

HB 157/SB 98- Correctional Services – Geriatric and Medical Parole

FAV

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I support this bill because of my experience as a palliative care nurse practitioner in Maryland.

In February of 2021, I was called to see an incarcerated individual at my hospital for palliative care. He was 74 years old with kidney failure, on dialysis, unable to walk or care for himself, and so confused he couldn't answer my questions. His chart said he'd gone back and forth from the maximum-security prison infirmary, where he'd been living, to my hospital several times in the previous weeks. This was because of an unfixable problem with his dialysis catheter. When I did a physical exam, I saw he was shackled to the bed. A prison guard sat in his room, ignoring us, and looking at his phone. I've cared for incarcerated individuals before but, for some reason, the injustice of this case really hit me.

I learned more: he and his family had sought medical parole but had been denied. This despite the fact that he had already served 40 years, was now clearly dying, and no longer posed any risk to the community. He did die in my hospital on a subsequent admission only a few weeks later. I'm not sure if his family was able to be there and fear no one on the hospital staff knew him or were comfortable caring for a dying man in shackles.

This case and others have led me to the following conclusions:

- It is both expensive and cruel to send people back and forth between prison and the hospital in their last days. This makes their care at the end of life inconsistent and fragmented.
- People who are so ill so as not to be a safety risk should be granted parole to die outside of prison, ideally with those who matter most to them. Not with strangers in the hospital.
- The state's prison health system does not offer hospice services, so any dying individuals should be paroled to get hospice care in the community instead. To not do so sentences them to substandard end-of-life care in prison or impersonal care in the hospital.

This bill will help by:

- Providing definitions for “terminal illness” and “chronically debilitated or incapacitated” with clear direction that conditions such as dementia and cognitive disability also qualify.
- Directing the Commission to consider whether the health care condition could be managed in the community.
- Allowing an incarcerated individual’s personal representative to request a meeting with the Commission regarding suitability for medical parole (I have heard that currently the Commission often denies those requests.)
- Requiring the Commission to give equal consideration to the opinion of an outside medical provider versus the in-house prison physician.

I would be happy to provide more information as requested and appreciate this opportunity to testify,

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