

Date of Hearing: May 12, 2021

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Lorena Gonzalez, Chair

AB 960 (Ting) – As Amended April 22, 2021

Policy Committee: Public Safety

Vote: 6 - 2

Urgency: No

State Mandated Local Program: No

Reimbursable: No

**SUMMARY:**

This bill creates a medical parole panel at each California Department of Corrections and Rehabilitation (CDCR) institution and expands eligibility for medical parole, as specified. Specifically, this bill:

- 1) Requires the medical parole panel at each institution be comprised of the following three members:
  - a) A CDCR psychologist or social worker.
  - b) A representative of California Correctional Health Care Services (CCHCS).
  - c) The incarcerated person's primary care provider.
- 2) Provides that, within 45 days of the medical parole panel's receipt of the recommendation, the medical parole panel shall convene and make an independent judgment regarding whether the incarcerated individual meets the criteria for medical parole.
- 3) Requires the medical parole panel to consider the safety of any victim in their review and consideration of an incarcerated person for medical parole.

**FISCAL EFFECT:**

Possible one-time and annual costs (General Fund) in the millions of dollars to CDCR in additional staff and infrastructure to create a medical parole panel to determine whether medical parole is appropriate for an incarcerated person in debilitating pain, has a debilitating disease and qualifies for hospice care. Since this bill expands access to medical parole, this bill may also create costs to the Board of Parole Hearings (BPH) in the millions of dollars annually to monitor an expanded class of released inmates. Medical parole also requires CDCR to identify a licensed health care facility to house the inmate after release. Current law only allows the BPH to determine medical parole for inmates who are permanently medically incapacitated. Additionally, this bill requires a medical parole panel at each institution to decide within 45 days of receiving a recommendation for medical parole from a primary care physician whether an inmate should be released on medical parole and must issue written findings in support of its decision. The stated timeframe for review of medical parole recommendations may require more staff and resources, increasing annual costs to the medical parole board.

**COMMENTS:****1) Purpose and Background.** According to the author:

Due to a combination of overcrowding and staff mismanagement, incarcerated people were left particularly vulnerable to the COVID-19 virus, and infections have now been reported at every single institution. There is a need to amend the Medical parole program to assure there is a streamlined process, ensure transparency that allows applicants to remain informed, and expand who qualifies for relief.

Existing law allows BPH to grant medical parole to an inmate with a medical condition that renders them permanently unable to perform activities of basic daily living, and results in the inmate requiring 24-hour care. BPH must also determine that the inmate's release would not pose a threat to public safety. This bill requires the medical parole panel to determine any threat to public safety. Additionally, existing law requires that BPH approval be conditioned upon CCHCS identifying a licensed health care facility that meets the specific requirements identified by BPH. BPH may also condition the inmate's placement on compliance with a variety of other requirements such as medical evaluations, compliance with nursing facility rules, alcohol and drug restrictions and restrictions on communication with specific third parties. If an inmate is approved for expanded medical parole and is placed in a licensed health care facility in the community, CDCR and CCHCS will monitor the inmate's medical condition and behavior while they are placed in a licensed health care facility. In the event the inmate shows significant improvements in his or her medical condition, such that he or she is no longer eligible for expanded medical parole, the inmate will be removed from expanded medical parole and returned to prison. Given that this bill expands the classification of inmates eligible for release on medical parole, costs will include identification of licensed care facilities to place inmates as well as additional staff to monitor inmates placed in licensed care facilities.

**2) Argument in Support.** According to the American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO:

The groups identified within this bill for expanded eligibility represent both the largest financial burden for CDCR and lowest risk of recidivism. This bill would provide eligibility for senior citizens, individuals taking 10 or more medications, those with frequent hospitalizations or health crises, and others. By releasing individuals within these vulnerable groups, this program expansion would relieve CDCR of the cost of consistent, specialized care.

**3) Prior Legislation.**

- a) SB 118 (Committee on Budget and Fiscal Review), Chapter 29, Statutes of 2020, expanded the compassionate release program so that individuals diagnosed with terminal illnesses and less than a year to live would be eligible for early release.

- b) AB 3234 (Ting), Chapter 334, Statutes of 2020, expanded the elderly parole program so that individuals who are aged 50 years and older and have experienced at least 20 years of continuous incarceration will be eligible for relief.

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