POSITION ON PROPOSED LEGISLATION

BILL: HOUSE BILL 311 – Correctional Services – Geriatric and Medical Parole

FROM: Maryland Equitable Justice Collaborative

POSITION: **FAVORABLE**DATE: February 25, 2025

The Maryland Equitable Justice Collaborative urges this Committee to issue a **favorable report** on House Bill 311, which seeks to remove the requirement for gubernatorial approval in cases where the Maryland Parole Commission decides to grant medical parole to incarcerated individuals serving life sentences. This reform is essential for ensuring a fairer and more efficient parole process, particularly for elderly and medically vulnerable individuals, who are disproportionately people of color. House Bill 311 promotes a justice system that embodies equity and compassion by streamlining medical parole decisions.

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 arrests¹, 59% of the jail population², 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 incarcerated individuals, who are disproportionately people of color.

The Need for Medical Parole Reform

Current medical parole procedures are burdened by unnecessary bureaucratic delays, including the requirement for gubernatorial approval in cases involving life-sentenced individuals. House Bill 311 addresses this inefficiency by vesting full decision-making power with the Maryland Parole Commission, the body best equipped to evaluate medical parole cases based on clinical evidence and public safety considerations. Streamlining this process is essential to addressing the growing humanitarian and fiscal crisis posed by Maryland's aging prison population. 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

Cost Reduction and Public Safety Considerations

The average annual cost of incarcerating elderly inmates is nearly \$70,000, compared to \$40,000 for younger inmates.⁶ Maryland spent \$202 million in 2023 on medical care for incarcerated individuals,

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 Bureau of Justice Statistics, "Aging of the State Prison Population," 2023 Report.

representing 14% of the Department of Public Safety and Correctional Services (DPSCS) budget.⁷ Reforming the medical parole process by eliminating unnecessary delays could reduce these costs significantly. Additionally, research consistently shows that individuals over the age of 50 have recidivism rates below 2%, the lowest of any age group in the criminal legal system.⁸ Removing political considerations from medical parole decisions ensures that parole is based on medical needs and risk assessment rather than external political factors.

Addressing Systemic Racial Disparities

House Bill 311 directly aligns with the findings of the Maryland Equity and Justice Center, which indicate that current parole procedures have not effectively reduced racial disparities. A significant proportion of those serving life sentences are Black people. Current data indicates that Black people are disproportionately represented in this age group, making up approximately 70% of prisoners over 50 years old. Nearly 77% of those serving sentences of 20 years or longer are Black people. By reforming the medical parole process and removing unnecessary political intervention, House Bill 311 provides a more just and equitable mechanism for addressing the needs of aging and medically vulnerable individuals in Maryland prisons.

Conclusion

House Bill 311 represents a targeted, evidence-based approach to improving the parole system while centering equity and human dignity. By removing the requirement for gubernatorial approval in medical parole decisions for life-sentenced individuals, the bill ensures a fairer, more efficient process that prioritizes medical needs, cost savings, and racial justice. The MEJC urges this Committee to issue a **favorable report** on House Bill 311.

Submitted by: Maryland Equitable Justice Collaborative

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⁷ 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-O00-DPSCS-Overview.pdf.

⁸ 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.

⁹ Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023.

¹⁰ Maryland Department of Public Safety and Correctional Services, Annual Demographic Report, 2023.

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