



**MARYLAND ALLIANCE FOR JUSTICE REFORM**  
Citizens working to reform criminal justice in Maryland



[www.MA4JR.org](http://www.MA4JR.org)

Annapolis Friends Peace and Justice Center  
351 Dubois Rd., Annapolis, MD 21401  
[info@ma4jr.org](mailto:info@ma4jr.org)

**House Judiciary Committee Meeting  
February 27, 2024  
Testimony in support of HB118—Medical and Geriatric Parole**

My name is Judith Lichtenberg. I am testifying on behalf of the [Maryland Alliance for Justice Reform](#) (MAJR), where I serve on the executive committee and co-chair its Behind the Walls Workgroup. I'm also on the executive committee of Prepare, a nonprofit Maryland organization that helps incarcerated people make their best case for parole and successful reentry. I have lived in Hyattsville/University Park (District 22) for forty years and am professor emerita of philosophy at Georgetown University. Since 2016, I've been teaching, tutoring, and mentoring at Jessup Correctional Institute, Patuxent Institution, and the DC Jail, where I have gotten to know many incarcerated people as my students. A good number of these students have been incarcerated for thirty or more years.

House Bill 118 would require the Maryland Parole Commission to consider a person's age when determining whether to grant or deny parole. Section 7-319 applies to individuals who are at least 60 years old, have served at least 15 years of the sentence imposed, and are serving a parole-eligible sentence. These people have long ago aged out of crime, and they are almost invariably very different people than they were when they committed their crimes.

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, is currently hospitalized, or has been frequently hospitalized over the previous six months. This allows individuals with debilitating or incapacitating conditions the opportunity for more meaningful medical parole consideration.

Many of the people in prison who died during COVID were elderly and especially vulnerable due to chronic preexisting medical conditions. MAJR regularly receives letters from older men and women who are afraid of dying from COVID and other diseases in prison.

Not surprisingly, healthcare costs greatly increase for older prisoners. The [Justice Policy Institute estimates](#) that Maryland imprisons approximately 3,000 people over age 50, and nearly 1,000 who are 60 or older. [JPI also reports](#) that people over 60 are paroled at a rate of

only 28 percent. This contradicts everything we know about trends in criminal offending in older people.

A fiscal analysis concluded that continued confinement of people in this age group for an additional 18 years (based on the expected period of incarceration) would amount to nearly \$1 million per person, or \$53,000 a year. Compare this to the \$6,000 a year needed to provide the kind of intensive reentry support that has proven successful in reintegrating returning citizens back into the community.

Now is the time for Maryland to treat individuals who are aging and dying behind our prison walls more humanely. This bill broadens who can request a medical parole for an individual and outlines the required documentation, assessment, and decision-making process.

Medical and geriatric parole typically go together. Nearly every state has a policy allowing for people with certain serious medical conditions to be eligible for parole. In 45 states, the authority for the release of these individuals has been established by statute or state regulation. In addition, at least 17 states have geriatric parole laws. In the federal system, a person may apply for geriatric parole pursuant to the US Parole Commission Rules and Procedures, Title 28, CFR, Section 2.78. These laws allow for 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 step up and pass this legislation as well.

For these reasons, the Maryland Alliance for Justice Reform urges a favorable report on HB118.

Respectfully,

Judith Lichtenberg  
Hyattsville, MD  
District 22  
301.814.7120  
[jalichtenberg@gmail.com](mailto:jalichtenberg@gmail.com)

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