

# Fiscal Note

**BILL #** HB 2229

**TITLE:** executive clemency; medical confinement release

**SPONSOR:** Hendrix

**STATUS:** As Introduced

**PREPARED BY:** Geoffrey Paulsen

## Description

The bill, as introduced, would allow certain inmates in custody with the Arizona Department of Correction (ADC) to apply to the Board of Executive Clemency (BOEC) for medical confinement release.

## Estimated Impact

We estimate that the bill would increase both ADC and the BOEC administrative costs and decrease ADC's health care contract costs. AHCCCS costs may increase as some of the newly released individuals enroll for coverage with them.

There is not a definitive number of individuals that would be eligible for medical confinement release each year. ADC estimates that it could be at least 93 inmates, while an analysis from BOEC is based on 200 inmates.

BOEC estimated on a previous identical bill that it would need ongoing funding of \$308,200 for 3 new FTE positions and one-time equipment costs of \$146,100. ADC previously estimated that the bill would require 2-3 additional FTE positions. We estimate that would cost \$200,000 to \$300,000.

## Analysis

The bill would allow certain inmates to apply for release from ADC custody to medical confinement if the inmate receives a diagnosis specified in the bill. The qualifying criteria in the bill generally include: a debilitating condition that precludes self-care in prison or that cannot be treated in prison, irreversible deteriorating health after the age of 75, or terminal illness with a life expectancy of less than a year. The bill would require BOEC to hold a hearing to determine whether the individual should be released to medical confinement.

If approved for release by BOEC, ADC would continue to be responsible for the individual's supervision. ADC would also be required to provide periodic medical evaluations of the individual.

ADC previously reported in 2024 that there were 93 inmates in their population with a terminal medical diagnosis and/or are at least 80 years of age. However, ADC acknowledged that this may not accurately reflect the total number of eligible individuals, as the bill's qualifying conditions are broadly defined and do not exactly correspond to information in ADC's inmate database. Assuming this approximate inmate count, ADC estimated that they would require 2-3 new FTE positions to review applications and prepare medical confinement plans. ADC did not provide an estimate of this cost.

ADC contracts with a private vendor to provide health care services in state-run prisons. ADC reports that the medical evaluations required under the bill would not fall within the current contract and would require an amendment and additional funding. ADC has not provided an estimate of that cost.

In addition, ADC would likely see reduced health care costs in state-run prisons as inmates with the highest medical costs are released under the bill. The exact amount and timing of these savings, however, would depend on the number of inmates released and the state's inmate health care contract.



Upon release on medical confinement, the state may experience increased costs as inmates enroll in the AHCCCS program for health care coverage. Given the expected number of qualifying inmates, we estimate this would have a minimal fiscal impact on the AHCCCS General Fund budget.

BOEC previously estimated in 2024 it would need 3 new FTE to handle additional caseload, including a board clerk, an executive staff assistant and a case analyst/hearing officer. BOEC reports the ongoing cost would be \$308,200 plus one-time equipment costs of \$146,100. BOEC's estimates assumed 200 individuals would apply for the program each year.

**Local Government Impact**

None.

2/11/25