

Health Expenses Driving Incarceration Costs for Maine without Parole

If you only look at annual averages, parole's fiscal impact is easy to miss. Real savings are often masked by fixed costs—facilities, staffing, and contracts that do not shrink immediately when people are released—and by large interstate differences in wages, healthcare pricing, and prison infrastructure that dwarf the effect of parole status alone. But if you look at **marginal healthcare costs driven by an aging prison population**, parole is one of the only tools that reliably prevents those costs from compounding, by allowing the selective release of older, medically complex, low-risk individuals whose care inside prison is disproportionately expensive.

Why older prisoners are dramatically more expensive

- Incarcerated people over age 55 cost approximately 2–3 times more per year than younger incarcerated individuals.
- Higher costs are driven by medical and functional needs, not housing or security.
- Key cost drivers include chronic disease, polypharmacy, mobility assistance, hospitalizations, specialty care, and end-of-life care.
- Typical benchmarks: \$60,000–\$70,000 per year for a younger prisoner; \$120,000–\$180,000+ for older or medically complex prisoners.
- Even conservative analyses show costs roughly double by the late 50s to early 60s.

Sidebar: Maine's aging prison population (key figures)

- 13% of Maine's incarcerated population is currently over age 55.
- Projected to approach 30% by 2030 if current sentencing structures remain unchanged.
- Older incarcerated people have much lower recidivism risk but much higher healthcare costs.
- Without parole, Maine lacks a routine mechanism to release low-risk older individuals before medical costs escalate.

Sources (selected)

- Bureau of Justice Statistics – Aging of the State Prison Population.
- Vera Institute of Justice – The Price of Prisons; Aging Prison Populations.
- American Civil Liberties Union – At America's Expense: The Mass Incarceration of the Elderly.
- National Institute of Justice – Research on aging, healthcare, and recidivism in prisons.
- U.S. Department of Justice – Correctional healthcare expenditure analyses.

Bottom line: As Maine's prison population ages, healthcare—not security—will increasingly drive incarceration costs. Reinstating parole would restore a critical tool for managing those costs responsibly, protecting public safety, and avoiding the predictable fiscal strain of incarcerating large numbers of elderly and medically complex individuals who are unlikely to reoffend.