

Representative Ryan D. Wilcox proposes the following substitute bill:

INMATE AMENDMENTS

2023 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Luz Escamilla

House Sponsor: Melissa G. Ballard

LONG TITLE

General Description:

This bill amends and enacts provisions related to inmates in correctional facilities.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ requires the Department of Health and Human Services to establish a pilot program for medical monitoring; and
- ▶ requires the notification of an inmate's designated medical contact in certain circumstances.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

64-13-1, as last amended by Laws of Utah 2021, Chapters 85, 246 and 260

ENACTS:

26B-4-301, Utah Code Annotated 1953



26 [64-13-49](#), Utah Code Annotated 1953



27
28 *Be it enacted by the Legislature of the state of Utah:*

29 Section 1. Section **26B-4-301** is enacted to read:

30 **26B-4-301. Medical care for inmates -- Reporting of statistics.**

31 As used in this section:

32 (1) "Correctional facility" means a facility operated to house inmates in a secure or
33 nonsecure setting:

34 (a) by the Department of Corrections; or

35 (b) under a contract with the Department of Corrections.

36 (2) "Health care facility" means the same as that term is defined in Section [26-21-2](#).

37 (3) "Inmate" means an individual who is:

38 (a) committed to the custody of the Department of Corrections; and

39 (b) housed at a correctional facility or at a county jail at the request of the Department
40 of Corrections.

41 (4) "Medical monitoring technology" means a device, application, or other technology
42 that can be used to improve health outcomes and the experience of care for patients, including
43 evidence-based clinically evaluated software and devices that can be used to monitor and treat
44 diseases and disorders.

45 (5) "Terminally ill" means the same as that term is defined in Section [31A-36-102](#).

46 (6) The department shall:

47 (a) for each health care facility owned or operated by the Department of Corrections,
48 assist the Department of Corrections in complying with Section [64-13-39](#);

49 (b) create policies and procedures for providing services to inmates; and

50 (c) in coordination with the Department of Corrections, develop standard population
51 indicators and performance measures relating to the health of inmates.

52 (7) Beginning July 1, 2023, and ending June 30, 2024, the department shall:

53 (a) evaluate and study the use of medical monitoring technology and create a plan for a
54 pilot program that identifies:

55 (i) the types of medical monitoring technology that will be used during the pilot
56 program; and

- 57 (ii) eligibility for participation in the pilot program; and
- 58 (b) make the indicators and performance measures described in Subsection (6)(c)
- 59 available to the public through the Department of Corrections and the department websites.
- 60 (8) Beginning July 1, 2024, and ending June 30, 2029, the department shall implement
- 61 the pilot program.
- 62 (9) The department shall submit to the Health and Human Services Interim Committee
- 63 and the Law Enforcement and Criminal Justice Interim Committee:
- 64 (a) a report on or before October 1 of each year regarding the costs and benefits of the
- 65 pilot program;
- 66 (b) a report that summarizes the indicators and performance measures described in
- 67 Subsection (6)(c) on or before October 1, 2024; and
- 68 (c) an updated report before October 1 of each year that compares the indicators and
- 69 population measures of the most recent year to the initial report described in Subsection (9)(b).

70 Section 2. Section **64-13-1** is amended to read:

71 **64-13-1. Definitions.**

72 As used in this chapter:

- 73 (1) "Behavioral health transition facility" means a nonsecure correctional facility
- 74 operated by the department for the purpose of providing a therapeutic environment for
- 75 offenders receiving mental health services.
- 76 (2) "Case action plan" means a document developed by the Department of Corrections
- 77 that identifies:
- 78 (a) the program priorities for the treatment of the offender, including the criminal risk
- 79 factors as determined by risk, needs, and responsivity assessments conducted by the
- 80 department; and
- 81 (b) clearly defined completion requirements.
- 82 (3) "Community correctional center" means a nonsecure correctional facility operated
- 83 by the department, but does not include a behavioral health transition facility for the purposes
- 84 of Section [64-13f-103](#).
- 85 (4) "Correctional facility" means any facility operated to house offenders in a secure or
- 86 nonsecure setting:
- 87 (a) by the department; or

88 (b) under a contract with the department.

89 (5) "Criminal risk factors" means an individual's characteristics and behaviors that:

90 (a) affect the individual's risk of engaging in criminal behavior; and

91 (b) are diminished when addressed by effective treatment, supervision, and other

92 support resources, resulting in a reduced risk of criminal behavior.

93 (6) "Department" means the Department of Corrections.

94 (7) "Direct supervision" means a housing and supervision system that is designed to

95 meet the goals described in Subsection 64-13-14(5) and has the elements described in

96 Subsection 64-13-14(6).

97 (8) "Emergency" means any riot, disturbance, homicide, inmate violence occurring in

98 any correctional facility, or any situation that presents immediate danger to the safety, security,

99 and control of the department.

100 (9) "Evidence-based" means a program or practice that has had multiple randomized

101 control studies or a meta-analysis demonstrating that the program or practice is effective for a

102 specific population or has been rated as effective by a standardized program evaluation tool.

103 (10) "Evidence-informed" means a program or practice that is based on research and

104 the experience and expertise of the department.

105 (11) "Executive director" means the executive director of the Department of

106 Corrections.

107 (12) "Inmate" means an individual who is:

108 (a) committed to the custody of the department; and

109 (b) housed at a correctional facility or at a county jail at the request of the department.

110 (13) "Offender" means an individual who has been convicted of a crime for which the

111 individual may be committed to the custody of the department and is at least one of the

112 following:

113 (a) committed to the custody of the department;

114 (b) on probation; or

115 (c) on parole.

116 (14) "Restitution" means the same as that term is defined in Section 77-38b-102.

117 (15) "Risk and needs assessment" means an actuarial tool validated on criminal

118 offenders that determines:

- 119 (a) an individual's risk of reoffending; and
- 120 (b) the criminal risk factors that, when addressed, reduce the individual's risk of
- 121 reoffending.

122 (16) "Secure correctional facility" means any prison, penitentiary, or other institution
123 operated by the department or under contract for the confinement of offenders, where force
124 may be used to restrain an offender if the offender attempts to leave the institution without
125 authorization.

126 (17) "Serious illness" means, as determined by the inmate's physician, an illness that
127 substantially impairs the inmate's quality of life.

128 (18) "Serious injury" means, as determined by the inmate's physician, bodily injury that
129 involves a substantial risk of death, prolonged unconsciousness, prolonged and obvious
130 disfigurement, or prolonged loss or impairment of the function of a bodily member, organ, or
131 mental faculty.

132 Section 3. Section **64-13-49** is enacted to read:

133 **64-13-49. Inmate medical notification.**

134 (1) As used in this section, "health care facility" means the same as that term is defined
135 in Section 26-21-2.

136 (2) Upon intake of an inmate, a correctional facility shall provide the inmate with a
137 form that allows the inmate to designate a contact to whom the correctional facility may release
138 the inmates medical information in compliance with applicable federal law and Title 63G,
139 Chapter 2, Government Records Access and Management Act.

140 (3) A correctional facility shall, without compromising an investigation:

141 (a) attempt to notify an inmate's designated contact that the inmate sustained a serious
142 injury or contracted a serious illness within five days after:

143 (i) the day on which the inmate sustains the serious injury or contracts the serious
144 illness; or

145 (ii) if the inmate is transferred to a health care facility as a result of the serious injury or
146 serious illness, the day on which the inmate is released from the health care facility;

147 (b) attempt to notify the designated contact within 24 hours after the death of the
148 inmate and include the manner of death in the notification, if known; or

149 (c) attempt to notify the designated contact if the inmate's physician determines

150 notification is necessary because the inmate has a medical condition that:

151 (i) renders the inmate incapable of making health care decisions; or

152 (ii) may result in the inmate reaching end-of-life.

153 (4) The notification described in Subsection (3)(a) shall, without compromising an

154 investigation, describe:

155 (a) the serious injury or serious illness;

156 (b) the extent of the serious injury or serious illness;

157 (c) the medical treatment plan; and

158 (d) if applicable, the medical treatment recovery plan.

159 (5) The department shall create a policy that a staff member provide the notification

160 described in Subsection (3) in a compassionate and professional manner.