

HB 1123 FAV GOCPP.pdf

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Position: FAV



TESTIMONY IN SUPPORT OF HOUSE BILL 1123

February 25, 2024

DOROTHY J. LENNIG, GOCPP EXECUTIVE DIRECTOR

The Governor's Office of Crime Prevention and Policy (GOCPP) serves as a coordinating office that advises the Governor on criminal justice strategies. The office plans, promotes, and funds efforts with government entities, private organizations, and the community to advance public policy, enhance public safety, reduce crime and juvenile delinquency, and serve victims.

House Bill 1123 would repeal the requirement for gubernatorial approval of medical parole requests, leaving the medical parole decision to the Parole Commission. Second, the bill establishes measures to streamline parole determinations for elderly individuals. Finally, the bill provides for funding to expand the Commission's capacity to implement the new streamlined process.

Despite recent reforms in Maryland aimed at reducing the State's incarcerated population, the current parole system has resulted in low parole grant rates and an aging prison population. Incarceration is expensive, especially for elderly and sick individuals, and reduces the resources available to address the underlying causes of crime and recidivism.

HB 1123 provides that, on an ongoing basis, the Department of Public Safety and Correctional Services will submit to the Parole Commission the names of incarcerated individuals who are (1) at least 60 years old, (2) have served at least 20 years, (3) without major disciplinary infractions within the previous 3-year period, and (4) are not serving a sentence of life without the possibility of parole. Within 60 days of receiving that information, the Commission must conduct a risk assessment for all qualifying individuals and, upon completion, conduct a parole hearing.

A significant challenge in the parole review process is the time, expertise, and resources it takes to conduct risk assessments. Currently, the Parole Commission has one psychologist conducting risk assessments, and there is a backlog of parole-eligible individuals awaiting assessment. HB 1123 allows GOGPP to direct Justice Reinvestment Act funding to the Commission to hire additional psychologists to conduct these risk assessments. This would allow the newly eligible elder incarcerated individuals to move through the parole process in a more timely manner. HB 1123 would eliminate some of the obstacles to timely parole decisions and appropriate parole grants to eligible individuals.

GOCPP urges the House Judiciary Committee to report favorable on HB 1123.

DPSCS_HB1123_SUPPORT.docx.pdf

Uploaded by: Ernest Eley Jr.

Position: FAV



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 1123

POSITION: LETTER OF SUPPORT

STATE OF MARYLAND

WES MOORE
GOVERNOR

ARUNA MILLER
LT. GOVERNOR

CAROLYN J. SCRUGGS
SECRETARY

ANTHONY A. GASKINS
CHIEF OF STAFF

JOSEPH SEDTAL
DEPUTY SECRETARY
ADMINISTRATION

ANNIE D. HARVEY
DEPUTY SECRETARY
OPERATIONS

ANGELINA GUARINO
ASSISTANT SECRETARY
DATA, POLICY AND GRANTS

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

ERNEST ELEY JR
CHAIRMAN
MARYLAND PAROLE COMMISSION

JASON DAVIDSON
DIRECTOR
GOVERNMENT & LEGISLATIVE
AFFAIRS

EXPLANATION: HB 1123 removes the Governor from the approval process of medical parole requests and requires the Department of Public Safety and Correctional Services to submit to the Maryland Parole Commission the names of individuals who meet eligibility requirements for potential early release. Additionally, the Parole Commission shall conduct a risk assessment of the individuals and a parole release hearing.

COMMENTS:

- The Department of Public Safety and Correctional Services (Department) operates the Division of Correction, the Division of Pretrial Detention and Services, and the Division of Parole and Probation.
- In accordance with Correctional Services Article §7–201, the Maryland Parole Commission (Commission) was established in the Department. The Commission is charged with determining on a case-by-case basis whether incarcerated individuals serving sentences of six months or more in State or local facilities are suitable for release into the community under certain conditions or supervision by the Division of Parole and Probation.
- HB 1123 seeks to reform the parole process for medically vulnerable and elderly incarcerated individuals in Maryland.
- The bill 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.
- In addition, the bill will require DPSCS, on a regular basis, to submit a roster of individuals to the Parole Commission that are at least 60 years of age; were incarcerated for at least 20 years; has had no disciplinary infractions for the last three years; and are not serving life without parole.
- Within 60 days of receiving the roster, the Commission is required to conduct a risk assessment for the incarcerated individual.

- Under the bill, the Justice Reinvestment Oversight Board may recommend the allocation of funding for the hiring of additional psychologists needed to perform the risk assessments of the recommended individuals.
- Additional psychologists are critical to fulfill the completion of risk assessments within the 60-day time frame required under the bill.

CONCLUSION: For these reasons, the Department of Public Safety and Correctional Services respectfully requests a **FAVORABLE** Committee report on House Bill 1123.

Late testimony

Uploaded by: Karen Clark

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of HB 1123- Correctional Services - Medical and Elder Parole

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

The state-wide Unitarian Universalist Legislative Ministry of Maryland asks for a favorable vote for **HB 1123 - Correctional Services - Medical and Elder Parole**. The purpose of **Bill 1123** is to allow a person who is at least 60 years old and who has already served a continuous time of 20 years or more in prison without major disciplinary infractions be considered for a medical parole—if all qualifications are present. Correctional research supports the concept that as people move up in age, they are far less likely to engage in a criminal lifestyle.

This bill requires a comprehensive assessment of the individual to assure—to the best of all means possible—that the individual is physically incapable of presenting a danger to society. Once that has been thoroughly determined, they may be released.

Especially noted as a release concern is the victim(s) with whom the individual was involved. In earlier years, the impact and needs of victims were ignored in our correctional system. However, their needs are now becoming an essential ingredient—if they choose to be involved. In many cases, involving the victim in this process can help them to recover from their trauma. This bill includes many of the steps that would need to be taken if the victim accepts that opportunity. For example- the victim could be asked to write a recommendation on the advisability of release of the individual and be allowed to meet with the professionals who are also involved in the work.

Recently, in Maryland, few have qualified for this opportunity to return to the outside (while still serving on parole with a case manager). Unfortunately, **only one person since 2015** has been able to have this chance. Currently, about 600 people qualify and should have the opportunity.

Also, the parole system is cheaper and can reduce the burden on the correctional facility expenses by \$28-50,000 per year, per person. The bill's savings would be reinvested into the system to help to make improvements, like the development of secondary education, workforce training programs and certification to help with participant's success as they return to a better life on the outside. I especially like this addition.

The Unitarian Universalist Legislative Ministry asks for your favorable response for **HB1123**

Thank you for your dedication.

Karen Clark

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

HB1123-JUD-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

HB1123

February 25, 2025

TO: Members of the House Judiciary Committee
FROM: Nina Themelis, Director of Mayor's Office of Government Relations
RE: House Bill 1123 – Correctional Services - Medical and Elder Parole

POSITION: Support

Chair Clippinger, Vice Chair Bartlett, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** House Bill (HB) 1123 – Correctional Services - Medical and Elder Parole

HB 1123 repeals the provision within Article – Correctional Services, §7–309(i) that requires the Governor's approval of a decision by the Maryland Parole Commission (MPC) to grant medical parole to an incarcerated individual serving a term of life imprisonment. Under this bill, the Governor would no longer have the authority to disapprove the medical parole of an incarcerated serving a term of life imprisonment. In addition, HB 1123 requires the Department of Public Safety and Correctional Services to submit to the MPC the names of individuals who are at least 60 years of age, have been incarcerated for at least 20 continuous years, have had no major disciplinary action in the last 3 years, and are not serving a sentence of life without parole to be reviewed and granted a parole hearing.

Chapter 299 of 2008 established medical parole as a form of release from incarceration in a State or local correctional facility for incapacitated incarcerated individuals who, as a result of a medical or mental health condition, disease, or syndrome, pose no danger to public safety. In addition, Chapter 30 of 2021 eliminated the requirement that the Governor approve the parole of a person serving a parole-eligible life sentence. This action depoliticized the process of parole by no longer allowing the Governor to overturn decisions to a grant of parole by the MPC. However, due to a drafting error with this legislation, medical parole was excluded. This bill would correct this error and allow the MPC to efficiently respond to the urgent nature of medical parole needs. This is an important fix as individuals approved for medical parole are, in some cases, seriously ill or dying, but, in all cases, no longer a threat to public safety and therefore should not be incarcerated for longer than necessary due to inefficient and outdated procedure.

The review of elderly long-term incarcerated individuals for parole under HB 1123 would mark a momentous step toward rehabilitative justice and ameliorating systemic inequities for Black Marylanders found in the state's criminal justice system. Notably, as of fiscal year 2023, the percentage of Maryland's incarcerated population who were black was 72.4%, the highest of any state and over double that of the national average. This is despite Black Marylanders representing less than one-third the total state population. Additionally, nearly eight in ten people who have served ten years or more and were sentenced between the ages of 18-24 are Black. As a result,

Black Marylanders have been disproportionately burdened with excessive sentencing and punitive incarceration. HB 1123 would fix a technical error in Maryland law, help to relieve over-incarceration, and incentivize rehabilitation efforts among convicted individuals with overly long or life sentences.

For the above stated reasons, the BCA respectfully request a **favorable** committee report on HB 1123.

HB1123 Testimony.pdf

Uploaded by: Sandy Bartlett

Position: FAV

J. SANDY BARTLETT
Legislative District 32
Anne Arundel County

Vice Chair
Judiciary Committee



The Maryland House of Delegates
6 Bladen Street, Room 101
Annapolis, Maryland 21401
410-841-3370 · 301-858-3370
800-492-7122 Ext. 3370
Sandy.Bartlett@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

FAVORABLE – HB1123: Correctional Services – Medical and Elder Parole

TO: Chair Clippinger, members of the Judiciary Committee

In presenting my final parole bill today, HB1123: Correctional Services – Medical and Elder Parole, to the Chair and Committee, I would like to begin by addressing the purpose of this bill. First, HB1123 works to remove the governor from the medical parole process, acting as a technical fix to 2021 legislation. Second, this bill creates new eligibility criteria for geriatric parole consideration, including that an individual is at least 60 years old, has served at least 20 years of their sentence, and has not had any major disciplinary infractions within the past 3 years. Those who meet these criteria would be required to undergo a risk assessment and parole hearing by the Commission. Lastly, a portion of the savings made will be directed to the Commission by the Justice Reinvestment Oversight Board for hiring more psychologists to conduct these risk assessments.

Reforming medical and elder parole in Maryland is crucial for protecting our aging and vulnerable incarcerated populations. We have a serious problem involving a wait time for medical parole review that needs to be addressed. Removing the governor from this process will help more individuals to be considered and streamline this process. Further, outlining these standards for elder parole would enable the system to be more predictable and fair for older individuals who pose no significant threat to public safety. This bill recognizes that older adults are not the same as younger offenders in terms of rehabilitation and risk, and therefore, should be evaluated through a lens that accounts for their unique circumstances.

It is crucial to prioritize public safety while also ensuring a balance with the broader interests of our criminal justice system. This bill not only strikes that balance but also alleviates some of the financial costs that medical and elder populations place on our system. Ultimately, with HB1123, we aim to promote fairness, efficiency, and compassion.

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

OPD written testimony opposing HB 1123.pdf

Uploaded by: Lila Meadows

Position: UNF



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: House Bill 1123 – Medical and Elder Parole

FROM: Maryland Office of the Public Defender

POSITION: Unfavorable

DATE: February 21, 2025

The Maryland Office of the Public Defender respectfully requests that the Committee issue an unfavorable report on House Bill 1123.

This bill is a well-intentioned effort to improve aspects of the parole system, but as currently written it will have the opposite effect and will increase costs to the state without a commensurate benefit. The problems stem from the mandate for additional risk assessments and the omission of important reforms to medical parole.

The Problem with Mandating Risk Assessments

For a number of years, the Maryland Parole Commission (MPC) has employed a psychologist to conduct risk assessments of people with life sentences when, following a parole hearing, the panel determines that the person may be suitable for parole but would like the benefit of a risk assessment before the MPC makes its final decision. These risk assessments are in-depth evaluations that take considerable time to complete. A psychologist doing these full-time would be hard-pressed to complete more than six per month. The MPC currently has one psychologist doing risk assessments full-time. As a result, people who have been referred for a risk assessment face very lengthy delays, with some waiting up to two years from the referral until the risk assessment is done.

As currently written, HB 1123 will exacerbate these delays. It requires the Department of Public Safety and Correctional Services (DPSCS) to submit to the MPC the names of every incarcerated individual who “(1) is at least 60 years old; (2) has been incarcerated for a continuous period of at least 20 years; (3) has had no major disciplinary infractions within the previous 3-year period; and (4) is not serving a sentence of life without the possibility of parole.” That is likely to be a large number of people. When DPSCS submits that long list of names to the MPC on or shortly after the effective date of the bill, the MPC will be required by this bill to conduct risk assessments of all of those individuals within 60 days.

The MPC does not currently have the bandwidth to do this. Not even close. The requirement that it conduct the risk assessments mandated by this bill within 60 days would appear to require that it

prioritize those individuals over the people who have been previously referred for risk assessments after a parole hearing and have been waiting for months or years.

Additionally, by *mandating* risk assessments *before* the parole hearing, this bill will increase the sheer number of risk assessments the MPC must do by requiring them for people whom the MPC otherwise would not refer for risk assessments. At present, the parole hearing panel refers an incarcerated individual for a risk assessment after making a preliminary determination that the person may be suitable for parole and a risk assessment would aid it in making the final determination. There are good reasons why the parole hearing panel at the conclusion of the hearing may opt not to refer a person for a risk assessment, including:

- The parole hearing panel does not believe that the person is presently suitable for parole;
- The person does not have a life sentence and would not ordinarily be subject to a risk assessment; and
- The person does have a life sentence but the panel concludes that a risk assessment is unnecessary because of case-specific circumstances (e.g., the person has been a model citizen behind bars for decades).

This bill will require risk assessments in these circumstances even though the MPC would not ordinarily request one.

To cope with the sharp increase in the number of risk assessments, MPC will need to increase its bandwidth. Past efforts to hire and retain an additional psychologist have proven unsuccessful because the few psychologists who do these can make much more in the private sector than the state pays. The MPC conceivably could contract with private psychologists to do these, but this would be costly (and could make it less attractive for a qualified psychologist to do this full-time as a state employee when they could make more on a contractual basis). There are not that many private psychologists with experience conducting such risk assessments, and it is not unusual for them to bill \$6,000 to \$7,000 per evaluation.

The bill attempts to address the cost problem by authorizing the Justice Reinvestment Oversight Board to distribute some of the savings from reductions in the prison population to the MPC for the purpose of hiring psychologists to conduct the risk assessments mandated by the bill. Specifically, the funding provision says that this money would be “for the purpose of hiring psychologists to perform risk assessments of candidates for elder parole under § 7–310 of the Correctional Services Article,” the new statute that this bill creates. The problem is that this provision (a) is limited to the risk assessments mandated by the bill, which, as explained above, may be unnecessary or unwarranted, (b) does not authorize those psychologists to help with the backlog of risk assessments that the MPC has and will continue to request in other cases, and (c) potentially diverts money from other important programs, such as post-secondary education and workforce training programs for incarcerated individuals and the Correctional Ombudsman.

The Omission in the Medical Parole Provision

There are two main problems with the current law on medical parole: (1) the retention of the role of the Governor in the medical parole process for lifers (an oversight in the 2021 bill that otherwise removed the Governor from the lifer parole process), (2) standards for release that are unclear and

sometimes conflicting that result in too few people being eligible for medical parole despite their very serious health conditions and (3) a process that does not give the Maryland Parole Commission the comprehensive information it needs to make informed decisions and does not give incarcerated individuals an opportunity to meet directly with the Maryland Parole Commission while under consideration.

There are other bills before the General Assembly this session that have broad support and fix all of these problems. House Bill 1123 is not one of them. Although it removes the Governor from the process, it does not address the other problems with Maryland's medical parole system. While there may be other areas of the parole system that require reform, incarcerated individuals who are sick or elderly are among the most vulnerable in the Department of Corrections and must be a priority if we are to move closer to a humane parole system.

Suggestions to Address Some of These Concerns

We recognize and appreciate the good intent underlying this bill, and suggest that the following steps could address some of the foregoing concerns:

- Risk assessments for those satisfying the elder parole criteria should be required only if, after a parole hearing, the panel determines that the person may be suitable for parole and that a risk assessment would aid the MPC in making its decision;
- The reforms to the medical parole system in House Bill 190 and Senate Bill 181 should be included to address the significant concerns underlying those bills;
- The increased funding for risk assessments should be available for all risk assessments requested by the MPC, and not limited to "elder parole" cases; and
- Additional funding for risk assessments should not come from funding needed for post-secondary education and workforce training programs (which help prepare people for release on parole) or the funding of the Correctional Ombudsman.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue an unfavorable report on House Bill 1123.

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

**Authored by: Lila Meadows & Brian Saccenti
Decarceration Initiative
Maryland Office of the Public Defender
lila.meadows@maryland.gov
brian.saccenti@maryland.gov**