

SUPPORT HB 426 – geriatric parole

MARYLAND ALLIANCE FOR JUSTICE REFORM
Working to end unnecessary incarceration and build strong, safe communities



TO: Chair Luke Clippinger and House Judiciary Committee

FROM: Phil Caroom, MAJR Executive Committee

DATE: February 2, 2021

Md. Alliance for Justice Reform (MAJR-www.ma4jr.org) strongly supports HB 426 for more active consideration of parole for imprisoned Marylanders over age 60 who pose little risk to public safety but require very costly medical care at taxpayer expense.

The Maryland General Assembly, in 2016, passed the Justice Reinvestment Act including Maryland Code, Correctional Services Article, section 7-309, permitting medical parole for inmates so debilitated or incapacitated as to present no further public safety risk. HB426 would offer additional means for the Parole Commission to become proactive in identifying lower risk inmates.

Savings from Parole of older inmates initially were underestimated by the Justice Reinvestment Act 2016 Fiscal Note as it applied an estimated “variable cost” of only \$9,240 per inmate; the same number was used by the Dept. of Legislative Services for savings from any single inmate’s release.

However, medical costs of older inmates actually greatly exceed the average inmate costs. The Pew Institute recently reported: *“The older inmate population has a substantial impact on prison budgets. ...The National Institute of Corrections pegged the annual cost of incarcerating prisoners age 55 and older with chronic and terminal illnesses at, on average, two to three times that of the expense for all other inmates, particularly younger ones. More recently, other researchers have found that the cost differential may be wider.”* See 7/14 Pew State Prison Health Care Spending Report. The 2016 Fiscal Note correctly recognized that federally-subsidized Medicaid could be applied ailing inmates’ costs upon release.

It also is important to note that, in a recent period of 10 years (1997-2006), Maryland’s population of elderly inmates (over age 60) more than doubled from under 4% to nearly 9%. This demographic shift and related medical costs only will increase in coming years, unless alternative out-of-prison treatment becomes possible. *Aging Inmate Population - Southern States Outlook (2006)*- Council of State Govt. / Southern Legislative Conference.

Public safety concerns are greatly reduced with older inmates, as national studies show. See, e.g., *“Graying Prisons- States Face the Challenge of an Aging Inmate Population (2014),”* Council of State Governments. A study of more than 130 older Maryland inmates released as a result of the Maryland Court of Appeals Unger decision indicates no incidents of new offenses. Maryland’s DPSCS, in 2006, also reported a zero recidivism rate for inmates paroled over age 60. *Aging Inmate Population, supra*. Funds saved from older inmates’ parole may be redirected towards for younger, higher-risk inmates who may pose much greater threats to public safety without appropriate services.

For all these reasons, Maryland Alliance for Justice Reform strongly supports passage of HB 426.

PLEASE NOTE: Phil Caroom offers this testimony for Md. Alliance for Justice Reform and not for the Md. Judiciary.