

**CONFIDENTIAL**  
**LEGISLATIVE BILL REVIEW FORM: 2016**

Bill Number: H.623 Name of Bill: An act relating to compassionate release and parole eligibility

Agency/Dept: DPS/VSP Author of Bill Det. Sgt. Julie Scribner  
Review: \_\_\_\_\_

Date of Bill Review: 01/27/16 Related Bills and Key Players: No related bills

Status of Bill: (check one)

☒ Upon Introduction ☐ As passed by 1<sup>st</sup> body ☐ As passed by both bodies

Recommended Position:

☐ Support ☐ Oppose ☐ Remain Neutral ☒ Support with modifications identified in # 8 below

**Analysis of Bill**

- Summary of bill and issue it addresses.** This bill proposes to establish a judicial procedure to allow for the compassionate release of certain inmates, including those who have been diagnosed with a terminal disease, and to increase parole eligibility for older inmates and inmates who have served their minimum sentence.
- Is there a need for this bill?** This bill would reduce inmate health care spending and may help in lowering inmate population.
- What are likely to be the fiscal and programmatic implications of this bill for this Department?**  
There are likely to be little to no fiscal or programmatic implications of this bill for the Department of Public Safety. The release of inmates who are generally considered too ill to reoffend would not require additional resources from the Department of Public Safety.
- What might be the fiscal and programmatic implications of this bill for other departments in state government, and what is likely to be their perspective on it?** There could be major cost savings to the Department of Corrections (reduction in inmate health care spending, and reduction in Corrections Officers needed). A 2014 report showed that Vermont is ranked No. 2 in the nation for inmate health care spending. In fiscal year 2013, Vermont paid its inmate health services contractor \$18.7 million, and the average health cost per inmate in 2011 (most recent stats available) was \$11,761. Vermont has the second-highest number of inmates over age 55, and prisoners age 55 and older with chronic and terminal illnesses are on average two to three times more expensive to care for than other inmates. Medical experts say inmates typically experience the effects of age sooner than do people outside prison because of issues such as substance use disorder, inadequate preventive and primary care before incarceration, and stress linked to the isolation and sometimes-violent environment of prison. And, like senior citizens outside prison walls, older inmates are more susceptible to chronic medical and mental conditions, including dementia, impaired mobility, and loss of hearing and vision. In prisons, these ailments necessitate increased staffing levels and officer

training as well as special housing — all of which create additional health and non-health expenses. More than 16% of Vermont inmates are over the age of 50. Corrections can only use Medicaid money — which is federally matched — when an inmate spends more than 24 hours at a hospital or when they receive a medical furlough for long-term treatment. Getting prisoners to off-site medical services is also costly in Vermont because medical transports require 2-3 corrections officers, some of whom are called in specifically for the transport or are working overtime. The state also pays “an additional premium” to find doctors and nurses willing to work in corrections.

Probation and Parole would likely have an increase in costs as they would have more former inmates out on parole and would need increased staff to provide adequate supervision.

- 5. What might be the fiscal and programmatic implications of this bill for others, and what is likely to be their perspective on it?** Because some older and infirm prisoners were convicted of violent crimes, opposition among policymakers and the public for medical or geriatric parole may prove to be a significant obstacle.

**6. Other Stakeholders:**

**6.1 Who else is likely to support the proposal and why?** The Department of Corrections is likely to support this proposal as they would stand to benefit the most with a reduced population overall, and reduced expenditures.

**6.2 Who else is likely to oppose the proposal and why?** Under this bill, once prisoners are released and DOC no longer pays the health care expense, the question becomes, “Who does?” Potentially Medicare and Medicaid will cover some of these expenses, but there may be other state agencies that wind up footing the bill. For the extremely or terminally ill inmates, there may be nowhere for them to go. Many of the aging prisoners are serving long terms for sex offenses, and some are now so incapacitated they can’t get out of bed. But many are on the state sex offender registry for life, with their addresses posted on the Internet. Nursing home administrators express strong reluctance to having their facilities listed as sex offenders’ homes. Additionally, moving inmates too old and infirm to offend again to private nursing homes is very difficult because of the stigma attached to the prison population.

- 7. Rationale for recommendation:** Because of the high cost of incarcerating older prisoners with chronic or terminal illnesses, granting medical or geriatric parole when appropriate can achieve notable savings.
- 8. Specific modifications that would be needed to recommend support of this bill:** The second portion of this bill (regarding parole eligibility 28 VSA s. 501) may need to be modified. The bill as written removes the word “consideration” from several key places, which makes the language state that the inmate shall be eligible for parole, versus shall be eligible for parole *consideration*. Further, there are several additions to this statute (28 VSA s. 501) that allow inmates to be paroled simply due to age, and not a terminal or chronic illness, even when the sentencing minimum has not been served.
- 9. Will this bill create a new board or commission AND/OR add or remove appointees to an existing one? If so, which one and how many?** n/a

Secretary/Commissioner has reviewed this document

A handwritten signature in blue ink, appearing to be "K. J. R.", is written over a faint, light blue rectangular stamp.

Date: 2/1/16