



## **TESTIMONY IN SUPPORT OF HOUSE BILL 190**

### **GERIATRIC AND MEDICAL PAROLE**

**TO:** Members of the House Judiciary Committee

**FROM:** Center for Criminal Justice Reform, University of Baltimore School of Law

**DATE:** February 21, 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 House Bill 190.

#### **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. Furthermore, due to challenges with the geriatric parole framework only one individual has been released through this mechanism since 2015. House Bill 190 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 provides a technical fix to remove the Governor from the medical parole process, an alignment with the approach already adopted for life-sentence parole decisions. It further supports needed data collection by establishing that the Maryland Parole Commission will report to the Justice Reinvestment Oversight Board on the outcomes of parole consideration. Overall, House Bill 190 increases not just the humanity but the efficiency of Maryland's criminal justice system in critical ways.

## **II. House Bill 190 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.<sup>1</sup> 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. House Bill 190 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.<sup>2</sup> 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 House Bill 190 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 House Bill 190.

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<sup>1</sup> 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).

<sup>2</sup> 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>.