

**TESTIMONY IN SUPPORT OF BILL SB0098**

**Correctional Services - Geriatric and Medical Parole**

**Date:** 02/07/2023

**From:** Maryland Prisoners' Rights Coalition

**To:** Chairman Smith, Vice-Chair Waldstreicher and Members of the Senate Judicial Proceedings Committee

**Re:** SUPPORT FOR BILL SB0098

Thank you for bringing this important bill forward and giving us an opportunity to illuminate the issue.

The Maryland Prisoners' Rights Coalition is a directly impacted organization, supported by advocacy partners, that works to improve the conditions of confinement for incarcerated individuals in Maryland correctional facilities.

We have spent many years identifying and analyzing the conditions of confinement in the State of Maryland that pose grave risks to prisoners' health and safety. Consistently, the most egregious condition of confinement is access to, and quality of, healthcare administered within correctional facilities. As you can imagine, COVID-19 only exacerbated this. We receive hundreds of calls annually regarding these conditions, requiring us to intervene with facilities to advocate for everything from prisoners not receiving prescribed medications to care for the chronically and terminally ill.

Maryland correctional healthcare has proven to be not only subpar and inadequate, but also in violation of the 8th amendment of the United States Constitution as cited in the Duvall Case (Duvall v Hogan). . Incarcerated individuals face insurmountable barriers just to file grievances for the medical abuses and neglect they endure, exacerbated by the lack of access to, and quality of, healthcare in the Maryland correctional system.

Many incarcerated individuals are never able to obtain adequate care and languish behind the walls of our correctional facilities. That is both cruel AND unusual. Denial of healthcare is an 8th Amendment violation and needs to be addressed; given that, the issue will lead to compounded health problems leading to unnecessary death for the incarcerated and ultimately legal liabilities for the state and the contracted provider.

When we receive calls from our clients as part of our intake process, we ask them to complete a request for information form (ROI), which we submit to DPSCS for our clients' records. During the course of our research, we found that DPSCS lacked proper medical records and had unclear policies.

We also submitted interrogatories that were returned with vague information. Further, our investigation over these past years have found egregious practices and subpar healthcare standards. The lack of accurate medical records, unclear policies, and starkly inadequate practices, caused directly by neglect, ultimately exacerbate negative health outcomes for our clients. If and when these men and women return to society, they have a multitude of health problems that require specialized care - problems that if they were treated properly would not have catastrophic health implications, like in the case of a gentleman named Donald Brown, Vivian Penda's son.

The Maryland correctional healthcare system cannot and does not serve those who have serious medical issues. Not only is it a waste of millions of dollars in contracts, there is also a serious cost to the wellbeing of our communities and even higher legal liability.

One question we have gotten is, "what about those who provide health care services to inmates?" There lies the problem; we found that:

- Healthcare provided by DPSCS vendors is self-regulated and is not subject to any standards of compliance.
- Because of inconsistent care, DPSCS facilities historically fail their federal correctional accreditation (ACA and NCCH).

DPSCS contracts a medical contractor, currently YesCare (formerly Corizon), that has a long record nationally of litigation for abuses and violations. They were cited for not upholding their contract of care, and have, due to these inadequacies, been terminated in multiple states.

YesCare lacks the capacity to provide long-term medical care for the chronically ill, the terminally ill and the elderly. As an example, the medical cost for an inmate under the age of 60 who is considered healthy in Maryland per year is \$7,956. This cost doubles to approximately \$16,000 annually for inmates over the age of 60. According to DPSCS there are 1,233 incarcerated citizens over the age of 60 (2020 total of all 20,421 prisoners, 19,515 men and 906 women). If we multiply this number we find that this group bears an additional \$9.81 million per year<sup>1</sup> - these figures don't include people under 60 with serious illnesses, so imagine the expanded cost when they are included. This amounts to almost \$49 million over 5 years. YesCare's bid and contract, (made when they were named Corizon), over a five year period is \$680 million<sup>2</sup>. With a \$680 million contract, BUT overall expenses approaching \$812 million over five years, how does YesCare propose to meet the needs of this population? These numbers speak volumes about YesCare's inability to meet the needs for which they are contracted, and presses the need for medical and geriatric parole reform.

Providing those with terminal and debilitating conditions in Maryland correctional facilities the opportunity for parole is a strong first step in correcting a long history of healthcare neglect, and offers a viable opportunity for proper care for those debilitated in Maryland prisons. While it is great that DPSCS claims to want to make improvements, and we agree this would be a huge

undertaking, they continue to make excuses and plans for improvements that are many years away and that are not reasonably obtainable without expert assistance. This bill is a way that these changes can begin in an expedient manner that at least follows a minimum standard of care and protocols. We currently have evidence that the practices and procedures of the healthcare providers DO NOT follow minimum standard protocol. With DPSCS reporting almost half of their population as being designated as chronically ill, Maryland has a serious issue as a large portion of this chronically ill population is geriatric.

We cannot stress enough the importance of this legislation to reform the access to, and quality of healthcare, for incarcerated individuals in Maryland. This is a civil, social, economic, legal and moral issue, which also bears GREAT FINANCIAL COSTS to the Maryland tax payers. This problem cannot wait for changes in the distant future; it needs to be addressed now, starting with offering the viable pathway we've laid out for medical and geriatric parole. As a representative for the entire incarcerated population of the state of Maryland, their families, and loved ones, we strongly urge you to support and give a favorable report for SB0098.

Respectfully,  
The Maryland Prisoners' Rights Coalition  
MPRC Partners and the Directly Impacted Governance Committee

<sup>1</sup> "Building on the Unger Experience: A cost-benefit analysis of releasing aging prisoners." *Open Society Institute - Baltimore*, 2019. <http://goccp.maryland.gov/wp-content/uploads/Unger-Cost-Benefit3.pdf>.

<sup>2</sup> Award of Contract ID #Inmate Medical Care and Utilization Services; DPSCS # Q0017058 to Corizon Health Inc.. Department of Budget and Management, Supplement B, December 19,2018., p. 132.

<sup>3</sup> [https://dpscs.maryland.gov/community\\_releases/DPSCS-Annual-Data-Dashboard.shtml](https://dpscs.maryland.gov/community_releases/DPSCS-Annual-Data-Dashboard.shtml)