

House Bill 1312: Segment 13  
Medical Parole (p 24-26)

1 (4) a report on a drug or alcohol evaluation that has been conducted on the  
2 inmate, including any recommendations concerning the inmate's amenability for treatment  
3 and the availability of an appropriate treatment program;

4 (5) whether there is reasonable probability that the inmate, if released on  
5 parole, will remain at liberty without violating the law;

6 (6) whether release of the inmate on parole is compatible with the welfare  
7 of society;

8 (7) an updated victim impact statement or recommendation prepared  
9 under § 7–801 of this title;

10 (8) any recommendation made by the sentencing judge at the time of  
11 sentencing;

12 (9) any information that is presented to a commissioner at a meeting with  
13 the victim; [and]

14 (10) any testimony presented to the Commission by the victim or the victim's  
15 designated representative under § 7–801 of this title; **AND**

16 **(11) COMPLIANCE WITH THE CASE PLAN DEVELOPED UNDER § 7–301.1**  
17 **OF THIS SUBTITLE OR § 3–601 OF THIS ARTICLE.**

18 **7–309.**

19 (a) This section applies to any inmate who is sentenced to a term of incarceration  
20 for which all sentences being served, including any life sentence, are with the possibility of  
21 parole.

22 (b) An inmate who is so **PERMANENTLY** debilitated or incapacitated by a medical  
23 or mental health condition, disease, or syndrome as to be physically incapable of presenting  
24 a danger to society may be released on medical parole at any time during the term of that  
25 inmate's sentence, without regard to the eligibility standards specified in § 7–301 of this  
26 subtitle.

27 (c) (1) A request for a medical parole under this section may be filed with the  
28 Maryland Parole Commission by:

29 (i) the inmate seeking the medical parole;

30 (ii) an attorney;

31 (iii) a prison official or employee;

1 (iv) a medical professional;

2 (v) a family member; or

3 (vi) any other person.

4 (2) The request shall be in writing and shall articulate the grounds that  
5 support the appropriateness of granting the medical parole.

6 (d) Following review of the request, the Commission may:

7 (1) find the request to be inconsistent with the best interests of public  
8 safety and take no further action; or

9 (2) request that department or local correctional facility personnel provide  
10 information for formal consideration of parole release.

11 (e) The information to be considered by the Commission before granting medical  
12 parole shall, at a minimum, include:

13 **(1) TWO MEDICAL EVALUATIONS CONDUCTED BY MEDICAL**  
14 **PROFESSIONALS THAT ARE INDEPENDENT FROM THE DIVISION OF CORRECTION,**  
15 **PAID FOR BY THE DIVISION OF CORRECTION;**

16 **[(1)] (2)** the inmate's medical information, including:

17 (i) a description of the inmate's condition, disease, or syndrome;

18 (ii) a prognosis concerning the likelihood of recovery from the  
19 condition, disease, or syndrome;

20 (iii) a description of the inmate's physical incapacity and score on the  
21 Karnofsky Performance Scale Index or similar classification of physical impairment; and

22 (iv) a mental health evaluation, where relevant;

23 **[(2)] (3)** discharge information, including:

24 (i) availability of treatment or professional services within the  
25 community;

26 (ii) family support within the community; and

27 (iii) housing availability, including hospital or hospice care; and

- 1            ~~[(3)]~~ (4)      case management information, including:
- 2                            (i)      the circumstances of the current offense;
- 3                            (ii)     institutional history;
- 4                            (iii)    pending charges, sentences and other jurisdictions, and any  
5 other detainers; and
- 6                            (iv)    criminal history information.
- 7            (f)      The Commission may require as a condition of release on medical parole that:
- 8                            (1)      the parolee agree to placement for a definite or indefinite period of time  
9 in a hospital or hospice or other housing accommodation suitable to the parolee's medical  
10 condition, including the family home of the parolee, as specified by the Commission or the  
11 supervising agent; and
- 12                            (2)      the parolee forward authentic copies of applicable medical records to  
13 indicate that the particular medical condition giving rise to the release continues to exist.
- 14            (g)      (1)      If the Commission has reason to believe that a parolee is no longer so  
15 debilitated or incapacitated as to be physically incapable of presenting a danger to society,  
16 the parolee shall be returned to the custody of the Division of Correction or the local  
17 correctional facility from which the inmate was released.
- 18                            (2)      (i)      A parole hearing for a parolee returned to custody shall be held  
19 to consider whether the parolee remains incapacitated and shall be heard promptly.
- 20                            (ii)     A parolee returned to custody under this subsection shall be  
21 maintained in custody, if the incapacitation is found to no longer exist.
- 22                            (3)      An inmate whose medical parole is revoked for lack of continued  
23 incapacitation may be considered for parole in accordance with the eligibility requirements  
24 specified in § 7–301 of this subtitle.
- 25            (h)      (1)      Subject to paragraph (2) of this subsection, provisions of law relating to  
26 victim notification and opportunity to be heard shall apply to proceedings relating to  
27 medical parole.
- 28                            (2)      In cases of imminent death, time limits relating to victim notification  
29 and opportunity to be heard may be waived in the discretion of the Commission.
- 30            (i)      Consistent with § 7–301(d)(4) of this subtitle, a medical parole under this  
31 section for a person serving a life sentence shall require the approval of the Governor.

## Links

The text above is extracted from the original HB1312 dated 2/13/2016.

To return to the page that sent you here, just close this window.

To see the current text of this legislation go to:

<http://mgaleg.maryland.gov/2016RS/bills/hb/hb1312f.pdf> or

<http://mgaleg.maryland.gov/2016RS/bills/sb/sb1005f.pdf>

To view the Maryland Alliance for Justice Reform summary page go to:

<http://www.ma4jr.org/jra-summary/>

To view the Maryland Alliance for Justice Reform's index to the JRA:

<http://www.ma4jr.org/jra-index/>

To see the legislative initiatives of the Maryland Alliance for Justice Reform:

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To get further information about the Maryland Alliance for Justice Reform:

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Maryland Alliance for Justice Reform (MAJR) played a central 2015 role in advocating and supporting efforts to pass the Justice Reinvestment initiative in Maryland. While the 2016 JRA bill is not perfect from MAJR's viewpoint, its many important reforms could reduce Maryland's prison population by 16% and save \$270 million within 10 years.

By reinvesting those funds in alternatives to incarceration, our state's crime rate also could be reduced, taxpayer funds could be saved, while communities and families are strengthened. **For all these reasons, MAJR strongly recommends support and passage of the 2016 Maryland Justice Reinvestment Act.** Together, we can work to fill policy gaps and make further improvements through supplemental policy initiatives and legislation in future years.