sex offenders.

CSHB 2100 would provide a good compromise that would acknowledge safety concerns posed by the release of inmates through MRIS as well as

terminally ill inmates' need for appropriate medical attention unavailable in routine confinement. The bill would be permissive in allowing TCOOMMI and DADS to jointly arrange for the financing and construction of a medical facility and would not require any action to this effect. A constructed medical facility would have to be located in a county near an urban area, which would provide sufficient accessibility to inmates and their families and would not force MRIS recipients to choose between a good facility and an accessible geographic location.

**OPPONENTS
SAY:**

CSHB 2100 is unnecessary and would authorize a project that could result in a significant financial liability to the state. TCOOMMI currently is able to find placement options for MRIS recipients through local facilities according to the inmate's geographic preferences. Existing placement practices have yielded good results for the TCOOMMI and for MRIS recipients, who often are able to locate facilities close to family and friends. The program currently operates with a disbursed community impact and free from the arduous responsibilities associated with maintaining or contracting to maintain a supervised care facility.

The affected departments, TCOOMMI and DADS, could be compelled to make major financial investments in designing and constructing a facility for MRIS recipients. The implicated departments are not accustomed to engaging in construction and design oversight, and the bill would not provide much guidance about what this process would involve. Supervised care facilities in Texas are not at full capacity. Authorizing the state to take responsibility for the design and construction of a facility that could remain seriously underutilized would be an unnecessary cost for little added benefit.

NOTES:

In its fiscal note, the Legislative Budget Board estimates that the bill would cost nearly \$7 million in fiscal 2008-09.