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TESTIMONY OF SENATOR SHELLY HETTLEMAN
SB 181 - CORRECTIONAL SERVICES - GERIATRIC AND MEDICAL PAROLE

Maryland law allows both medical and geriatric parole opportunities. Yet, requests for either are rarely granted. Between 2013 and 2022, the Maryland Parole Commission ("MPC") approved less than 150 medical parole requests and denied over 450. Moreover, while the Justice Reinvestment Act lowered the minimum eligibility age for geriatric parole from 65 to 60, geriatric parole is seldom approved. In general, Maryland parole grant rates have significantly diminished in recent years, with 27% fewer parole requests being heard and 54% fewer paroles being granted in 2022 compared to 2019.

This committee is well aware that Maryland's prison population has skyrocketed in the past few decades. However, the dramatic influx into our carceral system is more attributable to longer sentences than increased crime. As our carceral population ages, just like Marylanders outside the walls, their healthcare costs will increase. Indeed, as it currently stands, the annual cost of an incarcerated person is over $46,000 per year, and estimates are that healthcare costs double for those aged 60 and over. Putting the finances aside, we must also face the significant moral quandary of refusing to release seriously ill incarcerated people, and allowing them to die behind bars or while chained to a hospital bed. This is not dignified, and it is ***not*** justice.

Current law enables anyone to apply for medical parole, except those sentenced for a sex offense and those ineligible for parole. No medical examination is required, and there is no hearing. A physician reviews the medical record, assigns a "Karnofsky" score (which measures physical impairment), and sends a recommendation to the MPC. Regulations are ***stricter*** than statutes and stipulate that a person must be "imminently terminal" to be eligible for medical parole, which is also dramatically ***more restrictive than federal standards of care***.

Thus, Senate Bill 181 permits the incarcerated person, a family member, or another representative to request a meeting with the MPC to request medical parole. The incarcerated person may also request a medical evaluation, which the Commission ***must*** consider along with other factors in assessing whether to grant parole. The bill strikes an important balance between the health care needs of the incarcerated person and public safety concerns by considering whether an ill individual is likely to recidivate.

Regarding geriatric parole, our state's experience with the Unger population is telling. These older incarcerated people––with an average age of 64 and an average of *40 years* behind bars––were released after the Supreme Court of Maryland's 2012 decision in *State v. Unger*. Out of the 200 people released, 97% *did*

not recidivate, despite all being convicted of violent crimes. The Unger story demonstrates that, as incarcerated individuals age, their risk to public safety, if released, is ***minimal***. Indeed, most people "age out" of criminal behavior.

SB 181 also removes the governor from the parole consideration process, which has delayed the release of thousands of incarcerated Marylanders. Additionally, the bill requires the MPC to develop a dynamic risk assessment tool that assesses the likelihood of recidivism under geriatric parole and includes reporting requirements on the outcomes of parole consideration. Lastly, the bill fixes a quirk in current law that allows geriatric parole only for offenders who have committed multiple violent offenses and are not otherwise parole-eligible. This must be fixed. It should also be moved from the Criminal Code section to the Correctional Law section, where other parole matters are located.

Maryland has a lot of work to do. In 2022, the national nonprofit Families Against Mandatory Minimums ("FAMM") released updated report cards grading compassionate release in the state. Maryland received an overall grade of ***F***, with a score of ***16/100***, and an ***F*** for its medical parole and geriatric parole programs. FAMM also observed that the state's program is internally inconsistent and incoherent. This is worse than Washington D.C. (scored at 90/100), Virginia (45/100), Pennsylvania (41/100), West Virginia (32/100), and Delaware (19/100). Significant reforms and improvements are critical.

This bill addresses the very real problems with our medical and geriatric parole systems. It standardizes them, provides an opportunity for medical oversight, and, at the same time, protects public safety, saves resources, and grants incarcerated people the dignity they deserve. Thank you for considering SB 181.