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THE SENATE OF MARYLAND
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TESTIMONY OF SENATOR SHELLY HETTLEMAN
SB 128- 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. While the Justice Reinvestment Act lowered from 65 to 60 the age eligibility for geriatric parole, it is rarely approved. Maryland parole grant rates in general have significantly lowered over recent years, with 27% less paroles being heard and 54% less paroles being granted in 2022 compared to 2019.

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" 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.

Concerning 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 128 also fixes a quirk in current law that allows geriatric parole only for 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 located.

Maryland has a lot of work to do. In 2022, the national nonprofit Families Against Mandatory Minimums (FAMM) released report cards grading compassionate release in state. (FAMM, 2022)¹ Maryland received an overall F grade with a score of 16/100, as well as an F grade for both its medical parole and geriatric parole programs, with FAMM noting that the state's program is internally inconsistent and incoherent. (FAMM, n.d.)² This is worse than Washington D.C. (scored at 90/100), Virginia (45/100), Pennsylvania (41/100), West Virginia (32/100), and Delaware (19/100). (Price, 2022)³ Significant reform and improvement is necessary.

This bill improves our medical and geriatric parole processes by standardizing them, providing an opportunity for medical oversight while protecting public safety and saving resources.

Thank you for your consideration of SB 128.

¹ Compassionate Release Report Card-Maryland, FAMM (2022), <https://famm.org/wp-content/uploads/md-report-card-final.pdf> (last visited Feb 5, 2024).

² Everywhere and nowhere: Compassionate release in the States, FAMM, <https://famm.org/our-work/compassionate-release/everywhere-and-nowhere/#memos> (last visited Feb 1, 2024).

³ Mary Price, Grading the states FAMM (2022), <https://famm.org/wp-content/uploads/compassionate-release-report.pdf> (last visited Feb 5, 2024).