

Testimony Before the Senate Committee on Judiciary and Public Safety Senate Bill 592 Wednesday, January 22, 2020

Thank you Chair Wanggaard and committee members of the Senate Committee on Judiciary and Public Safety for hearing this bill. Senate Bill 592 takes important steps to ensure offenders will have an immediate supply of medications when they are released.

There is a great deal of uncertainty for inmates upon their release. Providing medications to inmates reentering our communities is crucial to their health and stability. Typically, when inmates are released from a DOC facility, they are provided with two weeks of medication and 30-day prescription for any current medications.

SB 592 directs the Department of Corrections to provide up to a six-week supply of initial medication and prescription to inmates upon their release. This change will ensure that individuals have medication available during the period of time reasonably necessary to consult with a health care provider to obtain a new supply.

Through further conversations with DOC, we are proposing Senate Substitute Amendment 2 to allow greater flexibility for DOC. Most medications come in 30-day packages. Federal law prohibits DOC from breaking up those packs, so a six-week supply of a prescription as originally drafted in the bill would be difficult to fill for certain prescriptions.

This amendment says that DOC shall provide the individual upon his or her release a four-week or 30-day supply of medication and valid prescription to obtain eight weeks or 60 days worth of medication to be filled at a later date. These changes should provide adequate oversight for DOC to determine if a medication is safe to administer.

Our state becomes safer when offenders are successfully released from prison and don't recidivate. Reentry to society isn't easy, and lack of prescription medication for health issues can make it even harder for these individuals. By providing security and opportunity it is our hope these individuals will become lawful taxpayers.

Thank you committee members for hearing Senate Bill 592. Thank you Representative Brooks for his leadership on this issue. I look forward to your support of this important legislation.



ROBERT BROOKS

STATE REPRESENTATIVE • 60TH ASSEMBLY DISTRICT

Senate Committee on Judiciary and Public Safety Wednesday, January 22, 2020

Thank you for holding a hearing on Senate Bill 592 and allowing me to testify in favor of this legislation.

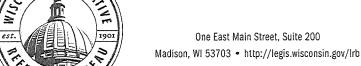
Typically, when inmates are released from a DOC facility, they are provided with two weeks of medication and a four-week prescription for any current medications. Senate Bill 592 directs DOC to provide up to a six-week supply of initial medication and a six-week prescription to inmates upon their release.

Based on conversations with DOC, Substitute Amendment 2 was drafted. According to the DOC pharmacy team, most medications are available in 30-day packages and federal law prevents the packs from being broken up and distributed in differing quantities. The substitute amendment adds clarifying language to account for the standard packaging of most DOC-administered prescription drugs. Product packaging for most medications is not available in six-week increments, so the amended language allows inmates to obtain an eight-week prescription upon release. Substitute Amendment 2 simply doubles current DOC practice and inmates will be released with a four-week supply of medication and an eight-week prescription.

In addition, Substitute Amendment 2 provides more prescriber oversight of inmates' health and safety when determining medications. The amendment adds language to ensure that prescribers verify that all medications and quantities are clinically appropriate for individual inmates. The DOC psychiatry team recommended this change, as not all medications should be prescribed in 60-day increments due to health concerns.

Everyone wins when offenders are successfully released from prison and do not recidivate. According to DOC, 75% of its inmate population is taking some type of medication. Reentry to society is not easy, and lack of prescription medication for health issues can make it even harder.

Thank you for your time and attention and I ask that you support this legislation. I would be happy to answer any questions.



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MEWDRANDUM

TO: Representative Rob Brooks

FROM: Ryan LeCloux, legislative analyst

DATE: November 15, 2019

SUBJECT: Wisconsin incarceration data

This memorandum contains the incarceration data that you requested, which includes the number of Wisconsin inmates released and the statewide rearrest rates, recidivism rates, and reincarceration rates for the last five years of available data. You asked for the reconviction rate; however, the Wisconsin Department of Corrections (DOC) does not provide data on reconviction rates. Instead, the DOC provides data on recidivism rates, which the department defines as "a new offense resulting in a conviction and sentence to the WI DOC."

Table: Wisconsin incarceration data

Year	Number of inmates released ²	3-year rearrest rate ³	3-year recidivism rate ⁴	Reincarceration rate ⁵
2011	8,831	56.0%	31.9%	37.1%
2012	8,594	56.5%	32.6%	36.5%
2013	8,823	57.3%	34.2%	37.4%
2014	8,726	57.1%	33.2%	37.3%
2015	8,599	57.6%	NA	38.0%

Please contact me if you would like more information pertaining to this subject. I can be reached at Ryan.LeCloux@legis.wisconsin.gov or 608-504-5820.

¹ Joseph R. Tatar II and Megan Jones, <u>Recidivism after Release from Prison</u>, Wisconsin Department of Corrections, August 2016, https://doc.wi.gov/.

² Prison Releases: 2000-2018, Wisconsin Department of Corrections, Appendix B, August 2019, https://doc.wi.gov/.

³ Data provided by the Wisconsin Department of Corrections, Research and Policy Unit.

⁴ Data for 2013 and 2014 was provided by the Wisconsin Department of Corrections, Research and Policy Unit; Data for 2011 and 2012 is from: "Release from Prison Recidivism Dashboards," Wisconsin Department of Corrections, https://doc.wi.gov/.

⁵ Data provided by the Wisconsin Department of Corrections, Research and Policy Unit.