



**TESTIMONY IN SUPPORT OF HB 1233 / SB 984**

March 7, 2017

The Maryland General Assembly, in 2016, passed the Justice Reinvestment Act including Maryland Code, Correctional Services Article, section 7-309, permitting medical parole for inmates so debilitated or incapacitated as to present no further public safety risk. However, no specific financial provisions were made for further care of such inmates after they left the institutions.

The initiative embodied in HB 1233 / SB 984 pursues a similar policy but also provide arrangements for care of such debilitated inmates outside the prison setting. This plan is beneficial to Marylanders for three reasons:

1) **It seeks to provide federal Medicaid funding for severely impaired Maryland prison inmates** who otherwise might require treatment at greater costs and without such subsidies in prison custody.

2) **It saves substantial taxpayer funds by reducing unsubsidized medical costs within the Division of Corrections** budget. The savings on this point were substantially underestimated by the Justice Reinvestment Act 2016 Fiscal Note as it applied an estimated “variable cost” of only \$9,240 per inmate; the same number is used by the Dept. of Legislative Services in 2015 for savings from any single inmate’s release.

However, medical costs of older inmates actually greatly exceed the average inmate costs. The Pew Institute recently reported: “*The older inmate population has a substantial impact on prison budgets. ...The National Institute of Corrections pegged the annual cost of incarcerating prisoners age 55 and older with chronic and terminal illnesses at, on average, two to three times that of the expense for all other inmates, particularly younger ones. More recently, other researchers have found that the cost differential may be wider.*” See 7/14 Pew State Prison Health Care Spending Report. The 2016 Fiscal Note correctly recognized that federally-subsidized Medicaid could be applied ailing inmates’ costs upon release.

It also is important to note that, in a recent period of 10 years (1997-2006), Maryland’s population of elderly inmates (over age 60) more than doubled from under 4% to nearly 9%. This demographic shift and related medical costs only will increase in coming years, unless alternative out-of-prison treatment becomes possible. *Aging Inmate Population - Southern States Outlook* (2006)- Council of State Govt. / Southern Legislative Conference.

3) **Public safety concerns are greatly reduced with older inmates**, as national studies show. See, e.g., “*Graying Prisons- States Face the Challenge of an Aging Inmate Population* (2014),” Council of State Governments. A study of more than 130 older Maryland inmates released as a result of the Maryland Court of Appeals Unger decision indicates no incidents of new offenses. Maryland’s DPSCS, in 2006, also reported a zero recidivism rate for inmates paroled over age 60. *Aging Inmate Population, supra*. Funds saved from older inmates’ parole may be redirected towards for younger, higher-risk inmates who may pose much greater threats to public safety without appropriate services.

For all these reasons, Maryland Alliance for Justice Reform has supported parole for elderly and medically-impaired inmates since 2015, and strongly supports passage of HB 1233 / SB 984.

-Submitted by Phil Caroom, for Maryland Alliance for Justice Reform (MAJR) Exec.Com. <sup>1</sup>

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<sup>1</sup> **NOTICE:** Maryland Alliance for Justice reform (<http://ma4jr.org>) is a nonpartisan, unincorporated, not-for-profit organization. Consistent with Maryland Rule 16-813 - CJCR 3.2 and 3.7, Phil Caroom sends this communication at the request of the Maryland Alliance for Justice Reform (MAJR) Executive Committee, not on behalf of the Maryland Judiciary