

FAVORABLE WITH AMENDMENT HB 190 – Geriatric and Medical Parole



TO: Chair Luke Clippinger and House Judiciary Committee
FROM: Phil Caroom, MAJR Executive Committee
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Maryland Alliance for Justice Reform (MAJR-www.ma4jr.org) strongly supports HB 190 substantive provisions to better facilitate parole of Marylanders who, with age and medical conditions, pose no risk to public safety.

Substantive provisions: The Parole Commission will have extensive documentation from medical and correctional personnel in every such case. They will have input from victims and prosecutors. Life sentences are the most serious category of case that Parole Commissioners, themselves selected by the Governor, will face in their careers. Legislators can have confidence that the Parole Commissioners will make sound decisions in these important cases.

Public safety concerns are greatly reduced with older and disabled inmates, as national studies show. See, e.g., “*Graying Prisons- States Face the Challenge of an Aging Inmate Population* (2014),” Council of State Governments. A study of more than 130 older Maryland inmates released as a result of the Maryland Court of Appeals Unger decision indicated virtually no recidivism. Maryland’s DPSCS, in 2006, also reported a zero recidivism rate for inmates paroled over age 60. *Aging Inmate Population, supra*.

Funding provisions: Savings from parole of these older and medically-disable inmates to the State Budget and, especially, the DPSCS medical budget, via transfer of these costs to Medicaid, will be great. The Pew Institute has reported: “*The older inmate population has a substantial impact on prison budgets. ...The National Institute of Corrections pegged the annual cost of incarcerating prisoners age 55 and older with chronic and terminal illnesses at, on average, two to three times that of the expense for all other inmates, particularly younger ones. More recently, other researchers have found that the cost differential may be wider.*” See 7/14 Pew State Prison Health Care Spending Report.

One fiscal analysis has projected that continued confinement of people in this age group at \$53,000 a year for an additional 18 years (based on the expected period of incarceration) would amount to nearly \$1 million per person. See Justice Policy Institute, “The Ungers, 5 Years and Counting: A Case Study in Safely Reducing Long Prison Terms and Saving Taxpayer Dollars,” 11/5/18. *These savings, perhaps, may be the single largest taxpayer savings in Maryland’s Justice Reinvestment process.* By contrast, the current DLIS Fiscal and Policy Note for HB 190 “does not reflect any potential savings in incarceration costs” and discusses only minimal costs for staffing changes.

A minor amendment: Currently, according to JPI reports, only 28% of eligible geriatric individuals are reduced on Parole, compared to much higher release rates elsewhere in the U.S.; the remainder return to the community via mandatory release with good behavior credits. While HB 190 aspires to shift this ratio, will elderly returning citizens be penalized and deprived of resources if they are released by means other than Parole?

A minor requested amendment would do two things: a) delete “released on parole” to permit resources to be used for assistance of any geriatric or medically-impaired incarcerated individual and b) add “(3) PROVIDING SAVINGS NOT REQUIRED FOR THE ABOVE PURPOSES MAY BE USED FOR OTHER JUSTICE REINVESTMENT PURPOSES PROVIDED IN STATE GOVT § 9-3207 (B).” While still prioritizing uses for those released with medical and geriatric concerns, excess savings also could be used for wider Justice

Reinvestment needs for reentry and recidivism reduction.

For all these reasons, Maryland Alliance for Justice Reform strongly supports passage of HB 190 with the minor amendment discussed above.

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PLEASE NOTE: Phil Caroom offers this testimony for Md. Alliance for Justice Reform and not for the Md. Judiciary or any other unit of state government.