

TWENTY-SECOND NORTHERN MARIANAS COMMONWEALTH  
LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

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Regular Session, 2021

H. B. 22- 14

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A BILL FOR AN ACT

To establish the Department of Corrections Residential Mental Health Unit; and  
for other purposes.

BE IT ENACTED BY THE 22<sup>ND</sup> NORTHERN MARIANAS  
COMMONWEALTH LEGISLATURE:

- 1           **Section 1. Short Title.** This Act may be cited as “The Mental Health Care  
2 at the Department of Corrections Act”.
- 3           **Section 2. Findings and Purpose.** The Legislature finds that the CNMI  
4 criminal justice system does not provide adequate and appropriate mental health  
5 treatment to persons sentenced to the criminal justice system. The Legislature finds  
6 that there are prisoners who have a treatable, severe mental illness that was one of  
7 the causes of or was an aggravating factor in the commission of the crime for which  
8 he or she was incarcerated. The Legislature further finds that, if the severe mental  
9 illness of such prisoners is not in remission or cannot be kept in remission at the  
10 time of their parole or upon termination of parole, there is a danger to society, and  
11 the CNMI has a compelling interest in protecting the public. In order to protect the  
12 public from those persons, the Legislature finds that it is necessary to provide

1 mental health treatment until the severe mental illness which was one of the causes  
2 of or was an aggravating factor in the person's prior criminal behavior is in  
3 remission and can be kept in remission.

4         The Legislature further finds and declares the Department of Corrections  
5 should evaluate each prisoner for severe mental illness as soon as practicable when  
6 admitted and periodically throughout the term of incarceration, and that prisoners  
7 with several mental illness should be provided with an appropriate level of mental  
8 health treatment while in prison and when returned to the community.

9         **Section 3. Amendment.** Title 6, Division 4 of the Commonwealth Code is  
10 hereby amended by adding a new chapter 3 to read as follows:

11         **"Chapter 3. Health Care Services for Prisoners.**

12         **Article 1. Department of Corrections Mental Health Care.**

13         **§ 101. Residential Mental Health Unit within the Department of**  
14 **Corrections.**

15         (a) There is hereby established a residential mental health unit under the  
16 jurisdiction of the Department of Corrections to be known as the Department of  
17 Corrections Residential Mental Health Unit.

18         (b) The Department of Corrections Residential Mental Health Unit shall be  
19 a safe and secure treatment facility that shall provide extensive out-of-cell activities  
20 and treatment and shall be used as a mental health treatment facility only in cases  
21 of persons otherwise properly detained under the custody of the Department of

1 Corrections.

2 (c) The primary purpose of the Department of Corrections Residential  
3 Mental Health Unit shall be the receiving, segregation, confinement, treatment and  
4 care of persons under the custody of the Department of Corrections or any agency  
5 thereof who are any of the following:

6 (1) Mentally ill.

7 (2) Developmentally disabled.

8 (3) Addicted to the use of controlled substances.

9 (4) Suffering from any other chronic disease or condition.

10 (d) The Commissioner of Corrections shall construct and equip, in  
11 accordance with law, suitable buildings, structures, and facilities for the  
12 Department of Corrections Residential Mental Health Unit. The Residential Mental  
13 Health Unit may be constructed within the Department of Corrections facility in  
14 Saipan.

15 (e) The Commissioner of Corrections shall make rules and regulations for  
16 the operation of the Department of Corrections Residential Mental Health Unit and  
17 the management of its affairs.

18 (f) The supervision, management, and control of the Department of  
19 Corrections Residential Mental Health Unit and the responsibility for the care,  
20 custody, treatment, training, discipline and employment of persons confined therein  
21 are vested in the Commissioner of Corrections; provided, however, the

1 Commonwealth Healthcare Corporation (CHCC) shall establish and administer  
2 programs regarding, and shall be responsible for, the medical, dental, and mental  
3 health treatment, including substance abuse programs, of persons confined therein.

4 **§ 102. Health Services for Prisoners.**

5 (a) The general policies, rules and regulations of the Department of  
6 Corrections shall prescribe standards for health services to prisoners, which shall  
7 include preventive, diagnostic, and therapeutic measures on both an outpatient and  
8 a hospital basis, for all types of patients. A prisoner may be taken, when necessary,  
9 to a medical facility outside the Commonwealth prison system. The Department of  
10 Corrections shall seek the cooperation of public and private agencies, institutions,  
11 officials and individuals in the development of adequate health services to  
12 prisoners.

13 (b) Upon request of the Commissioner of Public Safety or the  
14 Commissioner of the Department of Corrections, the Chief Executive Officer  
15 (CEO) of the Commonwealth Healthcare Corporation shall detail personnel  
16 employed by the CHCC to the Department of Corrections for the purpose of  
17 supervising and furnishing medical, psychiatric, psychological, dental, and other  
18 technical and scientific services to the Department of Corrections. The  
19 compensation, allowances, and expenses of the personnel detailed under this  
20 section may be paid from applicable appropriations to the CHCC and shall be  
21 reimbursed from applicable appropriations to the Department of Corrections.



1           (c) Each prisoner committed to the Department of Corrections shall receive  
2 a physical exam by a licensed physician and mental examination by a licensed  
3 psychiatrist or eligible psychologist within three (3) days after admission and before  
4 being assigned to work. The prisoner's work and other assignments shall be made  
5 with due regard for the prisoner's physical and mental condition.

6           (d) The CHCC shall adopt standards for the delivery of medical, dental, and  
7 mental health services, including substance abuse standards, to inmates in the  
8 custody of the Department of Corrections. The CEO shall designate an agency or  
9 agencies within the CHCC to monitor the implementation by the Department of  
10 Corrections of these standards. The CEO shall send a written report on the progress  
11 made by the Department of Corrections on the implementation of such standards to  
12 the Governor, the Lieutenant Governor, and the Speaker of the House. Such reports  
13 shall be made on an annual basis beginning January 1, 2022.

14           **§ 103. Treatment Programs for Prisoners.**

15           (a) The general policies, rules and regulations of the Department of  
16 Corrections shall provide for humane treatment of prisoners and for programs to  
17 affect their correction and return to the community as promptly as practicable.  
18 Visits and correspondence between prisoners and approved friends shall be  
19 authorized under reasonable conditions, and family members shall be permitted and  
20 encouraged to maintain close contact with the prisoners unless such contacts prove  
21 to be hurtful. Casework, counseling, and psychotherapy services shall be provided

1 to prisoners and may be extended to include members of the prisoner's family if  
2 practicable and necessary to achieve the purposes of such programs. Education,  
3 library, recreation, and vocational training programs shall be developed so as to  
4 coordinate with corresponding services and opportunities which will be available  
5 to the prisoner when he is released. Programs shall be established for the treatment  
6 and training of prisoner with mental illness, developmental disabilities and other  
7 disabilities. These programs may be operated in segregated sections of facilities  
8 housing other prisoners or in separate facilities.

9 (b) The Department of Corrections may cooperate with and seek the  
10 cooperation of public and private agencies, institutions, officials, and individuals in  
11 the development and conduct of programs designed to give persons committed to  
12 the Department opportunities for physical, mental and moral improvement. The  
13 Department may enter into agreements with other agencies of the Commonwealth  
14 of federal or local government and with private agencies to promote the most  
15 effective use of available resources. Specifically, the Commissioner of Public  
16 Safety or Director of the Department of Corrections may enter into contracts or  
17 agreements with appropriate public or private agencies offering needed services  
18 including health, mental health, mental disability, substance abuse, rehabilitative or  
19 training services for such inmates of the Department of Corrections for services  
20 rendered at a rate not to exceed that which such agencies normally receive for  
21 serving their regular clients.

1           **§ 104. Inmate Becoming Mentally Ill and Dangerous to Himself and**  
2 **Others.**

3           (a) An inmate who become mentally ill and dangerous to himself or others  
4 after incarceration in any facility operated by the Department of Corrections in the  
5 Commonwealth is processed in accordance with 3 CMC §§ 2501 et seq., as  
6 modified by this section, except when the provisions of 3 CMC §§ 2501 et seq. are  
7 manifestly inappropriate. A staff psychiatrist or eligible psychologist of the  
8 correctional facility or of the Commonwealth Healthcare Corporation may  
9 involuntarily admit the inmate to the Department of Corrections Residential Mental  
10 Health Unit for evaluation and treatment pursuant to the 72-hour emergency  
11 detention provision of 3 CMC § 2503. Unless involuntary commitment is sought  
12 and ordered before the expiration of the time period provided in 3 CMC § 2504(c),  
13 the facts and circumstances that supported the 72-hour emergency detention in the  
14 Department of Corrections Residential Mental Health Unit shall not be grounds for  
15 further detention in the Department of Corrections Residential Mental Health Unit  
16 and the inmate shall be returned to the correctional facility from which he was  
17 removed. Further commitment pursuant to 3 CMC § 2501 et seq. shall be to the  
18 Department of Corrections Residential Mental Health Unit. The judge shall not  
19 order outpatient commitment for an inmate-respondent.

20           (b) If the sentence of an inmate-respondent expires while he is committed  
21 pursuant to this section to the Department of Corrections Residential Mental Health

1 Unit, he is considered in all respects as if he had been initially committed under 3  
2 CMC § 2501 et seq.

3 (c) If the sentence of an inmate-respondent has not expired, and if in the  
4 opinion of the attending physician of the Department of Corrections Residential  
5 Mental Health Unit an inmate-respondent ceases to be mentally ill and dangerous  
6 to himself or others, he shall notify the Director of the Department of Corrections  
7 who shall arrange for the inmate-respondent's return to a correctional facility.

8 (d) The Public Defender shall represent any inmate who becomes mentally  
9 ill and dangerous to himself or others while confined in a correctional facility.

10 **Article 2. Parole of Prisoners with Severe Mental Illness.**

11 **§ 201. Conditions of Parole.**

12 As a condition of parole, a prisoner who meets the following criteria shall  
13 be required to be treated by the Commonwealth Healthcare Corporation, and the  
14 Commonwealth Healthcare Corporation shall provide the necessary treatment:

15 (a) The prisoner has a severe mental illness that is not in remission or cannot  
16 be kept in remission without treatment.

17 (1) The term "severe mental illness" means an illness or disease  
18 or condition that substantially impairs the person's thought, perception of  
19 reality, emotional process, or judgment; or which grossly impairs behavior;  
20 or that demonstrates evidence of an acute brain syndrome for which prompt  
21 remission, in the absence of treatment, is unlikely.



1           (2)    The term “remission” means a finding that the overt signs  
2           and symptoms of the severe mental illness are controlled either by  
3           psychotropic medication or psychosocial support. A person “cannot be kept  
4           in remission with treatment” if during the year prior to the question being  
5           before the Parole Board or a trial court, he or she has been in remission and  
6           he or she has been physically violent, except in self-defense; or he or she  
7           has made a serious threat of substantial physical harm upon the person of  
8           another so as to cause the target of the threat reasonably fear for his or her  
9           safety or the safety of his or her immediate family; or he or she has  
10          intentionally caused property damage; or he or she has not voluntarily  
11          followed the treatment plan. In determining if a person has voluntarily  
12          followed the treatment plan, the standard shall be whether the person has  
13          acted as a reasonable person would in following the treatment plan.

14          (b) The severe mental illness was one of the causes of or was an aggravating  
15          factor in the commission of a crime for which the prisoner was sentenced to prison.

16          (c) The prisoner has been in treatment for the severe mental illness for 90  
17          days or more within the year prior to the prisoner’s parole or release.

18          (d)

19                 (1) Prior to release on parole, the person in charge of treating the  
20                 prisoner and a practicing psychiatrist or psychologist from the  
21                 Commonwealth Healthcare Corporation have evaluated the prisoner at a

1 facility of the Department of Corrections have certified to the Parole Board  
2 that the prisoner has a severe mental illness, that the illness is not in  
3 remission or cannot be kept in remission without treatment, that the severe  
4 mental illness was one of the causes or was an aggravating factor in the  
5 prisoner's criminal behavior, that the prisoner has been in treatment for the  
6 severe mental illness for 90 days or more within the year prior to his or her  
7 parole release day, and that by reason of his or her severe mental illness the  
8 prisoner represents a substantial danger of physical harm to others.

9 (2) If the professionals doing the evaluation pursuant to paragraph  
10 (1) do not concur that (i) the prisoner has a severe mental illness, (ii) that  
11 the illness is not in remission or cannot be kept in remission without  
12 treatment, or (iii) that the severe mental illness was a cause of or aggravated  
13 the prisoner's criminal behavior, then the Parole Board shall order a further  
14 examination by two independent professionals.

15 (3) Only if the independent professionals who evaluate the prisoner  
16 pursuant to paragraph (2) concur with the person in charge of treating the  
17 prisoner of the issues described in paragraph (2) shall this subsection be  
18 applicable to the prisoner. The professionals appointed pursuant to  
19 paragraph (2) shall inform the prisoner that the purpose of their examination  
20 is not treatment but to determine if the prisoner meets certain criteria to be  
21 involuntarily treated as a mentally disordered offender. It is not required

1           that the prisoner appreciate or understand that information.

2           (e) The crime referred to in § 201(b) of this article meets both of the  
3 following criteria:

4                   (1) The defendant received a determinate sentence.

5                   (2) The crime is one in which the prisoner used force or violence,  
6 duress, menace, or fear of immediate and unlawful bodily injury on the  
7 victim or another person, or caused serious bodily injury or death.

8           (f) As used in this chapter, “substantial danger of physical harm” does not  
9 require proof of a recent overt act.

10           **§ 202. Treatment.**

11           (a) The treatment required by § 201 of this article shall be inpatient unless  
12 the Commonwealth Healthcare Corporation certifies to the Parole Board that there  
13 is reasonable cause to believe the parolee can be safely and effectively treated on  
14 an outpatient basis, in which case the Parole Board shall permit CHCC to place the  
15 parolee in an outpatient treatment program specified by CHCC. Any prisoner who  
16 is to be required to accept treatment pursuant to § 201 shall be informed in writing  
17 of his or her right to request a hearing pursuant to § 203. Prior to placing a parolee  
18 in an outpatient program, the CHCC shall determine an appropriate treatment plan.  
19 Notwithstanding any other law, a parolee order to have outpatient treatment  
20 pursuant to this section may be placed in an outpatient treatment program in CHCC,  
21 but the procedural provisions of 3 CMC §§ 2501 et seq. shall not apply. The

1 program director or a designee of an outpatient program used to provide treatment  
2 under 3 CMC §§ 2501 et seq. in which a parolee is placed, may place the parolee,  
3 or cause the parolee to be placed in a secure mental health facility or in the  
4 Department of Corrections Residential Mental Health Unit if the parolee can no  
5 longer be safely or effectively treated in the outpatient program, and until the  
6 parolee can be safely and effectively treated in the program. Upon the request of  
7 the outpatient program director or a designee, a peace officer shall take the parolee  
8 into custody, or cause the parolee to be taken into custody, and transport the parolee  
9 to a facility designated by the program director, or a designee, for confinement  
10 under this section. Within 15 days after placement in a secure facility, CHCC shall  
11 conduct a hearing on whether the parolee can be safely and effectively treated in  
12 the program unless the patient or the patient's attorney agrees to a continuance, or  
13 unless good cause exists that prevents CHCC from conducting the hearing within  
14 that period of time. If good cause exists, the hearing shall be held within 21 days  
15 after placement in a secure facility. For purposes of this section, "good cause"  
16 means the inability to secure counsel, an interpreter, or witnesses for the hearing  
17 within the 15-day time period. Before deciding to seek revocation of the parole of  
18 a parolee receiving mental health treatment, and return him or her to prison, the  
19 parole officer shall consult with the director of the parolee's outpatient program.  
20 Nothing in this section shall prevent hospitalization pursuant to 3 CMC §§ 2501 et  
21 seq.



1 (b) If CHCC has not placed a parolee on outpatient treatment within 60 days  
2 after receiving custody of the parolee, the parolee may request a hearing before the  
3 Parole Board, and the board shall conduct a hearing to determine whether the  
4 prisoner shall be treated as an inpatient or an outpatient. At the hearing, the burden  
5 shall be on CHCC to establish that the prisoner requires inpatient treatment as  
6 described in this subsection. If the prisoner or any person appearing on his or her  
7 behalf at the hearing requests it, the board shall appoint two independent  
8 professionals as provided for in § 201(d).

9 **§ 203. Request for Hearing.**

10 (a) A prisoner may request a hearing before the Parole Board, and the board  
11 shall conduct a hearing if so requested, for the purpose of proving that the prisoner  
12 meets the criteria in § 201. At the hearing, the burden of proof shall be on the  
13 person or agency who certified the prisoner under § 201(d). If the prisoner or any  
14 person appearing on his or her behalf at the hearing requests it, the board shall  
15 appoint two independent professionals as provided for in § 201(d).

16 (b) A prisoner who disagrees with the determination of the Parole Board  
17 that he or she meets the criteria of § 201 may file in the Commonwealth Superior  
18 Court a petition for a hearing on whether he or she, as of the date of the Parole  
19 Board hearing, met the criteria of § 201. The court shall conduct a hearing on the  
20 petition within 60 calendar days after the petition is filed, unless either time is  
21 waived by the petitioner or his or her counsel, or good cause is shown. Evidence

1 offered for the purpose of proving the prisoner's behavior or mental status  
2 subsequent to the Parole Board hearing shall not be considered. The order of the  
3 Parole Board shall be in effect until the completion of the court proceedings. The  
4 court shall advise the petitioner of his or her right to be represented by an attorney.  
5 The attorney for the petitioner shall be given a copy of the petition, and any  
6 supporting documents. The hearing shall be a civil hearing; however, in order to  
7 reduce costs, the rules of criminal discovery, as well as civil discovery, shall be  
8 applicable. The standard of proof shall be beyond a reasonable doubt. The court  
9 may, upon stipulation of both parties, receive in evidence the affidavit or  
10 declaration to be read and the contents thereof considered in the rendering of a  
11 decision or verdict in any proceeding held pursuant to this Act. If the court reverses  
12 the determination of the Parole Board, the court shall stay the execution of the  
13 decision for five working days to allow for an orderly release of the prisoner.

14           **§ 204. Remission.**

15           If the prisoner's severe mental illness is put into remission during the parole  
16 period, and can be kept in remission, the Commonwealth Healthcare Corporation  
17 shall notify the Parole Board and the Commonwealth Healthcare Corporation shall  
18 discontinue treating the parolee.

19           **§ 205. Written Evaluation; Petition for Involuntary Treatment Prior to**  
20 **Termination of Parole or Release from Prison.**

21           (a) Not later than 180 days prior to the termination of parole, or release from

1 prison if the prisoner refused to agree to treatment as a condition of parole as  
2 required by § 201 of this article, unless good cause is shown for the reduction of  
3 the 180-day period, if the prisoner's severe mental illness is not in remission or  
4 cannot be kept in remission without treatment, the medical professional of the  
5 Commonwealth Healthcare Corporation (CHCC) that is treating the parolee, or the  
6 program director in charge of the parolee's outpatient program, or the  
7 Commissioner of Corrections, shall submit to the Attorney General his or her  
8 written evaluation on remission. If requested by the Attorney General, the written  
9 evaluation shall be accompanied by supporting affidavits. The Attorney General  
10 may then file a petition with the Commonwealth Superior Court for continued  
11 involuntary treatment for one year. The petition shall be accompanied by affidavits  
12 specifying that treatment, while the prisoner was released from prison on parole,  
13 has been continuously provided by CHCC either in a hospital or in an outpatient  
14 program. The petition shall also specify that the prisoner has a severe mental illness,  
15 that the severe mental illness is not in remission and cannot be kept in remission if  
16 the person's treatment is not continued, and that, by reason of his or her severe  
17 mental illness, the prisoner represents a substantial danger of physical harm to  
18 others.

19 (b) The court shall conduct a hearing on the petition for continued treatment.  
20 The court shall advise the person of his or her right to be represented by an attorney.  
21 The attorney for the person shall be given a copy of the petition, and any supporting

1 documents. The hearing shall be a civil hearing; however, in order to reduce costs,  
2 the rules of criminal discovery, as well as civil discovery, shall be applicable. The  
3 standard of proof under this section shall be proof beyond a reasonable doubt. The  
4 hearing shall commence no later than 30 calendar days prior to the time the person  
5 would otherwise have been released, unless the time is waived by the person or  
6 unless good cause is shown.

7 (c) The people shall be represented by the Attorney General. If the person  
8 is indigent, the public defender shall be appointed.

9 (d) If the court finds that the patient has a severe mental illness, that the  
10 patient's severe mental illness is not in remission or cannot be kept in remission  
11 without treatment, and that by reason of his or her severe mental illness, the patient  
12 represents a substantial danger of physical harm to others, the court shall order the  
13 patient recommitted to the facility in which the patient was confined at the time the  
14 petition was filed, or recommitted to the outpatient program in which he or she was  
15 being treated as the time the petition was filed, or committed to the Department of  
16 Corrections Residential Mental Health Unit if the person was in prison. The  
17 commitment shall be for a period of one year from the date of termination of parole  
18 or a previous commitment or the scheduled date of release from prison as specified  
19 in § 201. Time spent on outpatient status, except when placed in a locked facility  
20 at the direction of the outpatient supervisor, shall not count as actual custody and  
21 shall not be credited toward the person's maximum term of commitment or toward



1 the person's term of extended commitment.

2 (e) A person shall be released on outpatient status if the committing court  
3 finds that there is reasonable cause to believe that the committed person can be  
4 safely and effectively treated on an outpatient basis.

5 (f) Prior to the termination of a commitment under this section, a petition  
6 for recommitment may be filed to determine whether the patient's severe mental  
7 illness is not in remission or cannot be kept in remission without treatment, and  
8 whether by reason of his or her severe mental illness, the patient represents a  
9 substantial danger of physical harm to others. The recommitment proceeding shall  
10 be conducted in accordance with the provisions of this section.

11 (g) Any commitment under this article places an affirmative obligation on  
12 the treatment facility to provide treatment for the underlying cause of the person's  
13 mental illness.

14 (h) Except as provided in this subsection, the person committed shall be  
15 considered to be an involuntary mental health patient and he or she shall be entitled  
16 to those rights set forth in 3 CMC §§ 2501 et seq.

17 **§ 206. Outpatient Status.**

18 (a) Outpatient status for person committed pursuant to § 205 of this article  
19 shall be for a period not to exceed one year. At the end of a period of outpatient  
20 status approved by the court, the court shall, after actual notice to the prosecutor,  
21 the defense attorney, the outpatient program director or a designee, the medical

1 director of the facility that is treating the person, and the person on outpatient status,  
2 and after a hearing in court, either discharge the person from commitment under  
3 appropriate provisions of law, order the person confined to a treatment facility, or  
4 renew its approval of outpatient status.

5 (b) Prior to the hearing described in subsection (a) of this section, the  
6 program director or a designee shall furnish a report and recommendation to the  
7 court, the prosecution, the defense attorney, the medical director of the facility that  
8 is treating the person, and the person on outpatient status. If the recommendation is  
9 that the person continue on outpatient status or be confined to a treatment facility,  
10 the report shall also contain a statement that confirms with requirements of  
11 subsection (c).

12 (c) Upon receipt of a report that recommends confinement or continued  
13 outpatient treatment, the court shall direct prior defense counsel, or, if necessary,  
14 appoint new defense counsel, to meet and confer with the person who is on  
15 outpatient status and explain the recommendation contained therein. Following this  
16 meeting, both defense counsel and the person on outpatient status shall sign and  
17 return to the court a form which shall read as follows:

18 "Check One:

19  I do not believe that I need further treatment and I demand a  
20 hearing to decide this question.

21  I accept the recommendation that I continue treatment."

1           (d) The signed form shall be returned to the court at least 10 days prior to  
2 the hearing described in subsection (a). If the person on outpatient status refuses  
3 or is unable to sign the form, his or her counsel shall indicate in writing, that the  
4 form and the report prepared were explained to the person and the person refused  
5 or was unable to sign the form.

6           (e) The court shall determine whether or not the requirements of subsections  
7 (c) and (d) have been met. The court shall then make an appropriate disposition  
8 under § 205(a) of this article.

9           (f) The court shall notify the program director or a designee, the person on  
10 outpatient status, and the medical director or person in charge of the facility  
11 providing treatment of the person whether or not the person was found suitable for  
12 release.

13           **§ 206. Notice; Involuntary Civil Commitment.**

14           Before releasing any inmate or terminating supervision of any parolee who  
15 is a danger to self or others, or gravely disabled as a result of mental illness, and  
16 who does not come within the provisions of § 201 of this article, the Director of  
17 Corrections shall give notice to the Attorney General and request that the Attorney  
18 General seek immediate involuntary civil commitment pursuant to 3 CMC §§ 2501  
19 et seq.

20           **§ 207. Additional Requirements and Conditions.**

21           (a) The cost of inpatient or outpatient treatment under this Act shall be a

1 Commonwealth expense while the person is under the jurisdiction of the  
2 Department of Corrections or the Commonwealth Healthcare Corporation.

3 (b) Any person placed outside of a facility of the Department of Corrections  
4 for the purposes of inpatient treatment under this Act shall not be deemed to be  
5 released from imprisonment or from the custody of the Department of Corrections  
6 prior to the expiration of the maximum term of imprisonment of the person.

7 (c) Any independent professionals appointed by the Parole Board for  
8 purposes of this article shall not be Commonwealth government employees; shall  
9 have at least five years of experience in the diagnosis and treatment of mental  
10 illness; and shall include psychiatrists, and licensed psychologists who have a  
11 doctoral degree in psychology.

12 (d) On July 1 of each year the Department of Corrections and the  
13 Commonwealth Healthcare Corporation shall submit to the Parole Board a list of  
14 three or more independent professionals on which both departments concur. The  
15 professionals shall not be state government employees and shall have at least five  
16 years of experience in the diagnosis and treatment of mental disorders and shall  
17 include psychiatrists and licensed psychologists who have a doctoral degree in  
18 psychology. For purposes of this Act, when the Parole Board receives the list, they  
19 shall only appoint independent professionals from the list. The list shall not be  
20 binding on the Parole Board until they have received it and shall not be binding  
21 after June 30 following receipt of the list.



1           (e) For the purpose of proving the fact that a prisoner has received 90 days  
2 or more of treatment within the year prior to the prisoner's parole or release, the  
3 records or copies of records of any Department of Corrections facility or  
4 Commonwealth hospital in which that person has been confined, when the records  
5 or copies thereof have been certified by the official custodian of those records, may  
6 be admitted as evidence."


7           **Section 4. Severability.** If any provisions of this Act or the application of  
8 any such provision to any person or circumstance should be held invalid by a court  
9 of competent jurisdiction, the remainder of this Act or the application of its  
10 provisions to persons or circumstances other than those to which it is held invalid  
11 shall not be affected thereby.

12           **Section 5. Savings Clause.** This Act and any repealer contained herein  
13 shall not be construed as affecting any existing right acquired under contract or  
14 acquired under statutes repealed or under any rule, regulation, or order adopted  
15 under the statutes. Repealers contained in this Act shall not affect any proceeding  
16 instituted under or pursuant to prior law. The enactment of the Act shall not have  
17 the effect of terminating, or in any way modifying, any liability, civil or criminal,  
18 which shall already be in existence on the date this Act becomes effective.

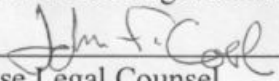
19           **Section 6. Effective Date.** This Act shall take effect upon its approval by  
20 the Governor, or its becoming law without such approval.

Prefiled: 1/28/2021

Date: 1/28/2021 Introduced by:

  
Rep. Joseph Leepan T. Guerrero

Reviewed for <sup>introduction only</sup> Legal Sufficiency by:

  
House Legal Counsel

