2025-01-28 SB 181 - Support.pdf
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OFFICE OF THE ATTORNEY GENERAL

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January 28, 2025

TO: The Honorable Will Smith, Jr.
Chair, Judicial Proceedings Committee

FROM: Adam Spangler
Legislative Aide, Legislative Affairs, Office of the Attorney General

RE: Senate Bill 181 – Correctional Services - Geriatric and Medical Parole - **Favorable**

The Office of Attorney General (OAG) urges this Committee to favorably report **Senate Bill 181**. This legislation, sponsored by Senator Hettleman, would require the consideration of an inmate's age, and the extent to which the inmate is likely to recidivate or pose a threat to public safety, in the determination of whether to grant parole. **Senate Bill 181** would require an inmate who is at least sixty years-old and has served at least fifteen years of the imposed sentence and is not registered or eligible for registration as a sex offender, to have a parole hearing every two years. The bill would also provide for medical parole upon a licensed medical professional's determination that an inmate is terminally ill or chronically debilitated or incapacitated, in need of extended medical care better met by community services and is physically incapable of presenting a danger to society. The bill also contains procedural and reporting requirements for these parole hearings.

Geriatric and medical parole – also known as "compassionate release" – are premised on "a humanitarian desire to allow people to spend their remaining days outside of prison in the company of their family and friends, as well as practical considerations of the high cost and minimal public safety value of incarcerating people who are old or gravely ill."[1] Despite the overall prison population declining across the U.S., the number of incarcerated older adults has increased.[2] These individuals typically pose minimal risk to public safety and lower rates of recidivism due to

[1] Rebecca Silber, Léon Digard, Jesse LaChance, A Question of Compassion: Medical Parole in New York State, VERA INSTITUTE OF JUSTICE (April 2018), https://www.vera.org/publications/medical-parole-new-york-state.
[2] *Id.*

age and physical condition.[3] Without expanded access to geriatric and medical parole in Maryland, the elderly population in State prisons will continue to grow, increasing the State's costs in providing necessary health and end-of-life care to inmates, and serving little benefit to public safety.[4]

Additionally, **Senate Bill 181** provides that any savings as a result of these provisions will revert back to the Department of Public Safety and Correctional Services for use in carrying out these parole hearings, as well as increase pre-release and re-entry resources for inmates released on parole, which will better assist those released from prison in reintegrating into the community.[5]

Finally, **Senate Bill 181** is consistent with a number of the recommendations of the Maryland Equitable Justice Collaborative(MEJC). The MEJC is a historic partnership between the Office of the Attorney General, Office of the Public Defender, and more than 40 stakeholders Statewide that focuses on reducing the mass incarceration of Black men and women and other marginalized groups in Maryland prisons and jails. In December 2024, the Collaborative's approved 18 recommendations designed to tackle long-seeded issues that have contributed to Maryland's high incarceration rates and racial disparities throughout the legal system.The Collaborative's ninth recommendation is to "increase the number of people eligible for earlier parole consideration due to serious medical conditions and having reached an age where they no longer pose a threat to public safety."[6]

For the foregoing reasons, the Office of the Attorney General urges a favorable report on **Senate Bill 181**.

cc: Senator Shelly Hettleman
Members of the Judicial Proceedings Committee

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[3] JUSTICE POLICY INSTITUTE, Compassionate Release in Maryland: Recommendations for Improving Medical and Geriatric Parole (January 2022) at 4–5 (available at https://justicepolicy.org/wp-content/uploads/2022/02/MarylandCompassionate-Release.pdf) ("In 2012, a Maryland court determined a series of cases involved unconstitutional jury instructions. This resulted in 235 individuals, many of whom had committed serious violent offenses, becoming eligible for release. The average age of those released due to the Unger decision was 64, and they had served an average of 40 years in prison. In the eight years since the ruling, these individuals have posted a recidivism rate of under three percent. This is much lower than the 40 percent rate of recidivism after only three years for all persons released from Maryland prison. The rate for the aging Unger population is so low that the cohort was five times more likely to pass away from old age than to recidivate for a new crime.").

[4] *Id.* At 1.

[5] S.B. 128, 2024 Legis. Sess, 446th Gen. Assemb. (Md. 2024) § 7-310(D).

[6] Maryland Equitable Justice Collaborative. (2024, December 12). History Made: Maryland Equitable Justice Collaborative (MEJC) Passes Recommendations to Address Mass Incarceration of Black Marylanders in State Prisons and Jails. https://www.marylandattorneygeneral.gov/press/2024/121224.pdf.

SB181 Written Testimony.pdf
Uploaded by: Brandi Cahn
Position: FAV

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor

DOROTHY LENNIG
Executive Director

January 28, 2025

Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401

RE: SB181 - Correctional Services - Geriatrics and Medical Parole - **Favorable**

Dear Chair Smith, Vice Chair Waldstreicher, and Members of the Committee:

The Governor's Office of Crime Prevention and Policy (GOCPP) respectfully supports Senate Bill 181. SB181 will require the Maryland Parole Commission to consider the age of an incarcerated person and will alter how the Commission evaluates a request for medical parole.

As the coordinating agency for the Justice Reinvestment Act (JRA), GOCPP supports initiatives that safely reduce the sentenced prison population. While the JRA lowered the age eligibility for geriatric parole from 65 to 60, it is rarely approved due to a technical issue within the law. SB181 will rectify eligibility barriers and create a pathway to compassionate release while still protecting public safety.

According to a report released by the Justice Policy Institute, research has conclusively shown that by age 50 most people have significantly outlived the years in which they are most likely to commit crimes, arrest rates drop to just over two percent at age 50 and are almost zero percent at age 65.[1] As older incarcerated individuals pose a low public safety risk due to their age, SB181 will allow the State to safely reduce the State's prison population and further promote the justice reinvestment initiative.

Furthermore, in Maryland it costs approximately $46,000 per year to incarcerate an individual. Nationally, the annual cost to incarcerate an individual rises to an estimated $68,000 per year for someone over the age of 50. The difference is largely attributed to higher health care costs.[2] The cost savings associated with SB181 will assist the State in investing in holistic reentry programs for geriatric returning citizens.

GOCPP looks forward to further collaboration as we seek to improve the parole process and identify resources needed to support the Parole Commission. For more information, please contact Brandi Cahn, Assistant Director of Justice Reinvestment, Brandi.Cahn1@maryland.com.

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[1] Justice Policy Institute. Compassionate Release in Maryland, January 2022. https://justicepolicy.org/wp-content/uploads/2022/02/Maryland-Compassionate-Release.pdf.
[2] Pro G, Marzell M. Medical Parole and Aging Prisoners: A Qualitative Study. J Correct Health Care. 2017 Apr;23(2):162-172. doi: 10.1177/1078345817699608. Epub 2017 Mar 30. PMID: 28358232.

SB181 Families Advocating

Uploaded by: Brenda Jones

Position: FAV

Families Advocating
Intelligent Registries
PO Box 8402 Elkridge, MD 21075 ♥ 800-708-8535 ♥ info@fairregistry.org

Unfavorable Response to SB181
Correctional Services – Geriatric and Medical Parole

Families Advocating Intelligent Registries (FAIR) seeks rational, constitutional sexual offense laws and policies for persons accused and convicted of sexual offenses.

FAIR agrees that the focus of parole considerations should be on recidivism and public safety. Proposed Amendment to Section 7-305(5) makes clear that the Commission shall consider "the totality of the circumstances relating to the incarcerated individual." In FAIR's view, the further proposed additional language "including the age of the incarcerated individual" is unnecessary as it highlights a single factor which may or may not play a role in potential for an individual's recidivism in a particular case. We are concerned that the Commission will view "age" as a highlighted factor and that this will result in unintended consequences of individuals being denied Parole despite otherwise satisfying requirements.

FAIR supports the addition of Section 7-310 for geriatric parole. However, **FAIR objects strenuously to the proposed addition of Section 7-310(A)(3) that carves out the opportunity for this parole consideration for anyone required to register (meaning nearly all sex offenses).** On the next page you can see the results of a reliable study demonstrating that the longer the time after conviction, the less likely even the most serious offenders are to repeat. It has also been well-established with over 30 years of experience and research that individuals convicted of sexual offenses compared to the rest of the prison population as a whole have a much lower re-offense rate (3.5% within three years, compared to 67% for all classes.*)

There is no rational basis for excluding registrants from such parole consideration either for reasons of recidivism risk or public safety risk. We urge that proposed Section 7-310(A)(3) be removed, as it is arbitrary and removes from the Commission's authority the ability to periodically review appropriate individuals for parole consideration under applicable law.

We urge the committee to return an unfavorable vote for SB181.

Sincerely,

Brenda V. Jones, Executive Director
Families Advocating Intelligent Registries

*Bureau of Justice Statistics study page 7.
https://www.bjs.gov/content/pub/press/rsorp94pr.cfm https://www.ncjrs.gov/pdffiles1/nij/grants/231989.pdf

FAIR does not in any way condone sexual activity between adults and children, nor does it condone any sexual activity that would break laws in any state. We do not advocate lowering the age of consent, and we have no affiliation with any group that does condone such activities.

Declaration of Dr. R. Karl Hanson.
United States District Court for the Northern District of California.
Civil Case No. C 12 5713. Filed 11-7-12

Selection:

I, R. Karl Hanson, declare as follows:

I am a Senior Research Scientist at Public Safety Canada. Throughout my career, I have studied recidivism, with a focus on sex offenders. I discuss in this declaration key findings and conclusions of research scientists, including myself, regarding recidivism rates of the general offender population and sex offenders in particular. The information in this declaration is based upon my personal knowledge and on sources of the type which researchers in my field would rely upon in their work. If called upon to testify, I could and would competently testify thereto.

Summary of Declaration:

My research on recidivism shows the following:

1) Recidivism rates are not uniform across all sex offenders. Risk of re-offending varies based on well-known factors and can be reliably predicted by widely used risk assessment tools such as the Static-99 and Static-99R, which are used to classify offenders into various risk levels.

2) Once convicted, most sexual offenders are never re-convicted of another sexual offence.

3) First-time sexual offenders are significantly less likely to sexually re-offend than are those with previous sexual convictions.

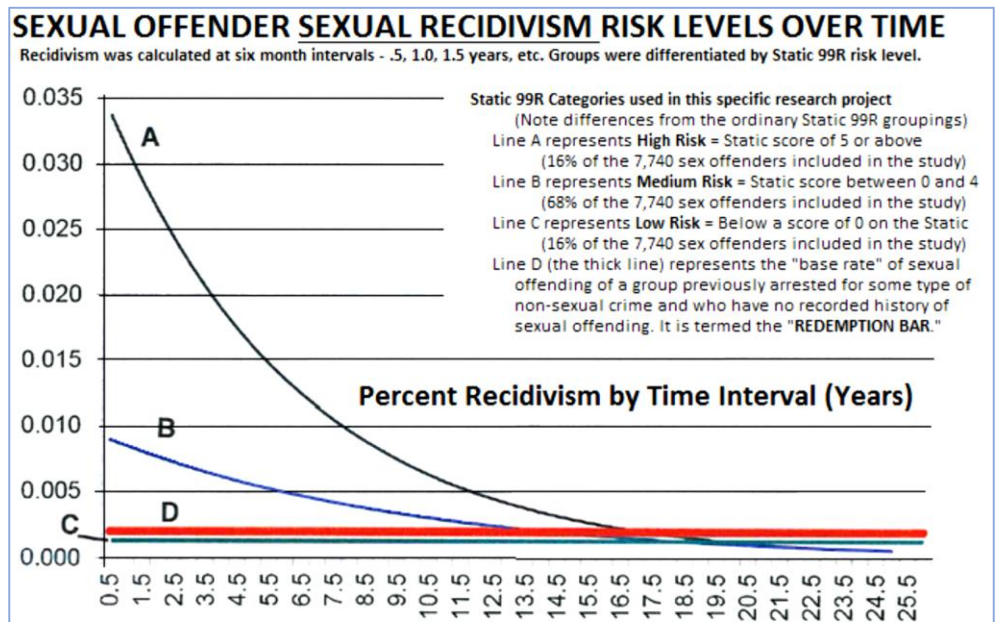
4) Contrary to the popular notion that sexual offenders remain at risk of reoffending through their lifespan, the longer offenders remain offence-free in the community, the less likely they are to re-offend sexually. Eventually, they are less likely to re-offend than a non-sexual offender is to commit an “out of the blue” sexual offence.

   a) Offenders who are classified as low-risk by Static-99R pose no more risk of recidivism than do individuals who have never been arrested for a sex-related offense but have been arrested for some other crime.

   b) After 10 - 14 years in the community without committing a sex offense, medium-risk offenders pose no more risk of recidivism than Individuals who have never been arrested for a sex-related offense but have been arrested for some other crime.

   c) After 17 years without a new arrest for a sex-related offense, high-risk offenders pose no more risk of committing a new sex offense than do individuals who have never been arrested for a sex related offense but have been arrested for some other crime.

5) Based on my research, my colleagues and I recommend that rather than considering all sexual offenders as continuous, lifelong threats, society will be better served when legislation and policies consider the cost/benefit break point after which resources spent tracking and supervising low-risk sexual offenders are better re-directed toward the management of high-risk sexual offenders, crime prevention, and victim services.



SB181 Maryland State's Attorney's Association

Uploaded by: Brenda Jones

Position: FAV

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Rich Gibson
President

Steven I. Kroll
Coordinator

DATE: **January 24, 2025**

BILL NUMBER: **SB 181**

POSITION: **Favorable with Amendment**

The Maryland State's Attorneys' Association (MSAA) supports Senate Bill 181 with the inclusion of a few minor amendments that seek to balance the interests that animated this important legislation with public safety.

SB 181 modifies Maryland's parole provisions in two key ways. First, the bill revises restrictions surrounding medical parole, codified in MD. CODE ANN., CORR. SERVS. § 7-309. MSAA's concern relates to the removal of the existing requirement for physical incapability. As the law currently exists, only individuals that no longer physically pose a threat to public safety are eligible for release on medical parole – the current language in SB 181 removes this requirement, and could permit the release on parole of an individual that still poses a threat to public safety simply because their health needs would be better met by community services. By changing the "or" on line 23 of page 3 to "and," this concern would be addressed, and would require a showing that an incarcerated person no longer physically poses a threat prior to their release on medical parole.

The second key aspect of SB 181 is the creation of a new parole modality – geriatric parole. The bill establishes MD. CODE ANN., CORR. SERVS. § 7-310, and provides for the parole consideration of incarcerated persons serving parole-eligible sentences every two years once they reach the age of 60 and provided they have served at least 15 years of their sentence. MSAA supports this concept, animated by the idea that individuals pose less of a threat to public safety as they age, but suggests amendments to better tailor the restrictions to the needs of public safety – by requiring an individual to have served 20 years of their sentence (instead of 15 years), and to be 70 of age (instead of 60), the geriatric parole provisions will apply exclusively to the population they are intended to apply to.

Finally, MSAA would like to reiterate – while public safety is an important part of the parole decision, it is by no means the only, or even most important, part. Parole must take into consideration the rehabilitative progress an incarcerated person has made, as well as the circumstances of their offense and the thoughts and considerations of the victim or their family. SB 181 provides for the consideration of certain individuals for release on parole by virtue of their age or health, but it does not require their release based on either, and in doing so, recognizes that some offenses are so heinous that the individual who has committed them rightly deserves to spend the balance of their life incarcerated, independent of public safety concerns. MSAA is stalwart in its advocacy for victims, and supports SB 181 with the above amendments.

SB0181 Geriatric and Medical Parole_MLC_FAV.pdf
Uploaded by: Cecilia Plante
Position: FAV

TESTIMONY FOR SB0181
Geriatric and Medical Parole

Bill Sponsor: Senator Hettleman
Committee: Judicial Proceedings
Organization Submitting: Maryland Legislative Coalition
Person Submitting: Aileen Alex, co-chair
Position: FAVORABLE

I am submitting this testimony in favor of SB0181 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

SB0181 would reform the parole process by implementing geriatric and medical parole considerations for incarcerated individuals who are elderly or chronically ill. HB0181 mandates that individuals aged 60 or older who have served at least 15 years of their sentence and are not on the sex offender registry are eligible for geriatric parole. Furthermore, HB0181 defines terminal illness and broadens the criteria for "chronically debilitated or incapacitated" individuals eligible for medical parole to encompass diagnosable medical conditions that are unlikely to improve and hinder the individual from completing more than one daily living activity.

Despite this expansion, SB0181 introduces robust measures to ensure the program's success. Recipients of geriatric parole must undergo a parole hearing every two years, during which the Parole Commission must evaluate the impact of the individual's age on their recidivism risk. For medical parole, the Commission is required to consider detailed medical information and evaluations in their review process, thereby limiting eligibility to those genuinely in need.

Reducing sentences for elderly and infirmed inmates who have already served substantial time for their offenses is a humane action, particularly in Maryland, which has one of the highest minority incarceration rates in the country. Such reductions will save Maryland taxpayers more than $35,000 per inmate annually—the average cost of incarcerating a healthy inmate—thereby helping to offset the cost of this compassionate program.

The Maryland Legislative Coalition steadfastly supports this bill and similar initiatives that prudently reduce the prison population without compromising public safety. We firmly recommend a FAVORABLE report in committee.

FAMM Support for MD SB 181 Jan 24 25.pdf
Uploaded by: celeste trusty
Position: FAV

Written Testimony of Celeste Trusty
State Legislative Affairs Director, FAMM
In Support of SB 181
Maryland Senate Judicial Proceedings Committee
January 24, 2025

I would like to thank Chair Smith, Vice Chair Waldstreicher, and each Committee member for the opportunity to submit written testimony in support of SB 181, a bill that would improve Maryland's parole and release process for sick and elderly people living in state prisons. **FAMM supports SB 181 and encourages the Committee to vote favorably on this common-sense piece of legislation.**

FAMM is a nonpartisan, nonprofit organization that advocates sentencing and prison policies that are individualized and fair, protect public safety, and preserve families. Among one of FAMM's priorities is advocating the creation and expansion of avenues for compassionate release - opportunities for aging and sick people to be released from prison if their incarceration serves no further public safety benefit.[1] People across the country overwhelmingly support compassionate release programs, and voters believe that people who are not a risk to public safety should be considered for early release from prison.[2]

For more than two decades, FAMM has been a leading voice for measures that allow for the safe release of people who are aging or in declining health from our nation's prisons. Incarceration is meant as a form of punishment and to protect the public, but also meant to

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[1] While we use the term "compassionate release" to describe this authority, we are aware that many jurisdictions have different names for programs that enable early release for qualifying prisoners. Because of what we have learned of the insurmountable barriers to early release programs encountered by many sick and dying prisoners, we believe every program could
benefit from taking a compassion-based look at what it means to go through the process. We call these programs "compassionate release" so that the human experience is foremost in our minds and those of policy makers.
[2] https://famm.org/wp-content/uploads/FAMM-POS-CR-deck.pdf

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rehabilitate, educate, and support people as they prepare for successful return to the community. FAMM believes that people should have ample, meaningful opportunities to be released back into the community when their continued incarceration no longer serves any public benefit. At a bare minimum, we should be dedicated to solidifying robust pathways for relief for people who are aging, those who are too debilitated to further offend, too compromised to benefit from rehabilitation, or too impaired to be aware they are being punished. Maryland is woefully lacking dedication to these principles.

Since 2018, FAMM has conducted comprehensive research into state compassionate release programs.[3] We maintain a set of memos and report cards on our website that document every existing compassionate release program in the 50 states and the District of Columbia.[4] For each jurisdiction we describe eligibility criteria, application requirements, documentation, and decision-making, as well as post-decision and post-release issues. We most recently updated these memoranda in December 2021, including an updated assessment of Maryland's current state of compassionate release.

We set out our findings in a 2018 report, "Everywhere and Nowhere: Compassionate Release in the States."[5] Our most disturbing finding was that while nearly every state has some form of compassionate release, it is scarcely used. To understand why this critical mechanism is so severely underused, FAMM examined and reported on the policies and practices that pose barriers to release. We also explored those jurisdictions that exemplify best practices. Finally, we included a set of recommendations for states working to implement or update compassionate release programs.[6]

In 2022, FAMM followed up our report and subsequent memos with a project in which we graded the medical release policies in all 50 states and the District of Columbia. We graded each policy based on key components of a well-crafted medical release policy, including eligibility criteria, an engaging process, agency policy design, procedures, release planning support, data collection and public reporting, and a right to counsel and appeals. Based on

[3] FAMM, Compassionate Release: State Memos (Dec. 2021), https://famm.org/our-work/compassionate-release/everywhere-and-nowhere/#memos.
[4] Compassionate Release Report Card, Maryland, October 2022, FAMM, https://famm.org/wp-content/uploads/md-report-card-final.pdf
[5] Everywhere and Nowhere, Executive Summary, https://famm.org/wp-content/uploads/Exec-Summary-2-page.pdf.
[6] Everywhere and Nowhere, Executive Summary, https://famm.org/wp-content/uploads/Exec-Summary-2-page.pdf.

these grading criteria, Maryland received an overall grade of 16/100 - a horribly failing grade that puts Maryland at third worst in the country.[7] Maryland's medical parole system received a 9/100, and the geriatric parole system received a 23/100 - again, both failing grades.[8]

SB 181 would allow people who are at least age 60 and have served 15 years or more of incarceration; or incarcerated people suffering from chronic or terminal physical or mental health conditions to seek relief through parole. Mechanisms like compassionate medical and elderly release provide an amazing opportunity for **the public** to benefit from returning credible messengers with lived experience to our communities after incarceration. Across the country and here in Maryland, FAMM advocates alongside incredible incarcerated people who have demonstrated readiness to return to their communities. Yet for far too many of these people, there **is** an absence of opportunities to do so. Release mechanisms for longer-serving people have proven highly successful across the country, and in Maryland. Our society is moving away from a past focus on harsh sentencing, and toward embracing mercy as a counterbalance to punishment.

In Maryland, it costs an average of nearly $40,000 a year to incarcerate each person, and that number grows exponentially as people age.[9] In July of 2022, the Maryland Department of Public Safety and Correctional Services reported more than 3,100 people over age 51 living in its state prisons, with more than 1,100 of this group over age 60.[10] As people mature into adulthood, the likelihood of engaging in criminal behavior diminishes. Therefore, it makes sense to create pathways for incarcerated people to be released back into their communities instead of demanding continued incarceration. The provisions included in SB 181 should be considered a public safety effort, allowing invaluable taxpayer resources to be reallocated from keeping older and sick people in our overcrowded prisons, and into our communities.

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[7] Compassionate Release Report Card, Maryland, October 2022, FAMM, https://famm.org/wp-content/uploads/md-report-card-final.pdf
[8] Compassionate Release Report Card, Maryland, October 2022, FAMM, https://famm.org/wp-content/uploads/md-report-card-final.pdf
[9] MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES Incarcerated Individual Characteristics Report, July 1, 2022
https://www.dpscs.state.md.us/publicinfo/publications/pdfs/Inmate%20Characteristics%20Report%20FY%202022%20Q4.pdf
[10] MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES Incarcerated Individual Characteristics Report, July 1, 2022
https://www.dpscs.state.md.us/publicinfo/publications/pdfs/Inmate%20Characteristics%20Report%20FY%202022%20Q4.pdf

The release of over 200 incarcerated people through the *Unger v. Maryland* ruling has already saved Marylanders an estimated $185 million and is expected to grow to a taxpayer savings of more than $1 billion over the next decade.[11] SB 181 would allow Marylanders to continue to benefit from expanded release opportunities by strengthening and expanding Maryland's medical and geriatric release mechanisms, freeing up taxpayer resources to be reallocated. Instead of investing in incarceration, invest in things Maryland's communities really need. FAMM encourages the Committee to vote in favor of SB 181 and move this critical piece of legislation forward.

Thank you for considering our feedback, and please do not hesitate to reach out with any questions at ctrusty@famm.org or 267.559.0195.

[11] https://justicepolicy.org/wp-content/uploads/2021/06/The_Ungers_5_Years_and_Counting.pdf

IL Written Testimony - SB 181 - Favorable.pdf

Uploaded by: Chris Kelter

Position: FAV

SB 181: Correctional Services - Geriatric and Medical Parole

Testimony of the Maryland Independent Living Network

SUPPORT

Senate Judicial Committee, January 28, 2025

The Maryland Independent Living Network is a coalition of the Maryland Statewide Independent Living Council and the seven Maryland-based Centers for Independent Living (CIL). CILs are created by federal law. CILs work to enhance the civil rights and quality of services for people with disabilities. There are seven CILs located throughout Maryland, operated by and for people with disabilities. CILs provide Information and Referral, Advocacy, Peer Support, Independent Living Skills training, and Transition Services to individuals with disabilities in their communities.

The Independent Living Network submits this written testimony in **support** of SB 181.

SB 181 clarifies the standards for geriatric and medical parole and brings Maryland's compassionate release standards in line with national standards.

The average age of incarcerated persons is continuously rising. Older persons that are incarcerated generally have higher medical needs and require additional taxpayer funds to address those needs.

The Justice Reinvestment Act (JRA) was enacted to improve public safety, reduce corrections spending, and reinvest avoided costs in evidence-based strategies to reduce crime and recidivism.

Older persons that are currently incarcerated pose a low public safety risk once paroled. If not paroled, the cost of ongoing imprisonment plus medical care is the highest of any category of incarcerated person. Furthermore, the savings generated by releasing inmates to parole would free taxpayer funds for services for young people at risk of offending. Any effort to reduce the number of incarcerated individuals reduces unnecessary expenditure of taxpayer funds for incarceration and those funds can be directed to efforts to reduce crime and recidivism.

The bill's provisions ensure public safety is maintained as specific conditions must be considered prior to granting parole.

Geriatric and medial parole is compassionate, fair and reasonable.

The Maryland Independent Living Network appreciates the consideration of these comments.

The Maryland Independent Living Network strongly **supports** SB 181 and urges a **favorable** report.

Contact Information:

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YEJ Clinic Testimony In Support of SB 181 PDF.pdf

Uploaded by: Cori Henry

Position: FAV

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)

Date: January 24, 2025

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.

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[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://dpscs.maryland.gov/publicinfo/publications/pdfs/Inmate%20Characteristics%20Report%20FY%202022%20Q4.pdf. This is latest the report available on the DPSCS website, see https://www.dpscs.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 grate 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 (

1 28 2025 SB181 Medical Geriatric Parole FAV MOPD.

Uploaded by: Elizabeth Hilliard

Position: FAV

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To: Senate Judicial Proceedings Committee

From: Maryland Office of the Public Defender

Re: In Support of Senate Bill 181 - Correctional Services - Geriatric and Medical Parole

Date: January 28, 2025

Senate Bill 181 makes necessary reforms to Maryland's geriatric and medical parole schemes to move Maryland towards having a true mechanism for compassionate release for elderly and infirm incarcerated men and women. According to January 2025 estimates from the Department of Public Safety & Correctional Services, there are currently approximately 439 individuals over the age of 60 in the Department of Corrections (DOC) who have already served over 15 years in prison on a sentence eligible for geriatric parole consideration in Senate BIll 181.[1] In response to a legislative inquiry, the Department recently estimated that approximately 1,1173 incarcerated individuals, or 9.9% of the overall incarcerated population, are living with serious mental illness and require chronic medical care. The numbers are staggering – incarcerated Marylanders are aging and they are ailing. Maryland has always intended to have a release valve for incarcerated individuals who are sick and elderly by adopting a medical and geriatric

Data provided by the Maryland Parole Commission (MPC) in response to an MPIA request is instructive. In 2020, the first year of the COVID-19 pandemic when vaccines were not yet available, MPC received medical parole requests from 201 individuals. The Commission granted only 27 of those requests – less than 15%. From 2015 – 2020, only 86 individuals were approved for medical parole. Senate Bill 181 reforms both the medical and geriatric parole process to ensure these processes are meaningfully available to sick and elderly incarcerated individuals who require care beyond what DOC is set up to provide. Given the extremely low rates of recidivism among elderly individuals released from prison, utilizing geriatric and medical parole is not only the humane thing to do, but it also makes fiscal sense without compromising public safety.

Senate Bill 181 moves Maryland towards a legally sound standard for medical and geriatric parole. Nothing in Senate Bill 157 lessens the Commission's obligation to take both

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public safety or victim impact into account when considering an individual for release under the medical or geriatric parole standards. The Commission is still required to decide whether release is compatible with the welfare of public safety and the likelihood that an individual will recidivate if released.

In 2021, the General Assembly took the historic and long overdue step of depoliticizing Maryland's parole process by removing the Governor's authority over parole decisions of individuals serving life sentences. While that step was necessary to move Maryland towards having a functional parole system, it was not sufficient. Medical and geriatric parole affect not only individuals serving life sentences, but the entire correctional population are important release valves for individuals who pose no threat to public safety and require care in the community, not cages.

This testimony addresses each parole provision in turn.

<u>Geriatric parole</u>

Under current law, Maryland has a geriatric parole provision in name only. Eligibility for geriatric parole is currently governed by MD Code Crim Law §14-101(f)(1) – the section of the code that deals with mandatory sentences for crimes of violence. This alone is a complete anomaly. No other statutory provision governing parole is placed in the criminal law article of the Maryland Code. The construction of the statute leads to a truly peculiar result. As currently written, the law dictates that geriatric parole is only available to an individual who has reached age 60, served at least 15 years, *and is sentenced under the provisions of 14-101* – meaning only those who have been convicted of multiple crimes of violence are eligible. Despite representing many clients over the age of 60 who have served at least 15 years, Lila Meadows, MOPD's premiere expert on medical and geriatric parole in Maryland has never had a client who satisfies the subsequent crimes of violence section of the statute.

Beyond the problems with the construction of the statute, the law provides no guidance to the Maryland Parole Commission regarding suitability for geriatric parole. Senate Bill 181 would remove the geriatric parole provision from MD Code Criminal Law 14-101 and place the provision in the Correctional Services Article, where every other provision regarding parole is codified. It would also give the Maryland Parole Commission direction regarding how to evaluate candidates for geriatric parole, creating consistency with standard parole and medical parole consideration. Both of these provisions are critical as Maryland's prison population ages.

In Maryland, and across the country, elderly populations within prison systems are increasing.[2] Since 2003, the fastest growing age group in the prison system has been persons aged 55 and older.[3] The Maryland Department of Public Safety and Correctional Services reports that as of July 2022, **14,983** people were housed within the Division of Correction.[4] Of those, **2,035 were between the ages of 51 and 60 and 1105 were over 60**. *Id.*

Several considerations specific to incarcerated seniors demonstrate the need for Senate Bill 181. **First**, elderly persons have particular health and safety concerns that living in prison exacerbates. **Second**, elderly persons are less likely to reoffend upon reentering the community than younger persons. **Third**, incarcerating elderly persons is more expensive for the State and its taxpayers than incarcerating younger persons.

Elderly inmates' health needs are more complex than those of younger inmates. Elderly persons in prison are more likely to be living with chronic health conditions than their younger counterparts.[5] "On average, older prisoners nationwide have three chronic medical conditions and a substantially higher burden of chronic conditions like hypertension, diabetes and pulmonary disease than both younger prisoners and older non-prisoners."[6]

Research suggests a correlation between prison life and decline in health. In a 2007 study, researchers interviewed 51 incarcerated men in prison in Pennsylvania with an average age of 57.3 years as well as 33 men in the community with an average age of 72.2.[7] The researchers compared the rates of high cholesterol, high blood pressure, poor vision, and arthritis between the two groups, finding that the data suggested that the health of male inmates was comparable to men in the community who were 15 years older. *Id.* A similar study published in 2018 of 238

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[2] Brie A. Williams, *et al.*, *Addressing the Aging Crisis in U.S. Criminal Justice Healthcare*, 45 J. Am. Geriatric Soc. 1150-56, author manuscript at *3 (2012), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3374923/pdf/nihms363409.pdf (citing U.S. Dep't of Justice, Bureau of Justice Statistics, Office of Justice Programs, *Prisoners Series 1990 – 2010*, http://bjs.ojp.usdoj.gov/index.cfm?ty=pbse&sid=40).

[3] U.S. Dep't of Justice, Bureau of Justice Statistics, *Aging of the State Prison Population, 1993-2013* (May 2016), https://www.bjs.gov/content/pub/pdf/aspp9313.pdf.

[4] Maryland Department of Public Safety and Correctional Services, Division of Correction, *Inmate Characteristics Report FY 2022*, https://dpscs.maryland.gov/publicinfo/publications/pdfs/Inmate%20Characteristics%20Report%20FY%202022%20Q4.pdf.

[5] Tina Maschi, Deborah Viola, & Fei Sun, *The High Cost of the International Aging Prisoner Crisis: Well-Being as the Common Denominator for Action*, 53 The Gerontologist 543-54 (2012), https://academic.oup.com/gerontologist/article/53/4/543/556355.

[6] Brie A. Williams, *et al.*, *Addressing the Aging Crisis in U.S. Criminal Justice Healthcare*, J. Am. Geriatric Soc. 1150-56, author manuscript at *3 (2012), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3374923/pdf/nihms363409.pdf.

[7] Susan J. Loeb, Darrell Steffensmeier, & Frank Lawrence, *Comparing Incarcerated and Community-Dwelling Older Men's Health*, West J. Nurs. Res. 234-49 (2008), https://pubmed.ncbi.nlm.nih.gov/17630382/.

participants similarly found that "[a]mong older adults in jail with an average age of 59, the prevalence of several geriatric conditions was similar to that found among community[-]dwelling adults age 75 or older."[8]

Additionally, elderly incarcerated persons, particularly those with elevated health concerns, "are at an elevated risk for physical or sexual assault victimization, bullying, and extortion from other prisoners or staff compared to their younger counterparts."[9] Older prisoners also report higher stress and anxiety than their younger counterparts, "including the fear of dying in prison and victimization or being diagnosed with a severe physical or mental illness."[10] Correctional institutions struggle to meet elderly prisoners' health needs. "Prisons typically do not have systems in place to monitor chronic problems or to implement preventative measures."[11] The COVID-19 pandemic exacerbates these health concerns.

R*ecidivism rates among elderly persons released from prison are low.*The United States Sentencing Commission examined 25,431 federal offenders released in 2005, using a follow-up period of eight years for its definition of recidivism.[12] For the eight years after their release, the Commision calculated a rearrest rate of 64.8% for the released persons younger than 30, 53.6% for the released persons between the ages of 30 and 39, 43.2% for the released persons between 40 and 49, 26.8% for the released persons between 50 and 59, and 16.4% for the released persons older than 59. *Id.*

The Commission's data shows that the recidivism rate drops off most sharply after the age of 50. Moreover, before age 50, released persons are most likely to be re-arrested for assault. *Id.* After age 50, they are most likely to be re-arrested for a comparatively minor public order offense like public drunkenness. *Id.* The American Civil Liberties Union has also compiled data

[8] Meredith Greene, *et al.*, *Older Adults in Jail: High Rates and Early Onset of Geriatric Conditions*, Health & Justice (2018), author's manuscript at *4, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816733/pdf/40352_2018_Article_62.pdf .

[9] Maschi, *supra*, at 545 (citing Stan Stocovic, *Elderly Prisoners: A Growing and Forgotten Group Within Correctional Systems Vulnerable to Elder Abuse*, 19 J. of Elder Abuse & Neglect 97-117 (2008)). https://www.tandfonline.com/doi/abs/10.1300/J084v19n03_06.

[10] *Id.* (citations omitted); *see also* Stephanie C. Yarnell, Paul D. Kirwin & Howard V. Zonana, *Geriatrics and the Legal System*, 45 J. of the Am. Academy of Psychiatry & the L. Online 208-17 (2017), http://jaapl.org/content/jaapl/45/2/208.full.pdf.

[11] *At America's Expense: Mass Incarceration of the Elderly*, Am. Civil Liberties Union, 28-29 (2012), https://www.aclu.org/report/americas-expense-mass-incarceration-elderly.

[12] Kim Steven Hunt & Billy Easley, U.S. Sent'g Comm'n, *The Effects of Aging on Recidivism Among Federal Offenders* (2017), https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171207_Recidivism-Age.pdf.

collected nationally and from various states demonstrating that older incarcerated persons across the country have a "lower propensity to commit crimes and pose threats to public safety."[13]

It is exceedingly expensive to incarcerate elderly persons. At the national level, "[b]ased on [the Bureau of Prisons'] cost data, [the Office of the Inspector General] estimate[s] that the [Bureau of Prisons] spent approximately $881 million, or 19 percent of its total budget, to incarcerate aging inmates in [fiscal year] 2013."[14] "According to a National Institute of Corrections (NIC) study from 2004, taxpayers pay more than twice as much per year to incarcerate an aging prisoner than they pay to incarcerate a younger one."[15] These outsized costs are in large part due to the increased healthcare costs associated with elderly persons in prison.[16] Maryland feels this economic strain more acutely than many other states do. From 2010 to 2015, the national median spending per inmate on healthcare was $5,720 per fiscal year, while the state of Maryland spent $7,280 per fiscal year.[17] From 2001 to 2008, per-inmate healthcare spending rose 103% in Maryland from $3,011 per fiscal year to $5,117 per fiscal year.[18]

The public policy interest in retribution has been satisfied by the many years most elderly persons have already spent in prison. Expanding options for parole release for seniors in prison is the right thing to do. Giving weight to their age when evaluating parole suitability is a laudable step.

Senate Bill 181 will create a meaningful geriatric parole standard. Not surprisingly, given the aforementioned issues, In 2022, then-Chairman Blumberg testified before the Judicial Proceedings Committee that the current statute is unworkable. MOPD anticipates Chairman Eley will testify to much the same this year. Remedying our broken geriatric parole provision is a critical fix that cannot wait another year. Senate Bill 181 gives Maryland the opportunity to reduce mass incarceration, save the state millions of dollars, contribute to safer communities, and allow Maryland's incarcerated seniors the opportunity they deserve to live their twilight years with dignity, breathing free air.

Medical Parole

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[13] *At America's Expense: Mass Incarceration of the Elderly*, American Civil Liberties Union (2012), https://www.aclu.org/report/americas-expense-mass-incarceration-elderly.

[14] Dep't of Justice, Office of the Inspector Gen., *The Impact of an Aging Inmate Population on the Federal Bureau of Prisons*, i (Feb. 2016), https://oig.justice.gov/reports/2015/e1505.pdf.

[15] *At America's Expense: Mass Incarceration of the Elderly*, Am. Civil Liberties Union, 27 (2012) (citing B. Jaye Anno *et al.*, U.S. Dep't of Justice, Nat'l Inst. of Corr., *Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates*, 10 (2004)).

[16] *Id.*; Zachary Psick, *et al.*, *Prison Boomers: Policy Implications of Aging Prison Populations*, Int. J. Prison Health, 57-63 (2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5812446/pdf/nihms940509.pdf.

[17] Pew Charitable Trusts, *Prison Health Care Costs and Quality* (Oct. 18, 2017), https://www.pewtrusts.org/en/research-and-analysis/reports/2017/10/prison-health-care-costs-and-quality.

[18] *Id.*

The medical parole system in Maryland is dysfunctional and inhumane. The eligibility criteria for medical parole are unduly restrictive and, as a result, the release of chronically debilitated and terminally ill incarcerated persons is seldom granted. Present law also denies the Parole Commission critical information in determining whether to grant medical parole.

Under current law, those eligible to apply for medical parole must be "so chronically debilitated or incapacitated by a medical or mental health condition, disease, or syndrome as to be physically incapable of presenting a danger to society." There are many problems with this standard as well as the processes implementing it.

(1) Too few applicants qualify for medical parole under such a stringent standard. In 2024, only 14 people were granted medical parole. Five of those 14 passed away nearly immediately upon their release. According to the FY25 Analysis Maryland's prison population was on average 15,000 people or above for the 2023 year.[19] It is clear that with only 14 individuals being released through medical parole in a year, many of whom were on the cusp of passing away, our current medical parole system is relegating far too many terminally ill and physically incapacitated incarcerated persons—who are far too sick to pose any risk to public safety—to die behind prison walls, separated from their loved ones and receiving subpar medical and palliative care as compared to what is available outside of prison.

Senate Bill 181 expands the scope of eligibility to include incarcerated persons (1) deemed by a licensed medical professional to be "chronically debilitated or incapacitated" *or* (2) suffering from a terminal illness that requires extended medical management that would be better met by community services than the health care provided in prison *or* (3) physically incapable of posing a danger to society as a result of their physical or mental health condition. Patently, releasing incarcerated persons whose health care needs exceeds the capacity of the prison health care system is the humane thing to do. It also ameliorates the exorbitant cost to Maryland taxpayers, making Senate Bill 181 a clear "win-win."

(2) Under the current medical parole statute, the applicant is not afforded a meeting with the Maryland Parole Commission in connection with the request for medical parole.

Senate Bill 181 allows the incarcerated person or their representative to request a meeting with the Commission and requires the Commission to grant the request for a meeting, provided the inmate (1) is then housed in a prison infirmary or a hospital in the community or (2) has been frequently housed in such a facility without the preceding six months. Importantly, Senate Bill 0181 gives the Commission the *discretion* to provide a meeting to an inmate who does not meet the aforementioned housing criteria. Requiring a meeting between the Commission and the inmate allows for the presentation of a more comprehensive picture of the inmate, his medical condition(s) and, if applicable, his family situation, and enables the Commission to render a more informed and reasoned decision about whether to grant medical parole in any given case.

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[19] https://mgaleg.maryland.gov/pubs/budgetfiscal/2025fy-budget-docs-operating-Q00-DPSCS-Overview.pdf.

(3) Under present law, medical parole candidates are evaluated using the Karnofsky Performance Status Scale, an outdated and inadequate assessment instrument for determining functional impairment.

Senate Bill 181 provides for an updated, dynamic medical assessment that more effectively and holistically demonstrates a medical parole candidate's degree of debilitation, specific medical needs, and prognosis. While Commissioners are not medical professionals, comprehensive medical evaluations that move beyond reliance on the Karnofsky score will help Commissioners better understand whether an individual's diagnosis and prognosis meet the legal standard for consideration under the statute.

(4) The current medical parole statute does not require a medical examination of the individual seeking parole. Instead, a doctor merely reviews existing medical information, assigns the aforementioned "Karnofsky" score, and then makes a recommendation to the Parole Commission. The Commission is not required to adopt that recommendation.

Senate Bill 181 allows the incarcerated person to obtain, at no cost, an independent medical evaluation, which consists of an in-person examination of the incarcerated person. The findings of the independent medical evaluation and any medical conditions detailed in the evaluation are to be given equal consideration by the Commission. Senate Bill 181 also clarifies the process for obtaining an outside medical evaluation, a process already allowed by statute. It further requires MPC to give those evaluations equal weight to that of DOC physicians. This is a critical change given that many of the sickest incarcerated individuals are receiving care from outside providers who have a better sense of that individual's condition and prognosis than DOC physicians. These improvements to the law appropriately acknowledges the informative nature of a medical evaluation and assigns it equal weight among the numerous other factors to be considered by the Commission in determining whether to grant medical parole.

(5) Finally, under the current medical parole statute, the Commission's decision to grant parole to an inmate serving a life sentence must be approved by the Governor.

Senate Bill 181 removes the requirement of gubernatorial approval for medical parole, consistent with the removal of the Governor from the regular parole process through prior legislation.

To elucidate the issues with the current statute, it is important to understand the practical application. First, individuals seeking medical parole ask MPC for consideration by filing a written request under the statute. Current law under MD Code Correctional Services 7-305 requires the Commission to consider an individual's diagnosis and prognosis. In practice, to assess an individual's medical condition and whether it meets the standard in the statute and regulations, the Maryland Parole Commission relies almost entirely on the Karnofsky score provided by DOC clinician. The Karnofsky score is a measure of functional impairment that can be useful in understanding an individual's limitations, but cannot provide a substantive picture of

the full medical condition. In the experience of Lila Meadows, APD, the MPC has required a Karnofsky score of 30 or below in order for an individual to merit further consideration for medical parole. The following are examples of clients Attorney Meadows has represented who have scored a 40 on the Karnofsky Performance Index and were denied medical parole:

- A client who clearly met the legal standard of being so incapacitated as to pose no threat to public safety. Mismanagement of their diabetes led to the amputation of their leg. While they waited for a prosthetic device that never materialized, they cycled in and out of the prison infirmary because they were unable to care for themself in general population. While in the infirmary, they fell out of the bed, resulting in what clinicians described as a "brain bleed." Not long after their fall, they were taken to a regional hospital for congenital heart failure. They required assistance from nursing staff or other incarcerated individuals to perform all activities of daily living and at times, did not understand that they were in prison. Despite their condition, they were initially denied medical parole.
- A client undergoing chemotherapy for an advanced stage of cancer who could not complete many activities of daily living on their own, including bathing, dressing themselves, or cutting their own food. They lived in the prison infirmary where they were often left for long periods of time in their own urine and feces while waiting for correctional nurses to come and assist them.
- A client who had contracted COVID-19 early in the pandemic when DOC staff housed them with another incarcerated individual who was symptomatic. They spent two months at a regional hospital in the ICU on a ventilator before being returned to DOC custody. For two years after contracting COVID they lived in the prison infirmary where they were unable to perform most activities of daily living, including showering and walking even short distances, without the aid of supplemental oxygen. DOC clinicians and an independent medical expert agreed that the damage to my client's lungs was permanent and there is no prognosis for improvement. After contracting a secondary lung infection, the client died shackled to a hospital bed.

Senate Bill 181's changes are necessary to ensure truly vulnerable and infirm individuals are able to seek release and receive care outside of the correctional setting. Continuing their incarceration of these clients and those like them comes at a great human and financial cost. Continuing the confinement of someone with a debilitating medical condition who poses no threat to public safety and who could receive better medical treatment in the community is inhumane. It is unjust. It costs the State of Maryland an exorbitant amount of money that would be better invested elsewhere in our system.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on Senate Bill 181.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.
Authored by:

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- **Elise Desiderio, Assistant Public Defender, Appellate Division, elise.desiderio@maryland.gov;**
- **Lila Meadows, Assistant Public Defender, Decarceration Initiative, lila.meadows@maryland.gov**

DPSCS_SB181_ SUPPORT.docx.pdf
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Department of Public Safety and Correctional Services

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BILL: **SENATE BILL 181**

POSITION: **LETTER OF SUPPORT**

EXPLANATION: SB 181 requires the Maryland Parole Commission to consider the age of an incarcerated individual when determining whether to grant parole and alters how the Commission evaluates a request for medical parole. Under certain circumstances, evaluations for medical parole would include providing for a meeting between the incarcerated individual and the Commission and would require the Commission to develop procedures for assessing medical and geriatric parole requests.

COMMENTS:

- The Department of Public Safety and Correctional Services (Department) operates the Division of Correction (DOC), the Division of Pretrial Detention and Services (DPDS), and the Division of Parole and Probation (DPP).

- In accordance with Correctional Services Article (CSA) §7–201, the Maryland Parole Commission (Commission) was established in the Department.

- SB 181 expands the ability of parole commissioners to take into account the totality of a petitioner's circumstances when considering a parole request, including an individual's age and to consider whether the incarcerated individual will recidivate.

- The bill adds the definitions of "chronically debilitated or incapacitated" and "terminal illness" to CSA §7–309 while also describing the type of care an individual who is chronically debilitated or incapacitated receives.

- Describing the type of care for an incarcerated individual, who is chronically debilitated or incapacitated to include being physically incapable of presenting a danger to society by a physical or mental health condition, disease, or syndrome, provides the Commission with specific criteria from a medical professional that assists the Commission in making a determination for parole.

- The bill adds language requiring the Commission to consider the age of the incarcerated individual and the impact of age on reducing the risk of recidivation.
- The bill also requires reentry resources be made available to incarcerated individuals who are granted parole as the result of the proposed changes as well as adding a reporting requirement. The Department begins reentry planning at intake and is familiar with reporting requirements.
- SB 181 adds language that would allow the Commission to conduct parole hearings for incarcerated individuals, who are not otherwise prohibited from a parole hearing, and who are 60 years or older and who have served at least 15 years of their sentence to be eligible for a parole hearing beginning at age 60 and every two years after. Thus greatly expanding the number of individuals who may be eligible for medical parole. This language was previously under the crime of violence statute in Criminal Law Article § 14-101, however, only one individual has been eligible for geriatric parole with this section.
- Finally, SB 181 removes the Governor from the medical parole decision process which would be consistent with the Senate Bill 202/Ch. 30 that passed in 2021 and removed the Governor from the regular parole process.

CONCLUSION: For these reasons, the Department of Public Safety and Correctional Services respectfully requests a **FAVORABLE** Committee report on Senate Bill 181.

MD Catholic Conference_SB 181_FAV.pdf
Uploaded by: Garrett O'Day
Position: FAV

MARYLAND CATHOLIC CONFERENCE

January 28, 2025

SB 181
Correctional Services – Geriatric and Medical Parole

Senate Judicial Proceedings Committee
Position: FAVORABLE

The Maryland Catholic Conference offers this testimony in support of Senate Bill 181. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 181 would afford the parole commission the ability to determine whether certain inmates who are at least 60 years of age and have served at least 15 years of a sentence should be released on parole due to their age and low risk to public safety. It would also allow for expansion of medical parole for those inmates deemed to be "chronically debilitated or incapacitated". The commission would consider multiple factors such as illness, prognosis, available family support, and age in determining eligibility for medical parole.

The Catholic Church roots much of its social justice teaching in the inherent dignity of every human person and the principals of forgiveness, redemption and restoration. Catholic doctrine provides that the criminal justice system should serve three principal purposes: (1) the preservation and protection of the common good of society, (2) the restoration of public order, and (3) the restoration or conversion of the offender. Thus, the Church recognizes the importance of striking a balance between protecting the common good and attentiveness to rehabilitation.

The Conference submits that this legislation seeks to embody these principles and purposes, relative to intersection between our justice system and our communities, victims and offenders. Older inmates who have served much of their sentence or are medically incapacitated or need treatment outside of the prison system certainly merit the mercy of a consideration for re-entry into society.

Senate Bill 181 would restore hope for elderly offenders or for those in need of certain medical treatment seeking to reincorporate themselves into society, where they can be cared for by the community, as opposed to behind bars. This is particularly warranted where they pose no danger to society. The Maryland Catholic Conference thus urges this committee to return a favorable report on Senate Bill 181.

SB 181 CCJR FAV.pdf
Uploaded by: Heather Warnken
Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 181

TO: Members of the Senate Judicial Proceedings Committee
FROM: Center for Criminal Justice Reform, University of Baltimore School of Law
DATE: January 24, 2025

The University of Baltimore School of Law's Center for Criminal Justice Reform is dedicated to supporting community driven efforts to improve public safety and address the harm and inequities caused by the criminal legal system. Aligned with this mission the Center submits this testimony in strong support of Senate Bill 181.

I. Existing mechanisms are insufficient to address the growth of Maryland's aging and terminally ill incarcerated population.

Currently the state lacks adequate tools for reducing the prison population, even for individuals who pose no threat to public safety and when the interests of justice would be best served by a reduced sentence or other mechanism for release. Consequently, Maryland incurs considerable unnecessary expense and cages people who are not a threat to community safety, all while being ill equipped to provide effective and adequate medical care to people in its custody.

Recent outcomes under the existing medical parole framework demonstrate that gaps in its implementation persist. From 2015 to 2020, the Maryland Parole Commission denied nearly two-thirds of medical parole applications, forcing terminally ill and chronically incapacitated people to die in prison or receive substandard medical and hospice care. As a result, the Department of Public Safety and Corrections (DPSCS) shouldered the overwhelming financial burden of providing care to people who are too sick to pose any material risk to public safety. SB 181 would modernize and refine the existing process to expand parole opportunities for the aging and very sick, ensuring that appropriate health and age-related factors are fully considered and weighed.

The bill also removes the Governor from the medical parole process, an alignment with the approach already adopted for life-sentence parole decisions. Overall SB 181 increases not just the humanity but the efficiency of Maryland's criminal justice system in critical ways.

II. Senate Bill 181 does not pose a risk to public safety.

SB 181 promotes, rather than hinders, public safety. Successful applicants for geriatric and medical parole will have an extremely low risk of recidivating in light of their age and deteriorating health. Most people age out of criminal behavior. Accordingly, recidivism rates are

extremely low for people released in their mid-40s or later.[1] Rather than exacerbate public safety concerns, facilitating parole for these low-risk populations will serve to reunite families and stabilize communities in important ways.

III. Senate Bill 181 is sound fiscal policy that will facilitate the reallocation of funds to effective public health and safety measures.

The state prison population and its exorbitant expenses can be reduced by expanding parole opportunities for elderly and chronically debilitated incarcerated people. Cost savings, which are sorely needed at this moment of fiscal crisis in the state, are especially likely because the costs associated with incarceration increase dramatically for those with significant medical needs as well as the elderly.[2] Wasteful and unnecessary policies and practices—such as the ongoing incarceration of people who pose the lowest risk of reoffending—harm public safety by siphoning massive sums of money that could otherwise support programs that actually prevent and deter crime. The cost savings that are likely to result from the passage of SB 181 will allow critical funds to be reallocated to assist with victim services, substance use treatment, reentry and other rehabilitative programming for people at higher risk of engaging in criminal behavior, helping to strengthen communities and interrupt cycles of crime.

For these reasons, we urge a favorable report on Senate Bill 181.

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[1] In one study, only 4% of people convicted of violent crimes released between ages 45 and 54, and 1% released at 55 or older, were reincarcerated for new crimes within three years. Among people previously convicted of murder, those rates fell to 1.5% and 0.4%, respectively. J.J Prescott, et al., *Understanding Violent-Crime Recidivism*, NOTRE DAME LAW REVIEW, 95:4, 1643-1698, 1688-1690 (2018).

[2] MATT MCKILLOP & ALEX BOUCHER, *Aging Prison Populations Drive Up Costs*, THE PEW CHARITABLE TRUSTS, (Feb. 20, 2018), https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs.

SB181 Office of the State's Attorney for Baltimore
Uploaded by: Ivan Bates
Position: FAV

State's Attorney
Ivan J. Bates

120 East Baltimore Street
Baltimore, MD 21202
443-984-6000

OFFICE OF THE STATE'S ATTORNEY FOR BALTIMORE CITY

January 28th, 2025

The Honorable William C. Smith Jr.
Chairman, Senate Judicial Proceedings Committee
Senate Office Building
2 East Miller Senate Office
Annapolis, MD 21401

RE: **Support of SB181 – Correctional Services – Geriatric and Medical Parole**

Dear Chairman Smith and members of the Senate Judicial Proceedings Committee,

I am writing to express my wholehearted support for SB181, Correctional Services - Geriatric and Medical Parole**.** I understand that this bill maintains public safety for our communities and ensures our State works against the norms of mass incarceration that have plagued this great nation's history.

As an elected representative of the people, we must understand that it is our obligation as public servants to look at things from a holistic perspective when making decisions that can affect an entire community of individuals. This legislation speaks to the need to have compassion. It will institute fairness into our criminal justice system as it relates to those who have been convicted of a crime but have suffered some chronically debilitating disease or terminal illness or have been rendered physically incapable of presenting danger to others.

As the State's Attorney, it is my job to ensure public safety is upheld and those who go astray of the law are held accountable. Make no mistake about it: I am all about ensuring that those convicted of crimes are held to those standards and held responsible for their actions. However, there also comes a time in a person's life when we must recognize that they no longer pose a threat to themselves or others due to their elderly age, chronic medical condition, or mental incapability.

In these cases, we must weigh the interest of public safety with that of the well-being of an individual's life, mental and physical health, and current circumstances. This bill puts guardrails in place to protect the public from actual danger by placing special conditions to be considered for parole. I believe this critically necessary legislation, which has been thoroughly researched and vetted, will make our justice system fairer and alleviate pressure on overwhelmed correctional facilities and the overextended budget. The projected savings from reduced incarceration costs and healthcare expenses could be

State's Attorney
Ivan J. Bates

120 East Baltimore Street
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redirected to other critical areas, benefiting the state. I ask for your support and your vote for **SB181, Correctional Services - Geriatric and Medical Parole**.

Sincerely,

Ivan J Bates

Ivan J. Bates
State's Attorney for Baltimore City

Submitted By: Hassan Giordano
Chief, External Affairs Division

MCDAA Position SB181.pdf
Uploaded by: James Johnston
Position: FAV

Maryland Criminal Defense Attorneys' Association

Christine DuFour
President

Brian Shefferman
President-Elect

Andrew Alperstein
First Vice President

Brian Shefferman
Second Vice President

Isabelle Raquin
Secretary

Dave Harbin
Treasurer

January 24, 2025

BILL: Senate Bill 181
POSITION: Favorable

The Maryland Criminal Defense Attorneys' Association writes to strongly support SB 181. An increasing percentage of the prison population in Maryland is older, infirm, or both.

This bill includes two key concepts: first, the bill creates greater access to medical parole for very sick inmates who pose no threat to others
and 2) the bill requires the Parole Commission to review older prisoners for release on a periodic basis.

We strongly support Senate Bill 181's goal of strengthening the medical parole system and increasing opportunities for release for older and/or very sick prisoners.

MCDAA | 6030 Marshalee Dr. #208 **|** Elkridge, MD 21075 | info@mcdaa.com | www.mcdaa.org

Maryland Criminal Defense Attorneys' Association

Sincerely,

The Executive Committee
Board of Directors of the MCDAA

MCDAA | 6030 Marshalee Dr. #208 **|** Elkridge, MD 21075 | info@mcdaa.com | www.mcdaa.org

SB 181 Testimony.pdf
Uploaded by: Jasmine Tyler
Position: FAV

TESTIMONY BY Jasmine L. Tyler

Executive Director, Justice Policy Institute

Senate Bill 181
Judicial Proceedings
Correctional Services - Geriatric and Medical Parole

Chair Smith, Vice Chair Waldstreicher, and members of the Judicial Proceedings Committee, thank you for the opportunity to submit testimony in strong support of SB 181. This bill advances long-overdue reforms to Maryland's geriatric and medical parole processes. I am Jasmine L. Tyler, the Executive Director of the Justice Policy Institute (JPI), a national organization that promotes fair and effective legal policies.

This bill is not just about policy change but about compassion, fiscal prudence, and public safety. With Maryland's aging prison population continuing to grow, SB 181 provides a critical opportunity to realign our approach to parole for individuals who are elderly, chronically ill, or otherwise incapacitated. These individuals pose minimal risk to public safety, yet their ongoing incarceration imposes significant moral and financial costs on our state.

The Case for Reform: Compassion, Safety, and Fiscal Responsibility

Over the past three decades, the proportion of incarcerated individuals aged 55 or older in U.S. state and federal prisons has increased fivefold, rising from 3 percent in 1991 to 15 percent in 2021.[1] This demographic shift is even more pronounced among those serving life sentences; by 2020, 30 percent of individuals serving life terms were at least 55 years old.[2] In Maryland, this

[1] Emily Widra, "The Aging Prison Population: Causes, Costs, and Consequences," Prison Policy Initiative, August 2, 2023, http://www.prisonpolicy.org/blog/2023/08/02/aging/.

[2] Emily Widra, "The Aging Prison Population: Causes, Costs, and Consequences," Prison Policy Initiative, August 2, 2023, http://www.prisonpolicy.org/blog/2023/08/02/aging/.

trend is clear: the state incarcerates approximately 3,000 individuals over the age of 50, with nearly 1,000 aged 60 or older.[3]

Research consistently demonstrates that age is one of the most reliable predictors of declining criminal behavior. Individuals over 60, such as those eligible under SB 181, represent the lowest risk group for recidivism. National studies have found that reoffense rates for people released at age 60 or older are quite low, a stark contrast to the recidivism rates of younger populations. The New York City Council's *Justice in Aging* report indicates that 4 percent of individuals over 65 return to prison for new convictions within three years of release.[4] This low likelihood of reoffense underscores a fundamental reality: incarcerating aging individuals long past their active years of offending offers no meaningful public safety benefit.

The reality for many of these individuals is bleak. Incarcerated people experience "accelerated aging" due to the stress of incarceration, poor medical care, and lack of access to health-promoting environments. A 55-year-old in prison typically has the health profile of someone 10–15 years older in the general population. Conditions like diabetes, hypertension, and liver diseases are common, making this population among the most medically expensive to incarcerate.[5]

Maryland taxpayers bear the financial burden of this system. The average annual cost of incarcerating an individual exceeds $60,000 per year,[6] but for older incarcerated individuals with chronic medical needs, that cost is higher due to additional health care costs.[7] Much of this spending goes toward addressing health issues that could be better and more humanely treated in community settings. These rising costs come with diminishing returns: as individuals age and their health deteriorates, their ability to pose a threat to public safety diminishes, making their continued incarceration a poor investment of public resources.[8]

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[3] Justice Policy Institute, "Rethinking Approaches to over Incarceration of Black Young Adults in Maryland," Justice Policy Institute, November 2019, https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf.

[4] NYC Council Data Team, "Justice in Aging," New York City Council, 2023, https://council.nyc.gov/data/justice-in-aging.

[5] Ahalt, Cyrus, Robert L. Trestman, Jody D. Rich, Robert B. Greifinger, and Brie A. Williams. 2013. "Paying the Price: The Pressing Need for Quality, Cost, and Outcomes Data to Improve Correctional Health Care for Older Prisoners." *Journal of the American Geriatrics Society* 61, no. 11 (November): 2013–19. https://doi.org/10.1111/jgs.12510.

[6] Maryland Department of Public Safety and Correctional Services, Office of Government and Legislative Affairs. Testimony on House Bill 278. Maryland General Assembly, Regular Session, 2022. Available at: https://mgaleg.maryland.gov/cmte_testimony/2022/jpr/1Mt8x-HqV5q0quEC1x459L296-RnLJ0Ex.pdf

[7] JFA Institute and The Pandit Group, "Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners" (Open Society Institute - Baltimore, January 2019), https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf.

[8] Matt McKillop and Alex Boucher. "Aging Prison Populations Drive Up Costs: Older Individuals Have More Chronic Illnesses and Other Ailments That Necessitate Greater Spending." *Pew Charitable Trusts*, February 20, 2018. https://www.pewtrusts.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs; See also, Justice Policy Institute, *Compassionate Release in Maryland: Recommendations for Improving Medical and Geriatric Parole.* January 2022. https://justicepolicy.org/wp-content/uploads/2022/02/Maryland-Compassionate-Release.pdf.

For Maryland, this reform is not theoretical. During the first year of the COVID-19 pandemic, when vaccines were not yet available, the Maryland Parole Commission (MPC) received 201 medical parole requests. However, only 27 of those requests—less than 15%—were approved, highlighting the limited use of medical parole even in a public health crisis.[9] Between 2015 and 2020, only 86 individuals were granted medical parole out of hundreds of requests. These figures demonstrate how Maryland's medical parole process remains severely underutilized, even in emergencies. SB 181 offers an opportunity to change this by making life-saving policies a permanent feature of Maryland's legal system. It ensures we treat older and medically vulnerable individuals with dignity while reallocating resources to where they are most needed.

Addressing Racial Disparities

Maryland's legal system exhibits profound racial disparities, particularly among those serving long sentences. As of 2023, over 70 percent of the state's prison population was Black, despite Black individuals comprising less than one-third of the state's population.[10] This disparity is more than double the national average. These inequities are especially stark among individuals sentenced as emerging adults aged 18 to 24. Nearly 80 percent of emerging adults who have served 10 or more years in Maryland prisons are Black—the highest rate in the nation.[11]

Decades of policies have disproportionately targeted under-resourced communities of color. Aggressive policing, punitive sentencing, and restrictive parole practices have all contributed to the overrepresentation of Black individuals in Maryland's prisons. SB 181 offers a pathway to address these systemic inequities by reforming geriatric and medical parole policies. Implementing these reforms would not only reduce the prison population but also mitigate the disproportionate impact of incarceration on Black communities and promote a more equitable legal system in Maryland.

Fiscal Benefits of SB 181

Beyond its moral imperatives, SB 181 is sound fiscal policy. Using the methodology employed by JFA Associates in *Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners*, we can estimate the fiscal savings of releasing these individuals.[12] Using the updated

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[9] Lila Meadows. (2023). Testimony to the Judicial Proceedings Committee on medical parole statistics, 2015–2020. p. 33. Retrieved from https://mgaleg.maryland.gov/cmte_testimony/2023/jpr/12595_02072023_161859-223.pdf

[10] Lisa Woelfl, "As Pandemic Eases, Share of Black Inmates in Maryland Prisons Peaks," Maryland Matters, April 17, 2024, https://marylandmatters.org/2024/04/17/as-pandemic-eases-share-of-black-inmates-in-maryland-prisons-peaks/.

[11] Justice Policy Institute, "Rethinking Approaches to over Incarceration of Black Young Adults in Maryland," Justice Policy Institute, November 2019, https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/Rethinking_Approaches_to_Over_Incarceration_MD.pdf.

[12] JFA Institute and The Pandit Group, *Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners*, prepared for Open Society Institute-Baltimore, January 2019, https://www.osibaltimore.org/wp-content/uploads/2019/01/Unger-Cost-Benefit3.pdf.

figures provided by the Maryland Department of Public Safety and Correctional Services (DPSCS), the annual cost of incarceration is $60,360 per individual ($5,030 per month).[13] Incorporating medical costs for the aging population—based on the *Building on the Unger Experience* methodology, which doubles the $7,956 medical cost for elderly incarcerated individuals—the total annual fully-loaded cost per SB 181 eligible individual is $68,316.

According to data from the Department of Public Safety and Correctional Services, 439 individuals would currently qualify for release under SB 181. The annual fully-loaded cost of incarcerating this population is approximately $30 million ($68,316 × 439). Using the average life expectancy of 18 years as calculated in *Building on the Unger Experience*, the state would spend $1.2 million per person ($68,316 × 18) to incarcerate these individuals for the remainder of their lives. In total, this amounts to **$540 million** in projected incarceration costs for this group over the next 18 years.

These figures do not include additional potential savings from closing housing units or facilities as the aging population decreases, which could yield even greater fiscal benefits in the long term.

It is also important to consider the societal costs averted by release. Aging individuals in prison disproportionately require expensive medical interventions, with healthcare costs for this population being two to three times higher than those for younger individuals. Redirecting these individuals to community-based care—which is more cost-effective and more humane—can dramatically reduce Maryland's corrections healthcare expenditures. According to national estimates, healthcare in a community setting costs approximately 70 percent less than in a prison environment.

Finally, releasing these individuals allows resources to be reallocated to public safety strategies that are proven to reduce crime, such as community-based violence prevention programs and reentry support services. These investments deliver a higher return on public safety and economic well-being than the continued incarceration of individuals who no longer threaten public safety.

Conclusion: A Call to Action

The question before you today is whether Maryland will continue to pour millions into incarcerating individuals who no longer pose a threat or seize this opportunity to enact reforms that reflect our shared values of justice, fiscal responsibility, and compassion. SB 181 offers a sensible, evidence-based approach that benefits taxpayers, strengthens public safety, and upholds human dignity.

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[13] Maryland Department of Public Safety and Correctional Services, Office of Government and Legislative Affairs. Testimony on House Bill 278. Maryland General Assembly, Regular Session, 2022. Available at: https://mgaleg.maryland.gov/cmte_testimony/2022/jpr/1Mt8x-HqV5q0quEC1x459L296-RnLJ0Ex.pdf

I urge you to support this critical legislation and ensure its swift passage. Let us work together to create a more just, equitable, and effective legal system for Maryland.

Thank you for your time and consideration.

SB181 Legislative Black Caucus of Maryland, Inc.

Uploaded by: Jheanelle Wilkins
Position: FAV

LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

The Maryland House of Delegates, 6 Bladen Street, Room 300, Annapolis, Maryland 21401
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January 24, 2025

Chairman William C. Smith, Jr.
Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairman Smith, Jr., Vice Chairman Waldstreicher, and Members of the Committee,

The Legislative Black Caucus of Maryland offers strong favorable support for Senate Bill 181 (SB0181) – Correctional Services – Geriatric and Medical Parole. This bill introduces essential reforms to Maryland's parole process, addressing the unique needs of elderly and medically incapacitated incarcerated individuals while ensuring a fair and humane approach to parole considerations. **Senate Bill 181 is a 2025 legislative priority for the Black Caucus.**

As the population of incarcerated individuals continues to age, the costs of medical care and supervision for geriatric and terminally ill individuals place significant financial burdens on Maryland's correctional system. The U.S. Department of Justice concluded in 2025 the aging prison population is significantly increasing healthcare costs, with older inmates often costing two to three times more to incarcerate than younger inmates due to their greater medical needs. To add, their studies have shown that prisons with high percentages of elderly inmates spend significantly more per inmate on medical care, sometimes up to five times more than prisons with lower elderly populations.

Senate Bill 181 requires the Maryland Parole Commission to consider the age of incarcerated individuals when determining parole eligibility, acknowledging the reduced likelihood of recidivism among older individuals. This approach aligns with evidence-based practices that emphasize risk assessment and proportionality in sentencing and parole decisions.

Additionally, the bill reforms the medical parole process by expanding eligibility to include individuals with chronic, debilitating conditions or terminal illnesses. It requires that the Maryland Parole Commission evaluate comprehensive medical assessments and consider community-based resources for housing and medical care. These changes help ensure that individuals who no longer pose a threat to public safety are afforded the opportunity for release in a manner that respects their dignity and addresses

their health needs.

To promote transparency and accountability, Senate Bill 181 mandates annual reporting by the Maryland Parole Commission to the Justice Reinvestment Oversight Board. These reports will provide critical insights into the outcomes of geriatric and medical parole decisions, enabling ongoing assessment and refinement of policies to ensure fairness and efficacy.

By prioritizing the health and rehabilitation of elderly and medically vulnerable individuals, Senate Bill 181 advances principles of justice and equity while allowing Maryland to redirect resources toward effective reentry services and community support. The bill's provisions reflect the Caucus' commitment to addressing systemic disparities and advocating for reforms that uphold human rights within the criminal justice system.

Senate Bill 181 represents a thoughtful and compassionate approach to parole reform. It balances public safety with fiscal responsibility and humane treatment, ensuring that policies reflect Maryland's values of equity and fairness. For these reasons, the Legislative Black Caucus of Maryland strongly supports Senate Bill 181 and urges a favorable vote.

Legislative Black Caucus of Maryland

med & geriatric parole.senate.testimony.pdf
Uploaded by: Judith Lichtenberg
Position: FAV

MARYLAND ALLIANCE FOR JUSTICE REFORM
Citizens working to reform criminal justice in Maryland

www.MA4JR.org

January 24, 2025

Senate Judicial Proceedings Committee
Testimony in support of SB 181—Geriatric and Medical Parole

We are testifying on behalf of the Maryland Alliance for Justice Reform (MAJR), where we serve on the executive committee and co-chair its Behind the Walls Workgroup.

Senate Bill 181 would require the Maryland Parole Commission to consider a person's age when determining whether to grant or deny parole. Section 7-310 applies to individuals who are at least 60 years old, have served at least 15 years of the sentence imposed, and are serving a parole-eligible sentence. These people have long ago aged out of crime, and they are almost invariably very different people than they were when they committed their crimes. Their recidivism rates are extremely low.

The bill also establishes a process, in section 7-309, for the Maryland Parole Commission to evaluate a request for medical parole, which includes requesting a meeting between the individual and the Commission if the individual is housed in an infirmary, is currently hospitalized, or has been frequently hospitalized over the previous six months. This allows individuals with debilitating or incapacitating conditions the opportunity for more meaningful medical parole consideration.

Many of the people in prison who died during COVID were elderly and especially vulnerable due to chronic preexisting medical conditions. MAJR regularly receives letters from older prisoners who are afraid of dying in prison from COVID and other diseases.

Not surprisingly, healthcare costs significantly increase for older prisoners. The Justice Policy Institute estimates that Maryland imprisons approximately 3,000 people over age 50, and nearly 1,000 who are 60 or older. JPI also reports that people over 60 are paroled at a rate of only 28 percent. This contradicts everything we know about trends in criminal offending in older people.

A fiscal analysis concluded that continued confinement of people in this age group for an additional 18 years (based on the expected period of incarceration) would amount to nearly $1 million per person, or $53,000 a year. Compare this to the $6,000 a year needed to provide the kind of intensive reentry support that has proven successful in reintegrating returning citizens back into the community.

Now is the time for Maryland to treat individuals who are aging and dying behind our prison walls more humanely, and to save the state costs as well. This bill broadens who can request a medical parole for an individual and outlines the required documentation, assessment, and decision-making process.

Medical and geriatric parole typically go together. Nearly every state has a policy allowing for people with certain serious medical conditions to be eligible for parole. In 45 states, the authority for releasing them has been established by statute or state regulation. In addition, at least 17 states have geriatric parole laws. In the federal system, a person may apply for geriatric parole pursuant to the US Parole Commission Rules and Procedures, Title 28, CFR, Section 2.78. These laws allow consideration for release when a person reaches a specified age. At least 16 states have established both medical and geriatric parole legislatively. It is time for Maryland to step up and pass this legislation as well.

For these reasons, the Maryland Alliance for Justice Reform urges a favorable report on SB 181. Notably, both the Department of Public Safety and Correctional Services, and the Maryland Parole Commission, also support this bill.

Respectfully,

Judith Lichtenberg
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Donna Rojas Thompson
18987 Highstream Drive
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The Maryland Alliance for Justice Reform (MAJR) is a nonpartisan, all-volunteer organization of nearly 2,000 Marylanders who advocate for evidence-based legislative and policy changes to Maryland's correctional practices. MAJR thanks you for the opportunity to provide input on this legislation and urges the committee to give SB 181 a favorable report.

_SB 181- Medical and Geriatric Parole-UULM-MD-Supp
Uploaded by: Karen Clark
Position: FAV

Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of SB 181:
Correctional Services - Geriatric and Medical Parole

TO: Senator Will Smith, Jr. Chair and Members of the Judicial Proceedings Committee
FROM: Karen "Candy" Clark,
Unitarian Universalist Legislative Ministry of Maryland Criminal Justice Lead
DATE: January 28, 2024

The state-wide Unitarian Universalist Legislative Ministry of Maryland asks for a favorable vote for **SB 181- Correctional Services - Geriatric and Medical Parole.** This bill upholds our basic values of justice and equity.

Our prison systems' purpose is to ensure a safe environment in which our communities can function and thrive by separating people who are illegally disrupting this environment and/or are a threat to others. This does not characterize the prison population who would be eligible for this parole–the elderly and the infirm.

Most of the elderly population of our prison are over 60 years old and have served lengthy prison sentences that have extended their stay well beyond the age range in which they are likely to commit crimes. In fact, in Maryland's famous Unger case–where the average age of the released prisoner was 64–the recidivism rate was only 3%, (compared to 40% for younger offenders) after 3 years on the outside.

The Medical Portion of this Bill enhances last year's bill by providing more clarity and detailed procedures for those who care for medically-challenged persons, including:

- Defining the conditions that would meet a "Chronically debilitated or incapacitated" condition, including those with a terminal illness. For example: If the condition prevents them from completing one normal daily activity, (like dressing, breathing, going to the toilet, etc.)
- Altering how the parole commission evaluates a request for medical parole. Who and where it can be performed, and what to do if the condition is no longer present.
- Providing 5 different ways to clarify who can request the evaluation and where it can be completed.
- It also offers the option for the Governor to be involved and would allow him to approve or disapprove the medical parole.

The bill continues to thoroughly cover all aspects of the issues that occur with this condition and situation, it als requires specific data to be recorded for annual evaluation and record-keeping. It

displaces intense care and compassion about how everyone with special needs should be treated.

Upon release, the patients are still in the correctional system under the management of parole. Since they are no longer a dangerous threat, our faith calls for a compassionate release process for them. This is why the Unitarian Universalists Legislative Ministry of Maryland respectfully asks for your support.

Respectfully submitted,
Karen Clark
UULM-MD Criminal Justice Lead Advocate

2025 - SB 0181 - Gereatric and Medical Parole.pdf
Uploaded by: Ken Phelps Jr
Position: FAV

THE EPISCOPAL DIOCESE OF MARYLAND

The Maryland Episcopal Public Policy Network

TESTIMONY IN SUPPORT OF SB 0181

Correctional Services – Geriatric and Medical Parole

Judicial Proceedings

FAVORABLE

TO: Senator William C. Smith, Chair. Senator Jeff Waldstreicher, Vice Chair and members of the Senate Judicial Proceedings Committee

FROM: Rev. Kenneth Phelps, Jr., Maryland Episcopal Public Policy Network

DATE: January 27, 2025

In 2015 (2015-A011) and again in 2018 (2018-D004), the Episcopal Church adopted resolutions calling for comprehensive reforms on both the state and federal level aimed at reducing mass incarceration practices, disparities in sentencing, the elimination of solitary confinement and the humane treatment of prisoners.

Senate Bill 181/House Bill 190 would require the Maryland Parole Commission to consider a person's age when determining whether to grant or deny parole. Geriatric parole would apply to individuals who are at least 60 years old, have served at least 15 years of the sentence imposed, and are serving a parole-eligible sentence. These people have long ago aged out of crime, and they are almost invariably very different people than they were when they committed their crimes.

Now is the time for Maryland to treat individuals who are aging and dying behind our prison walls more humanely. This bill broadens who can request medical parole for an individual and outlines the required documentation, assessment, and decision-making process.

The Diocese of Maryland requests a Favorable report

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SB181 MLLC

Uploaded by: Kristina Curley

Position: FAV

MARYLAND LEGISLATIVE LATINO CAUCUS

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JOE VOGEL, SECRETARY
JASON A. AVILA GARCIA, EXECUTIVE DIRECTOR

TO: Senator William C. Smith Jr., Chair
Senator Jeff Waldstreicher, Vice Chair
Judicial Proceedings Committee Members
FROM: Maryland Legislative Latino Caucus
DATE: January 28, 2025
RE: SB181 – Correctional Services – Geriatric and Medical Parole

The MLLC supports SB181 – Correctional Services – Geriatric and Medical Parole

The MLLC is a bipartisan group of Senators and Delegates committed to supporting legislation that improves the lives of Latinos throughout our state. The MLLC is a crucial voice in the development of public policy that uplifts the Latino community and benefits the state of Maryland. Thank you for allowing us the opportunity to express our support of SB181.

The Department of Justice finds a minimal public safety benefit to incarcerate high numbers of older men and women.[1] In Maryland, individuals age 35 and younger are the most likely group to be rearrested after release (51.2%).[2] Geriatric age inmates in Maryland have the lowest recidivism rate out of any other group with approximately 13.5% of individuals likely to be rearrested upon release.[3] With older adults in Maryland less likely to reoffend, keeping older individuals incarcerated brings little public safety benefit and instead brings increased costs due to more complex health conditions and needs among elderly adults.[4] On average, the costs of caring for older inmates is three to nine times the costs of caring for younger inmates.[5]

Medical parole reforms are key to addressing racial disparities in the incarceration of Latino and other marginalized groups in Maryland.[6] According to the Justice Policy Institute, Latinos in Maryland are incarcerated at a rate 2.5 times higher than their White counterparts.[7] Additionally, the Maryland State Commission on Criminal Sentencing Policy noted that Hispanic individuals are often sentenced for more serious offenses, leading to longer periods of incarceration.[8]

SB181 adds age as a consideration for an incarcerated individual's eligibility for parole. The Maryland Parole Commision must consider whether there is a reasonable probability that an individual will not recidivate given their age. The bill alters the medical parole evaluation process, specifying provisions under which a licensed medical professional can grant an individual medical parole. In granting this request, the Parole Commission must consider the medical professionals' evaluation and

[1] The Impact of an Aging Inmate Population on the Federal Bureau of Prisons
[2] Department of Public Safety and Correctional Services: 2022 Recidivism Report
[3] The aging prison population: Causes, costs, and consequences
[4] For Seriously Ill Prisoners, Consider Evidence-Based Compassionate Release Policies
[5] Ibid
[6] Why Maryland needs geriatric and medical parole reform
[7] Race and Incarceration in Maryland
[8] An Assessment of Racial Differences in Maryland Guidelines-Eligible Sentencing Events

recommendation as well as the individuals' medical information. The bill also requires individuals' be granted parole if facing imminent death. This provision applies to individuals who are at least 60 years old, have served at least 15 years of their sentence, are not registered or eligible for sex offender registration, and are sentenced to a term in which they are eligible for parole.

With Latinos and other racial minorities making up a disproportionate amount of the state prison population, streamlining the medical parole process will ensure that older individuals among these groups receive better quality health care in their later years.

For these reasons, the Maryland Legislative Latino Caucus respectfully requests a favorable report on SB181.

sb181- compassionate release JPR 1-28-2025.pdf
Uploaded by: Lee Hudson
Position: FAV

Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony Prepared for the

Judicial Proceedings Committee

on

Senate Bill 181

January 28, 2025

Position: **Favorable**

Mr. Chairman and members of the Committee, thank you for the opportunity to support restorative justice for adjudicated individuals in Maryland. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America. We are a faith community with congregations in every jurisdiction of our State.

Our community observed the complex of criminal justice in 2013 (*Hearing the Cries,* ELCA). In Maryland, we have engaged in a ministry to incarcerated individuals at Jessup since 1985, the Community of St. Dysmas.

One finding of our experience of faith among the imprisoned is that…*the vast majority of individuals who have committed crimes do not require or deserve institutional confinement; reforms are urgently needed.* An obvious reform concern is the unnecessary confinement of the aged and the ill.

In some cases, incarceration to punish for the purpose of deterrence or to settle the score of an offense in public will have been accomplished by the advance of disease or diminishment. Surely the message of punishment may have evaporated at the close of life. Repeating it *ad infinitum* at State expense does not seem to advance any reasonable State interest.

In our experience there are prisoners that can be safely and securely released to receive treatment or compassion. Compassion of this sort would be, in our understanding, a better public messaging policy than repetitive retribution. That would have been the lesson we wished an offender had absorbed in the first place.

Senate Bill 181 would address this by providing a standard for compassionate release and we ask your favorable report.

Lee Hudson

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UMD Gender Violence Clinic SB 181.pdf
Uploaded by: Leigh Goodmark
Position: FAV

UNIVERSITY of MARYLAND
FRANCIS KING CAREY
SCHOOL OF LAW

CLINICAL LAW PROGRAM

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Baltimore, MD 21201
410-706-3295

IN SUPPORT OF SB 181

To: Senate Judicial Proceedings Committee
From: Gender, Prison, and Trauma Clinic, University of Maryland Carey School of Law
Date: January 23, 2025
Re: Written Testimony in support of Senate Bill 181

The University of Maryland Carey School of Law Gender, Prison, and Trauma Clinic unequivocally supports Senate Bill 181.*

The Gender, Prison, and Trauma Clinic represents incarcerated clients convicted of crimes related to their own gender-based victimization. The Clinic represents a number of clients who would benefit from the changes to the standards for geriatric and medical parole.

Our clients have included a woman diagnosed with stage four metastatic breast cancer, Parkinsonism, and paranoid schizophrenia. She suffered from debilitating weakness from chemotherapy. She was confined to a wheelchair. She was completely unable to care for herself and often sat in her own urine for hours or days. She applied for medical parole and was finally released to a treatment facility—but not on parole. She was only released after the court resentenced her based on the threat posed by the COVID pandemic to vulnerable incarcerated people. Her many infirmities were not sufficient to qualify her for medical parole.

We have had clients who have cancer, who are blind, who have spent months and years in the infirmary with chronic illnesses, who have undergone open heart surgery, who can barely walk. None of them poses a threat to society. All of them would have benefitted from treatment not readily available in the prison environment. But because they are not close to death, as is required by the current standards for medical parole, they do not qualify.

Many of these clients are also close to, or well over, sixty years old. They have participated in (and in many cases, led) every program available to them through the prison system. They earn sterling work evaluations and are highly thought of by prison staff. They would pose no risk to society upon release. And yet they remain in prison, away from families and communities to whom they could contribute. Changing the standards for medical and geriatric parole would return our clients to communities better suited to care for them in their illnesses and old age and alleviate the burden borne by the taxpayers for their support. We urge a favorable report on Senate Bill 181.

*This written testimony is submitted on behalf of the Gender, Prison, and Trauma Clinic at the University of Maryland Carey School of Law and not on behalf of the School of Law or University of Maryland, Baltimore.

SB181MTsiongasTestimony.pdf
Uploaded by: Magdalena Tsiongas
Position: FAV

TESTIMONY ON SB181

Senate Judicial Proceedings Committee
January 28, 2025

SUPPORT

Submitted by: Magdalena Tsiongas

Chair Smith, Vice Chair Waldstreicher and members of the Judicial Proceedings Committee**:**

I, Magdalena Tsiongas, am testifying in support of SB181. This is a common sense fix to make medical and geriatric parole work as intended.

Due to a coding issue, fewer than 20 people are eligible for geriatric parole, and only one individual has been released on geriatric parole since 2015. For those seeking medical parole, they must face the additional barrier of receiving approval from the Governor to be paroled, unlike any other parole decision.

In my organizing work with those facing extreme sentences in Maryland, many family members have reached out to me, desperate for a way to get their loved ones home from prison, who are either elderly or terminally ill. However, without addressing the issues with medical and geriatric parole, the reality is, there is no where they can turn. Instead, they must watch as they people they love, who are usually unable to have their complex medical needs met by a prison, age and pass away, apart from their families.

I support this legislation, even though it does not apply to my own loved one, who has been incarcerated on a life without parole sentence since 19 years old. Nor does it apply to the hundreds of others incarcerated on non-parole eligible sentences. However, there is still a great need to make an avenue for those who are now elderly or very ill to come home and end their lives with dignity, surrounded by those who loved them.

Maryland is in need of multiple avenues to address decades of mass incarceration, particularly of Black people. In fact, 23% of the incarcerated population in Maryland is serving life sentences or sentences of 50 years or more (also known as death by incarceration sentences). 76% of these individuals, are Black. Maryland is also one of only eight states where more than one in six women in prison are serving a life sentence. Of this population of people serving these extreme sentences, 1,314 are aged 55 or older.[1]

We know too, that for those elderly individuals released from prison, their recidivism is extremely low. This has been seen with the Ungers, 200 Marylanders serving life sentences, who were released after the landmark case Maryland v Unger, who have a less than 4% recidivism rate[2].

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[1] The Sentencing Project A Matter of Life: The Scope and Impact of Life Imprisonment in the United States (2025)
[2] Justice Policy Institute Fact Sheet: The Ungers (2018)

With the release of the Ungers, the state saved a projected $185 million that would have been spent on keeping them incarcerated.[3]

Please make this the year medical and geriatric parole are addressed with this simply fix.

I encourage you to vote **favorably** on the **SB181.**

Thank you.

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[3] OSI-Baltimore Building on the Unger Experience: A cost-benefit analysis of releasing aging prisoners (2019)

SB0292 Motor Vehicles - Secondary Enforcement and

Uploaded by: Marlon Tilghman

Position: FAV

SB0292 Motor Vehicles - Secondary Enforcement and Admissibility of Evidence

On behalf of BRIDGE Maryland, Inc. we support SB0292 Motor Vehicles - Secondary Enforcement and Admissibility of Evidence because *there is a time and season for all things. There is a time for searching and a time for repairing*. Sadly, there is tension between law enforcement and communities of color because of the data and listening sessions we've conducted statewide that indicate that traffic stops are more prevalent amongst Black and Brown people which would suggest racial profiling as the motivation for said stops.

This bill seeks to repair relationships with law enforcement by reducing unnecessary contact with the police, thus giving law enforcement more time to address more serious criminal issues. Data also suggests that non-safety-related traffic stops make both officers and citizens safer because the tension that arises from racially motivated stops tends to end in injury or death to the officer or the citizen being stopped. This legislation can begin the healing process between police and citizens because it reduces the trauma and tension caused by said stops.

As a black man, I can tell you that being stopped causes tension within me even when I know I have not committed a crime that would warrant anything more from me than my driver's license as a result of going past the speed limit. Thus, please vote in favor of SB0292 Motor Vehicles - Secondary Enforcement and Admissibility of Evidence.

Sincerely,

Rev. Dr. Marlon Tilghman
Leader, BRIDGE Maryland, Inc. (A non-profit Interfaith Community Organizing in Baltimore City and five surrounding counties of Maryland)

MECJ Written Testimony FAVORABLE SB 181 .pdf

Uploaded by: MECJ Maryland Equitable Justice Collaborative

Position: FAV

POSITION ON PROPOSED LEGISLATION

BILL: Senate Bill 181 – Correctional Services – Geriatric and Medical Parole

FROM: Maryland Equitable Justice Collaborative

POSITION: FAVORABLE

DATE: January 28, 2025

The Maryland Equitable Justice Collaborative urges this Committee to issue a favorable report on Senate Bill 181, which seeks to expand eligibility for geriatric and medical parole in Maryland. This reform is essential for addressing the systemic racial disparities within Maryland's criminal justice system and ensuring that our approach to justice embodies equity and compassion.

About the Maryland Equitable Justice Collaborative

The Maryland Equitable Justice Collaborative (MEJC) was established by the Office of the Attorney General (OAG) and the Office of the Public Defender (OPD) to address racial disparities in mass incarceration in Maryland. This initiative is the first of its kind. It was developed based on listening sessions held by the Attorney General and Public Defender with impacted people, advocates, and other community members. Academic partners, including the Judge Alexander Williams Center for Education, Justice & Ethics at the University of Maryland at College Park and the Bowie State University Institute for Restorative Justice, were brought in to ensure the work is evidence-based and data-driven statewide.

The MEJC comprises over 40 representatives from state agencies, community groups, subject matter experts, and people directly impacted by the system. Its initiatives are organized into workgroups focusing on various factors influencing incarceration rates. Each workgroup is led by a staff member from the Office of the Attorney General, a staff member from the Office of the Public Defender, and a community advocate with relevant expertise. Community voices and public input have shaped the recommendations developed under the direction of the OAG and OPD. In December 2024, the MEJC approved 18 recommendations for legislative and agency reforms, program development, data collection, and other measures designed to reduce the mass incarceration of Black men and women and other marginalized groups in Maryland prisons and jails. Recommendation No. 9 urges the Maryland General

Assembly to enact legislation to amend Maryland's parole statutes to broaden eligibility for medical parole, require a diagnosis from a medical professional for all eligible applicants, and expand the geriatric parole policy adopted by the legislature in 2016 beyond repeat violent offenders by moving the geriatric parole language in Sec. 14-101(f) to Subsection 3, Section 7-301 of Title 7.

The Scope of Racial Disparities in Maryland's Incarcerated Population

Racial disparities in Maryland's criminal justice system are among the most pronounced in the nation. Although Black Marylanders make up 30% of the state's population, they represent 51% of arrests.[1], 59% of the jail population[2], and a staggering 71% of the prison population.[3] Additionally, they account for 71% of individuals on parole and 53% on probation.[4] This data highlights the urgent need for meaningful reform, particularly for elderly and medically vulnerable individuals, who are disproportionately people of color.

Potential Impact of Expanded Geriatric and Medical Parole

Population Impact: Maryland's aging prison population highlights the long-term consequences of severe sentencing policies. In Maryland, aging prisoners (those aged 50 and older) represent the fastest-growing segment of the incarcerated population. As of 2022, 6.4% of incarcerated individuals, or 3,324 people, were over the age of 50.[5] About 11% of the prison population is serving life sentences, with a significant proportion being Black people.[6] Current data indicates that Black people are disproportionately represented in this age group, making up approximately 70% of prisoners over 50 years old.[7] The proposed expanded geriatric parole criteria would create release pathways for approximately 250-300 individuals annually who pose minimal public safety risk.

Cost Reduction: The average annual cost of incarcerating an elderly prisoner is nearly $70,000, compared to $40,000 for younger inmates.[8] Maryland spent $202 million in 2023 on medical care for

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[1] FBI CDE/UCR Data.
[2] Ann Carson, Prisoners in 2022, Bureau of Justice Statistics, November 2023.
[3] Ann Carson, Prisoners in 2022, Bureau of Justice Statistics, November 2023.
[4] DPSCS - DPP Annual Data Dashboard (maryland.gov).
[5] Justice Policy Institute. "Compassionate Release in Maryland: Medical and Geriatric Parole Examined." January 20, 2022. https://justicepolicy.org/research/compassionate-release-in-maryland-medical-and-geriatric-parole-examined/
[6] Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023.
[7] Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023.
[8] Bureau of Justice Statistics, "Aging of the State Prison Population," 2023 Report.

incarcerated individuals, representing 14% of the Department of Public Safety and Correctional Services (DPSCS) budget.[9] Expanding parole eligibility could reduce these costs and mitigate racial disparities stemming from decades of systemic inequities in sentencing and parole practices. Projected annual savings could exceed $17.5 million through strategic implementation of geriatric and medical parole provisions.

Public Safety Considerations: Research consistently shows that individuals over the age of 50 years have recidivism rates below 2%, the lowest of any age group in the criminal legal system.[10] Moreover, the bill includes comprehensive risk assessment mechanisms to ensure public safety remains a primary focus in parole decisions.

Addressing Systemic Racial Disparities

Senate Bill 181 directly addresses the findings of the Maryland Equity and Justice Center, which indicate that current decarceration efforts have not effectively reduced racial disparities. In Maryland, Black people are disproportionately affected by long-term incarceration, making up approximately 70% of prisoners over 50 years old.[11] For instance, in 2020, Black people in Maryland were nearly 30% more likely to receive sentences of 10 years or more.[12] Additionally, almost 77% of those serving sentences of 20 years or longer are Black people. Approximately 11% of the prison population is serving life sentences, with a significant proportion being Black people.[13] Current data indicates that Black people are disproportionately represented in this age group, making up approximately 70% of prisoners over 50 years old.[14] Expanding parole eligibility for older and medically vulnerable people will prioritize the release of those who no longer pose a public safety risk and will help dismantle structural inequities that disproportionately impact Black communities. The bill addresses these critical equity concerns by providing an individualized review for elderly and medically vulnerable prisoners and creating a mechanism for addressing overly punitive sentencing practices that have historically targeted communities of color.

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[9] Maryland Department of Public Safety and Correctional Services, Department of Public Safety and Correctional Services Fiscal 2023 Budget Overview (Annapolis, MD: 2022), 8, https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-Q00-DPSCS-Overview.pdf.

[10] Vera Institute of Justice. Compassionate Release: The Experiences of Aging and Infirm People in Prison. Accessed January 24, 2025. https://www.vera.org/publications/compassionate-release-aging-infirm-prison-populations.

[11] Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023

[12] Council on Criminal Justice, Long sentences by the numbers, (Washington, D.C.: 2022), https://counciloncj.foleon.com/tfls/long-sentences-by-the-numbers/

[13] Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023

[14] Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023

Conclusion

Senate Bill 181 represents a targeted, evidence-based approach to reducing prison populations while centering equity and human dignity. By expanding geriatric and medical parole, we can begin to dismantle the structural barriers that have disproportionately impacted Black Marylanders and other communities of color.

Submitted by: Maryland Equitable Justice Collaborative

Anthony Brown, Co-Chair
Maryland Attorney General

Natasha Dartigue, Co-Chair
Maryland Public Defender

O. Moyd Testimony - SB-181- Geriatric and Medical

Uploaded by: Olinda Moyd, Esquire
Position: FAV

AMERICAN UNIVERSITY
WASHINGTON, DC
Clinical Program

January 28, 2025
Senate – Judicial Proceedings

Testimony in Support of SB - 181 – Correctional Services –Geriatric and Medical Parole

Submitted by Olinda Moyd, Esq.

Director, Decarceration and Re-Entry Clinic
American University Washington College of Law

The Decarceration and Re-Entry Clinic represents men and women caged in Maryland prisons before the courts and before the Maryland Parole Commission (MPC). Our work is motivated by our desire to end mass incarceration, an unjust system that creates vast racial disparities and deprives marginalized communities of valuable resources. Excessive sentencing keeps people in prison well beyond the point of redemption.

Maryland's prison population is growing older and sicker daily. Individuals remain behind bars with debilitating, worsening and disabling medical conditions from which they will never escape. "There is a lack of political and bureaucratic will to see dying in prison as a negative marker for what a prison system should be…" says Barry Holman, of the National Center for Institutions and Alternatives.[1] We agree.

We support a favorable report on this bill which allows the MPC to consider the age of an individual – over 60- when making parole determinations. It also establishes other criteria for consideration, including that the individual must have served at least 15 years, is not a registered sex offender and is serving a parole eligible offense. The bill also enhances the process for the MPC to follow when evaluating requests for medical parole, including a provision allowing the MPC to meet with the individual. We also believe that the governor should be removed from the decision-making process for lifers seeking medical parole so that such decisions are based on humanitarian and professional medical advice and not based on politics.

[1] See Medical Parole, Politics vs. Compassion, National Prison Hospice Association, Medical Parole | National Prison Hospice Association (npha.org).

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As I walk through the prison yards, I routinely observe individuals on crutches, in wheelchairs and I know that there are many who cannot get out of bed because of their medical conditions. They often have to rely on the goodness or their fellow detainees to help them with daily functions as the nursing staff is often inadequate to meet their need for constant care. Mr. E is one of them.

In my testimony last year, I shared with you information about Mr. E. I had the honor of representing Mr. E at a parole hearing. He was a veteran who was serving a life sentence and had been in prison since 1981. He was one of the gentlemen I met at the Maryland State Penitentiary in the early 1990's. He suffered from a garden-variety of medical conditions including cardiovascular disease and had a pacemaker which required treatment every six months at a hospital outside the prison. He also suffered from hypertension and edema, which caused excessive fluid buildup such that it was difficult for him to walk. Over the years, I witnessed him transition from walking with a cane, to a rollator (walker with wheels) and then to a wheelchair. He was also diagnosed with diabetes in 2009 which required daily insulin injections. He suffered from glaucoma and his vision was diminishing due to cataracts. Growing older in prison has taken a toll on his body. He suffered from urinary incontinence and sleep disorder. He had rheumatoid arthritis and gout, which worsened over time. Over ten years ago he was diagnosed with Hepatitis C but was initially refused treatment by DOC officials due to his age. This delay caused him to rapidly progress form Stage 1 to Stage 2. After suffering with nose bleeds and pain in his nasal area, he was transported to outside ENT where a CAT scan revealed a blockage in his naval cavity. The mass was removed in 2023, and he underwent chemo treatment and 36 sessions of radiation. He was denied parole and the MPC told us to come back in two years. Thankfully, a final plea was made to the court, and he was released in January 2024 at 76 years old after serving 41 years in prison. I attended his funeral on January 22, 2025, and he was grateful to have spent the last year with his family. But it should have been more.

Based on data showing this population has higher care costs, a fiscal analysis concluded that continued confinement of this age group for an additional 18 years (based on the expected period of incarceration, the age at release and the projected life expectancy of the Ungers), would amount to nearly $1 million per person, or $53,000 a year. This is compared to the $6,000 a year to provide intensive reentry support that has proven to successfully reintegrate them back into the community.[2] Older individuals also have a much lower recidivism rate.

This bill will provide meaningful parole opportunities for people like Mr. E.
We urge a favorable report.

[2] Report by The Justice Policy Institute, *The Ungers, 5 Years and Counting: A Case Study in Safely Reducing Long Prison Terms and Saving Taxpayer Dollars*, November 2018.

SB 181 Written Testimony Sara Aziz AUWCL.pdf

Uploaded by: Sara Aziz

Position: FAV

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.[1] 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.[2] 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. [3]

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.[4] 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.[5] Additionally, the conditions and limitations of prison

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[1] 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/.
[2] 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).
[3] 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.
[4] 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/.
[5] 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.[6]

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.[7] By implementing medical and geriatric parole, Maryland could reduce these costs significantly, relieving our budget deficit by substantial amounts while ensuring public safety.[8] 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.[9]

Senate Bill 181 addresses two distinct populations: individuals of advanced age and those with severe medical conditions.[10]

For older individuals, the Maryland Parole Commission (MPC) would consider a range of factors in determining parole eligibility.[11] 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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[6] 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/.

[7] 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.

[8] *Id*.

[9] Maryland Dep't of Pub. Safety & Corr. Servs., *2022 Recidivism Report* (2022), https://dpscs.maryland.gov/publicinfo/publications/pdfs/2022_p157_DPSCS_Recividism%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.

[10] S.B. 181, 2025 Gen. Assemb., Reg. Sess. (Md. 2025).

[11] *Id*.

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.

Sara Reign Aziz
sa5230b@clinic.wcl.american.edu
601-630-7073

Favorable Report_ SB 181 Geriatric and Medical Par
Uploaded by: Sarah Bur
Position: FAV

Favorable Report: SB 181 Geriatric and Medical Parole

Quaker Voice of Maryland

TO: Chair Will Smith and Senate Judicial Proceedings Committee
FROM: Molly Finch, Quaker Voice of Maryland Steering Committee
DATE: Jan. 24, 2025

Quaker Voice of Maryland, an advocacy group representing Quakers throughout Maryland, strongly supports SB181 to facilitate parole of elderly Marylanders and those with serious medical conditions.

This bill simply makes sense.

- **There is strong evidence that older inmates and those with serious medical conditions have exceedingly low rates of recidivism.** The Unger decision (https://www.baltimoresun.com/2018/12/01/ending-mass-incarceration-lessons-from-the-ungers/) which led to the release of about 193 prisoners between 2013 and 2019 demonstrated that elderly Maryland inmates with serious charges can be safely released from prison if they are given the right support.
- **It is extremely costly to house the thousands of older and medically compromised inmates currently in the state system.**
- **There will be substantial cost savings to the State if we were to parole these people who are at low risk for repeat offense.**
- **Reducing the population of incarcerated persons needing intensive medical care potentially will result in improvements in the quality of medical care of the healthier population.**
- **It is ethically the right thing to do.** Quakers experience that there is "that of God" in every person -- even those who have made serious mistakes at some point in their lives.

For all these reasons, Quaker Voice of Maryland strongly supports passage of SB 181.

Marshall "Eddie" Conway on the day of his release as part of the Unger decision, in 2014, after 44 years incarcerated in the Maryland prison system. Eddie Conway, a regular attender at Homewood Friends Meeting, Baltimore, contributed substantially to the Baltimore community after his release.

SB181_Hettleman_FAV.pdf
Uploaded by: Shelly Hettleman
Position: FAV

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Health and Human Services
Chair, Pensions

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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.

SB0181 - Amended.pdf
Uploaded by: Anne Pack
Position: FWA

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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/

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%%. 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

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[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://dpscs.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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SB 181 - MSAA FWA.pdf
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Rich Gibson
President

Steven I. Kroll
Coordinator

DATE: **January 24, 2025**

BILL NUMBER: **SB 181**

POSITION: **Favorable with Amendment**

The Maryland State's Attorneys' Association (MSAA) supports Senate Bill 181 with the inclusion of a few minor amendments that seek to balance the interests that animated this important legislation with public safety.

SB 181 modifies Maryland's parole provisions in two key ways. First, the bill revises restrictions surrounding medical parole, codified in MD. CODE ANN., CORR. SERVS. § 7-309. MSAA's concern relates to the removal of the existing requirement for physical incapability. As the law currently exists, only individuals that no longer physically pose a threat to public safety are eligible for release on medical parole – the current language in SB 181 removes this requirement, and could permit the release on parole of an individual that still poses a threat to public safety simply because their health needs would be better met by community services. By changing the "or" on line 23 of page 3 to "and," this concern would be addressed, and would require a showing that an incarcerated person no longer physically poses a threat prior to their release on medical parole.

The second key aspect of SB 181 is the creation of a new parole modality – geriatric parole. The bill establishes MD. CODE ANN., CORR. SERVS. § 7-310, and provides for the parole consideration of incarcerated persons serving parole-eligible sentences every two years once they reach the age of 60 and provided they have served at least 15 years of their sentence. MSAA supports this concept, animated by the idea that individuals pose less of a threat to public safety as they age, but suggests amendments to better tailor the restrictions to the needs of public safety – by requiring an individual to have served 20 years of their sentence (instead of 15 years), and to be 70 of age (instead of 60), the geriatric parole provisions will apply exclusively to the population they are intended to apply to.

Finally, MSAA would like to reiterate – while public safety is an important part of the parole decision, it is by no means the only, or even most important, part. Parole must take into consideration the rehabilitative progress an incarcerated person has made, as well as the circumstances of their offense and the thoughts and considerations of the victim or their family. SB 181 provides for the consideration of certain individuals for release on parole by virtue of their age or health, but it does not require their release based on either, and in doing so, recognizes that some offenses are so heinous that the individual who has committed them rightly deserves to spend the balance of their life incarcerated, independent of public safety concerns. MSAA is stalwart in its advocacy for victims, and supports SB 181 with the above amendments.

FAV.with amendment HB 190-geriatric_med.parole.pdf

Uploaded by: Philip Caroom

Position: FWA

FAVORABLE WITH AMENDMENT HB 190 – Geriatric and Medical Parole

TO: Chair Luke Clippinger and House Judiciary Committee
FROM: Phil Caroom, MAJR Executive Committee
DATE: February 4, 2025

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.

SB181 Testimony- SLao.pdf
Uploaded by: Serena Lao
Position: FWA

TESTIMONY ON SB0181
Correctional Services – Geriatric and Medical Parole
Senate Judicial Proceedings Committee
January 28, 2025
Position: Favorable with Amendments

Submitted by: **Serena Lao**

Chair Smith, Vice Chair Waldstreicher, and members of the Judicial Proceedings Committee**:**

I, Serena Lao, am testifying in support of SB 181, on geriatric and medical parole. I am submitting this testimony as a longtime Maryland resident with a loved one who has been incarcerated for 36 years.

Passage of this bill would create a clearer avenue to obtain parole for those who are elderly, chronically debilitated or incapacitated, and have already served a significant portion of their sentence. It is essential to treat this vulnerable group with dignity in their last days (as we would all want, regardless of what we've done). My loved one is incarcerated at Western Correctional Institution (WCI), which is one of the newer facilities in the state. Because of that, the institution is more ADA-compliant and designated as the primary facility for those who are handicapped or disabled. My loved one used to work on the maintenance team, and he spent a lot of time fixing issues in the infirmary. He compares the infirmary at WCI to a morgue. They are very limited in their capacity to care for the people there. Thus, those patients must often be transported to a nearby hospital or other facility for treatment. These costs for transport and healthcare add up to an exorbitant amount for the Department of Corrections. The amount of taxpayer dollars being spent on incarcerating those who are no risk to public safety is monumental and wasteful. With the current focus on the state's budget deficit, passing this legislation should be a no-brainer.

While I am in full support of the intention of this bill, I do want to point out that the exclusion of those who are registered or eligible for sex offender registration is wholly unnecessary. Most of the people this bill would apply to are terminally ill, incapacitated—quite literally on their deathbed in these prison infirmaries. They are physically incapable of reoffending. I understand the specific impact that these crimes may have had on survivors. I understand that there may be specific concerns, but these should be addressed on a case-by-case basis, which the Parole Commission must do anyway. The flat-out exclusion without consideration of individual circumstances is more in line with the value of retribution than compassion. Amending the bill to include this group might raise political eyebrows, but I urge you to reflect on this more deeply for yourself so that future policy can better reflect the values of compassion and dignity.

Though I stand firm in my rejection of the carve-out, this crisis must be addressed now. Incarcerated people with medical needs are suffering, their loved ones are suffering, and more light has been shed on our state's prisons as the issue has only gotten worse. Creating this fair process for parole is urgent and directly tied to allowing prisons to function in a more sustainable way for everyone. With constant staff shortages and overcrowded prisons, this vulnerable group must be first in line to be considered for release, as time is of the essence.

For these reasons, I urge you to vote **favorably** on **SB 181.**

Thank you,

Serena Lao

Opposition SB 181.pdf
Uploaded by: Joanna Mupanduki
Position: UNF

Joanna Mupanduki, Deputy Director
Maryland Crime Victims' Resource Center, Inc.
Testimony in Opposition SB 181

Parole is a longstanding tradition, one that has been an integral part of Maryland's criminal justice system since the Civil War era. The first Advisory Board of Parole was established in 1914, and in 1922, the Parole Commissioner assumed responsibility for overseeing parole functions. Over the years, there have been several iterations of the parole system, with the current iteration, the Maryland Parole Commission, having been in place since 1976.

However, under the leadership of the current Secretary of the Department of Public Safety and Correctional Services (DPSCS), Carolyn Scruggs, there has been an increasing push to alter both the structure of the Parole Commission and the statutes governing parole. This push is primarily driven by the belief that more violent offenders should be released from prison, an approach that overlooks the critical importance of public safety. This latest legislative proposal is a continuation of that trend. While Maryland's prison population has significantly decreased, dropping over 20% from a high of more than 24,000 inmates in 2003 to just over 15,000 this year, this bill threatens to undermine the delicate balance between rehabilitation and public safety by opening the door wider to the release of violent offenders.

A key concern lies in the bill's definition of "chronically debilitated or incapacitated," which is overly broad. This definition applies to individuals with a diagnosable medical condition that impedes their ability to perform at least one of the following daily activities: eating, breathing, dressing, grooming, toileting, walking, or bathing, even if assistance is required. While it is important to address the medical needs of incarcerated individuals, such an expansive and vague criterion could easily be exploited, granting parole to offenders whose condition may not truly warrant it. The risk here is that medical diagnoses, which can vary greatly in terms of severity and impact, could be used as a justification for parole that does not sufficiently consider the danger posed by the individual to the broader community.

Additionally, the proposed bill significantly curtails the discretion of the Parole Commission, requiring that hearings be granted to certain individuals regardless of circumstances. More concerning is the bill's provision that mandates equal weight be given to doctors' reports, a decision that undermines the Commission's ability to make fully informed, nuanced decisions based on a variety of factors. It is well-established that expert opinions—particularly in medical and psychological fields—are often open to interpretation, with opposing experts frequently offering divergent views. Mandating that the Parole Commission prioritize one type of expert opinion over others reduces the complexity and integrity of the decision-making process.

Moreover, the bill stipulates that individuals considered for parole under this section must automatically be reconsidered every two years. This includes some of the most dangerous offenders, such as those serving life sentences for particularly violent crimes. Such an approach could lead to the continual re-evaluation of individuals who,

despite their medical conditions, may still pose significant risks to public safety. The frequency of these reviews places an undue strain on the Commission's resources and raises concerns about the safety of Maryland residents if violent offenders are consistently released or given the opportunity for early release.

In conclusion, while it is crucial to address the health and rehabilitation of incarcerated individuals, this bill's broad and imprecise definitions, coupled with its attempts to minimize the discretion of parole authorities, presents significant risks. By focusing too heavily on medical conditions and granting automatic reviews for violent offenders, this legislation could jeopardize the safety of the public in favor of an overly lenient approach to parole. The balance between rehabilitation and public safety must remain a priority, and careful, thoughtful consideration must guide any changes to Maryland's parole system.