Aged Out of Crime and Still Doing Time

Addressing the Health Care Needs of an Aging Prisoner Population

America's institutions are a microcosm of its larger society. By 2030, according to the National Institute of Corrections, one in five Americans will be over the age of 65. These numbers are consistent with the changing demographics within America's prison system. In 2000, individuals aged 55 and older accounted for approximately 3% of all state and federal prisoners.[1] By 2017, the proportion had quadrupled to approximately 12%.[2] Even as the overall number of prisoners has started to shrink, dropping from approximately 1.5 million in 2013 to 1.4 million in 2017, the number of prisoners aged 55 and older has actually increased from approximately 144,000 to 171,000.[3]

Causes

Beginning in the 1980s, following several decades of rising crime rates, the dominant approach to crime control in the United States shifted towards a heavy reliance on incarceration. A wave of "get tough on crime" legislation at the state and national level ushered in mandatory minimum sentences, harsher penalties for habitual offenders, and a host of other laws that resulted in sending more people to prison and keeping them in prison longer. Although crime rates have been dropping steadily since the early 1990s, efforts to reverse some of the "get tough" era policies and the enormous growth in prison populations they created have only recently started to have an impact.[4] So, a large number of individuals, many of whom were relatively young when they entered prison, are growing old behind bars. In addition, prison admission rates have also been rising among older individuals, in part because older individuals have had more time to accrue longer criminal records that trigger harsher sentences.[5]

Impacts

Health care costs rise as prisoners age. Health care costs for the elderly in prison have risen 65% since 2007.[6] Beyond the fact that there are more elderly prisoners to provide care for, older individuals tend to have more extensive health care needs, including being more likely to suffer from chronic diseases and recovering more slowly from acute illness and injury. Increased needs for prescription medications, physical therapy, and specialized treatments lead to higher health care costs. Michigan, for instance, spends $380 million a year on inmate health care, two-thirds of which is spent on elderly and chronically-ill prisoners.[7]

Until 2014, many states bore the full cost of prisoner health care, whether care was provided within the facilities or purchased from external providers. However, the Affordable Care Act (ACA), with expanded Medicaid coverage, allows states to apply for matching funds to cover some of the health care provided to indigent, disabled, and elderly (aged 50 and older) prisoners. Since the revisions took

Compared to a 40% recidivism rate among the general population of returning prisoners, elderly and chronically ill prisoners recidivate at a rate of less than 6%. Despite the very low threat to public safety posed by releasing elderly prisoners to the community, their population behind bars is growing, as are the costs of providing health care to this medically fragile population.

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effect, Michigan has received $8 million, on average, in federal reimbursements annually.[8]

Spending large shares of corrections budgets on health care could threaten public safety. Providing health care for high-needs populations is expensive and accounts for a large portion of public spending, regardless of whether services are delivered in prison or in the community, whether paid for using state corrections budgets or federal Medicaid funds. However, when corrections agencies need to shift more of their budgets to addressing health care needs of individuals that pose little risk to the community, they have less to spend on effective risk reduction programming and community supervision practices that have proven to increase community safety. According to a 2019 publication from The House Fiscal Agency, the Michigan Department of Corrections (MDOC) spent the same amount on prisoner health care as it did on all of its community corrections' programs combined (probation, parole, and other programs to reduce recidivism).[9]

Older prisoners have a low recidivism rate, so the risk to public safety diminishes with age. Individuals in prison are there because they were convicted of committing crimes, crimes that in some cases caused significant harm to individual victims and communities. There is understandable pressure, then, to avoid taking any steps that might soften the punishment for those crimes or further threaten public safety. Conversely, the recidivism rate for individuals released from prison between the ages of 50 and 64 is lower than 6%. Among individuals 65 and older, the recidivism rate is 1%.[10] Paying the high price of incarcerating elderly prisoners, particularly those who have become incapacitated by severe medical issues, does little, if anything, to improve public safety.

Implications

PPA has identified the following questions and recommendations for policymakers to consider as they seek to address the health care needs of an aging prisoner population:

Key Questions to Consider

- How can corrections policy and practice achieve a better balance between the need to hold offenders accountable and the need to protect public safety?
- Do federal, state, and local jurisdictions have the resources needed to implement proven strategies for assessing and reducing risk among younger offenders?
- Are there opportunities to reduce costs and improve the quality of prisoner health care?
- How is inmates' health care being monitored? What are the opportunities for care improvement and cost reduction?

Suggested Practices and Policies

Establish medical and geriatric parole boards. States that have not done so already should consider establishing a specialized board and processes to govern the release of elderly and medically fragile prisoners. Such boards should consist of medical professionals, prison officials, a victims' rights coordinator, and community-based service providers.

When medically fragile prisoners are to be released, ensure they are connected to community resources and plans are in place to address their medical needs. Detailed plans for appropriate supervision and access to community services must be developed and used with each returning prisoner to mitigate public safety concerns, ensure public trust, and provide uninhibited access to health care in the community.

Prison officials should commit to age-appropriate strategies for improving the long-term health of prisoners. Research suggests that correctional facilities that deliver age-appropriate medical care see lower expenditures long term. In particular, preventative medical care for younger prisoners may reduce the occurrence and severity of many of the diseases associated with age and personal medical neglect.[11]

1 Allen J. Beck and Paige M. Harrison, *Prisoners in 2000* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2001).
2 Jennifer Bronson and E. Ann Carson, *Prisoners in 2017*, (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2019).
3 E. Ann Carson, *Prisoners in 2013*, (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2014); Bronson and Carson, *Prisoners in 2017.*
4 E. Ann Carson and William J. Sabol, *Aging of the State Prison Population, 1993 – 2013* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, May 2016).
5 Ibid.
6 Vera Instute of Justice, *Aging Out* (New York, NY: Vera Institute of Justice, December 2017).
7 Michigan House Fiscal Agency. Budget Briefing: " Corrections" (January 2019)
8 Ibid.
9 Ibid.
10 Safe & Just Michigan, "Old, sick and expensive: The graying of Michigan's prison population," March 21, 2019.
11 J. Fellner and P. Vinck, *Old behind bars: The aging prison populations in the United State* (New York, NY: Human RightsWatch, 2012).