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TESTIMONY 2013

S.B. 991

Dear Members of the Committee,

Thank you for allowing me this opportunity to present testimony in favor of Senate Bill (S.B.) 991, an effective policy that will improve efficiency and focus resources more effectively during the Medically Recommended Intensive Supervision (MRIS) release process.

SAFELY STREAMLINING THE MEDICAL RELEASE PROCESS WILL IMPROVE EFFICIENCY AND REDUCE COSTS TO THE STATE

It is costly and unnecessary to keep individuals with a serious medical condition in prison. Currently, certain incarcerated individuals are eligible for parole release under the Medically Recommended Intensive Supervision (MRIS) program; these individuals pose no legitimate risk to public safety—as determined by the Board of Pardons and Paroles (BPP)—and they have a serious medical condition that meets strict statutory criteria. Before being considered for release by the BPP, inmates are sent through a referral process where they are screened by the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI).

In addition to various offense restrictions, eligibility for MRIS currently requires an individual to be elderly, physically disabled, mentally ill, terminally ill, mentally retarded or having a condition requiring long-term care, be in a persistent vegetative state, or have an organic brain syndrome with significant to total mobility impairment.¹ **Each year, the MRIS-eligible caseload increases, and as inmates get older, medical symptoms worsen** and health issues increase. From 2010 to 2012, the caseload increased over 28 percent from 1,443 to 1,857 referrals.²

Furthermore, the current MRIS process requires a variety of review procedures, which often results in resources being allocated to evaluate individuals who are not even eligible for MRIS release. Such deficiencies waste resources that could be devoted to thorough evaluations of individuals who meet all statutory and medical criteria.

Because of the increased needs of seriously ill inmates, **individuals who would likely qualify for medical release use a disproportionate share of the funds allocated for prison health care costs.** In a recent publication on government efficiency and effectiveness, the Legislative Budget Board (LBB) points out that incarcerated persons are ineligible for public health benefits such as Medicare or Medicaid, thus placing the financial burden on the state to care for these individuals. **If seriously ill individuals are allowed to serve the remainder of their sentence in an alternative setting, like approved nursing homes, the state can draw from federal funds to offset medical care costs.**³ The LBB recommends that the statute governing MRIS be improved by amending the medical criteria used to determine eligibility for MRIS, and by removing automatic disqualification based on offense criteria.⁴ Rather, eligibility for MRIS should first be based on specific medical criteria, determined through a medical examination, and then be based on the BPP's determination that the person does not pose a danger to the public. S.B. 991 is consistent with these recommendations and will help improve the MRIS process.

Other states have considered and passed legislation that would allow elderly and ill prisoners to complete their sentences in the community, where costs are lower for the state and individuals can spend their last days with their families.⁵ For instance, in 2011, Arkansas, Rhode Island, and Colorado all reframed their eligibility requirements related to medial parole.⁶ In Texas, large cost savings could be realized if the BPP released more individuals who have been screened and identified as eligible for MRIS.

Continued on reverse.

KEY FINDINGS

- Since its inception over 20 years ago, only 1,484 individuals have been released on MRIS.⁷
- In FY 2012 there were 1,857 individuals referred to TCOOMMI for MRIS review, 516 of whom were ineligible due to offense restrictions. MRIS referrals have increased over 28 percent since 2010.⁸
- Of the 1,341 individuals determined eligible for MRIS review in FY 2012, only 491 were presented to the BPP for MRIS release and only 72 were ultimately approved for MRIS.⁹
- Of those who were referred for MRIS during FY 2012, 187 died while in prison.¹⁰

COST-SAVING AND PUBLIC SAFETY-DRIVEN SOLUTION: SUPPORT S.B. 991 BY CHAIRMAN WEST

- **S.B. 991 will streamline the MRIS release process by creating clearer standards with respect to the medical conditions considered for MRIS release.** The current MRIS review process creates excessive waste because valuable resources are devoted to evaluating individual cases that do not meet standard eligibility criteria. These resources should be allocated to careful examinations of individuals who have a legitimate chance of being considered and released on MRIS. S.B. 991 will streamline the statutory criteria for MRIS, clarifying that it applies only to individuals requiring permanent long-term care, with a terminal illness, or with a severe mental illness or intellectual and developmental disability.
- **H.B. 991 will improve the MRIS release process and save significant costs by removing unnecessary offense exclusions.** Currently, offense restrictions limit the use and availability of MRIS release. Many inmates who are severely ill and who could safely be transferred to an alternative setting are confined to a prison setting while the state incurs excessive medical care costs.

Importantly, S.B. 991 only amends the mechanism through which individuals are reviewed for MRIS release; it does not guarantee or mandate the release of specific individuals.

CONCLUSION

Thank you again for allowing me the opportunity to testify on S.B. 991, which tightens statutory language to reduce unnecessary, costly review procedures. The Texas Criminal Justice Coalition strongly urges you to support this bill.

Citations

¹ TEX. GOV. CODE § 508.146.

² Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI), "Medically Recommended Intensive Supervision (MRIS) FY 12 Annual Report." Available at <http://www.tdcj.state.tx.us/publications/index.html>.

³ Legislative Budget Board (LBB), "Texas State Government Effectiveness and Efficiency Report: Selected Issues and Recommendations," Submitted to the 83rd Texas Legislature, January 2013, p. 282. Available at <http://www.lbb.state.tx.us/GEER/Government%20Effectiveness%20and%20Efficiency%20Report%202012.pdf#ReviseMedicallyRecommendedIntensive>.

⁴ LBB, *Texas State Government Effectiveness and Efficiency*, p. 282.

⁵ Vera Institute of Justice, Tina Chiu, *It's About Time: Aging Prisoners, Increasing Costs, and Geriatric Release*, (April 2010), p. 5. Available at <http://www.vera.org/download?file=2973/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf>.

⁶ LBB, *Texas State Government Effectiveness and Efficiency*, p. 286.

⁷ TCOOMMI, *Medically Recommended Intensive Supervision*.

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*