

2024-02-07 SB132 (Support).pdf

Uploaded by: Adam Spangler

Position: FAV

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February 7, 2024

TO: The Will Smith
Chair, Judicial Proceedings Committee

FROM: Adam Spangler
Legislative Aide, Legislative Affairs, Office of the Attorney General

RE: SB132 Correctional Services – Medical Parole – Life Imprisonment-
Support

The Office of the Attorney General urges the committee to favorably report Senate Bill 132. This legislation, sponsored by Sen. Carter, repeals the requirement of gubernatorial approval of a decision by the Maryland Parole Commission granting medical parole to an inmate serving a sentence of life imprisonment. The bill allows inmates serving any sentence (including a life sentence), except those serving a sentence without the possibility of parole, to be medically paroled due to chronic debilitating illnesses or incapacitation where they are physically incapable of presenting a danger to public safety. If the inmate is no longer incapacitated or debilitated as to be physically incapable of presenting a danger to public safety, the inmate shall be returned to the custody of Department of Public Safety and Correctional Services.

Under current law, the Governor has the power to disapprove a decision of the Parole Board to grant medical parole to an inmate.¹ Enacting SB 132 would be consistent with the General Assembly's action in the 2021 Session and Special Session to remove the Governor

¹ See MD. CODE ANN., PUB. SAFETY § 7-309(i).

from the decision to grant parole generally. The Office of the Attorney General supported that 2021 legislation. We see no policy reason to retain the Governor's role in medical parole when the Governor's role in parole generally has been eliminated. Medical and geriatric parole are too seldom granted, despite numerous studies indicating that most people age out of crime and there is no benefit to incarcerating those who are physically incapable of presenting a danger to the public. Given prior legislative acts, it makes sense to remove the Governor from decisions on medical paroles for those serving life imprisonment.

For the foregoing reasons, the OAG urges a favorable report on Senate Bill 132.

cc: Members of the Committee

SB 132-Medical Parole-UULM-MD-Support-CandyClark.p

Uploaded by: Ashley Egan

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of SB 132: Correctional Services – Medical Parole – Life Imprisonment

TO: Senator Will Smith, Jr. Chair and Members of the Judicial Proceedings
Committee
FROM: Karen “Candy” Clark,
Unitarian Universalist Legislative Ministry of Maryland Criminal Justice Lead
DATE: February 7, 2024

The state-wide Unitarian Universalist Legislative Ministry asks for a favorable vote for **SB 132: Correctional Services – Medical Parole – Life Imprisonment.**

This bill is a humanitarian bill which provides a process that can be applied to an incarcerated person who is "chronically debilitated or incapacitated" to be removed from the prison setting into the Medical Parole system. An evaluation, which can be performed at any time during the person's sentence, must find the person to be in an extreme condition of physically incapable of presenting a danger to society before being released to medical parole. All aspects of such a condition are thoroughly addressed in the bill; for example. location. of new site, family involvement; change in state of health, etc.

The Unitarian Universalist Ministry believes in applying the use of compassion, equity, and justice to life's needs and this is such a situation.

Please vote yes to SB132.

Respectfully submitted
Karen Clark
UULM-MD Criminal Justice Lead
842 Mill Creek
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Medical Parole testimony.docx.pdf

Uploaded by: Carlos Childs

Position: FAV

Testimony for the Senate Judicial Proceedings Committee

Friday, February 2nd, 2024

SB 132 - Correctional Services - Medical Parole - Life Imprisonment

Favorable

Hello Chair Smith, Vice-Chair Waldstreicher, and committee members,

We write to you to express our unwavering support for Senator Carter's legislation, Senate Bill 132 (SB 132S), on behalf of the Maryland Lifers Coalition. We are a grassroots coalition of directly impacted formerly incarcerated Maryland citizens, who advocate for legislation and systems that not only provide opportunities for citizens to return home from lengthy sentences but also support returning citizens with pathways to reintegrate into society, and organizers around the state.

There are countless, predominately Black, Marylanders who are currently incarcerated with life-debilitating illnesses, amputees, advanced stage cancer diagnosis, and worse, who are unable to receive the level of care needed to live out their remaining years in peace. While incarcerated it is impossible to access treatments, security, and a level of comfortability needed to recover or have dignity in their final years.

Members of our coalition have direct experience working in prison hospitals and helping people get out of bed, clean themselves up, exercise, and other basic needs, especially when nursing staff refused and ignored patients. Even though life threatening illnesses mostly effect seniors, people of all age groups have and continue to suffer from debilitating mental health issues, such as dementia, Alzheimer's, and more, which become more severe each day they are not given proper treatment. These individuals are of no harm to Maryland residents or themselves and by allowing the parole commission to release people suffering from said illnesses, their families will have peace-of-mind knowing they can spend time with their loved ones and make their end-of-life as comfortable as possible.

There have been countless times where previous Governors have ignored the recommendation of the parole commission and refused to release people, even after it was found that the individual had a life-threatening illness. Since the Governor has been removed from all other aspects of parole, except medical, it is incumbent on Maryland to extend the same rights to those who deserve to live their final years in peace not incarceration. We urge the committee to provide a favorable report on SB 132.

Respectfully,

Maryland Lifers Coalition

SB132_DPSCS_SUPPORT.pdf

Uploaded by: Catherine Kahl

Position: FAV



**Department of Public Safety and Correctional Services
Office of Government & Legislative Affairs**

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RENARD E. BROOKS
ASSISTANT SECRETARY
PROGRAMS, TREATMENT &
RE-ENTRY SERVICES

BILL: SENATE BILL 132

POSITION: SUPPORT

EXPLANATION: This bill removes the Governor from the decision process of the Maryland Parole Commission to grant medical parole to an incarcerated individual serving a sentence of life imprisonment.

COMMENTS:

- The Maryland Parole Commission (MPC) hears cases for parole release and revocation across the entire State, and are authorized to parole incarcerated individuals sentenced to a term of confinement of six months or more from any correctional institution in Maryland except the Patuxent Institution.
- Medical parole allows consideration for the compassionate release of an incarcerated individual who is 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 to be released on medical parole at any time during the term of that inmate's sentence without regard to parole eligibility.
- A request for medical parole may be filed with the MPC by an incarcerated person seeking the medical parole, an attorney, prison official, medical professional, family member or any other person.
- MPC takes into consideration a number of considerations before granting medical parole, including medical and mental information, discharge information such as family support and housing, and case management information to include criminal history, institutional history among others.
- SB 132 removes the Governor from the medical parole decision process which would be consistent with the Senate Bill 202/Ch. 30 that passed in 2021 that removed the Governor from the regular parole process.

CONCLUSION: The Department of Public Safety and Correctional Services respectfully requests a **FAVORABLE** Committee vote on Senate Bill 132.

SB132 - Med Parole Life Imprisonment - MOPD Favors

Uploaded by: Elise Desiderio

Position: FAV



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB132 – Correctional Services – Medical Parole – Life Imprisonment

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 02/06/2024

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on Senate Bill 132.

Three years ago, the General Assembly voted to remove the Governor from parole for people serving life sentences (SB 202). The Governor vetoed this bill, but that veto was overridden during the 2021 Special Session. This was a critical step towards improving Maryland's broken parole system. We are incredibly grateful to all who worked to ensure the passage of this important legislation, which helps depoliticize parole.

The bill's intent was to remove the Governor from all life imprisonment cases. However, the section of the code pertaining to medical parole was inadvertently omitted from the bill draft. Unfortunately, this left an unintentional loophole: only medical parole cases still require gubernatorial action.

The only thing Senate Bill 132 does is correct this error by striking the lines of text in what is now subsection 7-309(i)(1)-(3), which currently require the Governor to approve medical parole for people serving life sentences. It does not make any other change.

This fix is particularly important due to the need for medical parole applications to be evaluated expeditiously. Medical parole is often sought by persons experiencing rapidly deteriorating, fatal medical conditions. Thus, the need for the Parole Commission to be able to act with immediacy is arguably most critical in these circumstances.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on Senate Bill 132.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.

Authored by: Elise Desiderio, Assistant Public Defender II, Appellate Division;
elise.desiderio@maryland.gov

MD Catholic Conference_SB 132_FAV.pdf

Uploaded by: Garrett O'Day

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

February 7, 2024

SB 132

Correctional Services – Medical Parole – Life Imprisonment

Senate Judicial Proceedings Committee

Position: FAVORABLE

The Maryland Catholic Conference offers this testimony in support of Senate Bill 132. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals and numerous charities combine to form our state’s second largest social service provider network, behind only our state government.

Senate Bill 132 would very simply expand access to medical parole for those serving life sentences. It would place within the purview of the parole commission to make the ultimate decision of granting medical parole to an inmate serving a life sentence.

The Catholic Church roots much of its social justice teaching in the inherent dignity of every human person and the principals of forgiveness, redemption and restoration. Catholic doctrine provides that the criminal justice system should serve three principal purposes: (1) the preservation and protection of the common good of society, (2) the restoration of public order, and (3) the restoration or conversion of the offender. Thus, the Church recognizes the importance of striking a balance between protecting the common good and attentiveness to the rehabilitation of the incarcerated.

The United States Conference of Catholic Bishops has stated the importance of systems of parole combined with a “clear commitment to rehabilitation programs within prisons”, lest states turn prisons into “warehouses where inmates grow old, without hope, their lives wasted.” (*Responsibility, Rehabilitation, and Restoration: A Catholic Perspective on Crime and Criminal Justice*, USCCB, 2000) Pope Francis has also expressly labeled life imprisonment a “hidden death penalty”. (Address to the International Association of Penal Law, Oct. 2014)

Those serving sentences of life without parole are already subject to a lessened sense of hope and, thus, a more limited prospect of a restored life outside of prison. There is thus less incentive for the restoration and rehabilitation that should be inherent in systems of justice. States should provide a greater degree of care for inmates who are elderly and/or suffering from debilitating medical conditions without access to proper care. This includes providing for their release to the community where warranted, especially where public safety is not a factor. Thus, the Maryland Catholic Conference urges a favorable report on Senate Bill 132.

SB 132 Testimony (002).pdf

Uploaded by: Jill Carter

Position: FAV



THE SENATE OF MARYLAND
Annapolis, Maryland 21401

**Testimony of Senator Jill P. Carter
In Favor of SB0132 – Correctional Services – Medical Parole - Life
Imprisonment
Before the Judicial Proceedings Committee
On February 7th 2024**

Mr. Chairman, Vice Chair, and Members of the Committee:

Senate Bill 0132 repeals provisions in Maryland law relating to the governor’s approval being necessary for medical parole decisions made by the Maryland Parole Commission. SB0132 makes it so that if the Maryland Parole Commission approves an inmate’s request for medical parole, that decision is final, no longer needing gubernatorial approval and removing the 180 day waiting period. SB0132 also only deals with those serving life sentences with parole, not those detained without the possibility of parole.

SB0132 corrects an oversight made by lawmakers in 2021 when they overrode Governor Hogan’s veto to remove the Governor from parole decisions. The bill, SB0202, did not include medical parole decisions when removing the gubernatorial oversight, a tragic omission that has resulted in multiple deaths of people awaiting their release. It only makes sense to continue the logic that began with SB0202 in this regard.

The 180 day waiting period currently allowed by Maryland law is particularly problematic. If the parole commission grants medical parole, it is because they have acknowledged that the inmate 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”. Our prisons are utterly incapable of providing those needing medical parole with any sort of proper care. According to the Prison Policy Initiative, only 4% of prisons nationwide have hospice care centers, with most prisons and jails not built with any consideration for providing end-of-life or intensive medical care. Additionally, these inmates are dealing with medical staff that are spread too thin and correctional guards that don’t have the necessary training to provide anything other than basic medical care. The situation is dire enough that prisons have resorted to using inmates as volunteers or employed, but underpaid, caregivers.

Lastly, forcing someone to wait six months for the governor’s approval of a decision already made by the parole board significantly financially overburdens an already costly prison system. According to the Prison Policy Initiative, prisons have reported spending up to 14 times more for medical care depending on the age and condition of the patient than the average inmate.

SB0132 closes a, frankly, illogical loophole in Maryland law that allows the governor final approval on medical parole decisions despite having been shut out from the wider parole decision making process two years ago. This correction is noncontroversial and long overdue.

As such, I urge this committee to issue a favorable report in regards to SB0132. Thank you for your time.

Respectfully,

Jill P. Carter

med parole for lifers testimony.pdf

Uploaded by: Judith Lichtenberg

Position: FAV



MARYLAND ALLIANCE FOR JUSTICE REFORM
Citizens working to reform criminal justice in Maryland



www.MA4JR.org

Annapolis Friends Peace and Justice Center
351 Dubois Rd., Annapolis, MD 21401
info@ma4jr.org

February 7, 2024

Senate Judicial Proceedings Committee

Testimony in Support of SB 0132 – Correctional Services – Medical Parole – Life Imprisonment

My name is Judith Lichtenberg. I am testifying on behalf of the [Maryland Alliance for Justice Reform](http://www.MA4JR.org) (MAJR), where I serve on the executive committee and co-chair its Behind the Walls Workgroup. I'm also on the executive committee of Prepare, a nonprofit Maryland organization that helps incarcerated people make their best case for parole and successful reentry. I have lived in Hyattsville/University Park (District 22) for forty years and am professor emerita of philosophy at Georgetown University. Since 2016, I've been teaching, tutoring, and mentoring at Jessup Correctional Institute, Patuxent Institution, and the DC Jail, where I have gotten to know many incarcerated people as students in my courses. A good number of these students have been incarcerated for thirty or more years.

The Maryland Alliance for Justice Reform supports a favorable report on this bill. Anyone who is so chronically debilitated or incapacitated by a medical or mental health condition as to be physically incapable of presenting a danger to society should be considered for parole release. The Maryland Parole Commission, which bears the responsibility for making parole decisions in the state, must be authorized to consider parole release for medically compromised individuals without political interference.

Men and women serving life sentences are among those who suffer from severe, chronic medical conditions in prison and should not be excluded from the opportunity for medical parole. One who walks through the prison yards will see people on crutches or in wheelchairs; one doesn't see those who cannot get out of bed because of their medical conditions. These people often have to rely on the generosity and humanity of their fellow prisoners to help them with daily functions because the nursing staff cannot meet their needs for constant care.

Maryland is experiencing growth in our aging prison population; naturally, people grow sicker as they age. Not surprisingly, healthcare costs greatly increase for older prisoners. The [Justice Policy Institute estimates](#) that Maryland imprisons approximately 3,000 people over age 50, and nearly 1,000 who are 60 or older. [JPI also reports](#) that people over 60 are paroled at a

rate of only 28 percent. This contradicts everything we know about trends in criminal offending in older people.

A fiscal analysis concluded that continued confinement of people in this age group for an additional 18 years (based on the expected period of incarceration) would amount to nearly \$1 million per person, or \$53,000 a year. Compare this to the [\\$6,000 a year](#) needed to provide the kind of intensive reentry support that has proven successful in reintegrating returning citizens back into the community.

This bill will provide meaningful parole opportunities for people serving life sentences who suffer from debilitating medical conditions. We urge a favorable report.

Respectfully,

Judith Lichtenberg
Hyattsville, MD
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SB 132 Medical Parole - Life Sentence.pdf

Uploaded by: Luciene Parsley

Position: FAV



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www.DisabilityRightsMD.org

Senate Judicial Proceedings Committee
SB 132 – Correctional Services – Medical Parole – Life Imprisonment
Thursday, February 7, 2024 at 2:00 PM
Position: Support

Disability Rights Maryland (DRM) is Maryland’s state-designated Protection and Advocacy organization, empowered under state and federal law to protect individuals with disabilities from abuse, neglect and civil rights violations. Over the past decade, DRM has advocated for improved conditions for individuals with serious mental illness and other disabilities in state correctional facilities, particularly those housed on segregation (restrictive housing) units. We have visited and toured many of the state’s facilities, reviewed thousands of pages of records, engaged with administrators and representatives of the Department of Public Safety and Correctional Services (DPSCS), and communicated with incarcerated individuals with disabilities throughout the State. Our testimony is informed by what we have learned through this work and from those who are directly impacted.

In 2021, we filed *DRM v. Green*, Case No. 1:21-cv-02959-MJM, in federal district court to secure the rights of individuals with serious mental illness to be free from the harm caused by segregation and to ensure that such individuals are provided with appropriate mental health programming and treatment. That case is still pending.

The modest change proposed by SB 132 would make it easier and quicker for seriously and permanently incapacitated individuals serving a life sentence, including many with significant and longstanding disabilities, to be granted medical parole. All of the existing safeguards and community protections remain in the statute. In our experience, the granting of medical parole in Maryland is reserved for individuals with the most severe medical conditions and disabilities. Many of the individuals released on medical parole move to a hospital, nursing facility, or assisted living, where they can obtain treatment and supportive services that are largely unavailable in Maryland prisons. The proposed change is good public policy: when an individual has been recommended for Medical Parole by the Commission, it should not be necessary for the individual to wait for gubernatorial approval or an additional 180-day waiting period (if the governor chooses not to affirmatively respond to the request), before being approved for medical parole. DRM urges this committee to address these issues and provide a favorable recommendation for Senate Bill 132.

Should you have any questions or need additional information, please contact Luciene Parsley, Litigation Director at Disability Rights Maryland, at LucieneP@DisabilityRightsMD.org or 443-692-2494.

SB 0132 - LIFERS BILL - MARTINA HAZELTON - 02.06.2

Uploaded by: MARTINA HAZELTON

Position: FAV

February 7, 2024 @ 1pm (Senate Hearing)

Maryland General Assembly
Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, MD 21401

RE: SB 0132 – Correctional Services – Medical Parole - Life Imprisonment – SUPPORT

Please accept my written testimony in support of the Senate Bill 0132. In 2021, the Maryland General Assembly passed legislation to remove the Governor from the parole process for those serving life sentences. That was a huge step forward for Maryland in the area of criminal justice reform. It adds one lever of many that are needed to undo years of a non-functioning system. The systems have contributed to Maryland's staggering incarceration record especially among those of persons of color. This bill would address an unintended oversight that was missed in the original legislation. Unfortunately, it left out the most vulnerable among the lifer's population those in need of medical parole. Passing this bill will eliminate the inconsistency in the law and provide the same avenue of parole approval for all lifers. Medical parole for lifers is important whereas they are also in need of mercy and an acknowledgement that true redemption is possible which is the fundamental principle the parole system was established upon. I hope that you will unequivocally support this bill and move it forward for a vote.

Respectfully,

Martina Hazelton

Martina Hazelton
Co-Founder & Executive Director
Family Support Network (FSN)
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O. Moyd Testimony - SB 0132 - Medical Parole for L

Uploaded by: Olinda Moyd, Esquire

Position: FAV



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**February 7, 2024
Senate - Judicial Proceedings Committee**

Testimony in Support of SB 0132 – Correctional Services – Medical Parole – Life Imprisonment

Submitted by Olinda Moyd, Esq.

**Director, Decarceration and Re-Entry Clinic
American University Washington College of Law**

The Decarceration and Re-Entry Clinic represents men and women detained in Maryland prisons before the courts and before the Maryland Parole Commission. Our work is motivated by our desire to end mass incarceration, an unjust system that creates vast racial disparities.

During the height of the pandemic, many defense attorneys across the country pivoted their practices towards representing individuals who linger in our jails and prisons who suffer from severe and chronic medical conditions. While the groundswell of fighting for compassionate release has simmered, we must remember that individuals remain behind bars with debilitating, worsening and disabling medical conditions from which they will never escape. “There is a lack of political and bureaucratic will to see dying in prison as a negative marker for what a prison system should be...” says Barry Holman, of the National Center for Institutions and Alternatives.¹ We agree.

We support a favorable report on this bill because any person who is 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 should be considered for parole release at any time during their sentence. The Maryland Parole Commission, which bears the responsibility for making parole decisions in the State, must be authorized to consider parole release for medically compromised individuals without political interference.

¹ See Medical Parole, Politics vs. Compassion, National Prison Hospice Association, [Medical Parole | National Prison Hospice Association \(npha.org\)](https://www.npha.org).

Men and women serving life sentences are not excluded from those who suffer from severe, chronic medical conditions in prison and should not be excluded from the opportunity for medical parole.

As I walk through the prison yards I observe individuals on crutches, in wheelchairs and know that there are many who cannot get out of bed because of their medical conditions. They often have to rely on the goodness of their fellow detainees to help them with daily functions as the nursing staff is often inadequate to meet their need for constant care. Mr. E is one of them.

I had the honor of representing Mr. E who is housed at the Jessup Correctional Institution at a parole hearing. He is serving a life sentence and has been in prison since 1981. He is one of the gentleman I met at the Maryland State Penitentiary when I worked at the NAACP national office decades ago. He is now 75 years old. He suffers from a myriad of medical conditions including cardiovascular disease and has a pacemaker which requires treatment every six months at a hospital outside the prison. He also suffers from hypertension and edema, which causes excessive fluid buildup such that it is difficult for him to walk. Over the years, I have witnessed him progress from walking with a cane, to a rollator (walker with wheels) and now to a wheelchair. He was also diagnosed as a diabetic in 2009 and takes insulin injections to control this condition. He suffers from glaucoma and his vision is diminishing due to cataracts. Growing older in prison has taken a toll on his body. He suffers from urinary incontinence and sleep disorder. He has rheumatoid arthritis and gout, which will only worsen as he gets older. Over ten years ago he was diagnosed with Hepatitis C, but was initially refused treatment by DOC officials due to his age. This delay caused him to rapidly progress from Stage 1 to Stage 2. After suffering with nose bleeds and pain in his nasal area, he was transported to ENT where a CAT scan revealed a blockage in his nasal cavity. The mass was removed last year and he continues to receive treatment, but the health care team is limited due to his cardio compromised condition which is a priority. He was denied parole and his physical health has deteriorated.

Due to extreme sentencing, Maryland is experiencing growth in our aging prison population as they get sicker. Based on data showing this population has higher care costs, a fiscal analysis concluded that continued confinement of this age group for an additional 18 years (based on the expected period of incarceration, the age at release and the projected life expectancy of the Ungers), would amount to nearly \$1 million per person, or \$53,000 a year. This is compared to the \$6,000 a year to provide intensive reentry support that has proven to successfully reintegrate them back into the community.²

This bill will provide meaningful parole opportunities for Mr. E and others like him. We urge a favorable report.

² Report by The Justice Policy Institute, *The Ungers, 5 Years and Counting: A Case Study in Safely Reducing Long Prison Terms and Saving Taxpayer Dollars*, November 2018.

SB 134_Medical Parole_FAV_ACLU .pdf

Uploaded by: Yanet Amanuel

Position: FAV



Testimony for the Senate Judicial Proceedings Committee

February 7, 2024

SB 132 - Correctional Services - Medical Parole - Life Imprisonment

FAVORABLE

YANET AMANUEL
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ANDREW FREEMAN
GENERAL COUNSEL

The ACLU of Maryland urges a favorable report on SB 132, which would eliminate the need for gubernatorial approval of medical parole for inmates serving life imprisonment sentences, creating needed uniformity between the medical parole process and all other parole processes.

In 2021, the General Assembly voted to remove the Governor from parole for people serving life sentences. We are grateful to all who worked to ensure the passage of this important legislation, which helps to both depoliticize parole and ensure an expeditious process for those who have earned release.

It was clearly the legislature's intent to establish that the Maryland Parole Commission would be the final decision-maker for all parole decisions for Marylanders sentenced to life imprisonment. However, the section of the code pertaining to medical parole was mistakenly omitted from the bill draft, resulting in a situation where *only* medical parole decisions require gubernatorial action. As a result of this error, medical parole decisions made by the Maryland Parole Commission remain subject to a waiting period of 6 months, which is dangerous and unfair for Marylanders who need medical parole.

SB 132 would simply correct that omission. The need for the Parole Commission to be able to act expeditiously is arguably most critical in those cases where the parole candidate is seriously ill or dying. The 180-day waiting period alone may be the difference between a peaceful death surrounded by family or a lonely death inside prison walls. Indeed, in 2021, two people recommended for medical parole died waiting for the Governor to Act.

Medical parole is awarded under extremely strict criteria. Under COMAR, only individuals who are 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. Swift consideration of these vulnerable people is not only the humane option, it would save tax payer dollars that would be spent on the exorbitant cost of round the clock medical care within correctional facilities. Among other materials, in order to make the appropriate decision, the Commission considers doctors' reports, medical records, mental health evaluations, and past legal history. The Commission goes through a rigorous process to determine who can be released, and every member of the Parole Commission votes in every case. Gubernatorial approval is a relic of Maryland's earlier failed system and risks opening these decisions up to politicization and bureaucratic confusion.

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FOUNDATION OF
MARYLAND

SB 132 is a simple bill would create parity across all parole processes. The bill would ensure that a terminal illness does not bar someone from fair and expeditious consideration of their request for release. For the foregoing reasons, the ACLU of Maryland urges a favorable report on SB 132.

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SB 132 - MSAA Unfavorable.pdf

Uploaded by: Patrick Gilbert

Position: UNF



Maryland State's Attorneys' Association

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Rich Gibson
President

Steven I. Kroll
Coordinator

DATE: February 7, 2024

BILL NUMBER: SB 132

POSITION: Oppose

The Maryland State's Attorney's Association (MSAA) opposes SB 132.

Currently, MD. CODE ANN., CORR. SERVS. § 7-309 authorizes the Governor to disapprove of decisions made by the Maryland Parole Commission to grant medical parole to incarcerated persons serving life sentences. Incarcerated persons are eligible for medical parole at any point in their sentence if the Commission finds that, as a result of a medical condition, they are no longer physically capable of presenting a danger to society.

Public safety, however, is only one consideration in sentencing. Life sentences are reserved for individuals who commit the most heinous offenses – these are offenses, like premeditated first-degree murder, first-degree child abuse resulting in the death of a child under 13, and rape in the first degree, that deserve to be punished with significant incarceration, even if the offender no longer poses a threat to public safety.

Unlike SB 202 in the 2021 regular session – which removed the Governor from the standard parole process for incarcerated persons serving life sentences – SB 132 deals with medical parole, which permits the release of incarcerated persons serving life sentences *at any time*, regardless of how much of their sentence they have served. Because of this flexibility, medical parole decisions involve a significant amount of discretion, and measures like SB 132 attenuate political accountability for decisions that are of great concern and consequence to Marylanders. Provisions that permit elected executives to distance themselves from such important decisions are rightly disfavored – the people should have a say at the ballot box in how discretion is used in these situations.

Policymakers must stand by their decisions – this is the reality for each of our 24 elected State's Attorneys, who are directly responsible to their electorate for how they administer the criminal justice system, and why MSAA urges an unfavorable report on SB 132.