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WASHINGTON, D C

Clinical Program

**RE: SB 0128 – Favorable  
Medical and Geriatric Parole**

**Senate - Judicial Proceedings Committee  
February 7, 2024**

**Written Testimony - Olinda Moyd on behalf of The American University  
Washington College of Law, Decarceration and Re-Entry Clinic**

The American University Washington College of Law, Decarceration and Re-Entry Clinic supports a favorable report on this bill for several reasons.

Our clinic represents men and women confined in Maryland prisons before the courts and before the Maryland Parole Commission. Most of these individuals have served decades in prison and they have grown older and sicker while confined. I have also represented many individuals before the Maryland Parole Commission in a pro bono capacity for years. Many of whom I have befriended and walked with them along their aging journey.

This bill would require the Maryland Parole Commission to consider the age of an individual when determining whether to grant or deny parole. Section 7-319 applies to individuals who are at least 60 years old, has served at least 15 years of the sentence imposed and who is serving a sentence with the eligibility of parole. So many of the men and women who I have come to know over the years have surpassed this age requirement and have been detained for over 15 years – most having been detained for 20 years or more. They have aged out of criminality and many live daily under a cloud of hopelessness, never knowing if they will take their last breath behind bars. Individuals should be released when they are too debilitated to commit further crimes, too compromised to benefit from rehabilitation or too impaired to even be aware of the punishment.

The bill also establishes a process for the Maryland Parole Commission to evaluate a request for medical parole, which includes requesting a meeting between the individual and the Commission if the individual is housed in an infirmary, currently hospitalized or frequently hospitalized over the last 6 months. This affords individuals with chronically debilitating or incapacitating conditions the opportunity for more meaningful medical parole consideration.



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Many of the individuals who passed away during COVID were elderly individuals who were even more vulnerable due to their chronic preexisting medical conditions. Mr. Andrew Parker was in his early 60's and had been in prison for 39 years and Mr. Charles Wright had been in for 30 years and was also in his 60's – both died in prison from COVID. Every week MAJR continues to receive letters from men and women who fit this age group who are afraid of dying from COVID and other diseases in prison.<sup>1</sup>

Along with an aging population come increased costs for healthcare and other conditions associated with growing old. There are thousands of geriatric-aged individuals still in the prison system. I see them on walkers and in wheelchairs as I cross the prison yards. According to a report from the Justice Policy Institute, People over 60 are paroled at a rate of a mere 28%.<sup>2</sup> This is contrary to everything we know about trends in criminal offending in older individuals.

It is estimated that Maryland imprisons approximately 3,000 people over age 50, and nearly 1,000 individuals who are 60 or older.<sup>3</sup> Based on data showing the geriatric population has higher care costs, a fiscal analysis concluded that continued confinement of this age group for an additional 18 years (based on the expected period of incarceration, the age at release and the projected life expectancy of the Ungers), would amount to nearly \$1 million per person, or \$53,000 a year. This is compared to the \$6,000 a year to provide intensive reentry support that has proven to successfully reintegrate them back into the community.<sup>4</sup>

For those individuals who continue to serve lengthy sentences, most individuals desist from crime as they get older, and they eventually present little threat to public safety. Experts agree that for persons otherwise ineligible, age-based parole is an appropriate consideration.<sup>5</sup>

### Maryland lags behind in providing medical and geriatric release opportunities

Medical parole is parole that is granted based on humanitarian and medical reasons. Now is the time for Maryland to act in a more humane way towards individuals who are aging and dying behind our prison walls. This bill broadens who can request a medical

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<sup>1</sup> DPSCS reports 3t inmate deaths and 8 staff deaths from COVID-19. The number of persons testing positive for the omicron variant has increased significantly in recent months. See DPSCS Daily Dash reporting, Cumulative COVID – 19 Cases page, viewed, January 27, 2023.

<sup>2</sup> Report by The Justice Policy Institute, *Safe at Home: Improving Maryland's Parole Release Decision Making*, May 2023 (page 17).

<sup>3</sup> Report by The Justice Policy Institute, *Rethinking Approaches to over Incarceration of Black Young Adults in Maryland*, (November 6, 2019).

<sup>4</sup> Report by The Justice Policy Institute, *The Ungers, 5 Years and Counting: A Case Study in Safely Reducing Long Prison Terms and Saving Taxpayer Dollars*, November 2018.

<sup>5</sup> E. Rhine, Kelly Lyn Mitchell, and Kevin R. Reitz, Robina Inst. of Crim. Law & Crim. Just., *Levers of Change in Parole Release and Revocation* (2018).



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parole for an individual and outlines the documentation, assessment and decision-making process.

Medical and geriatric parole typically go hand-in-hand. Nearly every state has a policy allowing for people with certain serious medical conditions to be eligible for parole, known colloquially as medical parole. In 45 states, the authority for the release of these individuals has been established in statute or state regulation. Additionally, at least 17 states have geriatric parole laws in statute. In the federal system persons may apply for geriatric parole pursuant to the US Parole Commission Rules and Procedures, Title 28, CFR, Section 2.78.

These laws allow for the consideration for release when a person reaches a specified age. At least 16 states have established both medical and geriatric parole legislatively. It is time for Maryland to pass this legislation.

For these reasons, we urge a favorable report.

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