

SUPPORT HB 47 – Medical Parole



TO: Chair Luke Clippinger and House Judiciary Committee

FROM: Phil Caroom, MAJR Executive Committee

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Maryland Alliance for Justice Reform (MAJR-www.ma4jr.org) strongly supports HB 47 for parole of Marylanders who, due to medical conditions pose no risk to public safety, to both eliminate unnecessary political engagement of the Governor and to permit delivery of costly medical care to Medicaid.

The Maryland General Assembly, in 2021, revised state law to permit the parole of Marylanders serving life sentences without the Governor's personal involvement. This change wisely was made to avert the intervention of political concerns that had obstructed the parole of scores of Marylanders who had earned Parole Commission approval as both low risk and as likely to be positive influences on the community.

Maryland's Justice Reinvestment Act, adopted in 2015, provided in Correctional Services Article, section 7-309, that medical parole for inmates so debilitated or incapacitated as to present no further public safety risk. But, the General Assembly had not yet reached unity on removal of the Governor's political Parole veto so it remained in sec. 7-309.

There is no logical reason, however, to retain the veto for those medically-paroled. The Parole Commission will have extensive documentation from medical and correctional personnel in every such case. They will have input from victims and prosecutors. Life sentences are the most serious category of case that Parole Commissioners, themselves selected by the Governor, will face in their careers. Legislators can have confidence that the Parole Commissioners will make sound decisions in these important cases.

Savings from parole of these older and medically-disable inmates to the State Budget and, especially, the DPSCS medical budget, via transfer of these costs to Medicaid, will be great. The Pew Institute has 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.

Public safety concerns are greatly reduced with older and disabled 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 indicated virtually no recidivism. Maryland's DPSCS, in 2006, also reported a zero recidivism rate for inmates paroled over age 60. *Aging Inmate Population, supra*. Funds saved from medical 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 47.

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