

$\frac{1}{2}$	(2) information for f	_	est that department or local correctional facility personnel provide onsideration of parole release.
3 4	(e) The information to be considered by the Commission before granting medical parole shall, at a minimum, include:		
5 6 7			MEDICAL EVALUATIONS CONDUCTED BY MEDICAL ARE INDEPENDENT FROM THE DIVISION OF CORRECTION, SION OF CORRECTION;
8	[(1)] (2)	the inmate's medical information, including:
9		(i)	a description of the inmate's condition, disease, or syndrome;
10 11	condition, diseas	(ii) se, or syn	a prognosis concerning the likelihood of recovery from the drome;
12 13	(iii) a description of the inmate's physical incapacity and score on the Karnofsky Performance Scale Index or similar classification of physical impairment; and		
14		(iv)	a mental health evaluation, where relevant;
15	[(2)] (3)	discharge information, including:
16 17	community;	(i)	availability of treatment or professional services within the
18		(ii)	family support within the community; and
19		(iii)	housing availability, including hospital or hospice care; and
20	[(3)] (4)	case management information, including:
21		(i)	the circumstances of the current offense;
22		(ii)	institutional history;
23 24	other detainers;	(iii) and	pending charges, sentences and other jurisdictions, and any
25		(iv)	criminal history information.
26	(f) The	e Commis	ssion may require as a condition of release on medical parole that:

- 1 (1) the parolee agree to placement for a definite or indefinite period of time 2 in a hospital or hospice or other housing accommodation suitable to the parolee's medical 3 condition, including the family home of the parolee, as specified by the Commission or the 4 supervising agent; and
- 5 (2) the parolee forward authentic copies of applicable medical records to 6 indicate that the particular medical condition giving rise to the release continues to exist.
- 7 (g) (1) If the Commission has reason to believe that a parolee is no longer so 8 debilitated or incapacitated as to be physically incapable of presenting a danger to society, 9 the parolee shall be returned to the custody of the Division of Correction or the local correctional facility from which the inmate was released.
- 11 (2) (i) A parole hearing for a parolee returned to custody shall be held 12 to consider whether the parolee remains incapacitated and shall be heard promptly.
- 13 (ii) A parolee returned to custody under this subsection shall be 14 maintained in custody, if the incapacitation is found to no longer exist.
- 15 (3) An inmate whose medical parole is revoked for lack of continued incapacitation may be considered for parole in accordance with the eligibility requirements specified in § 7–301 of this subtitle.
- 18 (h) (1) Subject to paragraph (2) of this subsection, provisions of law relating to victim notification and opportunity to be heard shall apply to proceedings relating to 20 medical parole.
- 21 (2) In cases of imminent death, time limits relating to victim notification 22 and opportunity to be heard may be waived in the discretion of the Commission.
- 23 (i) Consistent with § 7-301(d)(4) of this subtitle, a medical parole under this 24 section for a person serving a life sentence shall require the approval of the Governor
- 25 (1) If the Commission decides to grant medical parole to an 26 INMATE SENTENCED TO LIFE IMPRISONMENT, THE DECISION SHALL BE 27 TRANSMITTED TO THE GOVERNOR.
- 28 (2) THE GOVERNOR MAY DISAPPROVE THE DECISION BY WRITTEN TRANSMITTAL TO THE COMMISSION.
- 30 (3) IF THE GOVERNOR DOES NOT DISAPPROVE THE DECISION WITHIN 31 180 DAYS AFTER RECEIPT, THE DECISION BECOMES EFFECTIVE.
- 32 (j) The Commission shall issue regulations to implement the provisions of this 33 section.