Safe & Just Michigan

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*Issue Brief:*

# Making the most of Michigan's Medically Frail law


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## Inside:


### An aging prison population

Michigan's incarcerated population has one of the highest average ages in the nation. Incarcerated people face the same age-related health problems as everyone else, and the state is obligated to their care while incarcerated.

### Prisons are not hospitals

Prisons are designed for punishment, not healthcare. To meet the health needs of incarcerated people, prisons would need to be able to give cancer treatments, kidney dialysis and more.

### Medically Frail laws help

Michigan enacted a Medically Frail parole law in 2019, but it resulted in just one parole between 2019-2024. The law was strengthened in 2024.

### We can do better

Simple fixes can improve Medically Frail Parole, such as sharing medical information with families, allowing families to initiate the process, and expanding eligibility.


## Caring for an aging prison population

Michigan spends millions of dollars each year providing healthcare to an aging prison population. Many incarcerated people develop terminal illnesses while serving sentences that were imposed decades earlier. Medically frail parole seeks to balance community safety with compassion by allowing carefully screened individuals to spend the end of their lives in the community rather than behind prison walls.

Prisons are designed for punishment and containment — not as a medical facility. Prisons, including the 26 in state-administered prisons in Michigan, do not have enough specialized staff and medical equipment required for proper care of terminally ill people. Given this, prisons are ill-equipped to manage individuals nearing the end of life.

The years of tough-on-crime sentencing have created a situation in which the prison population in Michigan is getting older and frailer. Faced with a ballooning senior population and corresponding prison healthcare budget, the Legislature passed, and Gov. **Gretchen Whitmer** signed Public Act 13 of 2019, a two-bill package that allows medically frail parole. The purpose of this parole process is to allow a mechanism by which a person who is not a threat to community safety, not serving a life sentence, and with a terminal diagnosis, to be paroled before their earliest release date to live out the remainder of their lives in the community. This offers the Michigan Department of Corrections (MDOC) a mechanism to release terminally ill incarcerated people safely while saving taxpayer dollars.

*Michigan's prison population is one of the oldest in the nation and getting older. Age-related concerns such as cancer, memory loss and disabililties are a growing concern for the Michigan Department of Corretions.*

## Problems with Medically Frail Parole 1.0

Within five years, it was apparent that Public Act 13 of 2019 was not functioning as intended. Between 2019 and 2024, ***only one person*** was paroled under the Act. Public Act 13 of 2019 had two major restrictions that limited its effectiveness.

1. The law dictated that the parole process could only begin when an individual lost the ability to perform the activities of daily living, meaning they could not stand, walk, sit, or feed themselves without assistance.
2. The law required that a person who was paroled under its provisions could only be placed in an approved medical facility (i.e. a hospital, hospice, or nursing home).

As a result, individuals either began the evaluation and parole process so late that they passed away during their evaluation or, having been eligible for parole, could not find a suitable placement and languished in prison.

## Medically Frail 2.0

Beginning in 2024, the Michigan legislature revisited its medically frail parole law and eventually passed Public Act 111 of 2024. The revised law, championed by state Sen. Erika Geiss and Safe & Just Michigan, kept in place the requirements for public safety and the limits on ineligible convictions, but it allowed individuals to begin the evaluation process sooner and to be paroled to a home environment with supervision.

## Evaluating Medically Frail 2.0

As of January 2026, 93 individuals have applied for medically frail parole under the expanded criteria. About 20 percent of people evaluated for parole under the medically frail provision were eventually paroled. Demographically, the individuals who were paroled were similar to the prison population from which they came in race and sex, but not in age *(See Table 1)*. This is not unusual since the likelihood of receiving a terminal diagnosis is higher in older populations. Approximately half of the individuals paroled had either a terminal cancer diagnosis or were experiencing a cognitive or neurodegenerative disorder (i.e. Huntington's disease or dementia). By the end of 2025, a third of those paroled had passed away.

Table 1

| Paroled Individuals | |
|---|---|
| **Sex** | |
| Female | 11.1% |
| Male | 88.9% |
| **Race/Ethnicity** | |
| American Indian | 5.6% |
| Black | 66.7% |
| White | 27.8% |
| **Age (in years)** | |
| Average Age | 60.5 |
| Youngest Paroled | 39 |
| Oldest Paroled | 78 |
| **Disease Category** | |
| Cancer | 27.8% |
| End-Stage Renal Disease | 5.6% |
| Heart Failure | 5.6% |
| Severe Cognitive or Neurodegenerative Disorder | 27.8% |
| Severe Physical Disability | 11.1% |
| Stroke | 11.1% |
| Other | 11.1% |
| **Status at the End of the Year** | |
| Died | 27.8% |
| Discharged from Parole | 11.1% |
| Still on Parole | 61.1% |

Source: Michigan Department of Corrections, 2026

*Note: Information in these tables is sourced from a 2025 Legislative Report published in March 2026 with data predominantly from calendar year 2025. See: https://www.michigan.gov/corrections/-/media/Project/Websites/corrections/Files/Legislative-Reports-Archive/2026/Medically-Frail-Parole-Process.pdf*

The law has certain eligibility exclusions; therefore, everyone who could be eligible for medically frail parole already had a future date when they could be eligible for parole. What the medically frail provision did was to allow them, because of an unexpected terminal condition, to bring that date and the parole process forward. On average, individuals who were medically paroled had their parole date moved up by 2,083 days (5 years, 8 months). The average is distorted by a few individuals' extremely long sentences and, consequently, early release dates that were far off into the future. More than half of the individuals who were paroled under the medically frail provisions had their parole date move up by less than three years.

Currently, the request for medical frail parole can only be initiated by a qualified MDOC healthcare provider. Seventy-five individuals who were reviewed for parole under the medically frail provisions were not paroled *(See Table 2)*. There are three main criteria for which a person would not be eligible: they are not medically frail, they have an ineligible conviction, they pose a risk to public safety, or a combination of the three. Nine in ten individuals who were ineligible for parole under the medically frail provision were ineligible because they did not meet the medical criteria or had a conviction that exempted them from being considered.

All but four were ineligible because of the aforementioned criteria. Two died before their evaluation process could be completed, one was able to be paroled on their earliest release date, and one had no reason given for their ineligibility.

Table 2

| People Ineligible for Parole<br><br>Reason for Ineligibility | |
|---|---|
| Not Medically Frail | 48.0% |
| Ineligible Conviction | 18.7% |
| Poses a Public Safety Risk | 2.7% |
| Not Medically Frail *and* Ineligible Conviction | 24.0% |
| Not Medically Frail *and* Poses a Public Safety Risk | 1.3% |
| Other | 5.3% |

*Source: Michigan Department of Corrections, 2026*

## Opportunities for Improving Medically Frail 2.0

In 2022, Families Against Mandatory Minimums published its Compassionate Release Report Card. That report reviewed and scored every state's compassionate release program. Michigan, like most states, received an 'F' grade. Medically frail 2.0 addressed some of the issues that resulted in that low grade, it kept in place many others that removed much of the compassion from Michigan's compassionate release policy. Examples of modest recommendations that could add more compassion to the process include:

- **Allowing loved ones and advocates of an incarcerated Michigander to initiate the process for medically frail parole**. Currently, the process can only be initiated by a qualified MDOC healthcare provider.
- **Facilitate the sharing of medical information with loved ones**. Information sharing by the department with the loved ones of incarcerated Michiganders is limited even in a health emergency. Current legislation, SB 769, making its way through the Michigan Legislature, would allow incarcerated Michiganders to designate individuals on the outside with whom the department can share health information. Since a terminal diagnosis can be uncovered during a medical emergency, this law would be able to help families and loved ones advocate for an incarcerated Michigander when they need it most.
- **Expand the life expectancy criteria**. Currently, an individual must have a life expectancy of less than 18 months to qualify for the medically frail parole provision.
- **Automatically initiating the medically frail parole process for individuals when they receive a terminal diagnosis**. One individual who was rejected for medically frail parole was rejected only because their life expectancy was deemed to be greater than 18 months. They died before the end of the year. Determining how much time someone has left is complicated because it depends on a constellation of factors, including their current health and the rate at which the disease is progressing. The department should initiate a process to automatically flag and evaluate individuals with eligible convictions and a terminal diagnosis, so that as many people as possible who could benefit from it are able to. **Additionally, the department should schedule timely re-reviews for individuals rejected for medically**

**frail parole only** because they did not meet the life expectancy criteria.

- **Allowing corrections staff to identify potentially eligible individuals**. Even though custodial corrections staff have the most contact with incarcerated individuals, they cannot initiate the medically frail parole process. To be clear, custodial correctional staff would not be charged with determining that an individual is medically frail. We are asking that they be able to identify and notify their healthcare peers that an individual may be medically frail and should be evaluated.

The aging prison population has significantly increased correctional healthcare costs, with expenses for older incarcerated individuals nearly three times higher than for younger ones. In fiscal year 2026, MDOC spent $376.3 million on healthcare for incarcerated people, and in fiscal year 2027, that amount will increase to $383.3 million. It is essential for the MDOC to maximize the effectiveness of this process. This reform is important for Michigan because it enables the MDOC to transition out of providing hospice and nursing care, shifting these costs from the state general fund to Medicaid, Medicare, or private insurance in the community.

Citation:
Michigan Department of Corrections. (2026). Report to the Legislature Pursuant to P.A. 22 of 2025 Article II, Section 503: Medically Frail Parole Process. 103rd Michigan Legislature. https://www.michigan.gov/corrections/-/media/Project/Websites/corrections/Files/Legislative-Reports-Archive/2026/Medically-Frail-Parole-Process.pdf.

## Take the Next Step

Michigan passed a Medically Frail Law in 2019, but it resulted in just one parole by 2024. That year, fixes to Medically Frail Parole were passed, resulting in the parole of 18 people by January 2026. However, small changes to the law can make it even more effective and reduce the medical costs to the state of Michigan:

- **Empower family members** by sharing medical information with them and allowing them to initiate the Medically Frail Parole review process.
- **Empower Michigan Department of Corrections personnel** to identify potentially eligible individuals.
- **Expand life expectancy criteria**. Currently, a prognosis of 18 months is required, but people are still dying in prison while waiting for a medically frail parole.
- **Automatically intiate the Medically Frail Parole review process** upon the reciept of a terminal diagnosis.

Our state has already taken steps toward addressing the challenge of caring for incarcerated people with a terminal diagnosis or who have severe disabilities. But the Medically Frail Parole law can be strengthened in ways that will save state resources while enabling aging and frail people to get the care they need.

## *With Gratitude*

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