**MARYLAND COMMISSION ON AGING**

**MEETING MINUTES | April 24, 2024 ● 10 AM – 12 PM**

**Commission Members Present:**

Rose Maria Li, MBA, PhD, Chair

Paula Blackwell, MBA, MHA

John G. Haaga, PhD

Joy Y. Hatchette, JD

The Honorable Benjamin F. Kramer

Jay Magaziner, PhD, MS Hyg.

George Rebok, PhD

David Roth, PhD

**Commission Members Absent:**

Barry Liden, JD

Allen Tien, MD, MHS

Diane Ty, MBA, MA

**Guests:**

Tammy Bresnahan, Senior Associate Director for Advocacy, AARP-Maryland

Malcom Gissen, Attorney and Financial Planner (retired)

Raya Kheirbek, Professor of Medicine, University of Maryland, Baltimore

Sandy Morse

Vanessa Nelson-Sloane, Director and Cofounder, Life Support Alliance

Lynn Phan, Advocacy Manager, Alzheimer’s Association | Maryland & the District of Columbia

Molly Reisman, Advocate for Prison Reform, MPA Student, University of Maryland, Baltimore

Derek Smith, PMP, Rose Li and Associates, Inc.

**Maryland Department of Aging (MDoA):**

Carmel Roques, Secretary

Eric Mathes, Executive Assistant to the Secretary

Andrea Nunez, Legislative Director

Isabella Shycoff, Chief, Continuing Care Division

Carol E. (Liz) Woodward, Director, Healthy Aging-Supportive Communities Initiative & Cognitive

& Behavioral Health

**Welcome and Introductions:**

Dr. Rose Li opened the meeting and welcomed participants.

**Approval of Prior Meeting Minutes:**

The minutes from the October 31, 2023 meeting were approved.

**MDoA Updates:**

Secretary Roques reported on the following...

✓ Recently completed legislative session; will hear from Liz and Isabella shortly

✓Launching Reframe Aging initiative in conjunction with National Center for Reframe Aging

✓Medical equipment reuse program receives national award, focusing on environmental impact

✓Continuing to work on Longevity Ready Maryland initiative by planning for older adults and making recommendations to governor to advocate for aging people and care providers, and planning actively for the future

* Utilizing Center for Healthcare Strategies as a multisector model for planning
* Must make sure our work centers wellbeing of older people, families, and care providers across the work of the government
* Commission should be aware of three upcoming deliverables:
	+ July 2025: State Plan on Aging is due to the Governor and federal funders
	+ Broader 10-year multisector plan is also due July 2025
	+ Must also comply with new US Department of Health and Human Services Administration for Community Living (ACL) regulations (federal funders). The planning process launches May 1 and will involve listening sessions across the state, with smaller advisory/work groups making recommendations.

✓MDOA budget beginning July 1, 2024 has been approved.

* $2.4 million to be for navigation program for dementia and behavioral and cognitive health.
* $4 million to address wait list for Senior Care program, in addition to the ~$8 million that is typically received for this program.
* Funding for two positions for planning, advocacy, and policy work, and for a planning survey.

✓Federal regulation recently passed on staffing in nursing homes and home care providers that mandates 80% of Medicare and Medicaid funding to go to wages for employees; this will have ramifications in the care-provider world.

✓Andrea Nunez reported on 2024 legislative successes:

* Additional support for caregivers
* Investments in Village Growth
* Increased transparency for continuing care retirement communities
* Better training on state earned income tax credit
* Regulatory relief to the assisted living sector

✓Isabella Shycoff provided updates on MDOA housing initiatives and programs:

* Align with Governor’s priorities to reduce silos and leverage outside funding
* Coordinate with sister agencies and AAAs to revise housing programs within the department
* Tap the Housing and Services Partnership Accelerator (a federal TA grant) to strengthen collaboration between agencies providing resources
* Use the Long-Term Services and Supports (LTSS) Technical Assistance (TA) Grant to improve strategies around home and community-based services (HCBS) eligibility process
* Work on program reform for congregate housing, senior assisted living subsidy program, and senior care funding and case management
* Need to create pathways to the Department of Health

**Panel Discussion on Addressing the Aging Crisis in Maryland Prisons: Alternatives to Suffering Behind Bars**

Commissioner Jay Magaziner organized a special panel to share the plight of older incarcerated individuals, and to advocate for the compassionate release and medical parole of older incarcerated individuals in Maryland, focusing on their healthcare needs and alternative housing solutions, as a moral imperative backed by economic practicality. Dr. Magaziner introduced the panelists and moderated the discussion.

 Malcom Gissen, JD, Attorney and Financial Planner (retired)

* United States has 5% of the world’s population, but 25% of the world’s incarcerated population
* It costs 3.5x more to keep seniors incarcerated than younger people
* Housing outside of prison could be half to a third of the prison cost
* There is a need for infrastructure improvements for an aging incarcerated population that is fiscally untenable
* Growing population of seniors in incarceration with a high level of racial disparity
* Incarcerated people face health-related aging issues faster – tremendous need for care for seriously ill people including hospice care, but nursing homes do not want to accept incarcerated or formerly incarcerated people
* Need changes in sentencing to provide incentives to improve while in prison, and improvement in reentry services

Vanessa Nelson-Sloane, Director and Cofounder of Life Support Alliance

* Advocate for prison issues for 20+ years, based in California
* Nationwide problem that needs to be addressed immediately
* Age 50+ is considered a senior person within prisons, and a disproportionate proportion of those aging in prison are Black or Hispanic
* Many people who could be released on parole cannot be because they do not have family or community to return to
* Long-term incarceration accelerates aging by as much as 10 years and the system does not have the ability to address quality of life concerns
* Custody concerns override medical treatment
* In California, the estimated cost per elderly inmate is $100,000 per year
* California has tried to address this by establishing two dedicated custodial medical facilities and hospice units, but the state cannot keep medical staff fully engaged
* Telemedicine model in progress, but not expected to be available for another two years
* Medical parole is available but dependent on medical condition and behavior
* Compassionate release is available for those terminally ill, medically incapacitated, or functionally impaired, though the process through the courts for this is very slow
* Medical reprieve can be granted by the governor
* Financial burdens of elderly care are passed on to then federal government
* California’s hospice care program has been very successful and is considering expansion into other institutions due to rehabilitative opportunities for incarcerated people who work in the hospice facility
* Still many incarcerated seniors are dying in prison despite low recidivism rate, as the public perception of programs such as these is an obstacle

Raya Kheirbek, MD, MPH, FGSA, Professor Medicine, Chief, Gerontology, Geriatrics, and Palliative Medicine, University of Maryland, Baltimore

* Describes Mark Thompson, whose family applied for compassionate release due to end-stage heart failure and metastatic kidney cancer. Suring last year of 25-year sentence, but the request was denied, and Thompson died a month later while in solitary quarantine for covid-19
* In 2000, 663 (3%) people in Maryland prisons were 5 years of age or older, and this number grew to 2,320 (15%) in 2021.
* More than 1% of Baltimore City’s population is incarcerated in state prison
* The areas with the highest incarceration rates are Baltimore City and the southern Eastern Shore
* Maryland’s incarcerated population includes significant racial disparities
* Incarcerated people experience further punishment due to hearing loss, poor vision, and limited mobility
* Maryland Correctional Health Care uses largest US for-profit correctional health system, Corizon Health
* Corizon recently declared bankruptcy and is not responding to the concerns about the quality of care that they were sued for
* 25 senators wrote a letter regarding abuse of bankruptcy laws by Corizon
* Maryland provides two options for compassionate release, but Maryland’s Medical Parole laws and policies are not consistent
* There are several challenges that need to be addressed regarding end of life care for incarcerated people in Maryland prisons
* Maryland’s Compassionate Release Report card has a total grade of F (16/100)

Molly Reisman, MPH Candidate, Advocate for Prison Reform

* Legislative updates:
	+ Four bills were up this session that would have allowed for compassionate release, but none have been passed into law
	+ Housing options for people recently released from prison need to be considered
	+ Housing an incarcerated individual costs around $34,000, but rising health costs for those over 50 years old can bring the cost to $68,000
	+ Older incarcerated people have the highest costs while in prison, but the lowest risk to public safety

Discussion

Questions concerned the profit status of prisons in Maryland, and if there are objective measures of health status or qualifications for earlier release. Dr. Kheirbek indicated that the hospice criterion of six months’ mortality is commonly used for compassionate release, though this criterion is less than perfect, and it is difficult to predict mortality. Ms. Nelson-Sloane stated that there needs to be criteria set for those in cognitive decline or those facing end of life due to Alzheimer's.

Related to housing for older adults, Senator Kramer observed that Maryland is tied with Kentucky in last place in terms of numbers of nursing homes not being inspected. Up until October 2021, Maryland had a memorandum of understanding (MOU) with Montgomery County for Montgomery County to do the inspections. Montgomery County has 36 nursing homes and in the past 3 years, there have been 3, 2, and 0 inspections in the last 3 years. Senator Kramer introduced legislation for the state and the county to share equally the costs for inspections but the legislation did not pass the Senate. Secretary Roques clarified that the Department on Aging has no regulatory authority over nursing homes but does regulate Continuing Care Retirement Communities (CCRCs). Nursing homes are regulated by the Office of Healthcare Quality, part of the Maryland Department of Health.

**AARP-Maryland: AARP Priorities and Opportunities for Collaboration**

Tammy Bresnahan, Senior Associate State Director for Advocacy, AARP-Maryland, shared activities and efforts that might be opportunities for collaboration with the MDOA and/or Commission:

* AARP Maryland works on issues important to older Marylanders via research and surveys (70% response rate)
* Relies on hundreds of volunteers to advocate and work on programs
* Do advocacy, outreach, volunteer coordination, and relationship building
* Drivers’ safety program – one volunteer for the state that teaches older Marylanders about new driving laws that affect them so they can age in place
* Tax aid program for Marylanders 50 and over – volunteers for tax preparation, excellent collaboration with IRS training
* Virtual book club, speakers’ bureaus, non-partisan voter engagement with active relationship with the Board of Elections
* Policy issues
	+ Advocating on everything from caregiving to livable communities, transportation, housing, long term care, consumer protection
	+ For those who want to age in place, addressing concerns with utility cost regulations through actions such as Senate Bill 1
	+ Concerns about improvements to long term care and the assisted living industry, staffing levels, and advocated for Senator Kramer’s bill
	+ Working on accessory dwelling units
	+ Maryland AARP Chapters are located in many jurisdictions
	+ Partnerships with Associated Black Charities, National Association of Retired Federal Employees, MD Retired School Personnel Association, Alzheimer's and Maryland Mental Health Association, local commissions on aging, Oasis, direct care workers, Caring Across Maryland, and Maryland Veteran’s Coalition

Secretary Roques commented that the Maryland AARP research and survey data would be especially useful for the Longevity Ready Maryland dashboard.

**Adjournment**