



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



[www.MA4JR.org](http://www.MA4JR.org)

February 21, 2025

**House Judiciary Committee**  
**Testimony in support of HB 190—Geriatric and Medical Parole and HB 311—Medical Parole (Life Imprisonment)**

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.

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 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 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. [HB 311](#) would remove the governor from the medical parole process for those serving life sentences. This bill corrects an oversight from a previous parole reform bill.

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 concludes 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 decisionmaking 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 HB 190 and HB 311.

Respectfully,

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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 HB 190 and HB 311 a favorable report.*