



## TESTIMONY IN SUPPORT OF HOUSE BILL 118

**TO:** Members of the House Judiciary Committee

**FROM:** Center for Criminal Justice Reform, University of Baltimore School of Law

**DATE:** February 22, 2024

The University of Baltimore School of Law's Center for Criminal Justice Reform is dedicated to supporting community driven efforts to improve public safety and address the harm and inequities caused by the criminal legal system. The Center supports House Bill 118.

### **I. Existing mechanisms are insufficient to address the growth of Maryland's aging and terminally ill incarcerated population.**

Under existing law too many people who pose no risk to society remain incarcerated. Recent outcomes under the existing medical parole framework demonstrate that significant gaps in its implementation persist. From 2015 to 2020, the Maryland Parole Commission denied nearly two-thirds of medical parole applications, forcing terminally ill and chronically incapacitated people to die in prison and/or receive substandard medical and hospice care.<sup>1</sup> As a result, the Department of Public Safety and Corrections (DPSCS) shouldered the overwhelming financial burden of attempting to provide care to people who are too sick to pose any material risk to public safety. By requiring a medical parole applicant to receive a hearing and updating the factors and personnel involved in determining an applicant's health status, House Bill 118 will expand much-needed and time-sensitive parole opportunities for the very sick.

### **II. House Bill 118 poses no risk to public safety.**

House Bill 118 promotes, rather than hinders, public safety. Successful applicants for geriatric and medical parole have a very low risk of recidivating in light of their age and deteriorating health. The vast majority of people age out of criminal behavior. Accordingly, recidivism rates are extremely low for people released in their mid-40s or later.<sup>2</sup> Facilitating parole for these low-risk populations will serve to promote human dignity and support communities in and outside the walls.

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<sup>1</sup> See Justice Policy Institute. (2022, January). *Compassionate Release in Maryland: Policy Brief*, <https://justicepolicy.org/wp-content/uploads/2022/02/Maryland-Compassionate-Release.pdf>

<sup>2</sup> In one study, only 4% of people convicted of violent crimes released between ages 45 and 54, and 1% released at 55 or older, were reincarcerated for new crimes within three years. Among people previously convicted of murder, those rates fell to 1.5% and 0.4%, respectively. J.J Prescott, et al., *Understanding Violent-Crime Recidivism*, NOTRE DAME LAW REVIEW, 95:4, 1643-1698, 1688-1690 (2018).

**III. House Bill 118 is sound fiscal policy that will facilitate the reallocation of funds to effective public health and safety measures.**

This bill will help reduce the state prison population and expenses by expanding parole opportunities for people who should not be in prison, including the elderly and chronically debilitated. Cost savings are especially likely because the costs associated with incarceration increase dramatically for those with significant medical needs as well as the elderly.<sup>3</sup> Wasteful and unnecessary policies and practices—such as the ongoing incarceration of people who pose next to no risk of reoffending—harm public safety by siphoning massive sums of money that could otherwise support programs that actually prevent crime. The cost savings that are likely to result from the passage of House Bill 118 will allow the reallocation of critical funds to assist with victim services, substance use treatment, reentry and other rehabilitation programs for people at higher risk of recidivating.

For these reasons, we urge a favorable report on House Bill 118.

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<sup>3</sup> MATT MCKILLOP & ALEX BOUCHER, *Aging Prison Populations Drive Up Costs*, THE PEW CHARITABLE TRUSTS, (Feb. 20, 2018), <https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs>.