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Clinical Program

**Testimony In SUPPORT of HB – 0190– Geriatric and Medical Parole
Before the Judiciary Committee
February 25, 2025**

**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 and specialized care which often require coordination with outside medical facilities, 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

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/>.



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much earlier than people in free society.⁵ Additionally, the conditions and limitations of prison life make day-to-day activities for older adults not only more challenging but often dangerous, as evidenced by personal accounts from our clinic clients as well as those documented in our community.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

House Bill 190 addresses two distinct populations: individuals of advanced age and those with severe medical conditions.¹⁰

For older individuals, the Maryland Parole Commission ("Commission") would be required to 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 Commission would be required to 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

⁵ Garcia-Grossman, I.R., Censer, 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/>.

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_Recidivism%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.*



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elderly individuals who have served substantial portions of their sentences and pose minimal risk to public safety are eligible for consideration.

Passing this bill would be a crucial step in Maryland's criminal justice reform, addressing the unique needs of aging and medically vulnerable individuals. Aging brings declining health, increased medical needs, and a reliance on support—yet for incarcerated elders, it means suffering in a system never designed for long-term care. Many grow old in prison, battling chronic illness in isolation, only to die alone behind bars. This bill provides a humane, fiscally responsible, and safe solution that recognizes justice should not mean a life sentence to unnecessary suffering.

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.

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