

**DPSCS\_HB1123\_SUPPORT.docx.pdf**

Uploaded by: Christopher Thoms

Position: FAV



**Department of Public Safety and Correctional Services**  
**Office of the Secretary**

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**BILL: HOUSE BILL 1123**

**POSITION: LETTER OF SUPPORT**

**EXPLANATION:** HB 1123 alters how medical parole is evaluated; removes the Governor from the approval process of medical parole requests and requires the Department of Public Safety and Correctional Services to submit to the Maryland Parole Commission the names of individuals who meet eligibility requirements for potential early release. Additionally, the Parole Commission shall conduct a risk assessment of the individuals and a parole release hearing.

STATE OF MARYLAND

WES MOORE  
GOVERNOR

ARUNA MILLER  
LT. GOVERNOR

CAROLYN J. SCRUGGS  
SECRETARY

ANTHONY A. GASKINS  
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ANNIE D. HARVEY  
DEPUTY SECRETARY  
OPERATIONS

ANGELINA GUARINO  
ASSISTANT SECRETARY  
DATA, POLICY AND GRANTS

RENARD E. BROOKS  
ASSISTANT SECRETARY  
PROGRAMS, TREATMENT &  
RE-ENTRY SERVICES

**COMMENTS:**

- The Department of Public Safety and Correctional Services (Department) operates the Division of Correction, the Division of Pretrial Detention and Services, and the Division of Parole and Probation.
- The Commission is charged with determining on a case-by-case basis whether incarcerated individuals serving sentences of six months or more in State or local facilities are suitable for release into the community under certain conditions or supervision by the Division of Parole and Probation.
- HB 1123 seeks to reform the parole process for medically vulnerable and elderly incarcerated individuals in Maryland.
- The bill 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.
- In addition, the bill will require DPSCS, on a regular basis, to submit a roster of individuals to the Parole Commission that are at least 60 years of age; were incarcerated for at least 20 years; has had no major disciplinary infractions for the last three years; and are not serving life without parole.
- Within 60 days of receiving the roster, the Commission is required to conduct a risk assessment for the incarcerated individual.
- Under the bill, the Justice Reinvestment Oversight Board may recommend the allocation of funding for the hiring of additional psychologists needed to perform the risk assessments of the recommended individuals.
- Additional psychologists are critical to fulfill the completion of risk assessments within the 60-day time frame required under the bill.
- HB 1123 aims to modify current laws to ensure that these individuals are given the opportunity for medical and elder parole when appropriate, allowing them to receive necessary care in a more suitable environment.

**CONCLUSION:** For these reasons, the Department of Public Safety and Correctional Services respectfully requests a **FAVORABLE** Committee report on House Bill 1123.

# **HB1123 Crossover FAV GOCPP.pdf**

Uploaded by: Dorothy Lennig

Position: FAV

WES MOORE  
Governor

ARUNA MILLER  
Lieutenant Governor



DOROTHY LENNIG  
Executive Director

## TESTIMONY IN SUPPORT OF HOUSE BILL 1123

March 25, 2025

### **DOROTHY J. LENNIG, GOCPP EXECUTIVE DIRECTOR**

The Governor's Office of Crime Prevention and Policy (GOCPP) serves as a coordinating office that advises the Governor on criminal justice strategies. The office plans, promotes, and funds efforts with government entities, private organizations, and the community to advance public policy, enhance public safety, reduce crime and juvenile delinquency, and serve victims. **GOCPP urges the Senate Judicial Proceedings Committee to report favorably on HB 1123 as amended.**

House Bill 1123, as amended, clarifies the procedure for medical parole, repeals the requirement for gubernatorial approval of medical parole requests, and leaves the medical parole decision to the Parole Commission. Second, the bill establishes measures to streamline parole determinations for elderly individuals. Finally, the bill provides for funding to expand the Commission's capacity to implement the new streamlined process.

Despite recent reforms in Maryland aimed at reducing the State's incarcerated population, the current parole system has resulted in low parole grant rates and an aging prison population. Incarceration is expensive, especially for elderly and sick individuals, and reduces the resources available to address the underlying causes of crime and recidivism.

HB 1123 provides that, on an ongoing basis, the Department of Public Safety and Correctional Services (DPSCS) will submit to the Parole Commission the names of incarcerated individuals who are (1) at least 60 years old, (2) have served at least 20 years, (3) without major disciplinary infractions within the previous 3-year period, and (4) are not serving a sentence of life without the possibility of parole. Within 60 days of receiving that information, the Commission must conduct a risk assessment for all qualifying individuals and, upon completion, conduct a parole hearing.

A significant challenge in the parole review process is the time, expertise, and resources it takes to conduct risk assessments. Currently, the Parole Commission has one psychologist conducting risk assessments, and there is a backlog of parole-eligible individuals awaiting assessment. HB 1123 allows GOGPP to direct Justice Reinvestment Act funding to the Commission to hire additional psychologists to conduct these risk assessments. This would allow the newly eligible elder incarcerated individuals to move through the parole process in a more timely manner. HB 1123 would eliminate some of the obstacles to timely parole decisions and appropriate parole grants to eligible individuals.

**GOCPP urges the House Judiciary Committee to report favorably on HB 1123 as amended.**



**HB1123-JPR-FAV.pdf**

Uploaded by: Nina Themelis

Position: FAV



**BRANDON M. SCOTT**  
MAYOR

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

**HB1123**

March 25, 2025

**TO:** Members of the Senate Judicial Proceedings Committee  
**FROM:** Nina Themelis, Director of Mayor's Office of Government Relations  
**RE:** House Bill 1123 – Correctional Services - Medical and Elder Parole  
**POSITION:** **Support**

Chair Smith, Vice Chair Waldsteicher, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 1123 – Correctional Services - Medical and Elder Parole.

HB 1123 repeals the provision within Article – Correctional Services, §7–309(i) that requires the Governor's approval of a decision by the Maryland Parole Commission (MPC) to grant medical parole to an incarcerated individual serving a term of life imprisonment. Under this bill, the Governor would no longer have the authority to disapprove the medical parole of an incarcerated serving a term of life imprisonment. In addition, HB 1123 requires the Department of Public Safety and Correctional Services to submit to the MPC the names of individuals who are at least 60 years of age, have been incarcerated for at least 20 continuous years, have had no major disciplinary action in the last 3 years, and are not serving a sentence of life without parole to be reviewed and granted a parole hearing.

Chapter 299 of 2008 established medical parole as a form of release from incarceration in a State or local correctional facility for incapacitated incarcerated individuals who, as a result of a medical or mental health condition, disease, or syndrome, pose no danger to public safety. In addition, Chapter 30 of 2021 eliminated the requirement that the Governor approve the parole of a person serving a parole-eligible life sentence. This action depoliticized the process of parole by no longer allowing the Governor to overturn decisions to a grant of parole by the MPC. However, due to a drafting error with this legislation, medical parole was excluded. This bill would correct this error and allow the MPC to efficiently respond to the urgent nature of medical parole needs. This is an important fix as individuals approved for medical parole are, in some cases, seriously ill or dying, but, in all cases, no longer a threat to public safety and therefore should not be incarcerated for longer than necessary due to inefficient and outdated procedure.

The review of elderly long-term incarcerated individuals for parole under HB 1123 would mark a momentous step toward rehabilitative justice and ameliorating systemic inequities for Black Marylanders found in the state's criminal justice system. Notably, as of fiscal year 2023, the percentage of Maryland's incarcerated population who were black was 72.4%, the highest of any state and over double that of the national average. This is despite Black Marylanders representing less than one-third the total state population. Additionally, nearly eight in ten people who have served ten years or more and were sentenced between the ages of 18-24 are Black. As a result, Black Marylanders have been disproportionately burdened with excessive sentencing and punitive incarceration. HB 1123 would fix a technical error in Maryland law, help to relieve over-incarceration, and incentivize rehabilitation efforts among convicted individuals with overly long or life sentences.

For the above stated reasons, the BCA respectfully request a **favorable** committee report on HB 1123.

# **HB1123 Testimony FAV JSexton.pdf**

Uploaded by: Serena Lao

Position: FAV



**HB 1123; Favorable**  
**Senate Judicial Proceedings Committee**  
**March 25, 2025**  
**Testimony by: John Sexton**

Chair Smith, Vice Chair Waldstreicher, and members of the Judicial Proceedings Committee:

This bill needs to be passed now if we are going to help incarcerated seniors. There are a whole lot of 60 and over individuals with over 30 years incarcerated, that need a pathway forward. This bill would help with that.

Thank you,

John Sexton

[sextonj783@gmail.com](mailto:sextonj783@gmail.com)

**OPD written testimony FWA HB 1123.pdf**

Uploaded by: Lila Meadows

Position: FWA



**NATASHA DARTIGUE**  
PUBLIC DEFENDER

**KEITH LOTRIDGE**  
DEPUTY PUBLIC DEFENDER

**MELISSA ROTHSTEIN**  
CHIEF OF EXTERNAL AFFAIRS

**ELIZABETH HILLIARD**  
DIRECTOR OF GOVERNMENT RELATIONS

## POSITION ON PROPOSED LEGISLATION

**BILL:** House Bill 1123 – Medical and Elder Parole

**FROM:** Maryland Office of the Public Defender

**POSITION:** Favorable with amendment

**DATE:** March 21, 2025

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The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable with amendment report on House Bill 1123.

This bill is a well-intentioned effort to improve aspects of the parole system, but as currently written the geriatric parole provision will increase costs to the state without a commensurate benefit. The problems stem from the mandate for additional risk assessments.

### *The Problem with Mandating Risk Assessments*

For a number of years, the Maryland Parole Commission (MPC) has employed a psychologist to conduct risk assessments of people with life sentences when, following a parole hearing, the panel determines that the person may be suitable for parole but would like the benefit of a risk assessment before the MPC makes its final decision. These risk assessments are in-depth evaluations that take considerable time to complete. A psychologist doing these full-time would be hard-pressed to complete more than six per month. The MPC currently has one psychologist doing risk assessments full-time. As a result, people who have been referred for a risk assessment face very lengthy delays, with some waiting up to two years from the referral until the risk assessment is done.

As currently written, HB 1123 will exacerbate these delays. It requires the Department of Public Safety and Correctional Services (DPSCS) to submit to the MPC the names of every incarcerated individual who “(1) is at least 60 years old; (2) has been incarcerated for a continuous period of at least 20 years; (3) has had no major disciplinary infractions within the previous 3-year period; and (4) is not serving a sentence of life without the possibility of parole.” That is likely to be a large number of people. When DPSCS submits that long list of names to the MPC on or shortly after the effective date of the bill, the MPC will be required by this bill to conduct risk assessments of all of those individuals within 60 days.

The MPC does not currently have the bandwidth to do this. Not even close. The requirement that it conduct the risk assessments mandated by this bill within 60 days would appear to require that it prioritize those individuals over the people who have been previously referred for risk assessments after a parole hearing and have been waiting for months or years.

To cope with the sharp increase in the number of risk assessments, MPC will need to increase its bandwidth. Past efforts to hire and retain an additional psychologist have proven unsuccessful because the few psychologists who do these can make much more in the private sector than the state pays. The MPC conceivably could contract with private psychologists to do these, but this would be costly (and could make it less attractive for a qualified psychologist to do this full-time as a state employee when they could make more on a contractual basis). There are not that many private psychologists with experience conducting such risk assessments, and it is not unusual for them to bill \$6,000 to \$7,000 per evaluation.

The bill attempts to address the cost problem by authorizing the Justice Reinvestment Oversight Board to distribute some of the savings from reductions in the prison population to the MPC for the purpose of hiring psychologists to conduct the risk assessments mandated by the bill. Specifically, the funding provision says that this money would be “for the purpose of hiring psychologists to perform risk assessments of candidates for elder parole under § 7–310 of the Correctional Services Article,” the new statute that this bill creates. The problem is that this provision (a) is limited to the risk assessments mandated by the bill, which, as explained above, may be unnecessary or unwarranted, (b) does not authorize those psychologists to help with the backlog of risk assessments that the MPC has and will continue to request in other cases, and (c) potentially diverts money from other important programs, such as post-secondary education and workforce training programs for incarcerated individuals and the Correctional Ombudsman.

Finally, HB 1123 adds having had “no major infraction in the past three years” as an additional qualifying criterion to be considered for geriatric parole. The bill does not define the term “major infraction.” A criterion for consideration should not be left to subjective interpretation by individual commissioners. Individuals seeking parole should be on notice as to the exact criteria that will constrain their eligibility. Allowing individual commissioners to decide what constitutes a “major infraction” will lead to inconsistent decision making and likely exacerbate existing and well documented disparities in Maryland’s criminal legal system.

#### *Suggestions to Address Some of These Concerns*

We recognize and appreciate the good intent underlying this bill, and suggest that the following steps could address some of the foregoing concerns:

- Risk assessments for those satisfying the elder parole criteria should be applied only to those who under current Maryland Parole Commission practice require a risk assessment – individuals serving a life sentence.
- Currently, the Maryland Parole Commission has a process for waiving the risk assessment for individuals serving life sentences in cases where it believes it is appropriate to do so. If the body adopts HB 1123, it should amend it to codify MPC’s authority to waive assessments.
- The bill should include language to define “major infraction” as “no category 1A infraction within the past three years.” This will provide clarity to individuals seeking geriatric parole and ensure the commissioners are applying the eligibility criteria uniformly.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a report of favorable with amendments.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

Authored by: Lila Meadows & Brian Saccenti  
Decarceration Initiative  
Maryland Office of the Public Defender  
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**HB 1123 - MSAA FWA.pdf**

Uploaded by: Patrick Gilbert

Position: FWA



## Maryland State's Attorneys' Association

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Rich Gibson  
President

Steven I. Kroll  
Coordinator

**DATE:**                   **March 21, 2025**

**BILL NUMBER:**       **HB 1123**

**POSITION:**           **Favorable with Amendment**

The Maryland State's Attorneys' Association (MSAA) supports House Bill 1123 with amendments that conform the provisions to those that appear in Senate Bill 181 – a bill dealing with similar issues that was the product of extensive discussion and compromise.

This Committee is familiar with SB 181, and the deliberations that led to the final version of the bill that was reported favorably by this Committee and passed by the Senate. The broad support that bill enjoys from groups that are typically on opposite sides of these issues – MSAA and the Office of the Public Defender (“OPD”) – was the result of significant effort, and MSAA’s request is simply that HB 1123 be amended to reflect this agreement.

The language in the medical parole provisions as amended and passed by the House of Delegates addresses MSAA’s concern with the original language of the bill (language that would have permitted release on medical parole even in the absence of a showing of physical incapability). The geriatric parole provisions in HB 1123, however, require significant amendment to bring in line with the language supported by MSAA and OPD in SB 181. In order to mirror the provisions in SB 181, this Committee must amend HB 1123 to raise the age of consideration to 65, add a prohibition on reconsidering release earlier than five years from a previous denial, and excluding the consideration of individuals required to register pursuant to MD. CODE ANN, CRIM. PROC. § 7-101 *et seq.*

Finally, MSAA supports the inclusion of language that would require, upon the request of a victim or their family, that an individual released on medical or geriatric parole be ordered not have no contact with the victim or their family as a condition of their release.

**HB1123-med.eldr.prl.pdf**

Uploaded by: T. Shekhinah Braveheart

Position: FWA





**TESTIMONY BY T. Shekhinah Braveheart**  
**Policy Associate, Justice Policy Institute**

**House Bill 1123**  
**Judicial Proceedings**  
*Correctional Services -Medical and Elder Parole*

Chair Smith, Vice Chair Waldstreicher, and members of the Judicial Proceedings Committee thank you for the opportunity to submit testimony in support of HB 1123 with amendments. I am Shekhinah Braveheart of the Justice Policy Institute (JPI), a national organization that promotes fair and effective legal policies.

While HB 1123 advances long-overdue reforms to Maryland’s geriatric and medical parole processes, JPI is opposed to the geriatric parole component of the bill, which seeks to mandate risk assessments for all geriatric parole candidates, regardless of the offense and sentence length. We urge committee members to reconsider mandating such tools for the following reasons:

- Research consistently demonstrates that age is one of the most reliable predictors of declining criminal behavior. Individuals over 60, such as those eligible under HB 1123, represent the lowest risk group for recidivism. National studies have found that reoffense rates for people released at age 60 or older are pretty low, a stark contrast to the recidivism rates of younger populations. The New York City Council’s *Justice in Aging* report indicates that 4 percent of individuals over 65 return to prison for new convictions within three years of release.<sup>1</sup> This low likelihood of reoffense underscores a fundamental reality: incarcerating aging individuals extended past their active years of offending offers no meaningful public safety benefit.

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<sup>1</sup> NYC Council Data Team, “Justice in Aging,” New York City Council, 2023, <https://council.nyc.gov/data/justice-in-aging>.

- Research over the past 20 years has shown that such risk assessment instruments, when designed and implemented correctly, are better than the judgment of individual parole board members at forecasting risk to public safety of release. However, researchers caution that despite the increasing reliance upon risk assessments, not all instruments are created equal, so rigorous quality controls are essential. Risk assessments should be reviewed regularly, updated as needed, and validated on target prison populations to ensure the accuracy of risk prediction. The data used to develop the tool and the steps taken to ensure validity, address differences in risk and needs by gender, and control for the impact of race and ethnicity on risk measures. Maryland has never validated risk assessments on target populations; thus, Maryland should not adopt a new blanket policy requiring risk assessments for all. These rigid tools would disproportionately impact Black people and women and waste state taxpayer resources.
- By mandating risk assessments for all geriatric parole candidates, the Maryland Parole Commission would be prevented from utilizing the MPC-88 RA Waiver Form at its discretion. The MPC-88 is an internal tool that permits a two-commissioner panel of the MPC to present a case for en banc parole consideration without a risk assessment. This essential tool has been implemented sparingly on the oldest, longest-sentenced, and safest population to help mitigate the shortage of clinicians and extremely long wait times. **If imposed under HB 1123, we recommend making risk assessments discretionary rather than mandatory requirements.**

### **The Case for Reform: Compassion, Safety, and Fiscal Responsibility**

Over the past three decades, the proportion of incarcerated individuals aged 55 or older in U.S. state and federal prisons has increased fivefold, rising from 3 percent in 1991 to 15 percent in 2021.<sup>2</sup> This demographic shift is even more pronounced among those serving life sentences; by 2020, 30 percent of individuals serving life terms were at least 55 years old.<sup>3</sup> In Maryland, this trend is clear: the state incarcerates approximately 3,000 individuals over the age of 50, with nearly 1,000 aged 60 or older.<sup>4</sup>

Research consistently demonstrates that age is one of the most reliable predictors of declining criminal behavior. Individuals over 60, such as those eligible under HB 1123, represent the lowest risk group for recidivism. National studies have found that reoffense rates for people released at age 60 or older are pretty low, a stark contrast to the recidivism rates of younger populations. The New York City Council's *Justice in Aging* report indicates that 4 percent of individuals over 65 return to prison for new convictions within three years of release.<sup>5</sup> This low

<sup>2</sup> Emily Widra, "The Aging Prison Population: Causes, Costs, and Consequences," Prison Policy Initiative, August 2, 2023, <http://www.prisonpolicy.org/blog/2023/08/02/aging/>.

<sup>3</sup> Emily Widra, "The Aging Prison Population: Causes, Costs, and Consequences," Prison Policy Initiative, August 2, 2023, <http://www.prisonpolicy.org/blog/2023/08/02/aging/>.

<sup>4</sup> Justice Policy Institute, "Rethinking Approaches to over Incarceration of Black Young Adults in Maryland," Justice Policy Institute, November 2019, [https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking\\_Approaches\\_to\\_Over\\_Incarceration\\_MD.pdf](https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf).

<sup>5</sup> NYC Council Data Team, "Justice in Aging," New York City Council, 2023, <https://council.nyc.gov/data/justice-in-aging>.

likelihood of reoffense underscores a fundamental reality: incarcerating aging individuals extended past their active years of offending offers no meaningful public safety benefit.

The reality for many of these individuals is bleak. Incarcerated people experience “accelerated aging” due to the stress of incarceration, poor medical care, and lack of access to health-promoting environments. A 55-year-old individual in prison typically has a health profile similar to that of someone 10–15 years older in the general population. Conditions like diabetes, hypertension, and liver diseases are common, making this population among the most medically expensive to incarcerate.<sup>6</sup>

Maryland taxpayers bear the financial burden of this system. The average annual cost of incarcerating an individual exceeds \$60,000 per year,<sup>7</sup> However, for older incarcerated individuals with chronic medical needs, that cost is higher due to additional healthcare costs.<sup>8</sup> Much of this spending goes toward addressing health issues that could be better and more humanely treated in community settings. These rising costs come with diminishing returns: as individuals age and their health deteriorates, their ability to pose a threat to public safety diminishes, making their continued incarceration a poor investment of public resources.<sup>9</sup>

For Maryland, this reform is not theoretical. During the first year of the COVID-19 pandemic, when vaccines were not yet available, the Maryland Parole Commission (MPC) received 201 medical parole requests. However, only 27 of those requests—less than 15%—were approved, highlighting the limited use of medical parole even in a public health crisis.<sup>10</sup> Between 2015 and 2020, only 86 individuals were granted medical parole out of hundreds of requests for parole. These figures illustrate that Maryland’s medical parole process remains severely underutilized, even in emergency situations. HB 1123 offers an opportunity to change this by making life-saving policies a permanent feature of Maryland’s legal system. It ensures we treat older and medically vulnerable individuals with dignity while reallocating resources to where they are most needed.

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<sup>6</sup> Ahalt, Cyrus, Robert L. Trestman, Jody D. Rich, Robert B. Greifinger, and Brie A. Williams. 2013. “Paying the Price: The Pressing Need for Quality, Cost, and Outcomes Data to Improve Correctional Health Care for Older Prisoners.” *Journal of the American Geriatrics Society* 61, no. 11 (November): 2013–19. <https://doi.org/10.1111/jgs.12510>.

<sup>7</sup> Maryland Department of Public Safety and Correctional Services, Office of Government and Legislative Affairs. Testimony on House Bill 278. Maryland General Assembly, Regular Session, 2022. Available at: [https://mgaleg.maryland.gov/cmte\\_testimony/2022/jpr/1Mt8x-HqV5q0quEC1x459L296-RnLJ0Ex.pdf](https://mgaleg.maryland.gov/cmte_testimony/2022/jpr/1Mt8x-HqV5q0quEC1x459L296-RnLJ0Ex.pdf)

<sup>8</sup> JFA Institute and The Pandit Group, “Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners” (Open Society Institute - Baltimore, January 2019), <https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf>.

<sup>9</sup> Matt McKillop and Alex Boucher. “Aging Prison Populations Drive Up Costs: Older Individuals Have More Chronic Illnesses and Other Ailments That Necessitate Greater Spending.” *Pew Charitable Trusts*, February 20, 2018. <https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs>; See also, Justice Policy Institute, *Compassionate Release in Maryland: Recommendations for Improving Medical and Geriatric Parole*. January 2022. <https://justicepolicy.org/wp-content/uploads/2022/02/Maryland-Compassionate-Release.pdf>.

<sup>10</sup> Lila Meadows. (2023). Testimony to the Judicial Proceedings Committee on medical parole statistics, 2015–2020. p. 33. Retrieved from [https://mgaleg.maryland.gov/cmte\\_testimony/2023/jpr/12595\\_02072023\\_161859-223.pdf](https://mgaleg.maryland.gov/cmte_testimony/2023/jpr/12595_02072023_161859-223.pdf)

## **Addressing Racial Disparities**

Maryland's legal system exhibits profound racial disparities, particularly among those serving long sentences. As of 2023, over 70 percent of the state's prison population was Black, despite Black individuals comprising less than one-third of the state's population.<sup>11</sup> This disparity is more than double the national average. These inequities are particularly pronounced among individuals sentenced as emerging adults aged 18 to 24. Nearly 80 percent of emerging adults who have served 10 or more years in Maryland prisons are Black—the highest rate in the nation.<sup>12</sup>

Decades of policies have disproportionately targeted under-resourced communities of color. Aggressive policing, punitive sentencing, and restrictive parole practices have all contributed to the overrepresentation of Black individuals in Maryland's prisons. HB 1123 offers a pathway to address these systemic inequities by reforming geriatric and medical parole policies. Implementing these reforms would not only reduce the prison population but also mitigate the disproportionate impact of incarceration on Black communities and promote a more equitable legal system in Maryland.

## **Conclusion: A Call to Action**

The question before you today is whether Maryland will continue to pour millions into incarcerating individuals who no longer pose a threat or seize this opportunity to enact reforms that reflect our shared values of justice, fiscal responsibility, and compassion. HB 1123 offers a sensible, evidence-based approach that benefits taxpayers, strengthens public safety, and upholds human dignity.

I urge you to support this critical legislation and ensure its swift passage. Let us work together to create a more just, equitable, and effective legal system for the state of Maryland.

Thank you for your time and consideration.

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<sup>11</sup> Lisa Woelfl, "As Pandemic Eases, Share of Black Inmates in Maryland Prisons Peaks," Maryland Matters, April 17, 2024, <https://marylandmatters.org/2024/04/17/as-pandemic-eases-share-of-black-inmates-in-maryland-prisons-peaks/>.

<sup>12</sup> Justice Policy Institute, "Rethinking Approaches to over Incarceration of Black Young Adults in Maryland," Justice Policy Institute, November 2019, [https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking\\_Approaches\\_to\\_Over\\_Incarceration\\_MD.pdf](https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf).

# **HB 1123 - Correctional Services - Medical and Eld**

Uploaded by: Scott Shellenberger

Position: UNF

**Bill Number: HB 1123**

**Scott D. Shellenberger, State's Attorney for Baltimore County**

**Opposed**

**WRITTEN TESTIMONY OF SCOTT D. SHELLENBERGER,**  
**STATE'S ATTORNEY FOR BALTIMORE COUNTY,**  
**IN OPPOSITION OF HOUSE BILL 1123**  
**CORRECTIONAL SERVICES – MEDICAL AND ELDER PAROLE**

I write in opposition to House Bill 1123 Geriatric and Medical Parole. While House Bill 1123 and Senate Bill 181 are very similar I prefer Senate Bill 181. I have filed written testimony in the House in favor of Senate Bill 181. It is attached. Senate Bill 181 identifies Geriatric as being 65 or older while House Bill 1123 defines geriatric as 60. Not only does that strike too close to home but I believe for criminals who are in jail at the age of 60, unless they meet the guidelines for medical parole, they must continue to serve their sentence.

If they meet the requirements of medical parole the age does not matter so there is still a way out of incarceration early.

I oppose House Bill 1123 as written. If it were to be identical to Senate Bill 181 I would support.

**Bill Number: SB 181**  
**Scott D. Shellenberger, State's Attorney for Baltimore County**  
**Support**

**WRITTEN TESTIMONY OF SCOTT D. SHELLENBERGER,**  
**STATE'S ATTORNEY FOR BALTIMORE COUNTY,**  
**IN SUPPORT OF SENATE BILL 181**  
**CORRECTIONAL SERVICES – GERIATRIC AND MEDICAL PAROLE**

I write in support of Senate Bill 181 Geriatric and Medical Parole.

While I have opposed these types of Bills in the past the current version of Senate Bill 181 has added many more details and requirements than other versions of the Bill. The definitions and details added make this a more workable Statute than in the past.

Additionally Senate Bill 181 recognizes geriatric age as being 65 and not 60 like the House version. While I recently obtained the age of geriatric according to the Senate I in no way was geriatric under the House version for the last 6 years.

I believe Senate Bill 181 is a reasonable solution to finally end the discussions about this topic and we can finally put this topic away.

I urge a favorable report of Senate Bill 181 as written.