

Compassionate Parole

The 2018 state Legislature passed House Bill 1109, known as the Compassionate Parole bill. The intent of the bill is to provide a means of early release for seriously ill or infirm inmates and aged inmates prior to their original parole eligibility date.

The new law takes effect July 1, 2018.

As required by the legislation, the medical provider or warden may refer an inmate to the Secretary of Corrections for consideration of compassionate parole. At the Secretary's discretion, an inmate may be referred to the Board of Pardons and Paroles (Board) for a discretionary hearing within three months.

An inmate who:

- 1) Has a terminal illness;
- 2) Is seriously ill and not likely to recover;
- 3) Requires extensive medical care or significant chronic medical care;
- 4) Is at least sixty-five years of age, has served at least ten consecutive years of the inmate's sentence incarcerated, whose current sentences are for convictions of a Class 3 felony or below and whose medical care needs are at least double the average annual medical cost of the inmate population; or
- 5) Is at least seventy years of age and has served at least thirty consecutive years of the inmate's sentence incarcerated; and
- 6) Is not serving a capital punishment sentence;

is eligible for compassionate parole consideration.

The release plan and condition of parole must include provisions for medical care and payment of medical care.

Compassionate parole is completely discretionary by the Board.

The Board of Pardons and Paroles shall consider the following factors in determining the grant or denial of a compassionate parole:

- (1) The inmate's assessed risk level;
- (2) The inmate's conduct in prison;
- (3) The inmate's conduct while on extended confinement, if applicable;
- (4) Sentence served and sentence remaining;

- (5) Offense and chronicity of criminal behavior;
- (6) Prognosis and incapacitation level;
- (7) The inmate's compliance with health care ordered by a health care provider;
- (8) Release plan including provisions for health care;
- (9) Input, if any, of the sentencing judge, the prosecuting attorney, and the victim;
- (10) If the care and supervision that the inmate requires and is anticipated to require can be provided in a more medically appropriate or cost effective manner than the Department of Corrections;
- (11) Allowing a geriatric or terminally ill person to live at a location outside of prison prior to death; and
- (12) The ability to adequately monitor the inmate, after release, to ensure public safety.

An offender who is released on compassionate parole does not receive parole earned discharge credits until they reach their initial parole date. Those on compassionate parole are subject to the supervision and revocation laws that currently exist for inmates on parole. Once an inmate reaches their initial parole date or is granted parole, they are no longer under the provisions of compassionate parole.