The Problem of Aging Prison Populations and How States are Seeking to Address It

August 31, 2026

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Agenda

I. 5 Key Problems Resulting from Aging Prison Populations

II. Actions States Are Taking to Address Problems

III. What Policymakers Can Do Now

IV. Discussion/Questions

Introduction

- As of 2022, people age 55 and older made up nearly 16 percent of the national prison population; more than 4 times the rate in 2000. If this trend continues, as much as 30% of the population could be over age 55 by 2030.
- As the population of older people in prison has grown, so have the costs to state corrections agencies to care for them. Increased health care costs place significant financial and operational strain on corrections budgets—often for people who are a low risk to public safety.
- Through a combination of corrections-driven and policy-led strategies, states are beginning to address the growing problem.

See slide 33 for sources.

5 Key Problems Caused by Aging Prison Populations

1. Aging prison populations create a **significant cost burden** for state corrections agencies.
2. **Prisons were not designed** for an aging population.
3. As people in prison age, the **demand for chronic, dementia, and end-of-life care increases.**
4. **Reentry and continuity of care challenges** are more significant than for younger people reentering the community.
5. **Managing large numbers of low-risk people** serving long sentences is an issue.

See slide 33 for sources.

Problem 1: Aging prison populations create a significant cost burden for state corrections agencies.

- Older adults are the fastest-growing prison demographic and now make up a large share of prison populations.
- Aging drives steep medical, staffing, and infrastructure costs.
- Due to the costs of care for aging adults, corrections systems are spending significant portions of their budgets to care for a population that is a low risk to public safety.

See slide 33 for sources.

Health care spending is the primary operational consequence of aging in prison.

Primary cost drivers include the following:

- Chronic disease management
- Care for people with disabilities
- Memory care management
- Hospital trips and specialty care outside of facilities requiring transportation and security
- Increased nursing needs

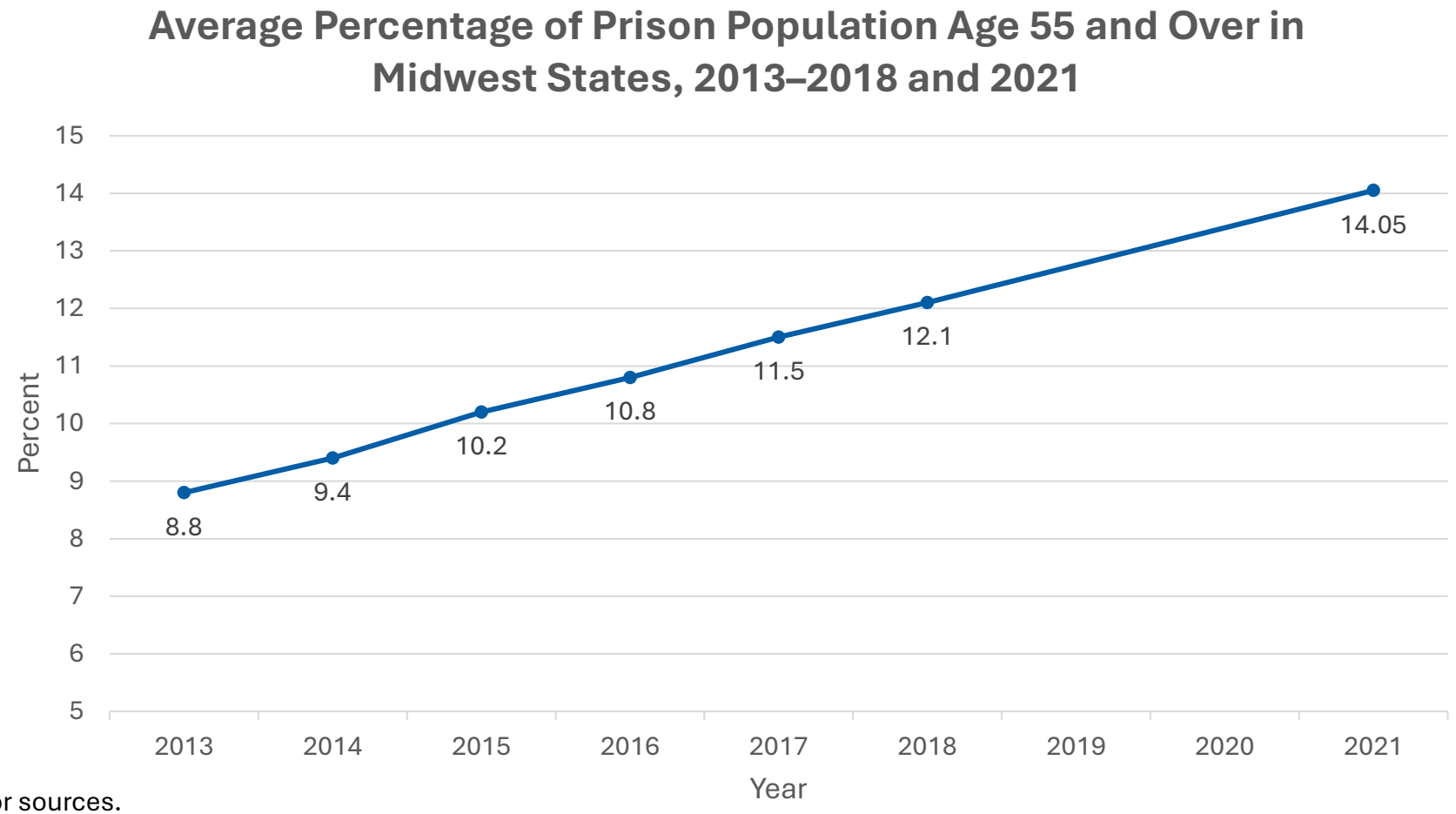
See slide 33 for sources.

Health care spending on aging populations is putting pressure on corrections budgets.

- A report published by the University of Texas conservatively estimates that Indiana spent nearly $20 million on health care for older people in prison in 2021.
- In Pennsylvania, 27% of the incarcerated population is considered “geriatric.” Legislative analysis estimates medical care for this population at $40 million annually.
- In 2013, Bureau of Prisons institutions with the highest percentage of aging people spent 5 times more per incarcerated person on medical care than prisons with the lowest percentage of aging people.

See slide 33 for sources.

On average, incarcerated people age 55 and over in Midwest states increased more than 5 percentage points from 2013 to 2021.



Note: Available data does not include 2019 and 2020.

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The percentage of people in prison age 55 and older increased in every Midwest state from 2018 to 2021.

Created by Artikka from Noun Project

Illinois

2018: **12%**

2021: **14%**

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Indiana

2018: **11%**

2021: **14%**

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Iowa

2018: **11%**

2021: **13%**

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Kansas

2018: **12%**

2021: **14%**

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Minnesota

2018: **9%**

2021: **11%**

See slide 33 for sources.

The percentage of people in prison age 55 and older increased in every Midwest state from 2018 to 2021.

Created by Artikka from Noun Project

Michigan

2018: **15%**

2021: **18%**

Created by Tyler Gobberdiel from Noun Project

Nebraska

2018: **11%**

2021: **12%**

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North Dakota

2018: **8%**

2021: **10%**

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Ohio

2018: **12%**

2021: **14%**

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South Dakota

2018: **10%**

2021: **12%**

Created by Tyler Gobberdiel from Noun Project

Wisconsin

2018: **12%**

2021: **15%**

See slide 33 for sources.

Problem 2: Prisons were not designed for an aging population.

Needs resulting from prison design:

- Geriatric housing units
- Medical housing
- Fall prevention
- Skilled nursing-like facilities
- Specialized service delivery models

Operational impacts resulting from facility design:

- Americans With Disabilities Act compliance challenges
- Wheelchair accessibility needs
- Fall prevention
- Higher need for assistance with daily living activities
- Increased supervision requirements

See slide 33 for sources.

Problem 3: As people in prison age, the demand for chronic, dementia, and end-of-life care increases.

Needs resulting from care of chronic conditions, dementia, and end of life:

- Screenings for conditions such as dementia, cognitive impairment
- Hospice beds and specialized units
- Palliative care programs
- Specialized health care staffing

Operational impacts resulting from this model of health care service

- Specialized housing units
- Specialized health care staffing
- Management of complex medication regimens
- End-of-life decision-making

See slide 33 for sources.

Problem 4: Reentry and continuity of care challenges are more significant for older people than for younger people reentering the community.

Challenges of reentry planning for older adults:

- Finding long-term care placement
- Restoring or enrolling in Medicaid or Medicare
- Housing placement
- Transportation and caregiver support

Operational impacts resulting from this model of health care service:

- Higher medical release planning workloads
- Difficulty identifying nursing home placement
- Increased case management needs
- Coordination with Medicaid and community providers to ensure continuity of care

See slide 33 for sources.

Problem 5: Managing large numbers of low-risk people serving long sentences is an issue.

High-cost operational impacts:

- Facility overcrowding
- Increased health expenditures
- Demand for specialty housing and programming
- Difficulty balancing public safety and fiscal concerns when making release decisions

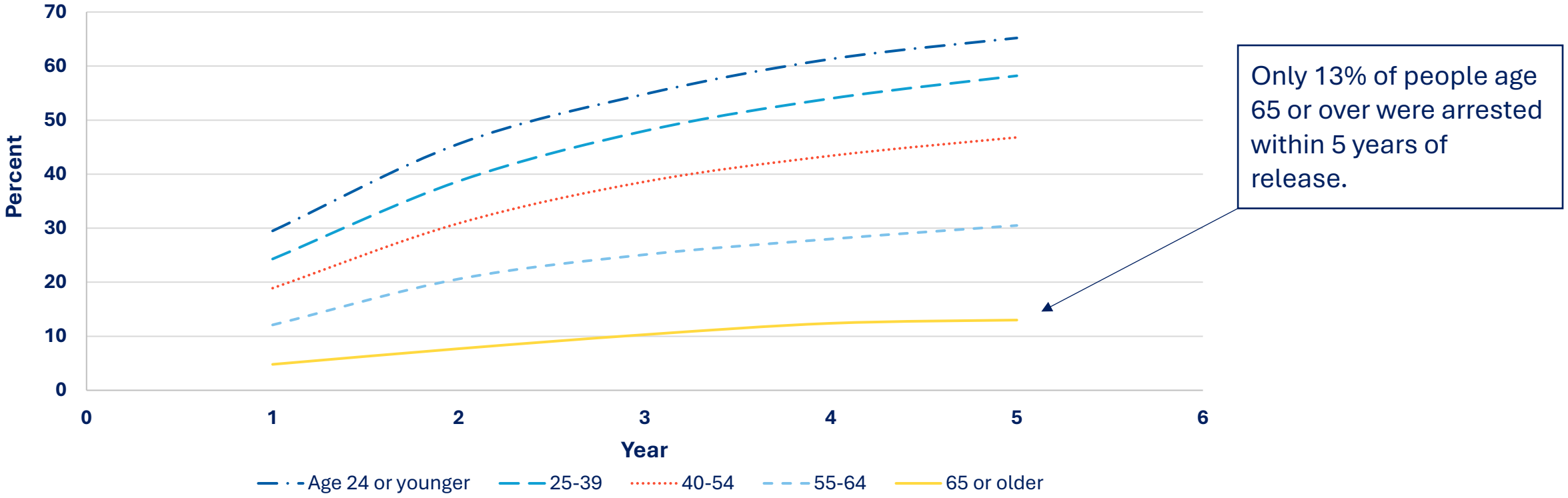
Low risk to public safety:

- Of people released from incarceration in 34 states in 2012, 13% over age 65 were convicted of another offense within 5 years.

See slide 33 for sources.

People age 65 or older are far less likely than people under 65 to be convicted of an offense following release from prison.

Cumulative Percent of People in State Prison Who Had a Conviction Within 5 Years After Release, by Age and Year



See slide 33 for sources.

What does this mean for state corrections agencies?

- Departments of corrections are increasingly required to operate medical, disability, dementia, long-term care, and hospice systems in facilities designed for younger adults.
- The resulting pressures drive rising health care costs, infrastructure challenges, staffing needs, and specialized reentry demands.

What are states doing about the growing crisis?

State action is driven by two strategies:

1. The **agency-led strategy** seeks to adapt prisons to function more like geriatric care systems.
2. The **policy-based strategy** led by legislatures, parole boards, and outside advocates seeks to reduce the number of older people who remain incarcerated.

See slide 34 for sources.

Key Approaches States Are Taking to Deal with Aging Prison Populations

1. Creating specialized geriatric, medical, and long-term care housing
2. Expanding hospice, palliative care, and end-of-life care programs
3. Expanding compassionate release, medical parole, and release mechanisms for older incarcerated people
4. Developing age-specific reentry and continuity-of-care programs

See slide 33 for sources.

Approach 1: Creating Specialized Geriatric, Medical, and Long-Term Care Housing

Corrections agencies are consolidating housing units for older people to provide the following:

- Better accessibility
- Increased medical monitoring
- Proximity to health care services
- Specialized programming
- Assistance with daily living needs

See slide 34 for sources.

Examples of State Action on Housing for Older People

- **Wisconsin** and several other states have created "geriatric units" and centralized medical housing models within corrections facilities.
- Under state law, the **California** Department of Corrections and Rehabilitation can contract with outside public and private entities to establish skilled nursing facilities.
- The **Nevada** DOC created the Senior Structured Living Program open to people 60 and older with at least one year without disciplinary offenses.
- **New York** Department of Corrections and Community Supervision established regional medical units, which function similarly to skilled nursing facilities within correctional settings.
- The Federal Bureau of Prisons has established geriatric housing and age-specific accommodations.

See slide 34 for sources.

Why Changes to Facility Housing Conditions Matter

- Older adults in prison have higher disability rates than similarly aged populations living in the community.
- Research on the phenomenon of “accelerated aging” shows that incarcerated individuals are 10 years older physiologically than people living in the community.
- Specialized housing is a way corrections agencies can efficiently concentrate resources and expertise.

See slide 34 for sources.

Approach 2: Expanding Hospice, Palliative Care, and End-of-Life Care Programs

- Hospice programs—often staffed partly by trained incarcerated caregivers—have expanded in several states.
- The National Commission on Correctional Health Care's (NCCHC) aging-care guidelines specifically identify the need for screening and management of conditions that are more likely to affect people as they age.

See slide 33 for sources.

Examples of Correctional Facility Hospice, Palliative Care, and End-of-Life Care Programs

- **Louisiana** Department of Corrections Angola Prison's hospice program—run largely by trained incarcerated caregivers—has been expanded and replicated in other facilities.
- In late 2021, **North Carolina** funded a major expansion of long-term and palliative care services within the prison system by creating a dedicated long-term care facility at Central Prison in Raleigh.

See slide 34 for sources.

Why Expanding Hospice, Palliative Care, and End-of-Life Care Programs Matters

- The NCCHC emphasizes the need for expanded end-of-life care, assessment of older incarcerated people's health needs, and age-friendly clinical practices.
- These programs narrowly target the operational challenge of corrections agencies caring for people who are dying, cognitively impaired, or living with complex chronic illness.

See slide 34 for sources.

Approach 3: Expanding Compassionate Release, Medical Parole, and Release Mechanisms for Older Incarcerated People

- **North Dakota** House Bill 1041 (2017) expanded the state's compassionate release program to include people sentenced for parole-ineligible offenses.
- **South Dakota's** compassionate release law specifies age and high medical cost as an eligibility criteria.
- The **Pennsylvania** legislature is debating House Bill 150 (2026), an expansion of compassionate release pathways modeled after the federal First Step Act.
- **North Carolina's** proposed "Second Look Act" would allow individuals who have served at least 10 years or 50% of their sentence for sentences under 10 years to petition for a sentence reduction if they are no longer considered a danger and meet specific criteria.

See slide 34 for sources.

Why Expanding Compassionate Release Programs Matters

- The evidence that public safety risk declines with age and incarceration cost increase is clear.
- Enhancing mechanisms by which older incarcerated people can be released directly targets the problem and eases operational and cost pressure on corrections agencies, allowing them to better focus on the management and programming of higher-risk people, decreasing their risk of recidivism after release from incarceration.

See slide 34 for sources.

Approach 4: Developing Age-Specific Reentry and Continuity-of-Care Programs

- Because aging people leaving prison experience greater complications with reentry than younger people, more time and coordination with community-based services may be necessary to ensure successful transition for older people leaving prison.
- Reentry challenges faced by older people may require more time and staff capacity to overcome.

See slide 34 for sources.

Example of Age-Specific Reentry and Continuity-of-Care Programs

The Elder Reentry Initiative guides people age 50 and over who are leaving **New York** state prisons with comprehensive assessments and discharge plans, helping establish and support the following:

- Medical care continuity planning
- Housing navigation assistance
- Benefits reinstatement support and employment training
- Long-term-care placement assistance
- Health home and care management linkages
- Support with unfamiliar technology

See slide 34 for sources.

Why Age-Specific Reentry Programming Matters

- Successful reentry requires safe and affordable housing, employment, and reconnecting with healthy social circles.
- Older people reentering their communities following long sentences may return to shrinking family and social networks and changed cultural norms from when they entered prison, making reentry even more difficult than it is for younger people.
- Ensuring specific resources and support are available to older people reentering the community can help ensure success.

See slide 34 for sources.

Immediate Steps Policymakers Can Take to Determine What Legislation Can Safely Help Contain Costs

- Track and analyze data on the state's aging prison population and conduct fiscal analysis of the costs to provide care for older people in prison.
- Assess the existing health care infrastructure for aging people in prison to determine adequacy.
- Evaluate the existing policy and program infrastructure for older people reentering the community following incarceration.

Questions and Discussion

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Thank You!

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