

**To: House Judicial Proceedings Committee**  
**From: Joshua “Jay” Sexton, University of Maryland School of Law Clinical Law Program**  
**500 W. Baltimore Street, Baltimore, Maryland 21202**  
**Re: In Support of House Bill 0157**  
**Date: January 26, 2023**

The Gender Violence Clinic at the University of Maryland School of Law represents criminalized survivors of violence—people who have been victims of gender-based violence (intimate partner violence, rape, sexual assault, human trafficking, and violence related to gender identity and/or sexual orientation) and whose incarceration (current or former) is related to in some way to that violence. The clinic’s clients include several incarcerated individuals who have sought medical parole or who are aging in prison. The clinic enthusiastically supports the reforms to both medical and geriatric parole that are embodied in House Bill 157. House Bill 0157 makes necessary changes to the Maryland parole process that will require the Maryland Parole Commission to take into account the ages and medical conditions of those incarcerated individuals who are most in need of help. While medical and geriatric parole do exist conceptually under current law, the statistics will show that neither of the current processes are functioning the way the General Assembly intended.

It should come as no surprise that prisons are not equipped to handle the needs of elderly incarcerated individuals or those with severe illnesses or injuries. Data shows that on average, it can cost the state 2-3 times more per year to care for a incarcerated individual who is sick or elderly than it does to care for a incarcerated individual who is younger and healthier. That cost reflects incarcerated individuals who, in the Clinic’s experience, are often receiving the most minimal care and who do not typically have access to the standard of care available in the community. Those incarcerated individuals with life-threatening, debilitating illnesses should be able to seek proper treatment outside of their facilities, rather than be forced to endure whatever remedies exist in their infirmaries at great cost to the State.

The changes that House Bill 157 would make to Maryland’s medical and geriatric parole scheme are desperately needed to bring relief to people behind prison walls. Among the changes that are most critical in the bill is removing the Governor from medical parole decisions for individuals serving life sentences. Consider the circumstances of one Gender Violence Clinic client:

In the time this individual has been incarcerated, their health has deteriorated rapidly. They suffer from several chronic conditions which has left them almost entirely blind and wheelchair bound. This person can barely see or walk in a prison that is not handicap accessible, resulting in the individual essentially being confined to their room for fear of injuring themselves outside. They are not capable of fulfilling their own basic needs and require almost full time assistance with eating, bathing, dressing, and going to the restroom. The prison is not equipped with to handle an incarcerated individual with this level of illness and injury, and it falls upon other incarcerated individuals to help them with their daily needs. The individuals poses no future threat to public safety, both because of the rehabilitative work they have done while in prison but also because of their condition and would be more appropriately treated in the community. While the Maryland Parole Commission has recognized the merit of this individual’s medical

parole request, the Governor denied release and the individual continues to struggle to navigate the prison environment today.

As for the population of older incarcerated individuals, these numbers continue to rise and do so at a rapid rate. According to the latest statistics from the Bureau of Justice, reported just weeks ago, there were 178,200 persons age 55 or older in state or federal prison at the end 2021, a 7% increase from 166,600 at the end of 2020. As Americans continue to live longer lives, so will those Americans who are incarcerated and serving extended sentences. An ACLU report from 2012 predicted this group of incarcerated individuals could reach as high as 400,000 by the year 2030. As the prison population continues to age, we will see more incarcerated individuals with serious illnesses and other medical conditions, which again will only cost the State more resources to handle and slowly turn the State's correctional facilities into warehousing hospitals for the sick and elderly.

House Bill 157 would not open up the flood gate and result in the release of all incarcerated individuals who are over the age of 55 or have an illness, nor would it impair the Commission's ability to take into account the impact on public safety release in any particular case would have. Statistics have shown that the elderly and sick and among the lowest in terms of recidivism rates. Under the language of the bill, the Commission is still required to consider factors like the nature of the crime, victim impact, and the individual's record inside the institution. All this bill does is give the Parole Commission the tools it needs to make a well-informed decision concerning parole for geriatric and sick incarcerated individuals.