

To: House Judiciary Committee

From: Lila Meadows, University of Maryland School of Law Clinical Law Program, 500 W. Baltimore Street, Baltimore, Maryland 21201

Re: In SUPPORT of House Bill 47

Date: January 25, 2023

In 2021, the General Assembly took the historic and long overdue step of depoliticizing Maryland's parole process for individuals serving life sentences by removing the governor as the final decision maker. Unfortunately, due to an oversight in drafting, that change did not apply to Maryland's medical parole scheme. Under Maryland Code Correctional Services 7-305, the governor remains as the final decision maker for those who are serving life sentences and seeking medical parole.

Medical parole exists to provide consideration for individuals who are either terminally ill or so chronically debilitated that their condition renders them unable to pose any threat to public safety. In addition to considering an individual's medical condition, the Maryland Parole Commission is required by the statute to consider traditional parole criteria in its determinations, including the circumstances of the underlying conviction and any future threat to public safety. Even in cases involving terminal illness, the Commission is still required to complete victim notification and consider any position victims take on potential release. Medical parole in no way circumvents the public safety considerations of the regular parole process, but instead provides additional criteria for the Commission to consider related to an individual's medical condition.

Removing the governor from the medical parole process is entirely consistent with the steps the General Assembly took during the 2021 legislative session. The governor's involvement in medical parole decisions is completely unnecessary to ensure public safety, and in fact, makes it more likely that the most vulnerable incarcerated men and women will die in prison because the governor's involvement significantly delays decisions related to release.

In 2020, as the pandemic spread through correctional institutions and threatened the well-being of incarcerated individuals who were already battling serious medical conditions, I sought medical parole for a client who was suffering from an advanced stage of cancer and required weekly care from an outside medical institution. Staffing shortages and isolation protocols during that time resulted in my client missing many of the necessary scheduled treatments at that outside medical center. It took the Maryland Parole Commission six weeks to consider our request for medical parole, which was finally sent to the Governor for his consideration. Despite our efforts to communicate with the governor's team to advocate for our client's release, we received no update on the case and had no reason to believe the office was approaching the issue with any urgency. Thankfully, three months later, with the support of that county's State's Attorney's Office, we were successful securing the client's release through an emergency motion filed with the court.

In another case I handled in 2020, the client was hospitalized in an off-site location after suffering an amputation, heart attack, and what was likely an aneurysm. He was not serving a life sentence, and after several weeks of consideration, the Maryland Parole Commission granted medical parole. He died just days later in a medical facility. Had the Governor's approval been required for that client, he would have died in prison. Removing the governor from medical parole considerations for individuals serving life sentences is not only consistent with this body's prior actions, but also the humane and just thing to do. I urge your support for House Bill 47.

*This written testimony is submitted on behalf of Lila Meadows at the University of Maryland School of Law and not on behalf of the University of Maryland School of Law or the University of Maryland, Baltimore.*