A BILL ENTITLED

AN ACT concerning Correctional Services – Geriatric and Medical Parole

FOR the purpose of requiring the Maryland Parole Commission to consider the age of an inmate when determining whether to grant parole; altering how the Commission evaluates a request for medical parole, including providing for a meeting between the inmate and the Commission; requiring the Commission to develop procedures for assessing parole requests by certain inmates; and generally relating to geriatric and medical parole.

BY repealing and reenacting, with amendments, Article – Correctional Services Section 7–305 and 7–309 Annotated Code of Maryland (2017 Replacement Volume and 2021 Supplement)

BY adding to Article – Correctional Services Section 7–310 Annotated Code of Maryland (2017 Replacement Volume and 2021 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Correctional Services

7–305.

Each hearing examiner and commissioner determining whether an inmate is suitable for parole, and the Commission before entering into a predetermined parole release agreement, shall consider:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.
the circumstances surrounding the crime;

the physical, mental, and moral qualifications of the inmate;

the progress of the inmate during confinement, including the academic progress of the inmate in the mandatory education program required under § 22–102 of the Education Article;

a report on a drug or alcohol evaluation that has been conducted on the inmate, including any recommendations concerning the inmate’s amenability for treatment and the availability of an appropriate treatment program;

whether, TAKING INTO ACCOUNT THE TOTALITY OF THE CIRCUMSTANCES INCLUDING THE AGE OF THE INMATE, there is reasonable probability that the inmate, if released on parole, will [remain at liberty without violating the law] NOT RECIDIVATE;

whether release of the inmate on parole is compatible with [the welfare of society] PUBLIC SAFETY;

an updated victim impact statement or recommendation prepared under § 7–801 of this title;

any recommendation made by the sentencing judge at the time of sentencing;

any information that is presented to a commissioner at a meeting with the victim;

any testimony presented to the Commission by the victim or the victim’s designated representative under § 7–801 of this title; and

compliance with the case plan developed under § 7–301.1 of this subtitle or § 3–601 of this article.

(a) This section applies to any inmate who is sentenced to a term of incarceration for which all sentences being served, including any life sentence, are with the possibility of parole.

(b) An inmate who is so chronically debilitated or incapacitated by a medical or mental health condition, disease, or syndrome as to [be physically incapable of presenting a danger to society] REQUIRE EXTENDED MEDICAL MANAGEMENT THAT WOULD BE BETTER PROVIDED BY SPECIALIZED COMMUNITY SERVICES may be released on
medical parole at any time during the term of that inmate’s sentence, without regard to the eligibility standards specified in § 7–301 of this subtitle.

(c) (1) A request for a medical parole under this section may be filed with the Maryland Parole Commission by:

(i) the inmate seeking the medical parole;

(ii) an attorney;

(iii) a prison official or employee;

(iv) a medical professional;

(v) a family member; or

(vi) any other person.

(2) The request shall be in writing and shall articulate the grounds that support the appropriateness of granting the medical parole.

(D) (1) WITHIN 30 DAYS AFTER A REQUEST ON BEHALF OF AN INMATE UNDER SUBSECTION (C) OF THIS SECTION, THE INMATE OR THE INMATE’S REPRESENTATIVE MAY REQUEST A MEETING WITH THE COMMISSION.

(2) IF AN INMATE OR THE INMATE’S REPRESENTATIVE REQUESTS A MEETING UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE COMMISSION SHALL, WITHIN 30 DAYS AFTER RECEIVING THE REQUEST AND BEFORE MAKING A FINAL DECISION WHETHER TO GRANT MEDICAL PAROLE, MEET WITH:

(I) THE INMATE;

(II) A REPRESENTATIVE OF THE INMATE; OR

(III) A MEMBER OF THE INMATE’S FAMILY.

[(d)] (E) Following review of the request, the Commission may:

(1) find the request to be inconsistent with the best interests of public safety and take no further action; or

(2) request that department or local correctional facility personnel provide information for formal consideration of parole release.

[(e)] (F) (1) The information to be considered by the Commission before granting medical parole shall, at a minimum, include:
1. a recommendation by the medical professional treating
   the inmate under contract with the Department or local correctional facility; or

2. if requested by an individual identified in subsection (c)(1)
   of this section, one medical evaluation conducted at no cost to the inmate by a medical
   professional who is independent from the Division of Correction or local correctional
   facility;

the inmate’s medical information, including:

1. a description of the inmate’s condition, disease, or
   syndrome;

2. a prognosis concerning the likelihood of recovery from the
   condition, disease, or syndrome;

3. a description of the inmate’s physical incapacity [and score
   on the Karnofsky Performance Scale Index or similar classification of physical
   impairment]; and

4. a mental health evaluation, where relevant;

discharge information, including:

1. availability of treatment or professional services within
   the community;

2. family support within the community; and

3. housing availability, including hospital or hospice care; and

case management information, including:

1. the circumstances of the current offense;

2. institutional history;

3. pending charges, sentences in other jurisdictions, and any
   other detainers; and

4. criminal history information.

IF A MEDICAL EVALUATION IS REQUESTED UNDER PARAGRAPH
(1)(i)2 of this subsection, the Commission shall place priority consideration on the findings of the evaluation and any medical condition detailed in the evaluation in considering whether to grant medical parole.

[f] (G) The Commission may require as a condition of release on medical parole that:

(1) the parolee agree to placement for a definite or indefinite period of time in a hospital or hospice or other UNDER THE CARE OF A MEDICAL PROVIDER AND IN A housing accommodation suitable to the parolee’s medical condition, including the family home of the parolee, as specified by the Commission or the supervising agent; and

(2) the parolee forward authentic copies of applicable medical records to indicate that the particular medical condition giving rise to the release continues to exist.

[g] (1) If the Commission has reason to believe that a parolee is no longer so debilitated or incapacitated as to be physically incapable of presenting a danger to society, the parolee shall be returned to the custody of the Division of Correction or the local correctional facility from which the inmate was released.

(2) (i) A parole hearing for a parolee returned to custody shall be held to consider whether the parolee remains incapacitated and shall be heard promptly.

(ii) A parolee returned to custody under this subsection shall be maintained in custody, if the incapacitation is found to no longer exist.

(3) An inmate whose medical parole is revoked for lack of continued incapacitation may be considered for parole in accordance with the eligibility requirements specified in § 7–301 of this subtitle.

(h) (1) In this subsection, “IMMINENT DEATH” MEANS DEATH THAT IS LIKELY TO OCCUR WITHIN 6 MONTHS.

(2) Subject to paragraph (2) of this subsection, provisions of law relating to victim notification and opportunity to be heard shall apply to proceedings relating to medical parole.

[(2)] (3) In cases of imminent death, time limits relating to victim notification and opportunity to be heard may be reduced or waived in the discretion of the Commission.

[(i)] (1) If the Commission decides to grant medical parole to an inmate sentenced to life imprisonment, the decision shall be transmitted to the Governor.

(2) The Governor may disapprove the decision by written transmittal to
the Commission.

(3) If the Governor does not disapprove the decision within 180 days after receipt of the written transmittal, the decision becomes effective.

[j] (I) The Commission shall [issue] ADOPT regulations to implement the provisions of this section.

7–310.

(A) THIS SECTION APPLIES ONLY TO AN INMATE WHO IS:

(1) AT LEAST 60 YEARS OF AGE;

(2) ELIGIBLE FOR PAROLE UNDER § 7–301 OF THIS SUBTITLE; AND

(3) NOT REGISTERED OR ELIGIBLE FOR SEX OFFENDER REGISTRATION UNDER TITLE 11, SUBTITLE 7 OF THE CRIMINAL PROCEDURE ARTICLE.

(B) (1) (I) THE COMMISSION SHALL DEVELOP A DYNAMIC RISK ASSESSMENT INSTRUMENT TO ASSIST IN PREDICTING THE RISK THAT AN INMATE WHO IS SUBJECT TO THIS SECTION WILL BE CONVICTED OF A FUTURE OFFENSE IF RELEASED ON PAROLE.

(II) THE DYNAMIC RISK ASSESSMENT INSTRUMENT SHALL INCLUDE A STRENGTH–BASED NEEDS ASSESSMENT COMPONENT TO ASSIST IN DETERMINING WHAT, IF ANY, CONDITIONS FOR RELEASE SHOULD APPLY IF THE INMATE IS RELEASED ON PAROLE.

(2) THE COMMISSION SHALL, AT LEAST ANNUALLY, COMPLETE AN ASSESSMENT OF AN INMATE WHO IS SUBJECT TO THIS SECTION USING THE DYNAMIC RISK ASSESSMENT INSTRUMENT DEVELOPED UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(C) (1) WITHIN 6 MONTHS AFTER COMPLETION OF THE ANNUAL ASSESSMENT REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, THE COMMISSION SHALL CONDUCT A HEARING TO DETERMINE WHETHER THE INMATE IS SUITABLE FOR PAROLE IN THE MANNER PROVIDED IN § 7–307 OF THIS SUBTITLE.

(2) IN ADDITION TO THE FACTORS SPECIFIED UNDER § 7–305 OF THIS SUBTITLE, EACH COMMISSION PANEL DETERMINING WHETHER AN INMATE IS SUITABLE FOR PAROLE SHALL CONSIDER AND GIVE SIGNIFICANT WEIGHT TO:
(I) The age of the inmate and the impact that the age of the inmate has on reducing the risk that the inmate will not recidivate;

(II) The results of the most recent assessment completed under subsection (b)(2) of this section; and

(III) The results of any prior mental health evaluation of the inmate demonstrating that services and treatment may be better provided in the community.

(D) Any savings realized by the Department as a result of this section shall revert to the Department and shall be used for the purpose of:

(1) developing a dynamic risk assessment instrument under subsection (b)(1) of this section;

(2) conducting annual assessments of inmates as required under subsection (b)(2) of this section; and

(3) providing prerelease and reentry case management and resources for inmates who are subject to this section and released on parole.

(E) Every 6 months, the Commission shall report to the Justice Reinvestment Oversight Board on the outcomes of parole considerations made under this section, including:

(1) the number of inmates who are subject to this section who are denied parole and released on parole;

(2) the reason for each decision to release an inmate on parole;

(3) the reason for each decision to deny parole to an inmate;

(4) of the number of inmates who are released on parole, the number of inmates who are convicted of an offense committed after release;

(5) the average time between when an inmate becomes
ELIGIBLE FOR PAROLE CONSIDERATION UNDER THIS SECTION AND WHEN THE INMATE RECEIVES THE FIRST PAROLE HEARING REQUIRED BY THIS SECTION; AND

(6) THE AVERAGE TIME BETWEEN PAROLE HEARINGS FOR INMATES WHO ARE SUBJECT TO THIS SECTION.

(F) (1) THE COMMISSION SHALL ADOPT REGULATIONS TO IMPLEMENT THE PROVISIONS OF THIS SECTION.

(2) THE REGULATIONS REQUIRED BY THIS SUBSECTION SHALL INCLUDE A REQUIREMENT THAT THE DEPARTMENT PROVIDE ANY INMATE SUBJECT TO THIS SECTION WITH INFORMATION ON THE REGULATIONS AT LEAST ONCE EVERY YEAR.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.