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To: Sarah Russell, Vice Chair, Subcommittee on Incarceration and the Collateral Consequences of Criminal Conviction
Date: August 27, 2019
Subject: Memo – Compassionate Release in Connecticut

“Compassionate release” refers to a category of early-release procedures available to inmates facing imminent death or debilitating medical conditions. In support of compassionate release, proponents often cite 1) the limited threat that such inmates pose to the public, 2) the reduced ethical justification to keep such inmates imprisoned, 3) the high cost and limited availability of hospice and end-of-life care in prisons. Under current laws, Connecticut provides three options for compassionate release: Medical Parole, Compassionate Parole, and Nursing Home Release.

Medical Parole (CGS §54-131a-g) is available to those inmates with terminal conditions that make them “physically incapable of presenting a danger to society.” To apply, a prison warden, the Commissioner of the Department of Correction, the Board of Pardons and Paroles, the inmate, their family, or their attorney must request a medical diagnosis to determine eligibility. With this diagnosis, the Board of Pardons and Paroles (or a delegated panel) decides whether to grant parole. If parole is granted, the inmate must agree to placement in a suitable housing accommodation and may be subject to periodic medical diagnoses. Parolees who become physically capable of posing a danger to society are subject to return to Department of Correction custody. From 2014 to 2018, between 1 and 3 medical paroles were granted each year, amounting to less than 1% of all paroles granted.

Compassionate Parole (CGS §54-131k) is available to those inmates who, due to old age or *nonterminal* conditions, are “physically incapable of presenting a danger to society,” and have served at least half of their definite or aggregate sentence. The Board of Pardons and Paroles has discretion in granting and setting conditions for release under Compassionate parole, though no information on the application process nor specific conditions for release is publicly available. From 2014 to 2018, between 1 and 4 compassionate paroles were granted each year, amounting to less than 1% of all paroles granted.

Nursing Home Release (CGS §18-100i and DOC Administrative Directive 8.16) is a process administered by the Department of Corrections. Under the statute, wardens, “by the authority of the Commissioner [of Correction],” may release an inmate from custody for placement in a state-contracted nursing home if the DOC Medical Director determines the inmate is suffering from a terminal condition. Inmates released by this process may be subjected to periodic medical reviews and are subject to return to DOC custody if they no longer meet the medical criteria for release. As of July 2019, 7 individuals are under Nursing Home Release in Connecticut.

Inmates in Connecticut serving sentences for capital felonies or murder with special circumstances are not eligible for any of these three options. Further, in all three types of compassionate releases offered by Connecticut, parolees are subject to DOC supervision.

Across the U.S., every state but Iowa has processes in place for compassionate release. However, these processes are rarely used. Vaguely-defined criteria and guidance, broad eligibility exclusions, long application review periods, and low visibility of these early-release options among inmates are commonly-cited as reasons for this under-utilization. Advocates of advancing compassionate release recommend states reconsider the clarity and fairness of eligibility criteria, publicize release options to inmates and their families, establish clear timeframes for processing release applications, and make data on the use of compassionate release publicly-available.