



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

HANNIBAL KEMERER
CHIEF OF STAFF

ELIZABETH HILLIARD
DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: HB 310 Correctional Services - Restrictive Housing - Individuals with Developmental or Intellectual Disabilities

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: February 2, 2026

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on HB 310.

House Bill 310 limits the number of consecutive days a person with a developmental or intellectual disability can be placed in restrictive housing, which is defined as physical separation in a locked cell for 22 out of 24 hours in a day. House Bill 310 permits State Correctional facilities to assess newly incarcerated individuals for developmental and intellectual disabilities and recommend this limitation on their incarcerative environment.

Solitary confinement increases the risk of premature death after release

Among people who died after release from prison, those exposed to solitary confinement were more likely to die from suicide, homicide, or opioid overdose.



The Office of the Public Defender requests a favorable report on this bill for many reasons. First, restrictive housing has deleterious effects on physical and mental health. Second, restrictive housing serves no rehabilitative purpose, and actually increases the likelihood that a person will have a harder time reestablishing social connections. Third, restrictive housing is a form of psychological torture, to which people suffering from developmental and intellectual disabilities should never be subjected.

Source: Prison Policy Initiative

1. Restrictive Housing Harms People

Restrictive housing has harmful effects on both the mental and physical health of people who spend time incarcerated by this method. Physically, solitary confinement can cause hypertension, headaches, dizziness, extreme weight loss, and decreased brain activity.¹ When a person is subjected to restrictive housing for repeated or extended periods of time, these symptoms are more likely to worsen.² These symptoms occur because of the nature of restrictive housing, which deprives a person's sensory network of the inputs it needs to self-regulate.

Restrictive housing harms mental health even more severely than it does physical health. People placed in restrictive housing have an increased likelihood of experiencing anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsession, paranoia, and psychosis.³ People who entered prison with a diagnosed mental illness experience significantly worse symptoms in restrictive housing than they do in the general prison population. People experiencing mental illness are more likely to decompensate in isolation than they are in the general population.⁴

Worst of all, because of the effect restrictive housing has on mental health, it also increases the likelihood of a person to commit self-harm, including cutting and swallowing foreign objects.⁵ People experiencing restrictive housing are seven times more likely to commit these types of self-harm and are 6.5 times more likely to commit potentially fatal self-harm.⁶ A person who commits self-harm while incarcerated is likely to be placed into suicide watch, another type of restrictive housing, which can exacerbate all of the conditions discussed above.

While incarcerated, failure to quickly comply with orders, which may be related to difficulty processing information or anxiety in high stress situations, can lead to disciplinary reports, and can

¹ Shalev, Sharon (2014). Prisons in health. Copenhagen: World Health Organization, Regional Office for Europe. pp. 27–35.

² Corcoran, Mary. "Effects of Solitary Confinement on the Wellbeing of Prison Inmates". Applied Psychology Opus. NYU Steinhardt. https://wp.nyu.edu/steinhardt-appsych_opus/effects-of-solitary-confinement-on-the-well-being-of-prison-inmates/

³ Metzner, Jeffrey L.; Fellner, Jamie (March 2010). "Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics". J Am Acad Psychiatry Law. 38 (1): 104–108.

⁴ Id.

⁵ Kaba, Fatos; et al. (March 2014). "Solitary Confinement and Risk of Self-Harm Among Jail Inmates". American Journal of Public Health. 104 (3): 442–447.

⁶ Id.

eventually result in solitary confinement or prolonged sentences.⁷ People with developmental and intellectual disabilities are at an increased risk of experiencing these physical and psychological symptoms because of the nature of their disability, so any exposure to restrictive housing should be limited, which this bill allows.

2. Restrictive Housing Increases Recidivism

Anthony Graves, a man who spent eighteen years in solitary confinement in Texas before being exonerated, described solitary confinement in this way:

Solitary confinement does one thing, it breaks a man's will to live and he ends up deteriorating. He's never the same person again... I have been free for almost two years and I still cry at night, because no one out here can relate to what I have gone through. I battle with feelings of loneliness. I've tried therapy but it didn't work. The therapist was crying more than me. She couldn't believe that our system was putting men through this sort of inhumane treatment.⁸

Restrictive housing serves no rehabilitative purpose, and actually increases the risk of recidivism when a person returns to the community.⁹ The sensory and social deprivation that occurs in restrictive housing causes people to be startled easily, to avoid crowds and public spaces, and to seek out small, confined spaces.¹⁰ These effects, caused by time spent in restrictive environments, increase the likelihood of recidivism by committing a new crime by 132%.¹¹

This bill helps to limit the time people with developmental and intellectual disabilities spend in restrictive housing. Thus, it also decreases the likelihood that people commit crimes upon their return to the community. OPD supports all efforts of the legislature and the Department of Public Safety and Correctional Services to reduce recidivism and reduce the use of restrictive housing.

⁷ Jennifer C. Sarrett, Alexa Ucar, Beliefs about and perspectives of the criminal justice system of people with intellectual and developmental disabilities: A qualitative study, *Social Sciences & Humanities Open*, Volume 3, Issue 1, 2021, <https://doi.org/10.1016/j.ssaho.2021.100122>.

⁸ Graves, Anthony (19 June 2012). "Testimony Presented to the Senate Judiciary Committee Subcommittee on The Constitution, Civil Rights & Human Rights 'Reassessing Solitary Confinement: The Human Rights, Fiscal and Public Safety Consequences'"

⁹ Mears, Daniel; Bales, William D. (December 2009). "Supermax incarceration and recidivism". *Criminology*. 47 (4): 1131–1166.

¹⁰ Goode, Erica (3 August 2015). "Solitary Confinement: Punished for Life". *The New York Times*.

¹¹ Nguyen, Anh (2018). *The Determinants and Consequences of Solitary Confinement: Risk Factor, Future Criminal Justice Involvement, and Mortality* (Thesis). PhD Thesis, p. 60.

3. Restrictive Housing is Torture

All of the reasons stated earlier help to explain why the level of harm caused by restrictive housing is considered torture.¹² In fact, the United Nations' "Mandela Rules" prohibit placement in restrictive housing for more than fifteen days.¹³ This bill brings Maryland into compliance with this internationally recognized maximum in only limited instances for only the most vulnerable people imprisoned in our State. Because it is a start on the road to more humane treatment of our disabled population, as well as our population generally, this bill has the support of the Office of the Public Defender.

4. This measure aimed at protecting people with Intellectual Disabilities does not unconstitutionally discriminate against either people without disabilities, or people with different disabilities.

In order to pass constitutional muster under the Equal Protection Clause of the U.S. Constitution legislation must be rationally related to a legitimate state interest.¹⁴ The State of Maryland operates DPSCS facilities and therefore has a legitimate state interest in ensuring protecting the safety of individuals with Intellectual Disabilities who are incarcerated in DPSCS facilities. For all of the foregoing reasons this bill is rationally related to that legitimate state interest.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on HB 310

**Submitted by: Maryland Office of the Public Defender, Government Relations Division.
Authored by: Benjamin Charlton, Assistant Public Defender, Forensic Mental Health Division, benjamin.charlton@maryland.gov, 410.541.6585**

¹² Nambiar, Sridevi (5 December 2014). "UN Committee on Torture Says U.S. Must Reform Its Use of Solitary Confinement". Solitary Watch.

¹³ "The United Nations Standard Minimum Rules for the Treatment of Prisoners" (PDF). United Nations Office on Drugs and Crime. 2015.

¹⁴ *See, eg City of Cleburne, Tex v. Cleburne Living Center*, 473 U.S. 432 (1985).