

2024-02-27 HB118 (Support).pdf

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Position: FAV

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February 27, 2024

TO: The Honorable Luke Clippinger
Chair, Judiciary Committee

FROM: Adam Spangler
Legislative Aide, Legislative Affairs, Office of the Attorney General

RE: House Bill 118 - Correctional Services - Geriatric and Medical Parole-
Support

The Office of Attorney General (the "OAG") urges this Committee to favorably report House Bill 118. This legislation, sponsored by Vice Chair Bartlett, would require the consideration of an inmate's age, and the extent to which the inmate is likely to recidivate or pose a threat to public safety, in the determination of whether to grant parole. House Bill 118 would require an inmate who is at least sixty years-old and has served at least fifteen years of the imposed sentence and is not registered or eligible for registration as a sex offender, to have a parole hearing every two years. The bill would also provide for medical parole upon a licensed medical professional's determination that an inmate is terminally ill or chronically debilitated or incapacitated, in need of extended medical care better met by community services and is physically incapable of presenting a danger to society. The bill also contains procedural and reporting requirements for these parole hearings.

Geriatric and medical parole – also known as "compassionate release" – are premised on "a humanitarian desire to allow people to spend their remaining days outside of prison in the company of their family and friends, as well as practical considerations of the high cost and

minimal public safety value of incarcerating people who are old or gravely ill.”¹ Despite the overall prison population declining across the U.S., the number of incarcerated older adults has increased.² These individuals typically pose minimal risk to public safety and lower rates of recidivism due to age and physical condition.³ Without expanded access to geriatric and medical parole in Maryland, the elderly population in State prisons will continue to grow, increasing the State’s costs in providing necessary health and end-of-life care to inmates, and serving little benefit to public safety.⁴

Additionally, HB118 provides that any savings as a result of these provisions will revert back to the Department of Public Safety and Correctional Services for use in carrying out these parole hearings, as well as increase pre-release and re-entry resources for inmates released on parole, which will better assist those released from prison in reintegrating into the community.⁵ For the foregoing reasons, the Office of the Attorney General urges a favorable report on House Bill 118.

cc: Vice Chair Bartlett
Members of the Judiciary Committee

¹ Rebecca Silber, Léon Digard, Jesse LaChance, A Question of Compassion: Medical Parole in New York State, VERA INSTITUTE OF JUSTICE (April 2018), <https://www.vera.org/publications/medical-parole-new-york-state>.

² *Id.*

³ JUSTICE POLICY INSTITUTE, Compassionate Release in Maryland: Recommendations for Improving Medical and Geriatric Parole (January 2022) at 4–5 (available at <https://justicepolicy.org/wp-content/uploads/2022/02/MarylandCompassionate-Release.pdf>) (“In 2012, a Maryland court determined a series of cases involved unconstitutional jury instructions. This resulted in 235 individuals, many of whom had committed serious violent offenses, becoming eligible for release. The average age of those released due to the Unger decision was 64, and they had served an average of 40 years in prison. In the eight years since the ruling, these individuals have posted a recidivism rate of under three percent. This is much lower than the 40 percent rate of recidivism after only three years for all persons released from Maryland prison. The rate for the aging Unger population is so low that the cohort was five times more likely to pass away from old age than to recidivate for a new crime.”).

⁴ *Id.* At 1.

⁵ S.B. 128, 2024 Legis. Sess, 446th Gen. Assemb. (Md. 2024) § 7-310(D).

HB118_DPSCS_LOI.pdf

Uploaded by: Catherine Kahl

Position: FAV



Department of Public Safety and Correctional Services

Office of the Secretary

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BILL: HOUSE BILL 118

POSITION: LETTER OF SUPPORT

EXPLANATION:

COMMENTS: HB 118 requires the Maryland Parole Commission to consider the age of an incarcerated individual when determining whether to grant parole and alters how the Commission evaluates a request for medical parole. Under certain circumstances, evaluations for medical parole would include providing for a meeting between the incarcerated individual and the Commission and would require the Commission to develop procedures for assessing medical and geriatric parole requests.

- The Department of Public Safety and Correctional Services (Department) operates the Division of Correction (DOC), the Division of Pretrial Detention and Services (DPDS), and the Division of Parole and Probation (DPP).
- In accordance with Correctional Services Article (CSA) §7–201, the Maryland Parole Commission (Commission) was established in the Department.
- HB 118 expands the ability of parole commissioners to take into account the totality of a petitioner’s circumstances when considering a parole request, including an individual’s age and to consider whether the incarcerated individual will recidivate.
- The bill adds the definitions of “chronically debilitated or incapacitated” and “terminal illness” to CSA §7–309 while also describing the type of care an individual who is chronically debilitated or incapacitated receives.
- Describing the type of care for an incarcerated individual, who is chronically debilitated or incapacitated to include being physically incapable of presenting a danger to society by a physical or mental health condition, disease, or syndrome, provides the Commission with specific criteria from a medical professional that assists the Commission in making a determination for parole.

- The bill adds language requiring the Commission to consider the age of the incarcerated individual and the impact of age on reducing the risk of recidivation.
- The bill also requires reentry resources be made available to incarcerated individuals who are granted parole as the result of the proposed changes as well as adding a reporting requirement. The Department begins reentry planning at intake and is familiar with reporting requirements.
- HB 118 adds language that would allow the Commission to conduct parole hearings for incarcerated individuals, who are not otherwise prohibited from a parole hearing, and who are 60 years or older and who have served at least 15 years of their sentence to be eligible for a parole hearing beginning at age 60 and every two years after. Thus greatly expanding the number of individuals who may be eligible for medical parole. This language was previously under Criminal Law Article § 14-101, however, only one individual has been eligible for geriatric parole with this section under the crime of violence of statute.
- Finally, HB 118 removes the Governor from the medical parole decision process which would be consistent with the Senate Bill 202/Ch. 30 that passed in 2021 and removed the Governor from the regular parole process.

CONCLUSION: For these reasons, the Department of Public Safety and Correctional Services respectfully requests a **FAVORABLE** Committee report on House Bill 118.

HB0118_Geriatric_and_Medical_Parole_MLC_FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR HB0118 Geriatric and Medical Parole

Bill Sponsor: Delegate Bartlett

Committee: Judiciary

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Aileen Alex, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of HB0118 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

Geriatric and medical parole policies reduce prison populations by releasing inmates whose age or health limits their risk to the community. These policies can also help save money while maintaining public safety.

HB0118 expands the application of geriatric and medical parole to include age as a factor and what constitutes "chronically debilitated or incapacitated" for a medical parole. The bill would also remove the Governor from the medical parole process, which is needed for a timely response.

Reduced sentences through geriatric and medical parole save Maryland taxpayers more than \$38,000 per inmate annually--the cost of an inmate of *average* health. This is money could be better spent on schools.

The Maryland Legislative Coalition continues to advocate for this and similar bills wisely reduce the prison population without risk to the public.

We support this bill and recommend a **FAVORABLE** report in committee.

MD Catholic Conference_HB 118_FAV.pdf

Uploaded by: Garrett O'Day

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 27, 2024

HB 118
Correctional Services – Geriatric and Medical Parole

House Judiciary Committee
Position: FAVORABLE

The Maryland Catholic Conference offers this testimony in support of House Bill 118. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals and numerous charities combine to form our state’s second largest social service provider network, behind only our state government.

House Bill 118 would afford the parole commission the ability to determine whether certain inmates who are at least 60 years of age and have served at least 15 years of a sentence should be released on parole due to their age and low risk to public safety. It would also allow for expansion of medical parole for those inmates deemed to be “chronically debilitated or incapacitated”. The commission would consider multiple factors such as illness, prognosis, available family support, and age in determining eligibility for medical parole.

The Catholic Church roots much of its social justice teaching in the inherent dignity of every human person and the principals of forgiveness, redemption and restoration. Catholic doctrine provides that the criminal justice system should serve three principal purposes: (1) the preservation and protection of the common good of society, (2) the restoration of public order, and (3) the restoration or conversion of the offender. Thus, the Church recognizes the importance of striking a balance between protecting the common good and attentiveness to rehabilitation.

The Conference submits that this legislation seeks to embody these principles and purposes, relative to intersection between our justice system and our communities, victims and offenders. Older inmates who have served much of their sentence or are medically incapacitated or need treatment outside of the prison system certainly merit the mercy of a consideration for re-entry into society.

House Bill 118 would restore hope for elderly offenders or for those in need of certain medical treatment seeking to reincorporate themselves into society, where they can be cared for by the community, as opposed to behind bars. This is particularly warranted where they pose no danger to society. The Maryland Catholic Conference thus urges this committee to return a favorable report on House Bill 118.

In Support of HB 118 CCJR.pdf

Uploaded by: Heather Warnken

Position: FAV



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.¹ 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.² Facilitating parole for these low-risk populations will serve to promote human dignity and support communities in and outside the walls.

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

² 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.³ 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.

³ 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>.

med & geriatric parole.house.testimony.pdf

Uploaded by: Judith Lichtenberg

Position: FAV



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



www.MA4JR.org

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

February 23, 2024

HB 118- Medical and Geriatric Parole-UULM-MD-Suppo

Uploaded by: Karen Clark

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of HB 118: Correctional Services - Geriatric and Medical Parole

TO: Delegate Luke Clippinger, Chair and Members of the House Judiciary Committee
FROM: Karen “Candy” Clark, Criminal Justice Lead Advocate,
Unitarian Universalist Legislative Ministry of Maryland
DATE: February 27, 2024

The state- wide Unitarian Universalist Legislative Ministry of Maryland asks for a favorable vote for **HB 118- Correctional Services - Geriatric and Medical Parole**. This bill upholds one of our basic faith principles; to honor the inherent dignity and worth of every person.

Our prison systems’ purpose is twofold:

1. to ensure a safe environment in which our communities can function and thrive and
2. to remove people who are illegally disrupting this environment and/or are a threat to others

This does not characterize most of our elderly prison population. Most of whom are over 60 years old and have served lengthy prison sentences that have extended their stay well beyond the age range in which they are likely to commit crimes.

In Maryland’s famous Unger case , where the average age of the released prisoner was 64, the recidivism rate was only 3% –compared to 40% for younger offenders– after 3 years on the outside. Upon release our elderly are still in the correctional system under the management of parole. Since they are no longer a dangerous threat, our faith calls for a compassionate release process for these geriatric citizens.

In 2022, The Justice Policy Institute (JPI) published a policy brief evaluating our Geriatric and Medical Parole Process. Many of the noted faults in this brief are addressed in this bill. For example, currently there is no in-person medical evaluation required to determine the state of a persons’ health status. It’s done by a professional response to medical records which has resulted in some tragic stories. HB 118 requires that medical examinations must be done in-person if they are requested.

This bill calls for changes that align with the concerns in the JPI policy brief. The result is a more efficient, accountable and humane process.

The Unitarian Universalists Legislative Ministry of Maryland asks for your support.

Respectfully submitted,

Karen Clark

UULM-MD Criminal Justice Lead Advocate

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late testimony

Uploaded by: Margaret Barry

Position: FAV



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.



MONTGOMERY COUNTY, MARYLAND
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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).

HB118-JUD-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

HB0118

February 27, 2024

TO: Members of the House Judiciary Committee
FROM: Nina Themelis, Director of Mayor's Office of Government Relations
RE: House Bill 118 – Correctional Services - Geriatric and Medical Parole
POSITION: SUPPORT

Chair Clippinger, Vice Chair Bartlett, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 118.

HB 188 requires the Maryland Parole Commission to consider the age of an incarcerated individual when determining whether to grant parole and updates the medical criteria and community support factors to be considered upon discharge. HB 118 allows the Commission to consider the combination of age and medical conditions in determining if an inmate can be safely returned to the community.

According to Maryland Department of Public Safety data, 7.4% of Maryland inmates are over the age of 60.ⁱ Many of these older inmates have chronic or even terminal illnesses. Prisons are not appropriate settings for older adults with these medical issues and are not equipped to provide care that is necessary and humane, including palliative care. The increased vulnerability of these older inmates may it more likely that they may become targets for violence from younger inmates, while at the same time, incarcerated people are less likely to participate in misconduct as they age.ⁱⁱ The functional limitations that these conditions impose make it very unlikely that they will re-offend if released.ⁱⁱⁱ As a result, the Parole Commission should consider age and medical conditions when making decisions about granting parole for older and/or medically frail incarcerated people.

For these reasons, the BCA respectfully request a **favorable** report on HB 118.

ⁱ Maryland Department of Public Safety and Correctional Services. (2022). Maryland Department of Public Safety and Correctional Services. Retrieved from

<https://dpsc.maryland.gov/publicinfo/publications/pdfs/Inmate%20Characteristics%20Report%20FY%202022%20Q4.pdf>

ⁱⁱ Augustyn, Rita A., Tusty ten Bensel, Robert D. Lytle, Benjamin R. Gibbs, and Lisa L. Sample. 2020. "'Older' Inmates in Prison: Considering the Tipping Point of Age and Misconduct." *Criminology, Criminal Justice, Law & Society* 21 (2): 37–57. Retrieved from <https://ccjls.scholasticahq.com/article/14161-older-inmates-in-prison-considering-the-tipping-point-of-age-and-misconduct>

ⁱⁱⁱ Department of Public Safety and Correctional Services. (2022). Joint Chairmen's Report – Q00R – Recidivism Report. Retrieved from https://dpsc.maryland.gov/publicinfo/publications/pdfs/2022_p157_DPSCS_Recidivism%20Report.pdf

O. Moyd Testimony - HB 0118- Medical & Geriatric P

Uploaded by: Olinda Moyd, Esquire

Position: FAV



AMERICAN UNIVERSITY

W A S H I N G T O N , D C

Clinical Program

**RE: HB - 0118 – Favorable
Medical and Geriatric Parole**

**House - Judiciary Committee
February 27, 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.¹

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%.² 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.³ 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.⁴

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.⁵

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

¹ 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.

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

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

⁴ 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.

⁵ 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.

Olinda Moyd, Esq.
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HB 118 - Medical and Geriatric Parole.pdf

Uploaded by: Ralph Watkins

Position: FAV



TESTIMONY TO THE HOUSE JUDICIARY COMMITTEE

HB 118 – Correctional Services - Medical Geriatric Parole

POSITION: Favorable

BY: Linda Kohn, President

Date: February 27, 2024

The League of Women Voters of Maryland supports a prison system that adopts, monitors, and enforces standards which provide a humane physical and psychological setting. Maryland law recognizes that in some situations the prison system is not a humane setting for an inmate with a severe physical or mental disability.

HB 118 would improve upon existing law by providing clearer definitions of terms and improved procedures for considering whether to grant parole in these circumstances. Significantly, the bill requires that the determination of the degree of disability be made by a licensed physician. The Parole Commission would also be required to consider the support services available to the inmate upon release and may require as a condition of release that the inmate be under the care of a medical provider. Thus, the bill strikes an appropriate balance in protecting public safety and the needs of inmates who are disabled by physical or mental conditions.

We urge a favorable report on HB 118.

HB0118 - Amended.pdf

Uploaded by: Anne Kirsch

Position: FWA



PREPARE
PREpare for PARole and REentry

Anne Bocchini Kirsch
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HBO118 - Correctional Services - Geriatric and Medical Parole - Support only if Amended

As a parole advocate, and someone who is deeply concerned with over incarceration, and particularly that of the low-risk geriatric population that come with a fully loaded cost of \$1 million per individual as reported in 2019,¹ I must still ask for an unfavorable report on HBO118 unless it is amended to remove the provision under CS 7-310 (3). This provision, which excludes anyone who is subject to the sex offender registry from geriatric parole consideration, needlessly removes the discretion of the Parole Commission in a way that is incredibly harmful and serves no benefit.

In Fiscal Year 2022, the Maryland Parole Commission heard 5,922 cases. Only 959 people were released on parole during that same time period.² Our parole commission reduced its grant rate by 66% between 2019 and 2022.³ That is the fourth largest grant reduction among the 26 states that publish parole grant data. This is evidence of an extremely conservative Parole Commission and there is no reason for the Legislature to restrict its discretion.

This particular sex offender restriction applies to anyone who is subject to sex offender registry, so it is important to remember that “criminalized conduct ranges across a broad spectrum of culpability including public nudity, indecent exposure (“flashing”), public urination, “sexting,” sex between consenting minors (statutory rape), soliciting sex workers, illegal image creation (e.g., a minor taking a nude photo of themselves), illegal image sharing (e.g., a minor sharing a nude photo of themselves), the creation or dissemination of sexually explicit images of youth, incest, to acts of fondling, sodomy, and rape using force.”⁴ Interstate registry also comes with a variety of complicated rules

¹ OSI Baltimore, Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners, 2019, <https://goccp.maryland.gov/wp-content/uploads/Unger-Cost-Benefit3.pdf>

² Maryland Parole Commission, Fiscal Year 2022 Annual Report, page 12, https://dlslibrary.state.md.us/publications/Exec/DPSCS/MPC/COR7-208_2022.pdf

³ Prison Policy Initiative, No Release: Parole grant rates have plummeted in most states since the pandemic started, <https://www.prisonpolicy.org/blog/2023/10/16/parole-grants/>

⁴ Kristen M. Budd, Ph.D., Sabrina Pearce and Niki Monazzam, Responding to Crimes of a Sexual Nature: What We Really Want Is No More Victims, 2024,

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that might land someone on the registry for a crime that is not even registrable under Maryland law under CP 11-704 (a) (4).

This is the risk of restricting the discretion of the Parole Commission - you remove the human eyes from the situation and apply a mindless formula, often ending in results that run counter to legislative intent due to unforeseen circumstances that require critical analysis. “For example, two consenting teenagers who have sex could receive up to a 15 year prison sentence in Florida or up to a 20 year prison sentence in Alabama due to statutory rape and other laws. These convictions could also trigger a lifetime public registration requirement.”⁵ CP 11-704 (a) (4) would then compel these people to register in Maryland, and if they were incarcerated in Maryland decades later for a nonviolent crime like drug trafficking, they would be barred from relief under this Geriatric Parole statute. Certainly if the discretion of the Parole Commission were left intact, the Commissioner would easily be able to divide this case based on its unique circumstances and treat it accordingly.

I therefore urge you to amend this bill to strike CS 7-310(3) and leave the specifics of the case consideration in the capable hands of our Parole Commission. However, if that is not possible, I urge you to return an unfavorable report.

<https://www.sentencingproject.org/policy-brief/responding-to-crimes-of-a-sexual-nature-what-we-really-want-is-no-more-victims/>

⁵ Kristen M. Budd, Ph.D., Sabrina Pearce and Niki Monazzam, Responding to Crimes of a Sexual Nature: What We Really Want Is No More Victims, 2024,

<https://www.sentencingproject.org/policy-brief/responding-to-crimes-of-a-sexual-nature-what-we-really-want-is-no-more-victims/>

MSBA FAV

Uploaded by: Doyle Niemann

Position: FWA

To: Members of the House Judiciary
From: Doyle Niemann, Chair, Legislative Committee, Criminal Law and Practice Section,
Maryland State Bar Association
Subject: HB 118 – Correctional Services – Geriatric and Medical Parole
Date: February 26, 2024
Position: **Favorable with Amendment**

The Legislative Committee of the Criminal Law & Practice Section of the Maryland State Bar Association (MSBA) **supports HB 118 with a proposed amendment.**

This bill will require the Maryland Parole Commission to consider the age of an incarcerated person and the totality of their circumstances when evaluating a request for medical parole. It is one of several bills on the subject that the Committee will consider this session.

With an increasing aging population, the question of medical and geriatric parole has important implications for the individuals involved, for public safety, and for the ability of the correctional system to efficiently function. There is considerable evidence, for example, that an individual’s ability and inclination to commit future crimes decreases significantly with age. This is particularly true when there are serious medical conditions. And as the prison population ages, the cost and burden of providing legally required care continues to rise.

HB118 address the medical side of this issue, directing the Commission to consider the totality of the circumstances of an applicant, including their age and medical condition. It provides useful definitions for some of the critical terms, including chronically debilitated or incapacitated (a medical condition unlikely to improve in the future that impacts on the person’s ability to complete critical personal tasks) and terminal illness. Ultimately, it directs that the Commission determine whether the individual has been rendered incapable of presenting a danger to society. If so, release would be justified.

Concern and Suggested Amendment

Our technical concern is with the language on page 4, lines 4-8, which provides, in effect, that any individual can request that the incarcerated individual receive an independent medical examination. While we support the requirement that the Commission get an independent evaluation from an independent medical professional, we are concerned with the language that would allow anyone, regardless of their connection to the inmate in question or to the prospects of the application to request this independent evaluation given that HB118 limits the incarcerated individual to only one such evaluation. We believe that any such request for an independent evaluation paid for by the State should come from the applicant, their attorney or someone



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actively involved in the application.

We believe possible problems with this section could be addressed by removing the language on lines four and five providing “If requested by an individual identified in subsection €(1) of this section.”

For the reasons stated, we Support HB118 with an amendment.

If you have questions about the position of the Criminal Law and Practice Section’s Legislative Committee, please feel free to address them to me at 240-606-1298 or at doyleniemann@verizon.com. Should you have other questions, please contact The MSBA’s Legislative Office at (410)-269-6464 / (410)-685-7878.

Late testimony

Uploaded by: Jennifer Aiosa

Position: FWA



JOHN A. OLSZEWSKI JR.

County Executive

JENNIFER AIOSA

Director of Government Affairs

AMANDA KONTZ CARR

Legislative Officer

WILLIAM J. THORNE

Legislative Associate

BILL NO.: HB 118
TITLE: Public Safety - Police Accountability - Time Limit for Filing Administrative Charges
SPONSOR: Delegate Cardin
COMMITTEE: House Judiciary
POSITION: **SUPPORT with AMENDMENT**
DATE: February 27, 2024

Baltimore County SUPPORTs with amendment HB118 – Public Safety - Police Accountability - Time Limit for Filing Administrative Charges.

The Maryland Police Accountability Act of 2021 introduced necessary changes to the police disciplinary process. Among the most significant was the requirement that each Maryland county (and Baltimore City) create an Administrative Charging Committee (ACC) composed of trained members of the public. Each ACC is responsible for reviewing every incident involving a member of the public and a police officer from their jurisdiction and determining whether to administratively charge said officer. The ACC is also responsible for recommending disciplinary action for the police officer, which sets a baseline that the chief of the law enforcement agency may not go below. The Baltimore County ACC began reviewing cases in the summer of 2023, and has already issued over 30 opinions.

The ACC is required to issue an opinion within one year and a day after the filing of a complaint by a member of the public. A police officer may not be administratively charged and disciplined after the one year and a day statute of limitations has expired. While this timeframe is appropriate for the majority of complaints and provides a reasonable degree of certainty for the accused officer, the complainant, and the law enforcement agency, it is highly problematic for complaints that are tied to a criminal investigation of the police officer.

In cases where a police officer is simultaneously criminally charged and under investigation for an administrative complaint, there is a strong probability that the criminal case will not be completed before the one year and a day deadline has expired. This is because police officers have the right to be free from compulsory self-incrimination under the 5th Amendment of the United States Constitution as articulated by the United States Supreme Court in *Garrity v. New Jersey*, 385 U.S. 493 (1967).

This means that if an officer is under both a criminal and administrative investigation, the internal affairs division of the investigating law enforcement agency must wait to obtain a statement from the accused officer for the purposes of the administrative investigation until after the criminal matter has concluded. It is also unlikely that other relevant documents or evidence would be presented to the ACC

prior to the conclusion of the criminal matter. This increases the likelihood that the ACC would not administratively charge an officer under investigation, or charged with, a criminal offense. If that same officer is later acquitted in the criminal matter, State law would prevent any discipline of the accused officer, even if their actions violated departmental policy.

This concern is especially relevant with the recent criminal charges filed against three Baltimore County Police Department officers by the Baltimore City Office of the State's Attorney. The incident occurred in September 2023, so the Baltimore County ACC has just seven months to issue an opinion regarding any administrative charges and recommended discipline.

Under the Law Enforcement Officers Bill of Rights, the statute of limitations for officers simultaneously under administrative and criminal investigation was tolled until the criminal matter was completed. This policy ensured that the investigating body had access to the full slate of evidence in making their decision. Such a tolling provision should be added to the present statute. Senate Bill 608 includes this language, endorsed by the Maryland Chiefs of Police and Sheriffs' Association as well as the Office of State Prosecutor, which will help ensure that every ACC can review all relevant information in reaching their decisions.

Accordingly, Baltimore County requests a **FAVORABLE with amendment** report on HB188 from the House Environment and Transportation Committee. For more information, please contact Jenn Aiosa, Director of Government Affairs at jaiosa@baltimorecountymd.gov.

Requested Amendment language:

On Page 2, Line 6, add the following:

“(E) IF ALLEGED POLICE OFFICER MISCONDUCT IS RELATED TO ACTIVITY THAT REASONABLY APPEARS TO BE THE SUBJECT OF A CRIMINAL INVESTIGATION, AN ADMINISTRATIVE CHARGING COMMITTEE OR LAW ENFORCEMENT AGENCY SHALL FILE ANY ADMINISTRATIVE CHARGES WITHIN 1 YEAR AND 1 DAY FROM THE DATE OF:

- (1) THE INVESTIGATING LAW ENFORCEMENT AGENCY'S DETERMINATION THAT THE MATTER IS NOT RELATED TO CRIMINAL ACTIVITY;
- (2) THE FINAL DISPOSITION OF ALL RELATED CRIMINAL CHARGES; OR
- (3) THE ADMINISTRATIVE CHARGING COMMITTEE'S OR LAW ENFORCEMENT AGENCY'S RECEIPT OF NOTICE THAT THE APPROPRIATE PROSECUTORIAL AUTHORITY DECLINED TO FILE CRIMINAL CHARGES.

HB0118 FAIR UNFAV.pdf

Uploaded by: Brenda Jones

Position: UNF

Unfavorable Response to HB0118

Correctional Services – Geriatric and Medical Parole

Families Advocating Intelligent Registries (FAIR) seeks rational, constitutional sexual offense laws and policies for persons accused and convicted of sexual offenses.

FAIR agrees that the focus of parole considerations should be on recidivism and public safety. Proposed Amendment to Section 7-305(5) makes clear that the Commission shall consider “the totality of the circumstances relating to the incarcerated individual.” In FAIR’s view, the further proposed additional language “including the age of the incarcerated individual” is unnecessary as it highlights a single factor which may or may not play a role in potential for an individual’s recidivism in a particular case. We are concerned that the Commission will view “age” as a highlighted factor and that this will result in unintended consequences of individuals being denied Parole despite otherwise satisfying requirements.

FAIR supports the addition of Section 7-310 for geriatric parole. However, **FAIR objects strenuously to the proposed addition of Section 7-310(A)(3) that carves out the opportunity for this parole consideration for anyone required to register (meaning nearly all sex offenses)**. On the next page you can see the results of a reliable study demonstrating that the longer the time after conviction, the less likely even the most serious offenders are to repeat. It has also been well-established with over 30 years of experience and research that individuals convicted of sexual offenses compared to the rest of the prison population as a whole have a much lower re-offense rate (3.5% within three years, compared to 67% for all classes.*)

There is no rational basis for excluding registrants from such parole consideration either for reasons of recidivism risk or public safety risk. We urge that Proposed Section 7-310(A)(3) be removed, as it is arbitrary and removes from the Commission’s authority the ability to periodically review appropriate individuals for Parole consideration under applicable law.

We urge the committee to return an unfavorable vote for HB0118.

Sincerely,



Brenda V. Jones, Executive Director
Families Advocating Intelligent Registries

*Bureau of Justice Statistics study page 7.

<https://www.bjs.gov/content/pub/press/rsorp94pr.cfm> <https://www.ncjrs.gov/pdffiles1/nij/grants/231989.pdf>

Declaration of Dr. R. Karl Hanson.
United States District Court for the Northern District of California.
Civil Case No. C 12 5713. Filed 11-7-12

Selection:

I, R. Karl Hanson, declare as follows:

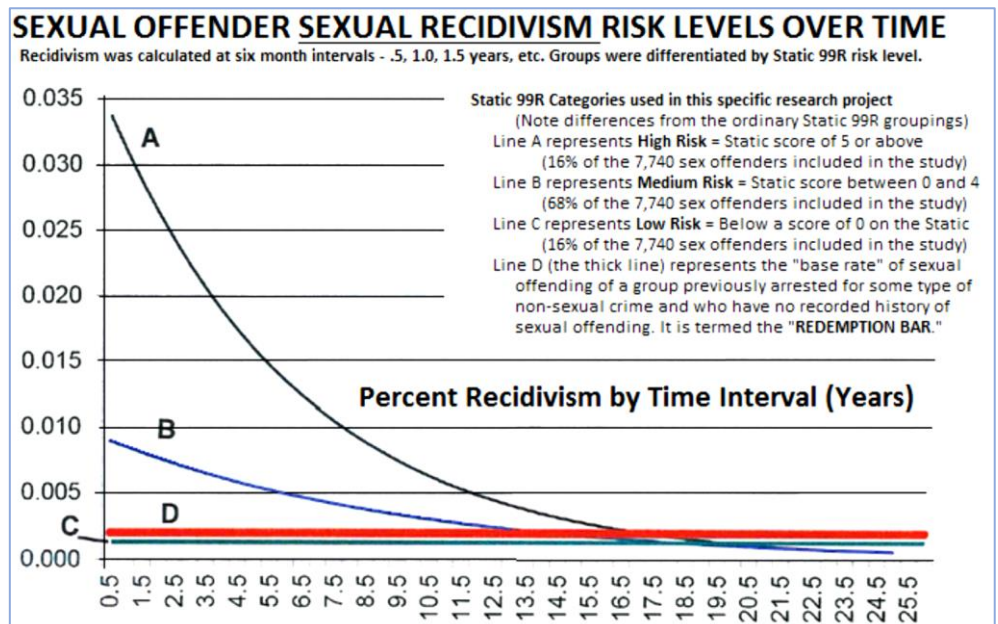
I am a Senior Research Scientist at Public Safety Canada. Throughout my career, I have studied recidivism, with a focus on sex offenders. I discuss in this declaration key findings and conclusions of research scientists, including myself, regarding recidivism rates of the general offender population and sex offenders in particular. The information in this declaration is based upon my personal knowledge and on sources of the type which researchers in my field would rely upon in their work. If called upon to testify, I could and would competently testify thereto.

Summary of Declaration:

My research on recidivism shows the following:

- 1) Recidivism rates are not uniform across all sex offenders. Risk of re-offending varies based on well-known factors and can be reliably predicted by widely used risk assessment tools such as the Static-99 and Static-99R, which are used to classify offenders into various risk levels.
- 2) Once convicted, most sexual offenders are never re-convicted of another sexual offence.
- 3) First-time sexual offenders are significantly less likely to sexually re-offend than are those with previous sexual convictions.
- 4) Contrary to the popular notion that sexual offenders remain at risk of reoffending through their lifespan, the longer offenders remain offence-free in the community, the less likely they are to re-offend sexually. Eventually, they are less likely to re-offend than a non-sexual offender is to commit an "out of the blue" sexual offence.
 - a) Offenders who are classified as low-risk by Static-99R pose no more risk of recidivism than do individuals who have never been arrested for a sex-related offense but have been arrested for some other crime.
 - b) After 10 - 14 years in the community without committing a sex offense, medium-risk offenders pose no more risk of recidivism than Individuals who have never been arrested for a sex-related offense but have been arrested for some other crime.
 - c) After 17 years without a new arrest for a sex-related offense, high-risk offenders pose no more risk of committing a new sex offense than do individuals who have never been arrested for a sex related offense but have been arrested for some other crime.

5) Based on my research, my colleagues and I recommend that rather than considering all sexual offenders as continuous, lifelong threats, society will be better served when legislation and policies consider the cost/benefit break point after which resources spent tracking and supervising low-risk sexual offenders are better re-directed toward the management of high-risk sexual offenders, crime prevention, and victim services.



Gordon Pack's HB 0118 Testimony 2024.docx.pdf

Uploaded by: Gordon Pack, Jr.

Position: UNF



PREPARE
PREpare for PARole and REentry

February 23, 2024

Re: Testimony opposing HB 0118
Correctional Services - Geriatric and Medical Parole

Dear Members of the Judiciary Committee:

As a, now, 60 year old JuvRA releasee who had served over four continuous decades in Maryland's prison system, a juvenile justice and criminal justice advocate, and someone engaged in parole and reentry services, I oppose HB 0118 sponsored by Delegate Bartlett.

My opposition is based solely on the discriminatory application provision (A) (3) found on page 8, lines 19-21: "is not registered or eligible for sex offender registration under Title 11, Subtitle 7, of the Criminal Procedure Article; and"

This exclusion bars an incarcerated individual from geriatric and medical parole solely due to the nature of the convicted offense. Thus, an incarcerated individual's sentence, age, medical prognosis, availability of outside medical treatment, rehabilitation, as well as the factors identified in the Correctional Services Articles and COMAR for parole consideration are without merit. Frankly, the implication is that the life of a sex offender has less value than other incarcerated individuals as he/she will forever be unworthy of release consideration under any circumstances.

This narrative is untrue, and certainly not supported by any investigative data. While I understand the public fear related to sex offenses, I believe it is damaging to lump every sex offender into one homogeneous group. Offenders and circumstances of crimes vary. Likewise, responses to incarceration and treatment vary. This is why the Parole Commission and the Courts are more qualified to consider the totality of circumstances of criminal offenses before making judgments.

Am I to believe that this was an oversight when the legislature enacted JuvRA? After committing horrible crimes as a fifteen year old, being sentenced to an aggregate parole

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eligible life term, eleven years of specialized treatment, and amassing an outstanding record of accomplishment, and having served over forty-two years with parole hearings in the doubled digits, I still did not know when, if ever, I would be released. I share this with mixed feelings because it is important to recognize that just because a sex offender has an opportunity for parole consideration does not mean that the Parole Commission will grant release.

The proposed carve out in this Bill undermines its intent. If a person has aged out of crime, is no longer a threat to public safety, and has a debilitating medical condition, why keep him or her incarcerated? Why continue to spend excessive amounts of money to detain incarcerated individuals who have served significant time in prison unnecessarily? Personal bias and unfounded fears should not be the basis of any legislation.

If geriatric and medical parole is not equitable, it should not be legislated. Thus, I ask this honorable committee not to vote in favor of HB 0118. Thank you for your time and consideration.

Truly yours,

Gordon R. Pack, Jr.
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