Chairman, and Members of the Majority Policy Committee, thank you for the invitation to participate in this Joint public hearing. I appreciate the opportunity to share Luzerne County's perspective on this important issue.

Before I turn to my substantive remarks, I want to take a moment to acknowledge two people.

First, our new Luzerne County Sheriff, Genesis Arias. She is the consummate professional, and I look forward to years of her leadership.

Second, our District Attorney, Sam Sanguedolce. Luzerne County is profoundly fortunate to have a man determined to fight crime, committed to giving victims a voice, and dedicated to collaborating with the administration and local law enforcement to keep Luzerne County safe, regardless of who you are.

With that, I'd like to turn to the matter before this Committee today.

Graying Behind Bars

Pennsylvania's Aging Prison Population and the Case for Reform

Pennsylvania's correctional system is quietly undergoing a demographic transformation with profound fiscal, ethical, and operational consequences. Over the past decade, the share of incarcerated individuals serving sentences of ten years or more has grown from roughly a quarter to more than a third of the state prison population. Meanwhile, the number of incarcerated people over age 50 has climbed by nearly 1,000 since 2021, with more than 300 added in 2024 alone. This is not a temporary spike but a structural shift, driven by decades of long sentences, restrictive parole practices, and a compassionate release process so narrow it has produced only a handful of releases a year. The result is a system built for a younger population now straining to meet the needs of one that is graying rapidly and Pennsylvania, at both the state and county level, must adapt.

The Scale of the Problem

The human cost of this shift is stark. In 2025 alone, forty inmates over age 70 died of natural causes while incarcerated, ten of them over 80, one as old as 95. The year before, that number was 67. These are not outliers; they are the leading edge of a wave. More than 5,000 people are currently serving sentences of life without parole in Pennsylvania's state

prisons, many of whom will grow old and die in custody absent structural change. The Department of Corrections itself has flagged the health needs of this aging population as one of its principal long-term fiscal challenges, and for good reason: the cost of incarcerating someone roughly doubles once they reach older age, driven by chronic disease management, mobility accommodations, specialized housing, and end-of-life care.

Pennsylvania's compassionate release statute, intended as a safety valve for the dying and infirm, has proven largely symbolic. It permits release only for those with less than a year to live, and in fifteen years has resulted in just 54 releases statewide. A bill currently pending in the state Senate would broaden that standard to include severe functional impairment and cognitive decline, and separate legislation has been proposed to create a geriatric release pathway for people 50 and older who have served the lesser of 25 years or half their minimum sentence and are not deemed a public safety risk. Neither has yet become law, leaving county and state facilities to absorb the consequences in the interim.

Why This Matters for County Government

For county officials, this is not simply a state-level policy debate. County correctional facilities, though governed by different populations and sentencing structures than state prisons, face parallel pressures: an aging pretrial and short-sentence population with escalating chronic health needs, rising medical contract costs, and staff who are increasingly called upon to manage geriatric and end-of-life care in a setting never designed for it. Corrections officers are trained for security, not hospice care; medical units built decades ago were not designed for wheelchairs, dialysis, or dementia management. As the state prison population ages, county facilities absorb spillover effects from returning citizens with complex medical needs to increased demand on local health and human services systems that intersect with corrections, reentry, and aging services alike.

This intersection points to a broader truth: corrections, aging services, and public health are no longer separate silos. A county administration serious about fiscal stewardship and public safety has to treat the aging incarcerated population as a cross-departmental issue, one touching corrections leadership, the Area Agency on Aging, Human Services, and the Office of Law simultaneously.

The Luzerne County Case: Physical Limitations Compounding the Problem

Luzerne County illustrates how these statewide pressures collide with the hard constraints of an aging physical plant. The Luzerne County Correctional Facility on Water Street in Wilkes-Barre was built in 1887 and last renovated in 1987. It is a multistory facility with an inefficient layout that drives up minimum staffing requirements simply to move people safely between floors and housing units, a design problem that predates any consideration of aging-specific care. County officials have discussed replacing the facility for more than two decades, but the projected cost, estimated in the hundreds of millions of dollars, has repeatedly kept the idea on the back burner.

That physical reality compounds the medical and staffing pressures aging inmates create elsewhere in the state. Correctional Services leadership has identified inmate medical needs as one of the most pressing drivers of the county prison budget, with outside medical treatment cited as a major factor behind overtime costs. Through late November of last year alone, the facility recorded more than 700 off-site medical visits and 125 emergency room visits, each requiring multiple correctional officers to transport and guard a single inmate for the full duration of treatment outside the facility. In a building not designed for accessible internal movement, and with roughly 265 to 285 correctional officer positions to staff around the clock, every outside medical trip pulls staff away from an already lean roster; the county has budgeted for 14 vacant officer positions even as it tries to control an overtime line that ran more than $800,000 over budget last year.

The result is a structural bind: a nineteenth-century building layout, a staffing model already strained by turnover and vacancies, and a population whose off-site medical needs are rising in parallel with the statewide aging trend. Unlike a new-construction facility, Water Street cannot easily accommodate ADA-compliant housing, ground-floor medical units, or the kind of internal geriatric care capacity that would reduce the need for costly and staff-intensive outside transport. Until the county either invests in significant facility modernization or the state expands compassionate and geriatric release mechanisms to reduce the population most likely to need this level of care, Luzerne County will continue absorbing these costs largely through overtime and outside medical spending rather than through the kind of purpose-built infrastructure that would address the problem at its source.

Changing Needs and the Case for Modernized Services

Addressing this shift requires movement on several fronts:

● **Geriatric and medical infrastructure.** Facilities need ADA-compliant housing units, chronic disease management capacity, and partnerships with hospice and palliative care providers rather than ad hoc arrangements negotiated crisis by crisis.

● **Staff training.** Correctional officers and medical staff need training specific to dementia, mobility limitation, and end-of-life care, skills far removed from traditional security training but increasingly central to the job.

● **Expanded compassionate and geriatric release mechanisms.** With reincarceration risk for older individuals extremely low, and the cost of continued incarceration extremely high, expanding release pathways for the elderly and infirm is both a fiscal and moral imperative. The current one-year-to-live standard is too narrow to function as intended.

● **Reentry planning tailored to older adults.** Individuals released after decades of incarceration face unique barriers, outdated job skills, eroded family networks, and unfamiliarity with technology and benefits systems, that standard reentry programming often fails to address.

- **Cross-agency coordination.** Aging-in-prison policy sits at the intersection of corrections, public health, and human services. County governments that build formal coordination mechanisms between these departments will be better positioned to manage both cost and care.

Conclusion

Pennsylvania's aging prison population is the predictable outcome of sentencing and parole policy choices made decades ago, and it will not resolve itself. Absent legislative action to expand compassionate and geriatric release, state and county facilities alike will continue absorbing escalating medical costs and moral burdens that neither is well equipped to carry alone. For county leadership, the responsible course is not to wait on Harrisburg but to begin adapting local infrastructure, staff training, and interdepartmental coordination now, treating the aging incarcerated population not as a corrections problem in isolation, but as a shared challenge across public health, human services, and public safety.

Romilda

Romilda Crocamo, Esquire

Luzerne County Manager