



**Written Statement of Molly Gill  
Vice President of Policy, FAMM  
Submitted to the House Judiciary – Criminal Committee, Illinois General Assembly  
In Support of HB 2045  
March 7, 2023**

Thank you to the Chair, Vice Chair, and members of the committee for considering this written statement from FAMM in support of HB 2045. HB 2045 would permit release on geriatric parole for people in state prisons who are over age 55 and have served at least 25 years in prison.

**FAMM supports HB 2045 and urges the legislature to pass it this year.** Our only suggested amendment would be to reduce the time-served requirement from 25 years to 10, 15, or 20 years, which is what most other states that have geriatric parole or release require.

For more than two decades, FAMM has been a leading voice for measures that allow for the safe release of medically vulnerable, aging, and dying individuals from our nation’s prisons. Our system incarcerates people to deter crimes, punish those who commit them, protect the public, and rehabilitate those who will return home one day. FAMM believes that people should have a meaningful opportunity to leave prison when their continued incarceration no longer advances those purposes of punishment. At a minimum, we should consider releasing people who are dying, aging, too debilitated to offend, too compromised to benefit from rehabilitation, or too impaired to be aware that they are being punished.

Since 2018, FAMM has published comprehensive research into state compassionate release programs, which are frequently referred to as medical or geriatric release or parole. We maintain a set of memos on our website that documents every program in the 50 states and the District of Columbia.<sup>1</sup> For each, we describe eligibility criteria, application requirements, documentation, and decision-making, as well as post-decision and post-release.

Last year, we produced compassionate release report cards for every state.<sup>2</sup> Nearly two-thirds of the states flunked compassionate release. We are pleased to say that Illinois has a very good medical release program, scoring 94 out of 100 and earning an A grade.<sup>3</sup> **However, unlike more than 25 other states, Illinois lacks a geriatric release or parole program.<sup>4</sup> It needs one.**

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<sup>1</sup> FAMM, Compassionate Release: State Memos (Dec. 2021), <https://famm.org/our-work/compassionate-release/everywhere-and-nowhere/#memos>.

<sup>2</sup> FAMM, State Compassionate Release Report Cards (Oct. 2022), <https://famm.org/our-work/compassionate-release/everywhere-and-nowhere/#memos>.

<sup>3</sup> FAMM, Compassionate Release Report Card: Illinois (2022), <https://famm.org/wp-content/uploads/il-report-card-final.pdf>.

<sup>4</sup> FAMM, Compassionate Release State by State, <https://famm.org/wp-content/uploads/CCR-State-Chart-2022indd-03-18-22.pdf>.



Passing HB 2045 will add Illinois to the growing list of states that recognize that releasing the elderly increases public safety, uses prison resources wisely, saves money, and upholds values of compassion and care for the aged among us.

**Illinois needs geriatric parole for its rapidly aging and increasingly costly prison population.** People in prison are considered geriatric after age 55 because they age more quickly than the general population due to poor medical care before and during incarceration and due to the stress of incarceration itself.<sup>5</sup> As people age in prison, they require more medical care and become exponentially more expensive to incarcerate.<sup>6</sup> Compared to 1988, Illinois prisons now hold about eight times as many people age 50 or older, 10 times as many age 60-64, and 14 times as many age 65 or older. Around 23% percent of people in Illinois prisons now are 50 years old or older, compared to only 4% in 1988.

Growing numbers of geriatric people in prison creates significant challenges for managing prisons and meeting the special needs of a geriatric population, many of whom have multiple chronic age-related medical conditions and disabilities. Elderly individuals need targeted supports such as ramps, lower bunks, and grab bars. They need help getting to pill line, commissary, or the food hall, or in and out of wheel chairs and beds, and those with cognitive impairments need additional support. Passing HB 2045 is a responsible way to release elderly people whose special needs require significant correctional staff time and resources.

**Continuing to require elderly people to serve all of a lengthy sentence is a high-cost, low-value proposition for taxpayers and public safety.** People “age out” of crime relatively early in life and become less and less of a threat to others over time. People over 30 are dramatically less likely to be arrested or commit new crimes,<sup>7</sup> even when the original offense was violent. One study found that of those convicted of violent crimes, only 4% 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.<sup>8</sup> HB 2045 is focused on releasing those who pose the smallest risk to public safety but cost the most to imprison.

**HB 2045’s 25-year time served requirement still ensures very serious punishment,** even assuming a person is granted geriatric parole on their first appearance before the Prisoner Review Board. FAMM would support an amendment to HB 2045 to reduce the time-served requirement to 10, 15, or 20 years, which are the time-served requirements used in most other states with geriatric release or parole. In Wisconsin, people age 60 or older are eligible for release after serving 10 years, and people over 65 are eligible for release after serving five years.<sup>9</sup>

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<sup>5</sup> Human Rights Watch, Old Behind Bars: The Aging Prison Population in the United States (Jan. 27, 2012), <https://www.hrw.org/report/2012/01/27/old-behind-bars/aging-prison-population-united-states>.

<sup>6</sup> Ahalt, C., et. al. (2013). Paying the Price: The Pressing Need for Quality, Cost and Outcomes Data to Improve Correctional Healthcare for Older Prisoners, J Am Geriatric Soc., 61(11).

<sup>7</sup> FAMM, Aging out of Crime, <https://famm.org/wp-content/uploads/Aging-out-of-crime-FINAL.pdf>.

<sup>8</sup> 5 Prescott, J.J., Pyle, B., and Starr, S.B. (2020). Understanding Violent-Crime Recidivism. Notre Dame Law Review, 95:4, 1643- 1698, 1688. <http://ndlawreview.org/wp-content/uploads/2020/05/9.-Prescott-et-al..pdf>.

<sup>9</sup> FAMM, [https://famm.org/wp-content/uploads/Wisconsin\\_Final.pdf](https://famm.org/wp-content/uploads/Wisconsin_Final.pdf).

Many of the older people in Illinois prisons are serving lengthy or life sentences for crimes committed decades ago and are very different people today than they were at the time of the crime. That is particularly true for older people serving life and virtual life: Of those who are age 50 or over, 60% have been in prison for at least 20 years, and of those 60 and older, 69% have been in prison for at least 20 years. For most people, 25 years is more than enough time to mature, grow, and rehabilitate oneself. Those who do not show this growth and rehabilitation will be denied earned reentry. Geriatric parole in HB 2045 is an opportunity, not a guarantee, and only available after people serve a very stiff punishment.

**HB 2045 makes Illinois safer.** Public safety must be the top priority in Illinois. No one is safer when the state wastes taxpayer dollars and a prison cell on someone who does not need to be there. Prisons that look like nursing homes or retirement communities are a public safety failure. This misuse of resources makes Illinois less safe. What the state spends locking up people who committed crimes decades ago and now pose little or no public safety risk could instead be spent on preventing crime and victimization happening today.

We hope you will pass HB 2045. Thank you for considering our views.