



Medical Placement of Terminal and Incapacitated Inmates

S.843, Sen. Pat Jehlen
H.1628, Rep. Tim Toomey

2015-2016 legislative session

Old, Sick and Dying in Prison: There's a Better Way

Massachusetts should not spend tens of millions of dollars to keep dying people who are not a public safety threat in our prisons and jails. Corrections officials and advocates agree: Massachusetts should join the majority of other states and create a way for people who are terminally ill or permanently incapacitated to be placed at alternative locations, such as nursing homes, or in hospice care.



Three Stories

Michael

Michael was a 65-year-old man serving a 5-7 year sentence for insurance fraud. He had been approved for parole with the condition that he serve 6 months pre-release. Then he became violently ill with acute pancreatitis and spent 7 months at the Boston Medical Center. 20 surgeries later, he was left in critical condition – incapacitated, on a breathing tube and with his abdomen completely open from previous surgeries. Still, there was no way for him to be released to a nursing facility or hospice. While dying at BMC, multiple corrections officers were assigned to watch him, and his wife had severely restricted access.

Timothy

Tim is quadriplegic as the result of a spinal cord injury suffered 20 years ago at the time of his offense. He is serving a first degree life sentence for a drive by shooting. Tim was in the car with three other men and was not the shooter. When he was incarcerated, he was able to sit up in an electronically controlled wheelchair that he controlled with his elbow using a joystick. He could feed himself with assistive devices. Over time in DOC facilities, his joints have stiffened to the point where they cannot be moved. He lies in bed on his back at all times and has required total care by medical staff for years, which DOC is not well equipped to provide.

James

James is over 80 years old. He has been incarcerated nearly 50 years for a felony in which a store attendant was shot by a person James was with. He has suffered from advanced dementia for almost a decade. His limbs are completely contracted and he has been unable to move on his own or speak for several years. James's medical providers confirm that there is no chance that his condition will improve. Because he is bedridden, he has been in and out of the hospital with various infections including pneumonia, MRSA and other staph infections. James has been on a feeding tube since 2008.

Every state except Massachusetts and 4 others has a procedure to release dying prisoners. 30 states allow more comprehensive medical release.

This bill would enable the DOC commissioner or the superintendent of a county correctional facility to identify appropriate candidates for external placement based on a physician's medical evaluation. The original sentencing judge would make the ultimate determination. At a community placement, the prisoner could still be subject to supervision, but correction facilities would no longer bear the burden of intensive financial and staff resources.



We also ask that you lend your support to the following bills:

- An Act to Reduce Recidivism, Curb Unnecessary Spending, and Ensure Appropriate Use of Segregation (Rep. Elizabeth Malia, H.1475 & Sen. Jamie Eldridge, S.1255)
- An Act to Collect Data Regarding the Use of Solitary Confinement in Massachusetts Prisons and Jails (Rep. Russell Holmes, H.1381)
- An Act to Promote Public Safety by Improving the Parole Process (Rep. Dave Rogers, H.1559)
- An Act to Provide for Enhanced Public Safety by Reforming the Parole Board (Rep. Ruth Balser, H.1170)
- An Act Relative to Improve Public Safety by Facilitating Access to Addiction Services (Rep. Ruth Balser, H.1167)
- An Act Relative to Ensuring Quality Mental Health Services in State Correctional Facilities (Rep. Ruth Balser, H.1171)