

# SB 520 Compassionate Medical Release

Chief Sponsor: Sen. Dembrow; Co-Sponsors: Sen. Prozanski, Sen. Sollman, Rep. Dexter, Rep. Reynolds

**Prison is no place for the sick and dying. A coffin shouldn't be their only way out.**

Oregon has a growing population of aging adults in custody who struggle with basic daily activities. Our state has already concluded that we do not need to continue incarcerating these individuals by implementing compassionate medical release laws. But, the laws we have don't work. The system is opaque and confusing, timelines are too drawn out, and the method of review isn't medically informed. Most eligible people fail to navigate it. People can be safely and humanely released to get the care they need at home with their loved ones, instead of remaining in prison.

**“One of the guys that I was on vigil with couldn't talk, he couldn't walk, he couldn't do anything on his own. So, us hospice volunteers would clean him, change his adult diapers, and we would wheel him to the shower. The most he could do during any given time was moan.”**

*—Anthony Pickens, former hospice volunteer at the Oregon State Penitentiary*

## An Aging Population

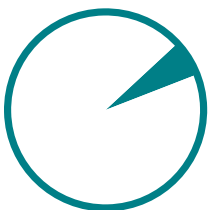
Oregon had the fourth largest aging prison population in the country back in 2015, and that population has grown as adults in custody serve lengthy sentences. Additionally, constant stress, poor nutrition, and the overall environment of prison life physiologically age incarcerated people faster than those outside, significantly increasing their risk of cancers, cardiovascular and respiratory diseases, dementia, and more. For adults in custody in hospice care during their end-of-life stage, they are bedridden, seldom awake or lucid, and face barriers in receiving family and friend visitation.

## People Die Awaiting Release Decisions

From 2013 to 2020, 131 adults in custody with severe medical conditions applied for compassionate medical release. Of those applicants, only nine (less than 7%) were able to complete the process and were granted release. In that same period, 11 applicants passed away while waiting for an outcome. The average wait time for the nine successful applicants released was 167 days. In addition to these lengthy delays, it is often difficult for families of adults in custody to spend precious remaining time with their loved ones.

## Prison Medical Care is Costly

The Oregon Department of Corrections has acknowledged that a small population of individuals with serious medical needs and conditions, takes up a significant chunk of their health services budget. These resources can be better spent on prison care and services that meet community standards. Passing compassionate medical release reform is expected to result in multi-million dollar savings that can be reinvested in rehabilitation, reentry programming, and improved medical care.



Less than 7% of applicants were granted compassionate medical release between 2013–2020.

**Currently, more people die awaiting a decision on their compassionate medical release application than are actually released.**

# Solution

## We must pass SB 520 to:

1. Establish an independent Medical Release Advisory Committee (MRAC), within the Board of Parole, comprised of 5–13 licensed medical professionals appointed by the governor to review compassionate medical release applications and make release recommendations solely and objectively from a medical and public health perspective.
2. Create a release navigator position who can be assigned to assist AICs with completed applications, with re-entry planning and ensure continuity of care in the community.
3. If the MRAC recommends release, allow for the appointment of counsel to assist the applicant with the release court and Board of Parole's review.
4. After the MRAC provides a release recommendation, sentencing courts and the Board of Parole can either affirm or deny the recommendation for release.

**Prisons are not set up to provide a dignified or peaceful environment for someone in the end stages of their life, although many staff and other adults in custody do their best to make individuals comfortable. These Oregonians would be better off at home with their families than in prison.**

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## SB 520 is supported by:



For more information, contact **Zach Winston** [zwinston@ojrc.info](mailto:zwinston@ojrc.info) or scan the code at left.

## Frequently Asked Questions

### Are all adults in custody eligible for compassionate medical release under SB 520?

Individuals serving Measure 11 sentences or other sentences ineligible for parole will not be eligible for release. They may apply to the MRAC for an evaluation. They may use the MRAC evaluation to help them explore other legally available options for release.

### If this passes, how quickly will the system change?

To ensure this new process is set up for success, there will be a ramping-up period which will limit the number of people who can apply and prioritize review to the most time-sensitive eligible applicants.

### What does Oregon's aging prison population look like?

Currently, 10.2% of adults in custody are ages 61 and over, while 26.2% are between the ages of 46 to 60.

### What are the recidivism rates for individuals targeted by this bill?

Nationally, figures show that the recidivism rate for individuals 50 years old and above is 15%; for applicants released through compassionate medical release, the rate is 3.5%.