



OREGON STATE SHERIFFS' ASSOCIATION
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To: Members of the House Judiciary Committee

From: Captain Lee Eby, Clackamas County Jail Commander
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Commander Jamie Russell, Lincoln County Jail Commander
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Date: February 9, 2021

Re: Testimony identifying concerns re HB 2199 and HB 2201

Chair Bynum and members of the committee,

On behalf of the Oregon State Sheriff's Association (OSSA), thank you for the opportunity to provide testimony regarding HB 2199 and HB 2201. OSSA has brought the issue of jail healthcare and the costs/difficulties associated with providing medical services for this population in front of the Legislature a number of times over the years. OSSA has supported an extension of commercial health insurance and Medicaid benefits for adults in custody (AIC) in our jails throughout the state. With the Legislature's help we have been successful in extending coverage for adults in custody who have commercial insurance but not for AIC's who are otherwise Medicaid eligible. OSSA and OACP understand that the extension of Medicaid benefits to AIC's in the custody of jails will require a federal stipulation that must be negotiated as a part of our Medicaid waiver.

As a matter of background, OSSA would like to begin by explaining how jail pre-booking processes work around the state. As a jail standard, intake personnel and/or medical personnel do a visual assessment and ask each person being booked into jail a series of questions related to their medical condition that focus on both physical and behavioral health. If there are any concerns regarding the individual's physical or mental health, intake staff can require the person to be seen and cleared by a medical provider before they are admitted to the jail. All medical information that is obtained during the admission process is documented and shared with jail medical staff.

OSSA reviewed both of these measures and we have significant concerns regarding the impact they will have on our Jails in Oregon. OSSA would like to be on record with these concerns as well as provide an alternative recommendation.

Both measures would be extremely expensive to implement at the local level as they require consultation with each AIC's primary healthcare provider or the Veteran's Administration within 72 hours of admission of a pretrial detainee to the jail. Both measures require the jail to ensure that

the AIC receives all treatment prescribed by the detainee's primary health care provider regardless of the cost or availability of the treatment.

Jails do not have adequate staffing to contact every AIC's primary health care provider – In 2019 alone, Oregon Jails booked 175,803 individuals into custody statewide. Many individuals booked into the jail have not seen a physician in years, and many don't have a primary health care provider. This will make locating and contacting a primary health care provider difficult.

Jails do not have the ability to provide every type of treatment that an individual could be getting while out of custody. This could be anything from methadone, massage, hydrotherapy, acupuncture to hyperbaric oxygen therapy. Some treatments, such as methadone for opioid addiction, would be very difficult for even large jails to provide as it requires a special license.

For many rural and frontier jails, there may be no treatment provider in the entire county (or surrounding counties) that provide certain types of treatment or physician in the county (or surrounding counties) that perform specialized forms of medicine.

Both measures mandate that a jail physician ignore their own clinical judgment and order whatever an outside provider has already prescribed/ordered. In many cases, the jail provider may not agree on a certain type of medication (brand name versus generic version), but they would have to continue what was prescribed/ordered by the primary health care provider. We believe this provision alone will make it even more difficult to identify medical providers who are willing to serve in jail settings.

Both measures do not indicate if following a primary health care provider's orders apply to all elective surgery/treatments but the terminology "including, but not limited to" appears to extend the requirement to any treatment prescribed.

ALTERNATIVE – if the person has been in custody for thirty days and is anticipated to remain in custody for at least thirty more days, the facility shall contact the primary health care provider if the detainee has identified one and has seen that provider within the past six months. The jail health provider must review the records and take them into account in determining the proper course of medical treatment for an AIC.

Thank you for this opportunity to testify and we are happy to answer any questions you have.