

**Testimony in Support of Senate Bill 181 (Favorable)
Correctional Services – Geriatric and Medical Parole**

To: Senator William C. Smith Jr., Chair, and Members of the Senate Judicial Proceeding Committee

From: Cori Henry, Student Attorney, Youth, Education and Justice Clinic, University of Maryland Francis King Carey School of Law (admitted to practice pursuant to Rule 19-220 of the Maryland Rules Governing Admission to the Bar)

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I am a student attorney in the Youth, Education, and Justice Clinic (“Clinic”) at the University of Maryland Francis King Carey School of Law. The Clinic represents children who have been excluded from school through suspension, expulsion, or other means, as well as individuals who have served decades in Maryland prisons for crimes they committed as children and emerging adults. The Clinic supports Senate Bill 181, which would expand eligibility for medical parole and provide particular parole consideration for elderly individuals who remain incarcerated.

Expanding parole eligibility and consideration in these ways recognizes and values the humanity of incarcerated individuals living with severe health conditions as well as those who have grown old in prison. For both categories, this bill understands the inhumanity of confining individuals—who essentially present no risk to public safety—at the immediate or tail end of their lives.

Individuals who are incarcerated “have significantly higher rates of chronic conditions and mental illness than the general population.”¹ Also, medical programs in prisons “are often underfunded and understaffed.”² Thus, expanding opportunities for individuals with severe health conditions to be released would allow better access to the array of medical resources needed to manage, particularly given the recent oversight failures involving prison health care in Maryland.³

Expanding the parole process to allow consideration of chronically debilitated, terminally ill, and elderly incarcerated individuals is also fiscally responsible. In fiscal year 2024, the Department of Public Safety and Correctional Services budgeted \$206.5 million on medical care

¹ Jill Curran, MS, et al, *Estimated Use of Prescription Medications Among Individuals Incarcerated in Jails and State Prisons in the US*, 4 JAMA HEALTH FORUM 2023.0482, 2 (2023).

² *Id.*

³ See generally, OFFICE OF LEGISLATIVE AUDITS, DEPARTMENT OF LEGISLATIVE SERVICES, DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES, INCARCERATED INDIVIDUAL HEALTHCARE CONTRACTS (Nov. 2024), <https://www.ola.state.md.us/>

for incarcerated individuals.⁴ Incarcerated individuals 65 years of age and older “absorb a disproportionate amount of the health care costs.”⁵ Of course, medical costs increase for individuals with significant medical needs that require protracted medical care.

Over thirteen percent of Maryland’s incarcerated population is 51 to 60 years of age.⁶ Counterintuitively, while the recidivism risk lessens dramatically as individuals age, individuals incarcerated in Maryland’s prisons are substantially less likely to be granted parole as they grow older.⁷ Releasing individuals who are chronically debilitated, ill, and/or elderly would realize significant cost savings, allow resources to be used more efficiently and effectively, and align with the interests of justice

Last, broadening parole consideration in the ways set forth in SB 181 is a matter of racial justice. Maryland’s prison population grows more racially disproportionate as the decades pass. Eighty percent of individuals who have served 10 years or more in Maryland’s prisons are Black.⁸ Accordingly, SB 181, if passed, would mark a substantial step in efforts to address these racial disparities.

For these reasons, the Clinic respectfully asks the Senate Judicial Proceedings Committee to issue a favorable report.

This written testimony is submitted on behalf of the Youth, Education, and Justice Clinic at the University of Maryland Francis King Carey School of Law and not on behalf of the School of Law or the University of Maryland, Baltimore.

⁴ DEPARTMENT OF LEGISLATIVE SERVICES, OFFICE OF POLICY ANALYSIS, DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES FISCAL 2024 BUDGET OVERVIEW 10 (Jan. 2023), <https://mgaleg.maryland.gov/Pubs/BudgetFiscal/2024fy-budget-docs-operating-Q00-DPSCS-Overview.pdf>

⁵ OPEN SOCIETY INSTITUTE-BALTIMORE, BUILDING ON THE UNGER EXPERIENCE: A COST-BENEFIT ANALYSIS OF RELEASE AGING PRISONERS 7 (2019), <https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf>. See LEAH WANG, PRISON POLICY INITIATIVE, CHRONIC PUNISHMENT: THE UNMET HEALTH NEEDS OF PEOPLE IN STATE PRISONS (June 2022) (“[R]ates of medical problems are always *much* higher for older people [in prison].”) (emphasis in original), <https://www.prisonpolicy.org/reports/chronicpunishment.html>.

⁶ MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES, JULY 2022 INMATE CHARACTERISTICS, <https://dpacs.maryland.gov/publicinfo/publications/pdfs/Inmate%20Characteristics%20Report%20FY%202022%20Q4.pdf>. This is latest report available on the DPSCS website, see <https://www.dpacs.state.md.us/publicinfo/publications/InmateCharcReport.shtml>.

⁷ JUSTICE POLICY INSTITUTE, SAFE AT HOME: IMPROVING MARYLAND’S PAROLE RELEASE DECISION MAKING 16-17 (2023) (Maryland’s parole grant rate averaged 39.6 percent between 2017 and 2021 and while 40 percent of those granted parole during this years were 30 years or age or younger, only 11 percent were 50 years of age or older), <https://justicepolicy.org/wp-content/uploads/2023/05/Safe-At-Home.pdf>.

⁸ JUSTICE POLICY INSTITUTE, RETHINKING APPROACHES TO OVER INCARCERATION OF BLACK YOUNG ADULTS IN MARYLAND 7 (2019), https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf