

2025-02-25 HB 190 - Support.pdf

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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: House Bill 190 – Correctional Services - Geriatric and Medical Parole -
Favorable

The Office of Attorney General (OAG) urges this Committee to favorably report **House Bill 190**. This legislation, sponsored by Vice Chair Bartlett, 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. **House Bill 190** 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, **House Bill 190** 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, **House Bill 190** 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 **House Bill 190**.

cc: Members of the Judiciary Committee

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>.

HB0190_Geriatric_and_Medical_Parole_MLC_FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR HB0190 Geriatric and Medical Parole

Bill Sponsor: Delegate Bartlett

Committee: Judiciary

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Aileen Alex, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of HB0190 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 HB 190.pdf

Uploaded by: celeste trusty

Position: FAV



**Written Testimony of Celeste Trusty
State Legislative Affairs Director, FAMM
In Support of HB 190
Maryland House Judiciary Committee
February 21, 2025**

I would like to thank Chair Clippinger, Vice Chair Bartlett, and each Committee member for the opportunity to submit written testimony in support of HB 190, a bill that would improve Maryland's parole and release process for sick and elderly people living in state prisons. FAMM supports HB 190 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 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.

¹While 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 Everywhere. And Nowhere, Compassionate Release in the States, FAMM. <https://famm.org/wp-content/uploads/2023/12/Exec-Summary-Report.pdf>



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 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

HB 190 would allow people who are at least age 60 and have served 15 years or more of incarceration; and 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

³ FAMM, Compassionate Release: State Memos (Dec. 2021),

<https://famm.org/wp-content/uploads/2022/10/compassionate-release-report.pdf>

⁴ Compassionate Release Report Card, Maryland, October 2022, FAMM, <https://famm.org/wpcontent/uploads/md-report-card-final.pdf>

⁵ Everywhere and Nowhere, Executive Summary, <https://famm.org/wp-content/uploads/2023/12/Exec-Summary-Report.pdf>

⁶ Everywhere and Nowhere, Executive Summary, <https://famm.org/wp-content/uploads/2023/12/Exec-Summary-Report.pdf>

⁷ Compassionate Release Report Card, Maryland, October 2022, FAMM, <https://famm.org/wpcontent/uploads/md-report-card-final.pdf>

⁸ Compassionate Release Report Card, Maryland, October 2022, FAMM, <https://famm.org/wpcontent/uploads/md-report-card-final.pdf>

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 HB 190 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.

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 HB 190 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 HB 190 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.

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>

¹¹ The Ungers, 5 Years and Counting: A Case Study in Safely Reducing Long Prison Terms and Saving Taxpayer Dollars, November, 2018.

https://justicepolicy.org/wpcontent/uploads/2021/06/The_Ungers_5_Years_and_Counting.pdf

YEJ Clinic Testimony In Support of HB 190. edited.

Uploaded by: Cori Henry

Position: FAV

**Testimony *in Support* of House Bill 190 (Favorable)
Correctional Services – Geriatric and Medical Parole**

To: Delegate Luke Clippinger, Chair, and Members of the House Judiciary 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: February 21, 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 House Bill 190, 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 13% 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 HB 190 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, HB 190, if passed, would mark a substantial step in efforts to address these racial disparities.

For these reasons, the Clinic respectfully asks the House Judiciary 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.

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://dpacs.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.dpacs.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 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

WDC Testimony HB190.pdf

Uploaded by: Cynthia Rubenstein

Position: FAV



MONTGOMERY COUNTY, MARYLAND WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

House Bill 190 Judiciary Committee – February 25, 2025

SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2025 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of HB 190. This bill will provide much-needed paths to parole opportunities for elderly and infirm inmates. We strongly agree with the Chair of the Maryland Parole Commission in the need for this comprehensive bill.

Many thousands of Maryland families have been without their loved ones for decades. There are over 1100 inmates [over the age of 60 in the Maryland, many over age 75](#). These are parents, siblings, aunts, uncles, and grandparents. Families who want to be rejoined with their missing members who may be chronically ill and suffering alone in prison. Maryland families want to be able care for their elders. Young persons in these families would benefit from relationships with their elders.

These older inmates pose little threat to society. FBI data show that the crimes of both homicide and rape generally [peak at ages 18-20](#). The Federal Department of Justice reports that individuals engage in criminal behavior for only about a [5-10-year period during their lifetime](#).

WDC agrees with the American Bar Association's policy statement that reads: [“Sentences ... should be no more severe than necessary to achieve the societal purposes for which they are authorized.”](#) We abhor the fact that Maryland leads the nation in the rate at which Black citizens are given long sentences. With [a state population that is 32% Black, 76% of those sentenced to 50+years are Black](#). By providing a path to parole for those who have already served very long sentences, this bill will help rectify some of the stark racial inequity in Maryland's sentencing patterns.

Maryland's Parole Commission will continue to follow its usual parole hearing and parole procedures for each case. This bill by no means provides a 'get out of jail free card'. The Maryland Parole Commission recognizes the need for this bill and fully supports it, confident in their ability to safeguard the public.

We ask for your support for HB 190 and strongly urge a favorable Committee report.

Tazeen Ahmad
WDC President

Jane Harman
WDC Criminal Justice Reform
Subcommittee

Cynthia Rubenstein
WDC Advocacy Chair

MD Catholic Conference_HB 190_FAV.pdf

Uploaded by: Garrett O'Day

Position: FAV



February 25, 2025

**HB 190
Correctional Services – Geriatric and Medical Parole**

**House Judiciary Committee
Position: FAVORABLE**

The Maryland Catholic Conference offers this testimony in support of House Bill 190. 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.

House Bill 190 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.

House Bill 1901 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 House Bill 190.

HB 190 Geriatric and Medical Parole CCJR FAV.pdf

Uploaded by: Heather Warnken

Position: FAV



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.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. 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.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 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.

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>.

HB190-GMParole Testimony.pdf

Uploaded by: Jasmine Tyler

Position: FAV



TESTIMONY BY Jasmine L. Tyler
Executive Director, Justice Policy Institute

House Bill 190
Judicial Proceedings
Correctional Services - Geriatric and Medical Parole

Chair Clippinger, Vice Chair Bartlett, and members of the House Judiciary Committee thank you for the opportunity to submit testimony in strong support of HB 190. 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, HB 190 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 HB 190, 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

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. HB 190 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. HB 190 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 HB 190

Beyond its moral imperatives, HB 190 is sound fiscal policy. We can estimate the fiscal savings of releasing these individuals using the methodology employed by JFA Associates in *Building on the Unger Experience: A Cost-Benefit Analysis of Releasing Aging Prisoners*.¹² Using the updated figures provided by the Maryland Department of Public Safety and Correctional

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>.

Services (DPSCS), the annual cost of incarceration is \$60,360 per individual (\$5,030 per month).¹³ Incorporating medical expenses 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 HB 190 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 HB 190. The annual fully loaded cost of incarcerating this population is approximately \$30 million ($\$68,316 \times 439$). 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 ($\$68,316 \times 18$) 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. HB 190 offers a sensible, evidence-based approach that benefits taxpayers, strengthens public safety, and upholds human dignity.

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.

Black Caucus testimony

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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February 2, 2025

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Chairman Luke Clippinger
Judiciary Committee
100 Taylor House Office Building
Annapolis, Maryland 21401

Dear Chairman Clippinger, Vice Chairwoman Bartlett, and Members of the Committee,

The Legislative Black Caucus of Maryland offers strong favorable support for House Bill 190 (HB0190) – 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. House Bill 190 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.

House Bill 190 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, House Bill 190 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, House Bill 190 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.

House Bill 190 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 House Bill 190 and urges a favorable vote.

Legislative Black Caucus of Maryland

Legislative Black Caucus of Maryland

med & geriatric parole.house.testimony.pdf

Uploaded by: Judith Lichtenberg

Position: FAV



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



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

Judith Lichtenberg
Hyattsville, MD 20782
District 22
301.814.7120
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Germantown, MD 20874
District 6
202.251.9202
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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.

Late testimony

Uploaded by: Karen Clark

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of HB 190: Correctional Services - Geriatric and Medical Parole

TO: Delegate Luke Clippinger, Chair, and Members of the House Judiciary Committee
FROM: Karen “Candy” Clark, Criminal Justice Lead Advocate
Unitarian Universalist Legislative Ministry of Maryland
DATE: February 25, 2025

The state-wide Unitarian Universalist Legislative Ministry of Maryland asks for a favorable vote for **HB 190 - Correctional Services - Geriatric and Medical Parole**. This bill upholds our basic values of justice and equity.

Our prison systems’ purpose is to separate people who are illegally disrupting our communities and/or are a threat to others. ensure a safe environment in which everyone can thrive. 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 also 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.

UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,

www.uulmmd.org info@uulmmd.org www.facebook.com/uulmmd www.Twitter.com/uulmmd

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 - HB 0190 - Geriatric and Medical Parole.pdf

Uploaded by: Ken Phelps Jr

Position: FAV



TESTIMONY IN SUPPORT OF HB 0190

Correctional Services – Geriatric and Medical Parole

Judiciary

FAVORABLE

TO: Del. Luke Clippinger, Chair; Del. J. Sandy Bartlett, Vice Chair and members of the House Judiciary Committee

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

DATE: February 25, 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.

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 the definition of who can request medical parole for an individual and outlines the required documentation, assessment, and decision-making process. It is the humane thing to do.

The Diocese of Maryland requests a Favorable report

HB0190- Geriatric and Medical Parole Testimony to

Uploaded by: Lauren Pruitt

Position: FAV



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Judiciary Committee

100 Taylor House Office Building

Annapolis, Maryland 21401

Tuesday, February 25, 2025

HB0190 – Correctional Services – Geriatric and Medical Parole

Position: **FAVORABLE**

Chair Clippinger, Vice Chair Bartlett, and Esteemed Members of the Judiciary Committee:

My name is Lauren Pruitt, and I am the Legal Director at FreeState Justice, a nonprofit organization dedicated to serving LGBTQ+ Marylanders from diverse backgrounds. I am writing in support of **HB0190**, which seeks to require the Maryland Parole Commission to consider an individual's age and the totality of the circumstances in deciding whether to grant parole.

HB0190 addresses a critical shortcoming in current parole practices that affects elderly and infirm incarcerated individuals in Maryland. Despite posing minimal risk to public safety, elderly individuals are disproportionately denied parole compared to younger populations.

Research indicates that rates of recidivism decrease with age, with those 65 and older least likely to recidivate in the five years following their release (Prison Policy Institute). The Vera Institute additionally reports an arrest rate of just 2% for those aged 50 to 65, which drops nearly to 0% for those above 65. Despite such rates, in Maryland, just 28% of individuals over the age of 60 are granted parole, compared to a rate of 43% for individuals aged 31 to 35, and 37% for individuals 25 and younger (Justice Policy Institute). **HB0190** is necessary to address this disparity.

The current system for evaluating medical parole is inadequate, leaving many individuals to die in prison before their case is decided. In Maryland, just 32% of medical parole petitions were granted between 2015 and 2021 (Justice Policy Institute). Such parole reform is necessary to build a more humane system in Maryland that ensures eligible individuals may live their last days outside of prison.

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With an aging prison population, correctional facilities remain ill-equipped to handle the unique challenges that come with housing elderly incarcerated individuals. It is estimated that the cost of housing elderly incarcerated individuals is nearly double, if not more, than housing younger populations (Vera Institute). Many elderly incarcerated individuals experience chronic health conditions at rates higher than the general population but are not provided adequate healthcare while incarcerated. This legislation will allow for such eligible individuals to receive care outside of correctional facilities, thus reducing the number of taxpayer dollars spent on continued unnecessary incarceration.

I strongly urge the committee to issue a favorable report for **HB0190**. By requiring the Maryland Parole Commission to consider an individual's age and the totality of the circumstances in deciding whether to grant parole, Maryland will take a significant step toward ensuring a more equitable parole system for elderly and infirm incarcerated individuals and will join a growing number of states implementing such measures.

Sincerely,

Lauren Pruitt
Legal Director
FreeState Justice

Sources:

1. Chronic Punishment: The unmet health needs of people in state prisons, <https://www.prisonpolicy.org/reports/chronicpunishment.html#physicalhealth>
2. Safe at Home: Improving Maryland's Parole Release Decision Making, <https://justicepolicy.org/wp-content/uploads/2023/05/Safe-At-Home.pdf>
3. The aging prison population: Causes, costs, and consequences, <https://www.prisonpolicy.org/blog/2023/08/02/aging/>
4. Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations, available at <https://www.vera.org/publications/compassionate-release-aging-infirm-prison-populations>

hb190 compassionate release JUD 2-25-2025.pdf

Uploaded by: Lee Hudson

Position: FAV



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

Testimony Prepared for the
Judiciary Committee
on
House Bill 190
February 25, 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, punishment for the purpose of deterrence or to settle a score of a public offense 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, securely, and compassionately released to receive medically appropriate care. Compassion of this sort would be, in our estimate, better public messaging than repetitive retribution. It would be the moral lesson we hope an offender could absorb in the first place.

House Bill 190 would address this by providing a standard for compassionate release and we ask your favorable report.

Lee Hudson

2 21 2025 HB190 Medical Geriatric Parole FAV MOPD.

Uploaded by: Lila Meadows

Position: FAV



NATASHA M. DARTIGUE
PUBLIC DEFENDER

BRIAN SACCENTI
DIRECTOR OF THE DECARCERATION INITIATIVE

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

To: House Judiciary Committee

From: Maryland Office of the Public Defender

Re: In Support of House Bill 190 - Correctional Services - Geriatric and Medical Parole

Date: February 21, 2025

House Bill 190 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.

House Bill 190 moves Maryland towards a legally sound standard for medical and geriatric parole. Nothing in House Bill ~~190~~¹⁵⁷ lessens the Commission's obligation to take both 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.

Geriatric parole

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 House Bill 190. **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

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=pbase&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/>.

men in the community who were 15 years older. *Id.* A similar study published in 2018 of 238 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.

Recidivism 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 Commission 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.

House Bill 190 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. Remediating our broken geriatric parole provision is a critical fix that cannot wait another year. House Bill 190 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.

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.*

Medical Parole

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.

House Bill 190 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.

House Bill 190 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, House Bill 190 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

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

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.

(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.

House Bill 190 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.

House Bill 190 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. House Bill 190 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 themselves 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.

House Bill 190'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 House Bill 190.

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

Authored by:

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HB190_ Correctional Services – Geriatric and Medic

Uploaded by: Maryland Legislative Latino Caucus

Position: FAV



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TO: Delegate Luke Clippinger, Chair
Delegate Sandy J. Bartlett, Vice Chair
Judicial Proceedings Committee Members

FROM: Maryland Legislative Latino Caucus

DATE: February 25, 2025

RE: HB190 – Correctional Services – Geriatric and Medical Parole

The MLLC supports HB190 – 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 HB190.

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

HB190 adds age as a consideration for an incarcerated individual's eligibility for parole. The Maryland Parole Commission 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

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](#)

granting this request, the Parole Commission must consider the medical professionals' evaluation and 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 HB190.

MECJ Written Testimony FAVORABLE HB190.pdf

Uploaded by: MECJ Maryland Equitable Justice Collaborative

Position: FAV



POSITION ON PROPOSED LEGISLATION

BILL: **HOUSE BILL 190 – 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 190, 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 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 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.

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.

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 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

House Bill 190 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

⁸ Bureau of Justice Statistics, "Aging of the State Prison Population," 2023 Report.

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

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.

Conclusion

House Bill 190 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 - HB 190- Geriatric and Medical

Uploaded by: Olinda Moyd, Esquire

Position: FAV



AMERICAN UNIVERSITY

W A S H I N G T O N , D C

Clinical Program

**February 25, 2025
House - Judiciary**

**Testimony in Support of HB - 190 – 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 \(npha.org\)](https://www.npha.org/medical-parole).

As I travel 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 of 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 from 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 nasal 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.¹ 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.

¹ 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.

HB190_CorrectionalServices_GeriatricandMedicalParo

Uploaded by: Olivia Spaccasi

Position: FAV



Testimony for the House Judiciary Committee

February 25, 2025

HB 190 - Correctional Services - Geriatric and Medical Parole

FAVORABLE

OLIVIA SPACCASI
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The ACLU of Maryland urges a favorable report on HB 190 which would greatly improve Maryland's medical and geriatric parole processes. The bill would establish a more appropriate set of criteria for the Parole Commission to consider when deliberating parole. Specifically, it includes the age of the individual among the factors that should be considered by the Commission. The bill also clarifies what constitutes being "chronically debilitated or incapacitated" means for the purposes of medical parole. In order for an inmate to be considered for medical parole, they must be considered chronically debilitated or incapacitated. However, current measurements for incapacitation are outdated. And more accurate indicators for incapacitation, like the inability to walk, breath, and bathe on one's own are not codified into law. Under HB 190, individuals who have a diagnosable medical condition or a permanent medical or cognitive disability and cannot complete one or more basic activities of daily living would be classified as such. The bill would also allow medical parole applicants and their lawyers to request a meeting with the Commission. These requests must be granted if the person is currently in an infirmary or hospital or has been to one of these facilities frequently in the last six months. The bill would also remove the Governor from the medical parole process, creating parity between all parole processes in the state.

Under the current parole system, too few people are considered eligible for geriatric and medical parole. Petitions for geriatric parole are rarely approved. Currently, there are about 630 individuals over the age of 60 in Maryland's prison system who have served at least 15 years. Risk of reoffending drops significantly past age 60. ¹ Recidivism

¹ Hunt, K. S., & Easley, B. (2017, December). The effects of aging on recidivism among federal offenders. United States Sentencing Commission. Retrieved February 7, 2023, from <https://www.ussc.gov/research/research-reports/effects-aging-recidivism-among-federal-offenders>

drops to just 2% in people ages 55-65 and to almost zero for those older at 65.² Despite this, in Maryland, older, aging prisoners have the lowest rates of release.

Low rates of release are seen among medical parole considerations as well. In 2015 and 2020, of the 339 people considered for medical parole, only 86 applications were granted. From 2021 to 2023, the Commission only granted medical parole for only 14 people serving life sentences. Five people died waiting for the Governor's approval. The rest were denied. In 2021, the legislature removed the Governor from the parole process for those serving life sentences. But, because of a bill drafting error, the Governor was not removed from the medical parole process for lifers. This bill would remedy that error, while also updating the criteria for release and establishing a more appropriate method of considering these requests.

Current standards for medical parole mean that many individuals remain incarcerated while unable to complete daily tasks like toileting, grooming, and walking. Inmates are forced to rely on the goodwill of other people inside to survive because they are simply "not sick enough" to be released. Many of these applicants would pose no threat to their communities if released. Rather, they would go to a facility in which they would receive appropriate, comprehensive care at the end of their life.

For the forgoing reasons, we urge a favorable report on HB 190.

² Silber, R., Shames, A., & Reid, K. (2017, December). Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations. Vera Institute of Justice. Retrieved February 7, 2023, from <https://www.vera.org/publications/compassionate-release-aging-infirm-prison-populations>

HB190 Testimony.pdf

Uploaded by: Sandy Bartlett

Position: FAV



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

FAVORABLE – HB190--CORRECTIONAL SERVICES – GERIATRIC and MEDICAL PAROLE

TO: Chair Clippinger, members of the Judiciary Committee

HB190, if enacted does a few things with respect to parole revisions. The bill establishes geriatric parole. The Maryland Parole Commission would consider the age of an individual and allow for parole if, based on the totality of the circumstances, there is a reasonable probability that the individual will not recidivate. Importantly the Commission evaluates whether such release is compatible with public safety. These provisions apply only to an incarcerated individual who is at least age 60, has served at least 15 years of the sentence imposed, is not registered or eligible for registration on the State Sex Offender Registry, and is sentenced to a term of incarceration for which all sentences being served (including any life sentence) are with the possibility of parole. An incarcerated individual considered for parole under these provisions must have a hearing every two years.

In the bill, we also tighten up the terms of medical parole. We define, chronically debilitated, incapacitated, and terminal illness as determined by a licensed medical professional. We also provide minimum guidelines for the Commission as to what to use when considering whether granting medical parole. You may wonder why it's important to clarify medical parole. Well, last year, only 14 incarcerated individuals were granted medical parole, and tragically, 4 of them passed away shortly after being released. This underscores the need for reform—namely, to take a humanitarian approach to justice and increase the number of those eligible for medical parole.

It's important to note that the medical parole provisions in this bill should not be confused with those in HB311 (Correctional Services – Medical Parole – Life Imprisonment), another piece of legislation I am introducing this session. HB311 addresses a technical fix to remove the requirement for gubernatorial approval when granting medical parole for individuals serving life sentences. It does not, however, clarify the terms of medical parole, which is what HB190 does. Further, HB1123 is another bill you will be hearing about shortly which is similar to this bill yet has some key differences that will be discussed.

On that note, HB190 brings compassionate release to Maryland and addresses ambiguities in medical parole.

Thank you for your consideration. A favorable report is requested.

HB190 Written Testimony Sara Aziz.pdf

Uploaded by: Sara Aziz

Position: FAV



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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.

Sara Reign Aziz
sa5230b@clinic.wcl.american.edu
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Favorable Report_ HB 190 Geriatric and Medical Par

Uploaded by: Sarah Bur

Position: FAV

Favorable Report: HB 190 Geriatric and Medical Parole

Quaker Voice of Maryland

TO: Chair Luke Clippinger and House Judiciary Committee

FROM: Molly Finch, Quaker Voice of Maryland Steering Committee

DATE: February 21, 2025

Quaker Voice of Maryland, an advocacy group representing Quakers throughout Maryland, strongly supports HB190 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 HB190.

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, who was a regular attendee at Homewood Friends Meeting (a Quaker meeting in Baltimore) contributed substantially to the Baltimore community from the time of his release until his death in 2023.



DPSCS_HB190_FWA.docx (1).pdf

Uploaded by: Ernest Eley Jr.

Position: FWA



Department of Public Safety and Correctional Services
Office of the Secretary

6776 Reisterstown Road, Baltimore, Maryland 21215
410-585-3346 – TOLL FREE 877-379-8636 • www.dpscs.maryland.gov

BILL: HOUSE BILL 190

POSITION: FAVORABLE WITH AMENDMENTS

EXPLANATION: HB 190 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.
- HB 190 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.

STATE OF MARYLAND

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RENARD E. BROOKS
ASSISTANT SECRETARY
PROGRAMS, TREATMENT &
RE-ENTRY SERVICES

ERNEST ELEY JR.
CHAIRMAN
MARYLAND PAROLE COMMISSION

JASON DAVIDSON
DIRECTOR
GOVERNMENT & LEGISLATIVE
AFFAIRS

- 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.
- HB 190 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. 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.
- The Department requests the Committee add amendments to HB 190 to align with HB 1123:
 - o Requiring DPSCS to on a regular basis submit a roster of individuals to the Parole Commission that: are at least 60 years of age; was incarcerated for at least 20 years; has had no disciplinary infractions for the last three years; and are not serving life without parole (LWOP).
 - o Requiring the Parole Commission within 60 days of receiving the list to conduct a risk assessment of the individuals.
 - o Requiring the Parole Commission to hire psychologists to perform the risk assessments of individuals.
- Finally, HB 190 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 with AMENDMENTS Committee report on House Bill 190.

HB 190 - MSAA FWA.pdf

Uploaded by: Patrick Gilbert

Position: FWA



Maryland State's Attorneys' Association

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Rich Gibson
President

Steven I. Kroll
Coordinator

DATE: February 21, 2025

BILL NUMBER: HB 190

POSITION: Favorable with Amendment

The Maryland State's Attorneys' Association (MSAA) supports House Bill 190 with the inclusion of a few minor amendments that seek to balance the interests that animated this important legislation with public safety.

HB 190 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 HB 190 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 HB 190 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. HB 190 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 HB 190 with the above amendments.

HB0190 Testimony SLao.pdf

Uploaded by: Serena Lao

Position: FWA

House Bill 190 (Correctional Services – Geriatric and Medical Parole)
House Judiciary Committee
February 25, 2025

Position: Favorable with Amendments

Chair Clippinger, Vice Chair Bartlett, and members of the Judiciary Committee:

I, Serena Lao, am testifying in support of HB 190, 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 HB 190**.

Thank you,



Serena Lao

Late testimony

Uploaded by: Brenda Jones

Position: UNF

Unfavorable Response to HB190 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 HB190.

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>

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:

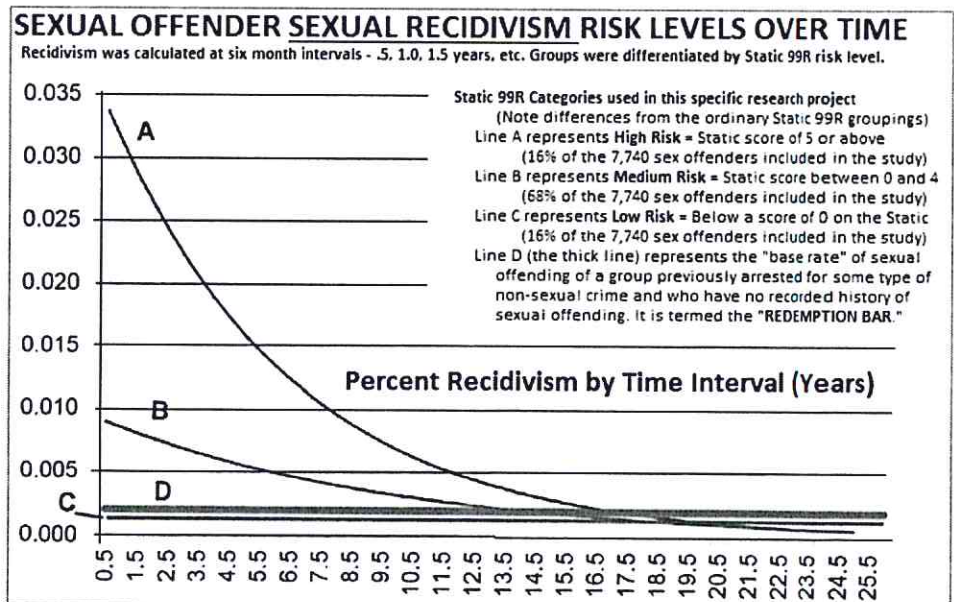
I am a Senior Research Scientist at Public Safety Canada. Throughout my career, I have studied recidivism, with a focus on sex offenders. I discuss in this declaration key findings and conclusions of research scientists, including myself, regarding recidivism rates of the general offender population 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.



Opposition to HB 190 Written Testimony1.pdf

Uploaded by: Joanna Mupanduki

Position: UNF



Maryland Crime Victims' Resource Center, Inc.

Continuing the Missions of the Stephanie Roper Committee and Foundation, Inc.

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February 21, 2025

RE: Unfavorable HB 190

Dear Chair Clippinger and Esteemed Committee Members,

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.

Having worked in the criminal justice system across multiple states, I can say that no other state exhibits the same level of confusion and disregard for crime victims as Maryland. I have been an attorney for over 17 years, serving as a prosecutor in Washington State, California, and Maryland. Additionally, I spent four and a half years as in-house counsel at the California Department of State Hospitals, which provides psychiatric care for individuals in the criminal justice system, including those deemed incompetent to stand trial and those identified as sexually violent predators.

For the past three years, I have served as a victim rights attorney at the Maryland Crime Victims Resource Center (MCVRC) and recently became the Deputy Director. This role has been the most rewarding of my career, allowing me to support crime victims during their most challenging times.

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.

Why is there a notion that if someone is sick enough, that entitles them to cut short their sentence and negate the Court orders that they serve a life sentence? What about the killer of Lt. Richard Collins who was stabbed and killed while standing at a bus stop on the University of Maryland College Park campus by a man who did not know Lt. Collins and decided that he did not like the color of his skin? That defendant (Sean Urbanski) was given a life sentence and should he be allowed out merely because he suffers a medical issue in the future? There are many other atrocious murderers and violent crimes like the one that took Lt. Richard Collins' life. Why do we as a society not say that some crimes are so egregious that the offender should serve the rest of their life in prison and die there? In fact, I would argue that the Judge did say so and the people of Maryland believe that is what life in prison means.

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. The supposed argument that inmates currently released under medical parole die within a year of their release is the exact reason that medical parole was created and means that it working well.

In conclusion, while it is crucial to address the health and rehabilitation of incarcerated individuals, HB 190's broad and imprecise definitions, coupled with its attempts to minimize the discretion of parole authorities, present 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.

I oppose HB 190 and would urge an unfavorable finding.

Sincerely,

A handwritten signature in black ink that reads "Joanna D. Mupanduki". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Joanna D. Mupanduki
Deputy Director