F I S C A L I M P A C T R E P O R T

SPONSOR O'Neill **ORIGINAL DATE** 2/18/15 **LAST UPDATED** **HB**

SHORT TITLE Medical & Geriatric Parole Reports **SB** 370

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY15	FY16	FY17	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total		See Fiscal Implications	See Fiscal Implications	See Fiscal Implications	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
New Mexico Corrections Department (NMCD)
Adult Parole Board (APB)
Attorney General's Office (AGO)
Administrative Office of the Courts (AOC)
Administrative Office of the District Attorneys (AODA)

SUMMARY

Synopsis of Bill

SB 370 amends Section 31-21-17.1 NMSA 1978 SB 370 within the Probation and Parole Act, to require NMCD to identify not only those who are eligible but also those who may become eligible for medical or geriatric parole, and to submit a list of those identified inmates to the Parole Board ("board") on a quarterly basis.

SB 370 also amends Section 31-21-25.1 NMSA 1978, within the Parole Board Act, to require the board to review lists of inmates eligible for medical or geriatric parole submitted quarterly by the Corrections Department and determine whether parole should be granted for those inmates. The SB 370 amendment requires the board to consider, as a factor in determining an inmate's eligibility for geriatric parole, alternatives to maintaining the geriatric, permanently incapacitated or terminally ill inmate in traditional settings.

FISCAL IMPLICATIONS

Geriatric, permanently incapacitated, and terminally ill inmates are generally much more expensive to house in prison than are healthy inmates. It is difficult to estimate exactly how

much of a cost saving there would be with the policy change due to issues listed below by NMCD. APB stated that this year there has been only one inmate who has come up for a geriatric parole hearing and that the individual did not come up sooner because the inmate did not know or understand eligibility requirements. The proposed change would place the onus of determining eligibility for geriatric parole on NMCD rather than relying on individual inmates who may not have the capacity to determine their own eligibility.

NMCD provided the following:

> NMCD estimates that the number of offenders eligible for medical or geriatric parole is approximately 30 inmates. This estimation is made complicated by the following factors. First, the number could increase due to a fluctuation of new offenders convicted and committed to NMCD custody who might be eligible. Second, in some situations, medical conditions improve, and offenders once eligible might become ineligible. Third, nursing homes generally refuse to accept or house these types of inmates making it difficult to find suitable placements for these offenders. Fourth, the parole board makes the final determination whether to grant this type of parole, and is free to refuse to grant the parole at its discretion. Fifth, because NMCD receives so many new offenders each, it is possible that some eligible offenders might initially be missed or overlooked.

APB stated that there will be no additional fiscal impact as once a month the board conducts hearings at each prison facility around the state. The inmates to be considered will be scheduled for the existing hearing date. The Board is appropriated fully for hearings in FY15 and foresees no additional costs for FY16 hearings.

SIGNIFICANT ISSUES

A July 2014 report by the Pew MacArthur foundation listed the aging inmate population as one of three of the most significant factors driving prison spending nationally, the report states that:

> As the number of inmates who have grown old behind bars dramatically increased, so did the health care costs required to treat them. From 1999 to 2012, the number of state and federal prisoners age 55 or older—a common definition of "older" prisoners—increased 204 percent, from 43,300 to 131,500. During the same period, the number of inmates younger than 55 grew much more slowly: up 9 percent, from 1.26 million to 1.38 million. The graying of American prisons stems from the use of longer sentences as a public safety strategy and an increase in admissions of older inmates to prison.
>
> Like senior citizens outside prison walls, older inmates are more susceptible to chronic medical and mental conditions, including dementia, impaired mobility, and loss of hearing and vision. In prisons, these ailments necessitate increased staffing levels, more officer training, and special housing—all of which create additional health and nonhealth expenses. Medical experts say inmates typically experience the effects of age sooner than people outside prison because of issues such as substance use disorder, inadequate preventive and primary care prior to incarceration, and stress linked to the isolation and sometimes-violent environment of prison life.
>
> The older inmate population has a substantial impact on prison budgets. Estimates of the increased cost vary. The National Institute of Corrections pegged the annual cost of

incarcerating prisoners age 55 and older with chronic and terminal illnesses at, on average, two to three times that of the expense for all other inmates, particularly younger ones.21 More recently, other researchers have found that the cost differential may be wider.22

EC/je/bb/aml