



PREPARE
PREpare for PArole and REentry

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SB0181 - Correctional Services - Geriatric and Medical Parole - Support with Amendment

At PREPARE we offer parole education and support and pre- and post-release reentry planning and coaching to incarcerated and formerly incarcerated individuals and their families across Maryland. Since 2021, I have been happy to see Maryland make a significant investment in criminal justice - through legislative actions, improvements in the parole process, releases under the Juvenile Restoration Act, and several workgroups to address the problems that a quarter century of “life means life” left behind. I am grateful to everyone working on these initiatives and I am grateful to be a part of this work, both with individuals preparing for parole and reentry and by sharing what I learn in policy spaces.

Maryland’s Unger population, a group of aged individuals released over a decade ago after serving long-term incarceration for either murder or rape, have just a 3% recidivism rate. They are a natural experiment that shows the futility and waste of keeping elders incarcerated for excessive sentences.¹ With Maryland tracking towards a huge deficit and an unstable future, and with “everything on the table” this bill is more relevant than ever.² **Creation of a true geriatric parole provision is a cost-effective solution that uses existing infrastructure to reduce prison costs by releasing low-risk individuals in a controlled way.**

The current medical parole system is difficult to navigate, slow moving, requires the Governor’s signature, and does not give the candidate an in-person hearing. Sadly, this year the current medical parole system failed several of our clients. The letters are hard to read - stories of sick people, some with relatively short sentences, begging for care, being ignored, fighting back, losing hope and then losing their lives. Each one understood the gravity of their situation and experienced growing terror as days turned into months and years and they did not receive proper medical care. A 2024 Audit of the Incarcerated Individual Healthcare Contracts put forth findings of serious deficiencies, significant enough to warrant termination of the contract with Yes Care (formerly Corizon). **The important changes proposed in this bill will make our Medical Parole system a meaningful opportunity for release for the severely ill and dying.**

We would, however, urge that this legislation follow the successful models of the Unger releases and the Juvenile Restoration Act by removing the sex offender exclusion and resisting the addition of any amendments that include other charge exclusions. The existing exclusion was created under the same flawed policies and research that drove “life means life” in the 1990’s and led us to our current state of mass incarceration. In a 2024 review article, Lussier

¹<https://justicepolicy.org/research/reports-2018-the-ungers-5-years-and-counting-a-case-study-in-safely-reducing-long-prison-terms-and-saving-taxpayer-dollars/>

² <https://marylandmatters.org/2024/11/18/ferguson-everything-is-on-the-table-to-address-budget-deficit/>

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et al. notes that “Over the years, researchers have been asked to provide a simple answer to a seemingly simple question: what are the recidivism rates for sexual offending? In response, the field has produced a wide range of findings making it difficult to draw firm conclusions, leaving room for interpretation and personal biases.” They further note, “The specificity of American laws dealing with justice-involved perpetrators of sexual offenses (e.g., public notification, public sex offender registries) seriously limits the possibility of generalizing the results of SOR research beyond the state where the study was conducted.”³

Noting no formal sexual recidivism study from Maryland, I will instead note the Unger and JuvRA populations, which include those convicted of sex offenses and are most similar to the geriatric and medical parole population, have spectacularly low recidivism rates. I will also note the DPP Dashboard where on Page 5 you can see the new offense rates for sex offenders under supervision, which from the years 2017-2023 ranged from 8.1-13.9%, below the rate of those on general supervision, which is 10.36-16.4%⁴. Furthermore, in all years, the sex offender supervision group had the second highest successful completion rate of any supervised group, second only to the Drunk Driver Monitor Program.⁴

Furthermore, this particular sex offender restriction applies to anyone who is subject to sex offender registry, so it is important to remember that nationally “criminalized conduct ranges across a broad spectrum of culpability including public nudity, indecent exposure (“flashing”), public urination, “sexting,” sex between consenting minors (statutory rape), soliciting sex workers, illegal image creation (e.g., a minor taking a nude photo of themselves), illegal image sharing (e.g., a minor sharing a nude photo of themselves), the creation or dissemination of sexually explicit images of youth, incest, to acts of fondling, sodomy, and rape using force.”⁵ Interstate registry also comes with a variety of complicated rules that might land someone on the registry for conduct that is not even a crime under Maryland law pursuant to CP 11-704 (a) (4).

This is why critical, individualized case analysis and the discretion of the Parole Commission is necessary. “For example, two consenting teenagers who have sex could receive up to a 15 year prison sentence in Florida or up to a 20 year prison sentence in Alabama due to statutory rape and other laws. These convictions could also trigger a lifetime public registration requirement.”⁶ CP 11-704 (a) (4) would then compel these people to register in Maryland, and if they were incarcerated in Maryland decades later for even a nonviolent offense, they would be barred from relief under this Geriatric Parole statute. If the discretion of the Parole Commission were left

³ Lussier, P., Chouinard Thivierge, S., Fréchette, J., & Proulx, J. (2024). Sex Offender Recidivism: Some Lessons Learned From Over 70 Years of Research. *Criminal Justice Review*, 49(4), 413-452. <https://doi.org/10.1177/07340168231157385>

⁴ https://dpsc.maryland.gov/community_releases/DPP-Annual-Data-Dashboard.shtml

⁵ Kristen M. Budd, Ph.D., Sabrina Pearce and Niki Monazzam, Responding to Crimes of a Sexual Nature: What We Really Want Is No More Victims, 2024, <https://www.sentencingproject.org/policy-brief/responding-to-crimes-of-a-sexual-nature-what-we-really-want-is-no-more-victims/>

⁶ Kristen M. Budd, Ph.D., Sabrina Pearce and Niki Monazzam, Responding to Crimes of a Sexual Nature: What We Really Want Is No More Victims, 2024, <https://www.sentencingproject.org/policy-brief/responding-to-crimes-of-a-sexual-nature-what-we-really-want-is-no-more-victims/>



intact, the Commissioner would easily be able to divide this case based on its unique circumstances and treat it accordingly.

I therefore urge you to approve this incredibly necessary bill to provide much needed relief to the aged and dying behind the walls, but to amend this bill to strike CS 7-310(3) and leave the specifics of the case consideration in the capable hands of our Parole Commission.

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