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Judicial Proceedings Committee

Joint Committee on Children, Youth,
and Families

Joint Committee on the Chesapeake
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TESTIMONY OF SENATOR SHELLY HETTLEMAN SB 98 CORRECTIONAL SERVICES – GERIATRIC AND MEDICAL PAROLE

Maryland law currently provides for both medical and geriatric parole release opportunities. The problem is that requests for either are rarely granted. The Maryland Parole Commission approved just 149 medical parole requests and denied 464 between 2013 and 2022, meaning more than three times the number of people approved for release were denied. While the Justice Reinvestment Act lowered from 65 to 60 the age eligibility for geriatric parole, it is rarely approved.

This bill is a consensus bill and represents a piece of work that the Department of Corrections, advocates and the Parole Commission worked on

As this committee is well aware, over the past decades our prison population has ballooned, attributable more to longer sentencing than increased crime. As this population ages, just like it does outside the walls, the care of older adults will cost more. As it currently stands, the annual cost of an inmate is over \$46,000 per year and estimates are that health care costs double for those age 60 and over.

Current law enables anyone to apply for medical parole except those sentenced for a sex offense and those ineligible for parole. No medical examination is required and there is no hearing. A physician reviews the medical record, assigns a Karnofsky score that measures impairment, and sends a recommendation to the Parole Commission. Regulations are actually **stricter** than statute and stipulate that a person must be “imminently terminal” in order to be eligible for medical parole, which is also dramatically **more restrictive than federal standards of care**.

The bill permits the inmate, a family member or other representative to request a meeting with the Parole Commission to request medical parole. They may also request a medical evaluation that the Parole Commission must consider along with other factors in assessing whether to grant parole. The bill strikes an important balance between the health care needs of the inmate with public safety concerns by taking into consideration whether an ill inmate is likely to recidivate.

With regard to geriatric parole, Maryland’s experience with the Unger population is telling. These older inmates (whose average age was 64 and who had served an average of 40 years), and were released by court ruling, demonstrate that as individuals age, the risk to public safety is minimal (under 3%). In other words, most people age out of criminal behavior.

SB 98 fixes a quirk in current law that allows geriatric parole only to offenders who have committed multiple violent offenses and are not otherwise parole eligible. This should be fixed. It should also be moved from the Criminal Code section to the Correctional Law section where other parole matters are.

As evidenced in recent article from The Baltimore Banner titled, *Maryland among the ‘worst’ states for releasing again or sick prisoners. Is reform coming?*, Maryland has a lot of work to do.¹ According to the article, written by Dylan Segelbaum, Families Against Mandatory Minimums (FAMM), a national nonprofit organization in Washington, D.C., that advocates for fair and effective criminal justice policies, released report cards in 2022 grading compassionate release in each state. Maryland received an F with a score of 16/100, with FAMM noting that the state’s program is internally inconsistent and incoherent. This is worse than Virginia (scored at 45/100), Pennsylvania (41/100), West Virginia (32/100), and Delaware (19/100).² This is unacceptable.

SB 98 addresses the very real problems with our medical and geriatric parole systems. It standardizes them, provides an opportunity for medical oversight at the same time that it protects public safety and saves resources. Thank you for your consideration of SB 98.

¹ <https://www.thebaltimorebanner.com/community/criminal-justice/compassionate-release-maryland-GWHUHTCF45AWPOENEITOPUAOEQ/>

² Id.