

FISCAL NOTE TO
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 22

STATE OF NEW JERSEY

DATED: JUNE 16, 1997

Assembly Committee Substitute for Assembly Bill No. 22 of 1997 establishes a special medical parole for certain inmates who are terminally ill or severely incapacitated. Under the provisions of the committee substitute, inmates would be eligible for a special medical parole if they are suffering from a terminal condition, disease or syndrome and if they are permanently physically incapable of committing a crime if released. Terminal condition, disease or syndrome means a prognosis that the inmate has six months or less to live.

Under the committee substitute, the request for a medical diagnosis for the purpose of determining whether an inmate is eligible for a special medical parole may be submitted to the appropriate board panel by the Commissioner of Corrections, the administrator or supervisor of a correctional facility, the inmate, the inmate's family or the inmate's attorney. If the board panel approves the request, the inmate is to be diagnosed by two licensed physicians designated by the Commissioner of Corrections. This diagnosis is to include (1) a description of the terminal condition, disease or syndrome; (2) a prognosis of the likelihood of recovery; (3) a description of the inmate's physical incapacity; and (4) a description of the type of ongoing treatment that would be required if the inmate were released on medical parole.

The board panel is to provide written notice of its decision on an inmate's request for medical parole to the sentencing court; the county prosecutor, or Attorney General, if appropriate; and the victim or member of the victim's family, as the case may be.

Prior to releasing an inmate on a medical parole, the board panel must be provided with (1) the identification of the inmate's community sponsor; (2) a verification that appropriate medical services are available for the inmate; and (3) a verification that appropriate housing is available for the inmate.

The substitute also authorizes the board panel to require an inmate on special medical parole to submit to periodic medical diagnoses by a licensed physician. The substitute clarifies that if the board panel determines that a medical parolee is no longer so debilitated or incapacitated by a terminal condition, disease or syndrome as to be physically incapable of committing a crime, or if a medical parolee commits a new crime, that parolee shall be returned to confinement in

a correction facility.

Finally, the substitute specifies that these medical paroles are not available to inmates who have been incarcerated for violent offenses such as murder, manslaughter, aggravated sexual assault, armed robbery, kidnaping, aggravated arson and endangering the welfare of a child.

The Department of Corrections states that the current estimate of deaths in a year within the institutional population is approximately 130. Of this number, perhaps 2 to 4 die from non-AIDS related terminal conditions. Of the others, about 100 die from AIDS and the balance die from non-terminal type causes.

The department notes that because the majority of terminal illness deaths are the result of the AIDS virus, and due to the unpredictability of the course the disease will take, the impact of this bill would be insignificant. According to the department, by the time an AIDS infected inmate manifests a terminal condition, there would most likely not be sufficient time to meet all the terms required for special medical parole as enumerated in this committee substitute.

The Office of Legislative Services concurs.

This fiscal note has been prepared pursuant to P.L.1980, c.67.