



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**House Bill 118, Correctional Services – Geriatric and Medical Parole
Judiciary Committee, February 27, 2024
SUPPORT**

Thank you for this opportunity to submit written testimony in **support of HB 118**, which would expand and clarify parole for those who due to their age or significant illness should no longer be held in prison. This bill is a priority for the **Montgomery County Women's Democratic Club (WDC)** for this legislative session and we thank Delegate Bartlett for her leadership in sponsoring it. WDC is one of the largest and most active Democratic clubs in our state with hundreds of politically active women and men, including many elected officials.

There are three reasons why this bill should become law. First, the current law does not achieve its intended results. Second, the demonstrably low recidivism rates for those who are fifty or older suggests that little is gained by keeping them in prison; for those who are very ill it is simply cruel to keep them locked up, particularly given the poor care that we provide in our prisons. Third, the cost of keeping older people and those who are ill in prison is prohibitively high; the money should, as the bill directs, go to ensuring that parole applications are appropriately considered and to support re-entry.

Despite its provisions, current law fails to deliver medical and geriatric parole.

When people are very ill, there is no credible public benefit to keeping them locked up. The current law does not achieve its intended results for those seeking medical parole. People are denied medical parole because the standards make such parole essentially unavailable. The Justice Policy Institute (JPI) described the process as follows:

There is no required medical examination, and an applicant never receives a hearing. Instead, a physician merely reviews medical records, designates a Karnofsky score measuring functional impairment, and sends a recommendation to the Maryland Parole Commission. This is often in the form of an email or a few-sentence memo. The Parole Commission is under no obligation to grant an in-person hearing or to accept that recommendation and, in fact, may come to a different conclusion based on the Code of Maryland Regulations, which are more restrictive than the statute and state that the person must be “imminently terminal” to be granted medical parole.¹

We know of cases where people who were not considered sufficiently ill to be released died in custody shortly after denial and others who died within days of release. JPI reports that of the 253 requests for medical parole between 2015 and 2020, only 86 were ultimately approved.² The existing process does not support returning people to their families and to decent care when they

¹ Justice Policy Institute, *Compassionate Release in Maryland: Policy Brief* (January 2022) at 2.

² Statistics provided by the Maryland Parole Commission, Justice Policy Institute PIA Request, 2021.



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are seriously ill—a goal that is both morally and legally compelling.³ SB 128 provides for medical parole by calling for direct evaluation of the person's condition.

In order to be eligible for geriatric parole, a person must be 60 years of age or older, have served at least 15 years in prison, committed a certain type of violent offense *and* subsequent offenses. This conflicts with the general terms of parole, which carve out parole eligibility based on the length of sentences and type of crime with no specific provisions regarding age or the number of offenses. Neither path has resulted in parole for seniors. Thus, there are currently in the system over 600 people over age 60 who have served 15 or more years.⁴ HB 118 would clarify eligibility for parole - based on age, 60, and length of incarceration, 15 years.

Geriatric and medical parole do not pose a risk to public safety.

Research has shown that by age 50 most people are not likely to commit crimes. Nationally, arrest rates drop to just over two percent at age 50 and are almost zero percent at age 65.⁵ At such low rates, there is no credible public safety basis for keeping people in prison who have already been punished by lengthy sentences. They should have the chance to contribute to their families and communities.

For those who meet the medical release criteria, their medical incapacity makes any danger to public safety highly unlikely.

The cost of keeping older people in prison is very high and given the low rate of recidivism these taxpayer dollars could be put to much better use.

It costs Maryland taxpayers almost \$60,000 per person annually to house people in Maryland prisons.⁶ The high number is due in part to the cost of incarcerating older people. Referencing a

³ The U.S. Supreme Court held in *Estelle v. Gamble* that deliberate indifference to healthcare for the incarcerated people constituted cruel and unusual punishment. *Estelle v. Gamble*, 429 U.S. 97 (1976). Maryland's poor record with regard to providing healthcare for those incarcerated has been well documented. See e.g. *The Baltimore Banner, Maryland waited until the last minute to seek alternatives to its troubled prison healthcare provider* (Nov. 30, 2023), <https://www.thebaltimorebanner.com/politics-state-government/corizon-yescare-medical-contract-OBVQJ2VAVJGS5C3KO3YBPAF4QY/>

⁴ Justice Policy Institute *supra* note 1 at 4.

⁵ *Id* at 5, citing I.M Chettiar, W. Bunting, and G. Schotter, *At America's Expense: The Mass Incarceration of the Elderly* (New York, NY: American Civil Liberties Union, 2012). See also DPSCS Recidivism Report (Nov. 15, 2022) at 14 (citing the low recidivism rates for geriatric people released in Maryland).

⁶ Fiscal and Policy Note for HB0157 (2023 Session), p. 5. The Note states that the average total cost to house a State inmate in a Division of Correction facility, including overhead, is estimated at \$4,970 per month. https://mgaleg.maryland.gov/2023RS/fnotes/bil_0001/sb0771.pdf



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national study, the Justice Policy Institute reports that, “it costs about \$34,000 per year to incarcerate an individual, but that rises to an estimated \$68,000 per year for someone over the age of 50,” and the difference is largely due to health care costs for this cohort.⁷

The higher incarceration costs do not account for the cost to families and communities when people are locked away, especially for so very long. In 2018, the Governor’s Office for Children reported as follows,

As the number of incarcerated adults increases, so do the number of children and families impacted by the effects. It is estimated that on any given day, approximately 90,000 children in Maryland have a parent under some form of correctional supervision – parole, probation, jail or prison...The impact of incarceration on children and families includes family instability, higher rates of child welfare involvement, and post-traumatic effects such as hypervigilance, feelings of despair and powerlessness, and poor academic outcomes.⁸

Passage of this legislation is justified on moral, legal, and fiscal grounds. As members of the community who care about each of these aspects, **we ask for your support for HB 118 and urge a favorable Committee report.**

Tazeen Ahmad
WDC President

Carol Cichowski and
Margaret Martin Barry
WDC Advocacy Committee

Cynthia Rubenstein
Chair, WDC Advocacy

⁷ *Id* at 7 citing Pro and Miesha Marzell, “Medical Parole and Aging Prisoners: A Qualitative Study.”

⁸ The Governor’s Office for Children, *Children and Families Affected by Incarceration*, <https://goc.maryland.gov/incarceration/#:~:text=Finally%2C%20incarceration%20overall%20costs%20Maryland,the%20Justice%20Policy%20Institute%20supra%20note%201%20Justice%20Policy%20Institute%20supra%20note%201%20s%20from%20Sandtown%20DWinchester> (last visited January 10, 2024).