Connecticut provides compassionate release to eligible prisoners with serious medical conditions under three separate laws: (1) Medical Parole; (2) Compassionate Parole Release; and (3) Nursing Home Release.

**MEDICAL PAROLE**

**I. ELIGIBILITY**

Medical Condition - To be eligible for Medical Parole in Connecticut, prisoners must be terminally ill, defined as having a terminal condition, disease, or syndrome that results in the prisoner being so debilitated or incapacitated as to be physically incapable of presenting a danger to society.

- The statute says that a terminal condition, disease, or syndrome “includes, but is not limited to, any prognosis by a licensed physician that the inmate has six months or less to live.” [emphasis added]

Exclusions - Prisoners serving sentences for capital felonies or murder with special circumstances are not eligible for Medical Parole.

**II. APPLICATION/REFERRAL**

The Medical Parole process starts with any of the following individuals asking for a medical diagnosis to determine a prisoner’s eligibility:

- The warden or superintendent of the institution in which the terminally ill prisoner is housed;
- The Commissioner of the Department of Correction (Department); or
- The Connecticut Board of Pardons and Paroles (Board).

The process can also be started by the prisoner, family members, or the prisoner’s attorney by asking the warden, Commissioner, or Board to request a medical diagnosis.

**III. DOCUMENTATION AND ASSESSMENT**

Documentation/Physician - To be eligible, a prisoner must be diagnosed by a physician and the diagnosis report must include (1) a description of the terminal condition, disease, or syndrome; (2) the prisoner’s likelihood of recovery from the condition, disease, or syndrome; and (3) a description of the prisoner’s physical incapacity.
IV. DECISION-MAKING PROCESS

Decision Maker - The Connecticut Board of Pardons and Paroles is responsible for granting Medical Parole; however, it can appoint a “special panel” to assist with decision making.\textsuperscript{11}

Time Frame - The Board or the special panel reviews and rules on the Medical Parole requests “on an emergency basis” and is directed to “act in as expeditious a manner as possible.”\textsuperscript{12}

Conditions -

- \textit{Environment} - A prisoner must agree to placement “for a definite or indefinite period of time” in a hospital, hospice, or other housing accommodation suitable to his or her medical condition. This can include his or her family home.\textsuperscript{13}

- \textit{Medical Updates} - The Board can require periodic medical reports on the prisoner’s condition.\textsuperscript{14}

V. POST-DECISION

Effect of Medical Parole Request on Nonmedical Parole Eligibility — A request for Medical Parole does not affect a prisoner’s eligibility for any other form of parole or release provided under Connecticut law.\textsuperscript{15}

Revocation/Termination - The Board reviews the periodic medical evaluations and, if it finds a parolee is no longer so incapacitated as to be physically incapable of presenting a danger to society, he or she will be returned to Department of Correction’s custody.\textsuperscript{16}

VI. REPORTING/STATISTICS

Connecticut law does not require the Board to report how many prisoners have been granted or denied Medical Parole, and there are no publicly available published statistics.

COMPASSIONATE PAROLE RELEASE

I. ELIGIBILITY

Medical Condition/Age - Prisoners may be eligible for Compassionate Parole Release if they are “physically incapable of presenting a danger to society” because they are physically or mentally debilitated, incapacitated, or infirm as a result of (1) advanced age or (2) a condition, disease, or syndrome that is not terminal.\textsuperscript{17}

Exclusions - Prisoners convicted of capital felonies or murder with special circumstances\textsuperscript{18} are not eligible for Compassionate Parole Release.\textsuperscript{19}
Other Eligibility Criteria - To be considered for Compassionate Parole Release, prisoners must have served at least half of their definite or aggregate sentences.\(^{20}\)

II. APPLICATION/REFERRAL

There is no information in the statute on who starts the Compassionate Parole Release process.

III. DOCUMENTATION/ASSESSMENT

There is no information in the statute on the necessary documentation or assessment process.

IV. DECISION-MAKING PROCESS

Decision Maker - The Connecticut Board of Pardons and Paroles (Board) makes decisions regarding Compassionate Parole Release.

Conditions - The statute says the Board can establish conditions of release.\(^{21}\) However, there is nothing indicating that it has set any specific conditions for this program.

V. POST-DECISION

Supervision - The Department of Correction supervises former prisoners granted Compassionate Parole Release.\(^{22}\)

VI. REPORTING/STATISTICS

Connecticut law does not require the Board to report how many prisoners have been granted or denied Compassionate Parole Release, and there are no publicly available published statistics.

NURSING HOME RELEASE

I. ELIGIBILITY

The Commissioner for the Department of Correction (Department) has discretionary authority to grant Nursing Home Release for prisoners with terminal illnesses and place them in a licensed, community-based nursing home that provides palliative and end-of-life care.\(^{23}\)

Medical Condition - The prisoner must be suffering from a terminal condition, disease, or syndrome, or be so debilitated or incapacitated by a terminal condition, disease, or syndrome as to (1) require continuous palliative or end-of-life care or (2) be physically incapable of presenting a danger to society.\(^{24}\)
Exclusions - Prisoners convicted of capital felonies or murder with special circumstances are not eligible for Nursing Home Release.25

II. APPLICATION/REFERRAL

The Commissioner, in consultation with the Medical Director, selects eligible prisoners.26

III. DOCUMENTATION/ASSESSMENT

To be released to a nursing home, the Department’s Medical Director must complete a medical assessment for the prisoner27 and complete the Medical Director Nursing Home Release Authorization Form, attesting to the prisoner’s eligibility for release to a nursing home.28

IV. DECISION-MAKING PROCESS

Decision Maker - Decisions on requests for Nursing Home Releases are made “at the discretion of the Warden by authority of the Commissioner in consultation with the Medical Director.”29

Conditions - The Commissioner may require periodic medical reviews as a condition of release.30 In addition, the Department’s Parole and Community Services Division will consult with the nursing home staff to establish any additional conditions that may be appropriate.31

V. POST-DECISION

Supervision - The Department’s Parole and Community Services Unit supervises former prisoners released to nursing homes.32

Revocation/Termination - If a former prisoner’s condition improves, the Commissioner can order that he or she be returned to custody.33

VI. REPORTING/STATISTICS

Connecticut law does not require the Warden to report how many prisoners have been granted a Nursing Home Release, and there are no publicly available published statistics.

• Note: It is expected that the number of prisoners granted Nursing Home Release will increase in 2018 due to a decision by the U.S. Centers for Medicare and Medicaid Services (CMS). The Connecticut Department of Correction has a contract with 60 West, a private nursing home in Rocky Hill, Connecticut.34 It is the first facility in the country to win approval from CMS for federal nursing home funding, “a designation that has national significance, experts say, because it’s a new option for cash-strapped states looking for ways to care for growing populations of older and sicker inmates.”35
NOTES

1 Conn. Gen. Stat. §§ 54-131a through 54-131g.
2 Conn. Gen. Stat. § 54-131k (a) (1).
3 Conn. Gen. Stat. § 18-100i.
8 Id. “Family member” refers to spouse, parent, guardian, grandparent, aunt/uncle, sibling, or child over the age of 18.
9 Pursuant to Conn. Gen. Stat. § 54-131c, the physician must be licensed under Chapter 370. If a diagnosis is made by a doctor who isn’t employed by the Department or a medical facility used by Department, it can be reviewed by a physician appointed by the Commissioner or by the Department’s Medical Director.
10 Conn. Gen. Stat. § 54-131c (1) - (3).
12 Id.
14 Id. at (b). The statute does not define “periodic.”
15 Id.
16 Id.
17 Conn. Gen. Stat. § 54-131k (a) (1).
20 Id. at (a) (2) (A) and (2) (B).
21 Conn. Gen. Stat. § 54-131k (b).
22 Id. See also Connecticut Department of Correction Administrative Directive (DOC Directive) 8.16 (1).
24 Id. at (a); DOC Directive 8.16 (3).
25 Conn. Gen. Stat. § 18-100i (a); DOC Directive 8.16 (4).
26 DOC Directive 8.16 (1).
27 Id. at (5). Note that 8.16 (4) includes the Warden in the process.
28 DOC Directive 8.16 (5).
29 Id. at (4).
30 Conn. Gen. Stat. § 18-100i (b). “Periodic” is not defined in the statute.
31 Directive 8.16 (6).
32 Conn. Gen. Stat. § 18-100i (c); Directive 8.16 (6).
33 Conn. Gen. Stat. § 18-100i (b); Directive 8.16 (6) and (7).