

January 8, 2018

The Honorable William Brownsberger
24 Beacon Street
Room 504
Boston, MA 02133

The Honorable Claire Cronin
24 Beacon Street
Room 136
Boston, MA 02133

The Honorable Cynthia Creem
24 Beacon Street
Room 312A
Boston, MA 02133

The Honorable Sheila Harrington
24 Beacon Street
Room 237
Boston, MA 02133

The Honorable Bruce Tarr
24 Beacon Street
Room 308
Boston, MA 02133

The Honorable Ronald Mariano
24 Beacon Street
Room 343
Boston, MA 02133

Re: Conference Committee consideration of S. 2200 and H. 4043 medical parole provisions.

Dear Senator Brownsberger, Representative Cronin, Senator Creem, Senator Tarr,
Representative Mariano, and Representative Harrington,

We write today to urge you to expand medical parole, sometimes referred to as compassionate release, in Massachusetts. Making the process more transparent and expanding the eligibility criteria would enable the Commonwealth to save money and reduce crime by reserving limited resources for those who present the greatest risk to public safety.

We applaud the Senate and the House for including medical parole reforms in their respective criminal justice reform bills. As you seek to reconcile the two versions, we encourage you to tack closer to the Senate version, which is preferable for a couple of reasons. First, the Senate version creates a more efficient process for reviewing medical parole applications. Efficiency is important given the time-sensitive nature of medical parole requests. The process created by the House bill would involve too many steps, including hearings before both a medical parole board and the regular parole board. The hurdles erected by the House would do little to protect public safety, and would unduly burden ailing prisoners and their families.

We also prefer the Senate proposal because it would make prisoners eligible for medical parole if their prognosis is death within 18 months. The House requires a prognosis of death within 12 months. The medical community is currently split on the reliability of predicting end of life, and perhaps in the future Massachusetts should move away from using such timeframes as an eligibility criterion. Until that time, the longer prognosis of 18 months will be more effective in identifying deserving applicants for medical parole. The 18-month definition will allow for more inmates with debilitating but slowly progressing diseases, such as dementia and end-stage organ disease, to be considered for release. It will give prison authorities more time to investigate the circumstances justifying release. The extra six months will also result in earlier releases in some

cases, saving money for other Department of Corrections' priorities while easing burdens on prison health care systems and staff.

In other respects, the House and Senate proposals are equally praiseworthy. For example, both proposals reflect a commitment to transparency. We understand the concerns that may arise on learning that prisoners may not serve their full terms. We believe that the reporting language both chambers have included will help to alleviate this fear by providing for full transparency by the Department of Corrections. The report language also sets up a process of data collection that will help improve not only Massachusetts' medical parole system, but also become a resource for other states working to improve their own systems.

Furthermore, we appreciate both chambers' attention to ensuring prisoners can easily learn of and apply for medical parole. Far too often, we see medical parole mechanisms that limit an ill inmate's ability to apply. For many inmates, particularly those with serious illnesses, filling out the requisite paperwork is an impossible feat. We applaud both chambers for allowing relatives and attorneys to assist their loved ones or clients in the application process, ensuring that the most severely incapacitated inmates are not left at an insurmountable disadvantage.

Thank you for your leadership on this and other important criminal justice reform issues. Thank you also for considering our views. Please do not hesitate to contact us if we can be of assistance to you in any way.

Sincerely,

Organizations

Aleph Institute

Center on Administration of Criminal Law, NYU School of Law

Disability Law Center Massachusetts

Families Against Mandatory Minimums

Law Enforcement Action Partnership

National Disability Rights Network

Northern ColoradoCURE

R Street Institute

StoptheDrugWar.org

Southern ColoradoCURE

T'ruah: The Rabbinic Call for Human Rights

Individuals

Courtney M. Oliva, Executive Director

Center on the Administration of Criminal Law at NYU School of Law

Brie Williams, MD, MS

Professor of Medicine at UCSF, Division of Geriatrics*

*Title for identification purposes only; does not imply a position of the University