

STATE OF NEW YORK

5942

2025-2026 Regular Sessions

IN ASSEMBLY

February 25, 2025

Introduced by M. of A. DILAN -- read once and referred to the Committee on Correction

AN ACT to amend the executive law, the penal law and the social services law, in relation to release on medical parole for certain incarcerated individuals

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The executive law is amended by adding a new section 259-u
2 to read as follows:

3 § 259-u. Release on medical parole for certain incarcerated individ-
4 uals. 1. (a) The board shall have the power to release on medical
5 parole any incarcerated individual serving an indeterminate or determi-
6 nate sentence of imprisonment who, pursuant to subdivision two of this
7 section, has been certified to require the level of care typically
8 provided in a nursing home setting or those who, because of their phys-
9 ical or cognitive condition, are limited in their ability to perform
10 basic life activities as to create a reasonable probability that such
11 incarcerated individual does not present any danger to society,
12 provided, however, that no incarcerated individual serving a sentence
13 imposed upon a conviction for murder in the first degree or an attempt
14 or conspiracy to commit murder in the first degree shall be eligible for
15 such release, and provided further that no incarcerated individual serv-
16 ing a sentence imposed upon a conviction for any of the following
17 offenses shall be eligible for such release unless in the case of an
18 indeterminate sentence they have served at least one-half of the minimum
19 period of the sentence and in the case of a determinate sentence they
20 have served at least one-half of the term of their determinate sentence:
21 murder in the second degree, manslaughter in the first degree, any
22 offense defined in article one hundred thirty of the penal law or an
23 attempt to commit any of these offenses. Solely for the purpose of
24 determining medical parole eligibility pursuant to this section, such

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 one-half of the minimum period of the indeterminate sentence and one-
2 half of the term of the determinate sentence shall not be credited with
3 any time served under the jurisdiction of the department prior to the
4 commencement of such sentence pursuant to the opening paragraph of
5 subdivision one of section 70.30 of the penal law or subdivision two-a
6 of section 70.30 of the penal law, except to the extent authorized by
7 subdivision three of section 70.30 of the penal law.

8 (b) Such release shall be granted only after the board considers
9 whether, in light of the incarcerated individual's medical condition,
10 there is a reasonable probability that the incarcerated individual, if
11 released, will live and remain at liberty without violating the law, and
12 that such release is not incompatible with the welfare of society and
13 will not so deprecate the seriousness of the crime as to undermine
14 respect for the law, and shall be subject to the limits and conditions
15 specified in subdivision four of this section. In making this determi-
16 nation, the board shall consider: (i) the nature and seriousness of the
17 incarcerated individual's crime; (ii) the incarcerated individual's
18 prior criminal record; (iii) the incarcerated individual's disciplinary,
19 behavioral and rehabilitative record during the term of their incarcera-
20 tion; (iv) the amount of time the incarcerated individual must serve
21 before becoming eligible for release pursuant to section two hundred
22 fifty-nine-i of this article; (v) the current age of the incarcerated
23 individual and their age at the time of the crime; (vi) the recommenda-
24 tions of the sentencing court, the district attorney and the victim or
25 the victim's representative; (vii) the nature of the incarcerated indi-
26 vidual's medical condition, disease or syndrome and the extent of
27 medical treatment or care that the incarcerated individual will require
28 as a result of that condition, disease or syndrome; and (viii) any other
29 relevant factor. Except as set forth in paragraph (a) of this subdivi-
30 sion, such release may be granted at any time during the term of an
31 incarcerated individual's sentence, notwithstanding any other provision
32 of law.

33 (c) The board shall afford notice to the sentencing court, the
34 district attorney, the attorney for the incarcerated individual and,
35 where necessary pursuant to subdivision two of section two hundred
36 fifty-nine-i of this article, the crime victim, that the incarcerated
37 individual is being considered for release pursuant to this section and
38 the parties receiving notice shall have thirty days to comment on the
39 release of the incarcerated individual. Release on medical parole shall
40 not be granted until the expiration of the comment period provided for
41 in this paragraph.

42 2. (a) The commissioner, on the commissioner's own initiative or at
43 the request of an incarcerated individual, or an incarcerated individ-
44 ual's spouse, relative or attorney, may, in the exercise of the commis-
45 sioner's discretion, direct that an investigation be undertaken to
46 determine whether a diagnosis should be made of an incarcerated individ-
47 ual who appears to require the level of care typically provided in a
48 nursing home setting or, because of their physical or cognitive condi-
49 tion, are limited in their ability to perform basic life activities. Any
50 such medical diagnosis shall be made by a physician licensed to practice
51 medicine in this state pursuant to section sixty-five hundred twenty-
52 four of the education law. Such physician shall either be employed by
53 the department, shall render professional services at the request of the
54 department, or shall be employed by a hospital or medical facility used
55 by the department for the medical treatment of incarcerated individuals.
56 The diagnosis shall be reported to the commissioner and shall include

1 but shall not be limited to a description of the condition, disease or
2 syndrome suffered by the incarcerated individual, a prognosis concerning
3 the likelihood that the incarcerated individual will not recover from
4 such condition, disease or syndrome, a description of the incarcerated
5 individual's physical or cognitive incapacity which shall include a
6 prediction respecting the likely duration of the incapacity, and a
7 statement by the physician of whether the incarcerated individual is so
8 debilitated or incapacitated as to be severely restricted in their abil-
9 ity to self-ambulate or to perform significant normal activities of
10 daily living. This report also shall include a recommendation of the
11 type and level of services and treatment the incarcerated individual
12 would require if granted medical parole and a recommendation for the
13 types of settings in which the services and treatment should be given.

14 (b) The commissioner, or the commissioner's designee, shall review the
15 diagnosis and may certify that the incarcerated individual requires the
16 level of care typically provided in a nursing home setting or those who,
17 because of their physical or cognitive condition, are limited in their
18 ability to perform basic life activities, and as a result of such condi-
19 tion creates a reasonable probability that such incarcerated individual
20 is physically or cognitively incapable of presenting any danger to soci-
21 ety. If the commissioner does not so certify then the incarcerated indi-
22 vidual shall not be referred to the board for consideration for release
23 on medical parole. If the commissioner does so certify, then the commis-
24 sioner shall, within seven working days of receipt of such diagnosis,
25 refer the incarcerated individual to the board for consideration for
26 release on medical parole. However, no such referral of an incarcerated
27 individual to the board of parole shall be made unless the incarcerated
28 individual has been examined by a physician and diagnosed as having a
29 condition, disease or syndrome as previously described herein at some
30 time subsequent to such incarcerated individual's admission to a facili-
31 ty operated by the department.

32 (c) When the commissioner refers an incarcerated individual to the
33 board, the commissioner shall provide an appropriate medical discharge
34 plan established by the department. The department is authorized to
35 request assistance from the department of health and from the county in
36 which the incarcerated individual resided and committed their crime,
37 which shall provide assistance with respect to the development and
38 implementation of a discharge plan, including potential placements of a
39 releasee. The department and the department of health shall jointly
40 develop standards for the medical discharge plan that are appropriately
41 adapted to the criminal justice setting, based on standards established
42 by the department of health for hospital medical discharge planning. The
43 board may postpone its decision pending completion of an adequate
44 discharge plan, or may deny release based on inadequacy of the discharge
45 plan.

46 3. Any certification by the commissioner or the commissioner's desig-
47 nee pursuant to this section shall be deemed a judicial function and
48 shall not be reviewable if done in accordance with law.

49 4. (a) Medical parole granted pursuant to this section shall be for a
50 period of six months.

51 (b) The board shall require as a condition of release on medical
52 parole that the releasee agree to remain under the care of a physician
53 while on medical parole and in a hospital established pursuant to arti-
54 cle twenty-eight of the public health law, a hospice established pursu-
55 ant to article forty of the public health law or any other placement,
56 including a residence with family or others, that can provide appropri-

1 ate medical care as specified in the medical discharge plan required by
2 subdivision two of this section. The medical discharge plan shall state
3 that the availability of the placement has been confirmed, and by whom.
4 Notwithstanding any other provision of law, when an incarcerated indi-
5 vidual who qualifies for release under this section is cognitively inca-
6 pable of signing the requisite documentation to effectuate the medical
7 discharge plan and, after a diligent search no person has been identi-
8 fied who could otherwise be appointed as the incarcerated individual's
9 guardian by a court of competent jurisdiction, then, solely for the
10 purpose of implementing the medical discharge plan, the facility health
11 services director at the facility where the incarcerated individual is
12 currently incarcerated shall be lawfully empowered to act as the incar-
13 cerated individual's guardian for the purpose of effectuating the
14 medical discharge.

15 (c) Where appropriate, the board shall require as a condition of
16 release that medical parolees be supervised on intensive caseloads at
17 reduced supervision ratios.

18 (d) The board shall require as a condition of release on medical
19 parole that the releasee undergo periodic medical examinations and a
20 medical examination at least one month prior to the expiration of the
21 period of medical parole and, for the purposes of making a decision
22 pursuant to paragraph (e) of this subdivision, that the releasee provide
23 the board with a report, prepared by the treating physician, of the
24 results of such examination. Such report shall specifically state wheth-
25 er or not the parolee continues to require the level of care typically
26 provided in a nursing home setting or those who, because of their phys-
27 ical or cognitive condition, are limited in their ability to perform
28 basic life activities.

29 (e) Prior to the expiration of the period of medical parole the board
30 shall review the medical examination report required by paragraph (d) of
31 this subdivision and may again grant medical parole pursuant to this
32 section; provided, however, that the provisions of paragraph (c) of
33 subdivision one and subdivision two of this section shall not apply.

34 (f) If the updated medical report presented to the board states that a
35 parolee released pursuant to this section is no longer so debilitated or
36 incapacitated as to create a reasonable probability that they are phys-
37 ically or cognitively incapable of presenting any danger to society or
38 if the releasee fails to submit the updated medical report then the
39 board may not make a new grant of medical parole pursuant to paragraph
40 (e) of this subdivision. Where the board has not granted medical parole
41 pursuant to such paragraph (e) the board shall promptly conduct through
42 one of its members, or cause to be conducted by a hearing officer desig-
43 nated by the board, a hearing to determine whether the releasee requires
44 the level of care typically provided in a nursing home setting or,
45 because of their physical or cognitive condition, are limited in their
46 ability to perform basic life activities as to create a reasonable prob-
47 ability that they are physically or cognitively incapable of presenting
48 any danger to society and does not present a danger to society. If the
49 board makes such a determination then it may make a new grant of medical
50 parole pursuant to the standards of paragraph (b) of subdivision one of
51 this section. At the hearing, the releasee shall have the right to
52 representation by counsel, including the right, if the releasee is
53 financially unable to retain counsel, to have the appropriate court
54 assign counsel in accordance with the county or city plan for represen-
55 tation placed in operation pursuant to article eighteen-B of the county
56 law.

1 (g) The hearing and determination provided for by paragraph (f) of
2 this subdivision shall be concluded within the six month period of
3 medical parole. If the board does not renew the grant of medical parole,
4 it shall order that the releasee be returned immediately to the custody
5 of the department of correctional services.

6 (h) In addition to the procedures set forth in paragraph (f) of this
7 subdivision, medical parole may be revoked at any time upon any of the
8 grounds specified in paragraph (a) of subdivision three of section two
9 hundred fifty-nine-i of this article, and in accordance with the proce-
10 dures specified in subdivision three of section two hundred fifty-nine-i
11 of this article.

12 (i) A releasee who is on medical parole and who becomes eligible for
13 parole pursuant to the provisions of subdivision two of section two
14 hundred fifty-nine-i of this article shall be eligible for parole
15 consideration pursuant to such subdivision.

16 5. A denial of release on medical parole or expiration of medical
17 parole in accordance with the provisions of paragraph (f) of subdivision
18 four of this section shall not preclude the incarcerated individual from
19 reapplying for medical parole or otherwise affect an incarcerated indi-
20 vidual's eligibility for any other form of release provided for by law.

21 6. To the extent that any provision of this section requires disclo-
22 sure of medical information for the purpose of processing an application
23 or making a decision, regarding release on medical parole or renewal of
24 medical parole, or for the purpose of appropriately supervising a person
25 released on medical parole, and that such disclosure would otherwise be
26 prohibited by article twenty-seven-F of the public health law, the
27 provisions of this section shall be controlling.

28 7. The commissioner and the chair of the board shall be authorized to
29 promulgate rules and regulations for their respective agencies to imple-
30 ment the provisions of this section.

31 8. Any decision made by the board pursuant to this section may be
32 appealed pursuant to subdivision four of section two hundred
33 fifty-nine-i of this article.

34 9. The chair of the board shall report annually to the governor, the
35 temporary president of the senate and the speaker of the assembly, the
36 chairpersons of the assembly and senate codes committees, the chair-
37 person of the senate crime and corrections committee, and the chair-
38 person of the assembly corrections committee the number of incarcerated
39 individuals who have applied for medical parole under this section; the
40 number who have been granted medical parole; the nature of the illness
41 of the applicants, the counties to which they have been released and the
42 nature of the placement pursuant to the medical discharge plan; the
43 categories of reasons for denial for those who have been denied; the
44 number of releasees who have been granted an additional period or peri-
45 ods of medical parole and the number of such grants; the number of
46 releasees on medical parole who have been returned to imprisonment in
47 the custody of the department and the reasons for return.

48 § 2. Subdivision 1 of section 259-c of the executive law, as amended
49 by chapter 322 of the laws of 2021, is amended to read as follows:

50 1. have the power and duty of determining which incarcerated individ-
51 uals serving an indeterminate or determinate sentence of imprisonment
52 may be released on parole, or on medical parole pursuant to section two
53 hundred fifty-nine-r ~~[e]~~, section two hundred fifty-nine-s or section
54 two hundred fifty-nine-u of this article, and when and under what condi-
55 tions;

1 § 3. Subparagraph (v) of paragraph (a) of subdivision 1 of section
2 70.40 of the penal law, as amended by section 127-c of subpart B of part
3 C of chapter 62 of the laws of 2011, is amended to read as follows:

4 (v) Notwithstanding any other subparagraph of this paragraph, a person
5 may be paroled from the institution in which [~~he or she~~] such person is
6 confined at any time on medical parole pursuant to section two hundred
7 fifty-nine-r [~~or~~], section two hundred fifty-nine-s or section two
8 hundred fifty-nine-u of the executive law or for deportation pursuant to
9 paragraph (d) of subdivision two of section two hundred fifty-nine-i of
10 the executive law or after the successful completion of a shock incar-

11 ceration program pursuant to article twenty-six-A of the correction law.
12 § 4. Subparagraph 4 of paragraph (g) of subdivision 5 of section 62 of
13 the social services law, as amended by section 151 of subpart B of part
14 C of chapter 62 of the laws of 2011, is amended to read as follows:

15 (4) Any inconsistent provision of this chapter or other law notwith-
16 standing, when a person is released on medical parole pursuant to
17 section two hundred fifty-nine-r [~~or~~], section two hundred fifty-nine-s
18 or section two hundred fifty-nine-u of the executive law and is in need
19 of public assistance, including medical assistance, the social services
20 district in which such person was convicted and from which [~~he or she~~]
21 such person was committed to the custody of the department of
22 corrections and community supervision shall be responsible for the
23 administrative costs of the initial and any subsequent eligibility
24 determination and the costs of any public assistance, including medical
25 assistance, following such persons release on medical parole for so long
26 as such person is eligible therefor.

27 § 5. This act shall take effect immediately; provided, however, that
28 the amendments to subdivision 1 of section 259-c of the executive law
29 made by section two of this act and the amendments to paragraph (a) of
30 subdivision 1 of section 70.40 of the penal law made by section three of
31 this act shall not affect the expiration of such subdivision and such
32 paragraph and shall be deemed to expire therewith.