



**Testimony In SUPPORT of SB – 0181– Geriatric and Medical Parole  
Before the Senate Judicial Proceedings  
January 28, 2024**

**Submitted by: Sara Aziz, on behalf of The American University Washington College of Law, Decarceration and Re-Entry Clinic**

My name is Sara Aziz, and I am a third-year law student at the American University Washington College of Law. I am a student-attorney on behalf of the Reentry Clinic, which represents incarcerated individuals housed throughout Maryland’s prisons. We submit this testimony in SUPPORT of the Geriatric and Medical Parole Bill.

This Bill aims to address Maryland’s aging prison population, which continues to strain the state’s budget by spending millions of dollars in medical expenses—contributing to Maryland’s worst budget deficit in 20 years.<sup>1</sup> While the average cost to detain a single individual is estimated at \$114,000 annually, elderly incarcerated individuals cost our State three times as much due to their complex medical needs.<sup>2</sup> These expenses are largely driven by frequent hospitalizations, advanced treatments, and staff support, all of which could be better managed outside of the prison system at little or no cost to the Maryland taxpayers.<sup>3</sup>

Data from the Census Bureau and extensive medical research confirm that the prison environment accelerates the aging process, taking a significant toll on the human body, when compared to life outside of incarceration.<sup>4</sup> Studies show that incarceration leads to earlier onset of chronic and life-threatening illnesses, with individuals exhibiting physiological signs of aging much earlier than people in free society.<sup>5</sup> Additionally, the conditions and limitations of prison

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<sup>1</sup> Danielle E. Gaines, *Everything on the Table as Moore, Lawmakers Seek Budget Solutions*, Md. Matters (Jan. 3, 2025), <https://marylandmatters.org/2025/01/03/everything-on-the-table-as-moore-lawmakers-seek-budget-solutions/>.

<sup>2</sup> Christopher Sherman, *State Struggles with Problem of Growing Elderly Inmate Population*, CNS Md. (May 3, 2000), <https://cnsmaryland.org/2000/05/03/state-struggles-with-problem-of-growing-elderly-inmate-population/>; National Institute of Corrections, *Maryland 2022 Statistics*, NIC, <https://nicic.gov/resources/nic-library/state-statistics/2022/maryland-2022> (last accessed on Jan. 24, 2025).

<sup>3</sup> Associated Press, *Health Care for Maryland Prisoners Was Compromised by Poor Oversight, Audit Finds*, AP News (July 20, 2023), <https://apnews.com/article/maryland-prison-health-care-contracts-b77f73b709113b9c03585972b42319cc>.

<sup>4</sup> Bureau of Justice Statistics, *Prisoners in 2022 – Statistical Tables*, U.S. Dep’t of Just. (2023), <https://bjs.ojp.gov/library/publications/prisoners-2022-statistical-tables>; Emily Widra, *The Aging Prison Population: Causes, Costs, and Consequences*, Prison Pol’y Initiative (Aug. 2, 2023), <https://www.prisonpolicy.org/blog/2023/08/02/aging/>.

<sup>5</sup> Garcia-Grossman, I.R., Cenzer, I., Steinman, M.A., & Williams, B.A., *History of Incarceration and Its Association With Geriatric and Chronic Health Outcomes in Older Adulthood*, 6 JAMA Network Open e2249785 (2023), <https://pubmed.ncbi.nlm.nih.gov/36607638/>.



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life make day-to-day activities for older adults not only more challenging but often dangerous, as evidenced by numerous personal accounts our clinic has documented through client representation.<sup>6</sup>

The largest component of the variable costs in Maryland's correctional system is medical and mental health services, which amount to \$7,956 per inmate.<sup>7</sup> By implementing medical and geriatric parole, Maryland could reduce these costs significantly, relieving our budget deficit by substantial amounts while ensuring public safety.<sup>8</sup> This is supported by the fact that elderly incarcerated individuals have a recidivism rate of under 3%, compared to over 40% for the general prison population.<sup>9</sup>

Senate Bill 181 addresses two distinct populations: individuals of advanced age and those with severe medical conditions.<sup>10</sup>

For older individuals, the Maryland Parole Commission (MPC) would consider a range of factors in determining parole eligibility.<sup>11</sup> These include the circumstances surrounding the crime, the physical, mental, and moral qualifications of the incarcerated individual, and their progress during confinement, including academic achievements in the mandatory education program. Additionally, the MPC would evaluate any reports from drug or alcohol evaluations, considering recommendations regarding treatment amenability and the availability of appropriate programs.

The Commission would also consider whether, given the individual's age and overall circumstances, they are unlikely to reoffend and whether their release would ensure public safety. Further considerations within the Bill include an updated victim impact statement, any recommendations from the sentencing judge, information from victim meetings or testimony, and the individual's compliance with their case plan. These comprehensive factors ensure that elderly individuals who have served substantial portions of their sentences and pose minimal risk to public safety are eligible for consideration.

This year, the bill has the unprecedented joint support of the Department of Public Safety and Corrections and the Maryland State Department of Corrections. With these agencies on board,

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<sup>6</sup> In 2019, Donald Brown, a 68-year-old inmate, suffered a fall leading to a fractured hip, brain bleed, amputation, stroke, dementia, and organ failure. Despite being wheelchair-bound and dependent, his initial medical parole was denied, though it was later reversed. He passed away four days after release. Vicki Schieber & Shari Ostrow Scher, *Why Maryland Needs Geriatric and Medical Parole Reform*, Md. Matters (Dec. 26, 2024), <https://marylandmatters.org/2024/12/26/why-maryland-needs-geriatric-and-medical-parole-reform/>.

<sup>7</sup> JFA Inst. & The Pandit Grp., *Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners* (Prepared for Open Soc'y Inst.-Baltimore, Jan. 2019), <https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf>.

<sup>8</sup> *Id.*

<sup>9</sup> Maryland Dep't of Pub. Safety & Corr. Servs., *2022 Recidivism Report* (2022), [https://dpacs.maryland.gov/publicinfo/publications/pdfs/2022\\_p157\\_DPSCS\\_Recidivism%20Report.pdf](https://dpacs.maryland.gov/publicinfo/publications/pdfs/2022_p157_DPSCS_Recidivism%20Report.pdf); Vera Institute of Justice, *Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations* (Dec. 2017), <https://www.vera.org/publications/compassionate-release-aging-infirm-prison-populations>.

<sup>10</sup> S.B. 181, 2025 Gen. Assemb., Reg. Sess. (Md. 2025).

<sup>11</sup> *Id.*



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we believe that the State of Maryland's approach to criminal justice reform can take a significant step forward by working together to address the unique needs of aging and medically vulnerable individuals.

Lastly, we ask that you consider the circumstances these elders face to potentially qualify for geriatric or medical parole. Many have spent decades growing old behind bars, maturing mentally and physically. They are often in severe pain and unable to spend their final days with dignity or surrounded by loved ones. We urge you to support the passage of this bill, which aligns the interests of our community members, state agencies, and the State's financial priorities at a time when budget concerns are heightened.

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