HOUSE BILL 1123

E5 5 lr 3080

By: Delegates Bartlett and Charkoudian, Charkoudian, Crutchfield, Embry, Simmons, Phillips, Stinnett, Taylor, Simpson, Conaway, Kaufman, and Williams

Introduced and read first time: February 5, 2025

Assigned to: Judiciary

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 3, 2025

CHAPTER	

1 AN ACT concerning

2

Correctional Services – Medical and Elder Parole

- 3 FOR the purpose of repealing provisions relating to gubernatorial approval of a decision of 4 the Maryland Parole Commission to grant medical parole to an incarcerated 5 individual serving a term of life imprisonment; altering how the Commission 6 evaluates a request for medical parole, including providing for a meeting between 7 the incarcerated individual and the Commission under certain circumstances; 8 requiring the Department of Public Safety and Correctional Services to submit to the 9 Commission the names of certain individuals at a certain time; requiring the 10 Commission to conduct a risk assessment for a certain individual at a certain time; requiring the Commission to conduct a certain parole release hearing and determine 11 12 whether a certain incarcerated individual is suitable for parole at a certain time; 13 authorizing the Justice Reinvestment Oversight Board to recommend that a portion of certain savings be distributed to the Commission for a certain purpose; and 14 15 generally relating to medical and elder parole.
- 16 BY repealing and reenacting, with amendments,
- 17 Article Correctional Services
- 18 Section 7–309
- 19 Annotated Code of Maryland
- 20 (2017 Replacement Volume and 2024 Supplement)

21 BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1	Article – Correctional Services
2	Section 7–310
3	Annotated Code of Maryland
4	(2017 Replacement Volume and 2024 Supplement)
5	BY repealing and reenacting, without amendments,
6	Article – Correctional Services
7	Section 7–801
8	Annotated Code of Maryland
9	(2017 Replacement Volume and 2024 Supplement)
10	DV non-caling and accordating without amondments
10	BY repealing and reenacting, without amendments,
11	Article – State Government
12	Section 9–3201
13	Annotated Code of Maryland
14	(2021 Replacement Volume and 2024 Supplement)
15	BY repealing and reenacting, with amendments,
16	Article – State Government
17	Section 9–3207(b)
18	Annotated Code of Maryland
19	(2021 Replacement Volume and 2024 Supplement)
20 21	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
22	Article - Correctional Services
23	7–309.
24	(a) This section applies to any incarcerated individual who is sentenced to a term
$\frac{24}{25}$	of incarceration for which all sentences being served, including any life sentence, are with
26	the possibility of parole.
	the possibility of paroie.
27	(b) An incarcerated individual who is so chronically debilitated or incapacitated
28	by a medical or mental health condition, disease, or syndrome as to be physically incapable
29	of presenting a danger to society may be released on medical parole at any time during the
30	term of that incarcerated individual's sentence, without regard to the eligibility standards
31	specified in § 7–301 of this subtitle.
20	(a) (1) A request for a medical namely under this section may be filed with the
32	(c) (1) A request for a medical parole under this section may be filed with the
33	Maryland Parole Commission by:
34	(i) the incarcerated individual seeking the medical parole;
35	(ii) an attorney;

1	(iii) a prison official or employee;
2	(iv) a medical professional;
3	(v) a family member; or
4	(vi) any other person.
5	(2) The request shall be in writing and shall articulate the grounds that
6	support the appropriateness of granting the medical parole.
7	(d) Following review of the request, the Commission may:
8 9	(1) find the request to be inconsistent with the best interests of public safety and take no further action; or
10 11	(2) request that department or local correctional facility personnel provide information for formal consideration of parole release.
12	(e) The information to be considered by the Commission before granting medical
13	parole shall, at a minimum, include:
14	(1) (i) a recommendation by the medical professional treating the
15	incarcerated individual under contract with the Department or local correctional facility; or
17	(ii) if requested by an individual identified in subsection (c)(1) of this
18	section, one medical evaluation conducted at no cost to the incarcerated individual by a
19	medical professional who is independent from the Division of Correction or local
20	correctional facility;
21	(2) the incarcerated individual's medical information, including:
22	(i) a description of the incarcerated individual's condition, disease
23	or syndrome;
24	(ii) a prognosis concerning the likelihood of recovery from the
25	eondition, disease, or syndrome;
26	(iii) a description of the incarcerated individual's physical incapacity
27	and score on the Karnofsky Performance Scale Index or similar classification of physical
28	impairment; and
29	(iv) a mental health evaluation, where relevant;
30	(3) discharge information, including:

medical parole.

1 2	community;	(i)	availability of treatment or professional services within the
3		(ii)	family support within the community; and
4		(iii)	housing availability, including hospital or hospice care; and
5	(4)	case	management information, including:
6		(i)	the circumstances of the current offense;
7		(ii)	institutional history;
8	detainers; and	(iii)	pending charges, sentences in other jurisdictions, and any other
0		(iv)	eriminal history information.
1	(f) The	Commi	ssion may require as a condition of release on medical parole that:
12	(1)	the n	arolee agree to placement for a definite or indefinite period of time
13	` '		or other housing accommodation suitable to the parolee's medical
4			family home of the parolee, as specified by the Commission or the
5	supervising agent	_	idinis, notice of the parotee, as specified by the commission of the
6	(2)	the r	parolee forward authentic copies of applicable medical records to
17	indicate that the	particu	lar medical condition giving rise to the release continues to exist.
8	(g) (1)	If the	- Commission has reason to believe that a parolee is no longer so
9	debilitated or inco	apacita	ted as to be physically incapable of presenting a danger to society,
20	the parolee shall	be ret	curned to the custody of the Division of Correction or the local
21	correctional facili	ty from	which the incarcerated individual was released.
22	(2)	(i)	A parole hearing for a parolee returned to custody shall be held
23	to consider wheth	er the	parolee remains incapacitated and shall be heard promptly.
24		(ii)	A parolee returned to custody under this subsection shall be
25	maintained in cus	stody, i	f the incapacitation is found to no longer exist.
26	(3)	An ir	ncarcerated individual whose medical parole is revoked for lack of
27	continued incapa		n may be considered for parole in accordance with the eligibility
28			n § 7–301 of this subtitle.
29	(h) (1)	Subi	ect to paragraph (2) of this subsection, provisions of law relating to
30	. , , , , ,		opportunity to be heard shall apply to proceedings relating to

1 2	(2) 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.
3 4 5	(i) If the Commission decides to grant medical parole to an incarcerated individual sentenced to life imprisonment, the decision shall be transmitted to the Governor.
6 7	(2) The Governor may disapprove the decision by written transmittal to the Commission.
8	(3) If the Governor does not disapprove the decision within 180 days after receipt of the written transmittal, the decision becomes effective.
10	(j)] The Commission shall issue regulations to implement the provisions of this section.
$\frac{12}{3}$	(a) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
14 15 16	(2) (I) "CHRONICALLY DEBILITATED OR INCAPACITATED" MEANS HAVING A DIAGNOSABLE MEDICAL CONDITION THAT IS UNLIKELY TO IMPROVE IN THE FUTURE AND SUBSTANTIALLY DIMINISHES THE ABILITY OF THE INDIVIDUAL TO PROVIDE SELF-CARE.
18 19 20 21	(II) "CHRONICALLY DEBILITATED OR INCAPACITATED" INCLUDES CONDITIONS SUCH AS DEMENTIA OR A SEVERE, PERMANENT MEDICAL OR COGNITIVE DISABILITY IF THE CONDITION SUBSTANTIALLY DIMINISHES THE ABILITY OF THE INDIVIDUAL TO PROVIDE SELF-CARE.
22 23	(3) "TERMINAL ILLNESS" MEANS A DISEASE OR CONDITION WITH AN END-OF-LIFE TRAJECTORY.
24 25 26	(B) This section applies to any incarcerated individual who is sentenced to a term of incarceration for which all sentences being served, including any life sentence, are with the possibility of parole.
27 28	[(b)] (C) An incarcerated individual [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] may be released on medical parole

(1) (I) IS CHRONICALLY DEBILITATED OR INCAPACITATED; OR

at any time during the term of that incarcerated individual's sentence, without regard to

the eligibility standards specified in § 7-301 of this subtitle IF A LICENSED PHYSICIAN

HAS DETERMINED THAT THE INCARCERATED INDIVIDUAL:

30

31

32

33

1	(II) SUFFERS FROM A TERMINAL ILLNESS; AND
2	(2) (I) REQUIRES EXTENDED MEDICAL MANAGEMENT WITH
3	HEALTH CARE NEEDS THAT WOULD BE BETTER MET BY COMMUNITY SERVICES; AND
0	TEXELLI CAME NEEDS THAT WOOLD DE BETTER MET DI COMMONTI SERVICES, AND
4	(II) 1. HAS BEEN RENDERED PHYSICALLY INCAPABLE OF
5	PRESENTING A DANGER TO SOCIETY BY A PHYSICAL OR MENTAL HEALTH
6	CONDITION, DISEASE, OR SYNDROME; OR
7	2. IS NO LONGER A DANGER TO PUBLIC SAFETY.
8	(D) (1) THE INFORMATION TO BE CONSIDERED BY THE COMMISSION
9	BEFORE GRANTING MEDICAL PAROLE SHALL, AT A MINIMUM, INCLUDE:
	DIA GIVE GIVEN THE PROPERTY OF
10	(I) 1. A RECOMMENDATION BY THE MEDICAL
11	PROFESSIONAL TREATING THE INCARCERATED INDIVIDUAL UNDER CONTRACT
12	WITH THE DEPARTMENT OR LOCAL CORRECTIONAL FACILITY; OR
13	2. IF REQUESTED BY AN INDIVIDUAL IDENTIFIED IN
14	SUBSECTION (E)(1) OF THIS SECTION, ONE MEDICAL EVALUATION CONDUCTED AT
15	NO COST TO THE INCARCERATED INDIVIDUAL BY A LICENSED PHYSICIAN WHO IS
16	INDEPENDENT FROM THE DIVISION OF CORRECTION OR LOCAL CORRECTIONAL
17	FACILITY;
10	(II) THE INCARCEDATED INDIVIDUALIC MEDICAL
18 19	(II) THE INCARCERATED INDIVIDUAL'S MEDICAL INFORMATION, INCLUDING:
19	INFORMATION, INCLUDING:
20	1. A DESCRIPTION OF THE INCARCERATED
21	INDIVIDUAL'S CONDITION, DISEASE, OR SYNDROME;
-1	individual a condition, distributionity
22	2. A PROGNOSIS CONCERNING THE LIKELIHOOD OF
23	RECOVERY FROM THE CONDITION, DISEASE, OR SYNDROME;
24	3. A DESCRIPTION OF THE INCARCERATED
25	INDIVIDUAL'S PHYSICAL INCAPACITY; AND
26	<u>4.</u> <u>A MENTAL HEALTH EVALUATION, WHERE RELEVANT;</u>
27	(III) DISCHARGE INFORMATION, INCLUDING:
0.0	1
28	1. AVAILABILITY OF TREATMENT OR PROFESSIONAL
29	SERVICES WITHIN THE COMMUNITY;

FAMILY SUPPORT WITHIN THE COMMUNITY; AND

<u>2.</u>

1	HOGDIGE GADE AND	<u>3.</u>	HOUSING AVAILABILITY, INCLUDING HOSPITAL OR
2	HOSPICE CARE; AND		
3	<u>(IV)</u>	CASE	MANAGEMENT INFORMATION, INCLUDING:
4		<u>1.</u>	THE CIRCUMSTANCES OF THE CURRENT OFFENSE;
5		<u>2.</u>	INSTITUTIONAL HISTORY;
6 7	JURISDICTIONS, AND A	<u>3.</u> NY OTI	PENDING CHARGES, SENTENCES IN OTHER HER DETAINERS; AND
8		<u>4.</u>	CRIMINAL HISTORY INFORMATION.
9 10	(2) <u>IF A</u> (1)(I)2 OF THIS SUBSEC		AL EVALUATION IS REQUESTED UNDER PARAGRAPH
11 12	(I) EXAMINATION OF THE		EVALUATION SHALL CONSIST OF AN IN-PERSON CERATED INDIVIDUAL; AND
13 14 15	•	EVAL	COMMISSION SHALL GIVE EQUAL CONSIDERATION TO UATION AND ANY MEDICAL CONDITION DETAILED IN ERING WHETHER TO GRANT MEDICAL PAROLE.
16 17	[(c)] (E) (1) with the Maryland Parol		uest for a medical parole under this section may be filed nission by:
18	<u>(i)</u>	the in	carcerated individual seeking the medical parole;
19	<u>(ii)</u>	an att	orney;
20	<u>(iii)</u>	<u>a pris</u>	on official or employee;
21	<u>(iv)</u>	a med	ical professional;
22	<u>(v)</u>	<u>a fam</u>	lly member; or
23	<u>(vi)</u>	any of	her person.
24 25		_	shall be in writing and shall articulate the grounds that granting the medical parole.
26 27	(F) (1) THE INDIVIDUAL'S REPRESI		RCERATED INDIVIDUAL OR THE INCARCERATED VE MAY REQUEST A MEETING WITH THE COMMISSION.

$\frac{1}{2}$	(2) IF A REQUEST FOR A MEETING IS MADE UNDER PARAGRAPH (1) OF THIS SUBSECTION:
3 4	(I) THE COMMISSION SHALL GRANT THE REQUEST FOR A MEETING FOR ANY INCARCERATED INDIVIDUAL:
5 6	1. HOUSED IN AN INFIRMARY OF A CORRECTIONAL FACILITY;
7 8	2. CURRENTLY HOSPITALIZED OUTSIDE A CORRECTIONAL FACILITY; OR
9 10 11	3. WHO HAS BEEN FREQUENTLY HOUSED IN AN INFIRMARY OF A CORRECTIONAL FACILITY OR HOSPITALIZED OUTSIDE A CORRECTIONAL FACILITY IN THE PRECEDING 6 MONTHS; AND
12 13 14	(II) THE COMMISSION MAY, AT ITS DISCRETION, GRANT THE REQUEST FOR A MEETING FOR ANY INCARCERATED INDIVIDUAL WHO DOES NOT MEET THE REQUIREMENTS OF ITEM (I) OF THIS PARAGRAPH.
15	[(d)] (G) Following review of the request, the Commission may:
16 17	(1) find the request to be inconsistent with the best interests of public safety and take no further action; or
18 19	(2) request that [department] DEPARTMENT or local correctional facility personnel provide information for formal consideration of parole release.
20 21	[(e) The information to be considered by the Commission before granting medical parole shall, at a minimum, include:
22 23 24	(1) (i) a recommendation by the medical professional treating the incarcerated individual under contract with the Department or local correctional facility; or
25 26 27 28	(ii) if requested by an individual identified in subsection (c)(1) of this section, one medical evaluation conducted at no cost to the incarcerated individual by a medical professional who is independent from the Division of Correction or local correctional facility;
29	(2) the incarcerated individual's medical information, including:
30 31	(i) a description of the incarcerated individual's condition, disease, or syndrome;

$\frac{1}{2}$	condition, disease	<u>(ii)</u> , or syr	a prognosis concerning the likelihood of recovery from the adrome;
3 4 5	and score on the impairment; and	<u>(iii)</u> Karnof	a description of the incarcerated individual's physical incapacity sky Performance Scale Index or similar classification of physical
6		<u>(iv)</u>	a mental health evaluation, where relevant;
7	<u>(3)</u>	disch	arge information, including:
8 9	community;	<u>(i)</u>	availability of treatment or professional services within the
10		<u>(ii)</u>	family support within the community; and
11		<u>(iii)</u>	housing availability, including hospital or hospice care; and
12	<u>(4)</u>	case	management information, including:
13		<u>(i)</u>	the circumstances of the current offense;
14		<u>(ii)</u>	institutional history;
15 16	detainers; and	<u>(iii)</u>	pending charges, sentences in other jurisdictions, and any other
17		<u>(iv)</u>	criminal history information.]
18 19	[(f)] (H) that:	The C	Commission may require as a condition of release on medical parole
20 21 22 23	A housing accomm	ospice nodatio	arolee agree to placement for a definite or indefinite period of time or other UNDER THE CARE OF A MEDICAL PROVIDER AND IN on suitable to the parolee's medical condition, including the family pecified by the Commission or the supervising agent; and
$\frac{24}{25}$	(2) indicate that the p		parolee forward authentic copies of applicable medical records to lar medical condition giving rise to the release continues to exist.
26 27 28 29	to society, the par	olee sh	If the Commission has reason to believe that a parolee is no neapacitated as to be physically incapable of presenting a danger tall be returned to the custody of the Division of Correction or the from which the incarcerated individual was released.
30 31	(2) to consider wheth	<u>(i)</u> er the j	A parole hearing for a parolee returned to custody shall be held parolee remains incapacitated and shall be heard promptly.

30

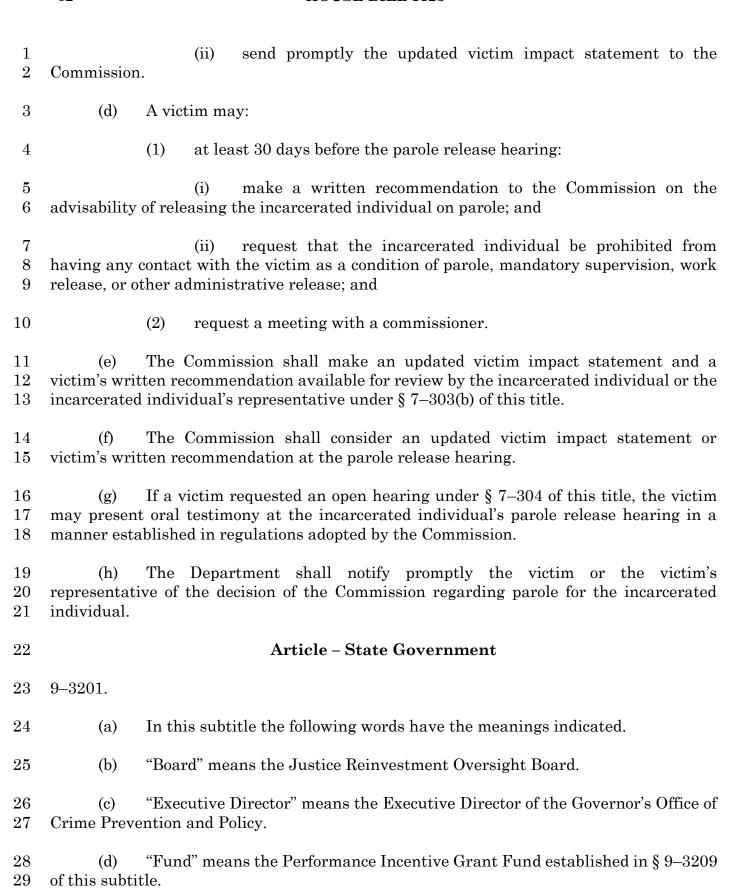
PREVIOUS 3-YEAR PERIOD; AND

$\frac{1}{2}$	(ii) A parolee returned to custody under this subsection shall be maintained in custody, if the incapacitation is found to no longer exist.
3 4 5	(3) An incarcerated individual 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.
6 7	[(h)] (J) (1) IN THIS SUBSECTION, "IMMINENT DEATH" MEANS DEATH THAT IS LIKELY TO OCCUR WITHIN 6 MONTHS.
8 9 10	(2) Subject to paragraph [(2)] (3) of this subsection, provisions of law relating to victim notification and opportunity to be heard shall apply to proceedings relating to medical parole.
11 12 13	[(2)] (3) In cases of imminent death, time limits relating to victime notification and opportunity to be heard may be reduced or waived in the discretion of the Commission.
14 15 16	[(i) (1) If the Commission decides to grant medical parole to an incarcerated individual sentenced to life imprisonment, the decision shall be transmitted to the Governor.
17 18	(2) The Governor may disapprove the decision by written transmittal to the Commission.
19 20	(3) If the Governor does not disapprove the decision within 180 days after receipt of the written transmittal, the decision becomes effective.]
21 22	[(j)] (K) The Commission shall [issue] ADOPT regulations to implement the provisions of this section.
23	7–310.
24 25	(A) ON AN ONGOING BASIS, THE DEPARTMENT SHALL SUBMIT TO THE COMMISSION THE NAMES OF EACH INCARCERATED INDIVIDUAL WHO:
26	(1) IS AT LEAST 60 YEARS OLD;
27 28	(2) HAS BEEN INCARCERATED FOR A CONTINUOUS PERIOD OF AT LEAST 20 YEARS;

(3) HAS HAD NO MAJOR DISCIPLINARY INFRACTIONS WITHIN THE

- 1 (4) IS NOT SERVING A SENTENCE OF LIFE WITHOUT THE POSSIBILITY 2 OF PAROLE.
- 3 (B) WITHIN 60 DAYS OF RECEIPT OF A NAME OF AN INCARCERATED 4 INDIVIDUAL UNDER SUBSECTION (A) OF THIS SECTION, THE COMMISSION SHALL 5 CONDUCT A RISK ASSESSMENT FOR THE INCARCERATED INDIVIDUAL.
- 6 (C) ON COMPLETION OF THE RISK ASSESSMENT, THE COMMISSION SHALL 7 CONDUCT A PAROLE RELEASE HEARING UNDER § 7–306 OR § 7–307 OF THIS 8 SUBTITLE AND DETERMINE WHETHER THE INCARCERATED INDIVIDUAL IS SUITABLE 9 FOR PAROLE.
- 10 7-801.
- 11 (a) (1) In this subtitle the following words have the meanings indicated.
- 12 (2) "Victim" has the meaning stated in § 11–104 of the Criminal Procedure 13 Article.
- 14 (3) "Victim's representative" has the meaning stated in § 11–104 of the 15 Criminal Procedure Article.
- 16 (b) (1) At least 90 days before an incarcerated individual's parole release 17 hearing, the Department shall notify the victim or the victim's representative in writing, 18 directed to the most current address on file, that the parole release hearing has been 19 scheduled if:
- 20 (i) the victim or the victim's representative filed a notification 21 request form under § 11–104 of the Criminal Procedure Article; or
- 22 (ii) the victim makes a written request to the Department for notification and maintains a current address on file with the Department.
- 24 (2) The victim may designate in writing to the Department the name and 25 address of a representative who is a resident of the State to receive notice for the victim.
- (c) (1) Not later than 30 days after the date of the Department's notice under subsection (b) of this section, the victim of a crime may submit to the Department a written request that the Division of Parole and Probation be required to complete an updated victim impact statement.
- 30 (2) If the victim submits a request as authorized by paragraph (1) of this subsection, the Department shall direct the Division of Parole and Probation to:
- 32 (i) complete the updated statement at least 30 days before the 33 parole release hearing; and

9 - 3207.



2

3

4

5

6

- (b) (1) In collaboration with the Department of Public Safety and Correctional Services, the Board shall determine the annual savings from the implementation of the recommendations of the Justice Reinvestment Coordinating Council based on the difference between the prison population as measured on October 1, 2017, the baseline day, and the prison population as measured on October 1, 2018, the comparison day, and the variable cost of incarceration.
- 7 (2) If the prison population on the comparison day is less than the prison 8 population on the baseline day, the Board shall determine a savings based on the difference 9 in the prison population multiplied by the variable cost.
- 10 (3) The Board annually shall determine the difference between the prison population on October 1, 2017, and the prison population on October 1 of the current year and calculate any savings in accordance with paragraph (2) of this subsection.
- 13 (4) If a prison population decline causes a correctional unit, wing, or facility 14 to close, the Board shall conduct an assessment to determine the savings from the closure 15 and distribute the savings, realized annually, according to the schedule in paragraph (5) of 16 this subsection.
- 17 (5) The Board annually shall recommend that the savings identified in paragraphs (2) through (4) of this subsection be distributed as follows:
- 19 (i) up to 50% of the savings shall be placed in the Performance 20 Incentive Grant Fund for purposes established under § 9–3209(b)(1) of this subtitle; and
- 21 (ii) subject to paragraph (6) of this subsection, the remaining savings 22 shall be used for additional services identified as reinvestment priorities in the Justice 23 Reinvestment Coordinating Council's Final Report.
- 24 (6) The Board may recommend that a portion of the remaining savings 25 identified under paragraph (5)(ii) of this subsection be:
- 26 (i) used for the development and implementation of a 27 post—secondary education and workforce training program for each correctional institution 28 in the Division of Correction that provides incarcerated individuals with the requisite 29 training, certifications, and experience to obtain careers in in–demand job sectors; [or]
- 30 (ii) for fiscal year 2025 only, distributed to the Office of the 31 Correctional Ombudsman; \mathbf{OR}
- (III) DISTRIBUTED TO THE MARYLAND PAROLE COMMISSION
 FOR THE PURPOSE OF HIRING PSYCHOLOGISTS TO PERFORM RISK ASSESSMENTS OF
 CANDIDATES FOR ELDER PAROLE UNDER § 7–310 OF THE CORRECTIONAL SERVICES
 ARTICLE.

 $\begin{array}{c} 1 \\ 2 \end{array}$

SECTION October 1, 2025.	2.	AND	BE	IT	FURTHER	ENACTED,	That	this	Act	shall	take	effect
Approved:												
									G	overn	or.	
						Speaker of	the Ho	ouse	of D	elegat	es.	
]	Presid	ent o	f the	Sena	te.	