



Legislation Summary:

An Act relative to Parole Review for aging incarcerated people

Initial Bill Numbers: S.1547 and H.2397

Sponsors: Senator Liz Miranda and Representative Lindsay Sabadosa

What the bill does, why LWVMA supports or opposes it, and the League position relative to this bill.

This bill would grant a parole hearing to anyone who has reached the age of 55 and has also served at least 15 years and at least one half of their sentence. For a person who becomes eligible under this bill but is denied parole after their first hearing, the parole board would be required to reconsider the merits of the case every two years thereafter. The bill also requires the parole board to report annually to the legislature the number of eligible people granted parole under this law.

The conditions described in the following paragraphs, taken together, warrant a large reduction in the number of elders in custody.

The number of people in DOC custody over the age of 60 has been growing for decades, reaching 826 people in January of 2022, even while the incarcerated population as a whole has been falling. Given the fact that, in Massachusetts, there are over 1,000 people who are currently serving sentences of life without the possibility of parole and are destined to die in prison, the over-60 population will certainly continue to grow. The cost of providing health and end of life care for the many incarcerated people with serious chronic medical conditions is enormous. Without reforms, it is likely to become unsustainable.

Our correctional facilities are not equipped to meet the needs of the aging population humanely and efficiently. The aging process is accelerated for people who are incarcerated to such an extent that those age 50 and over are defined as “aging” by the National Institute of Corrections. The early decline in physical and mental health has been attributed to poor nutrition, inadequate medical care and substance use before and after incarceration, in addition to the stress of incarceration. Common medical conditions include cancer, hypertension, stroke, diabetes, heart disease, kidney disease, arthritis, asthma, hepatitis and cirrhosis, thyroid disease, HIV, seizures and dyslipidemia.

Extremely long sentences do not benefit public safety in proportion to their costs. As a person incarcerated for a violent crime ages, their inclination to commit another crime diminishes. Based on an analysis of previous studies, published in the *Notre Dame Law Review*, (Prescott et al., 2020), the authors concluded that individuals with prior homicide convictions who are older at release, are unlikely to reoffend. Clearly there are a great many incarcerated people who would not pose a public safety risk if they were released.

Positions that support this bill:

The League of Women Voters of the United States supports

- A focus on humane treatment and rehabilitation with the goal of promoting the successful reentry into communities of those who have been incarcerated (Impact on Issues, p.120)
- Access to a basic level of care that includes the prevention of disease, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care, and mental health care for every US resident. (Impact on Issues, p.137)

The League of Women Voters of Massachusetts supports sentence lengths that encourage rehabilitation and reintegration into society. The League recognizes that purely punitive or over-long sentences can jeopardize rehabilitation and reintegration and has lobbied for reasonable prison sentences. (Where We Stand, p.36)

Reference:

Prescott, J.J., Pyle, B., & Starr, S.B. (2020). Understanding violent-crime recidivism. *Notre Dame Law Review*. 5(4), 1643-1698.

http://www.antonioacasella.eu/nume/Prescott_Pyle_Starr_recidivism_2020.pdf