



New York State Comptroller
THOMAS P. DiNAPOLI

Post-COVID Trends in New York's Aging Prison Population

February 2026

Message from the Comptroller

February 2026

Over the last two decades, New York State's corrections system has been impacted by several significant criminal justice policy changes. As previously [reported](#) by my Office, one impact of these changes has been a long-term decline in the prison population that has also contributed to an increased share of older incarcerated individuals (those aged 50 and over).



This decline accelerated during the COVID-19 pandemic. Between March 2020 and March 2021, the State's prison population declined sharply by 26 percent (10,861 individuals), including a decrease of 1,603 individuals aged 50 or over (17 percent). As a result, the share represented by older incarcerated individuals peaked at 24.3 percent in 2021.

Since that time, the share of older incarcerated individuals has declined slightly, but the average age of New York's incarcerated population has risen by 4 years. The oldest age cohorts – those aged 60 and over – increased in number in 2025 compared to five years ago. One contributing factor is that a greater number of older incarcerated individuals are meeting their conditional release date in prison instead of being granted parole.

During COVID-19, the heightened health risks faced by older incarcerated individuals brought renewed attention to policies related to sentencing, parole, compassionate release, geriatric and health costs, and reentry support. This report provides additional information for policymakers to consider when reviewing options for reforms. Ensuring the safe and efficient operation of prisons is critical for public safety and for responsible use of public resources.

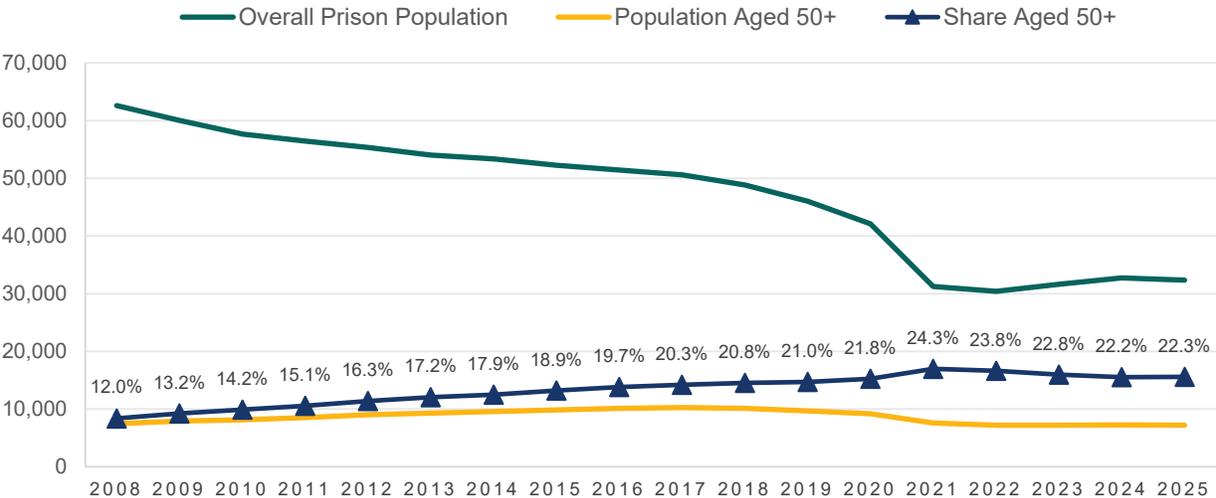
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State Comptroller

Post-COVID Shifts in Prison Population

As previously [reported](#) by the Office of the State Comptroller, New York’s prison population has been steadily declining since 2008, as a result of various factors including reform of Rockefeller drug laws in 2009; legislation enacted in 2017 to remove individuals under the age of 18 from Department of Corrections and Community Supervision (DOCCS) prisons; changes in certain State parole policies and procedures; and trends in admissions and releases to parole supervision.

New York’s prison population declined by 48 percent between 2008 and 2025; one-third of that decrease occurred with the onset of the COVID-19 pandemic. Between March 2020 and March 2021, the State’s total prison population declined by 10,861 individuals (26 percent), and the older prison population, defined for purposes of this report as incarcerated individuals age 50 and older, declined from 9,189 to 7,586 individuals (17 percent).

Figure 1
New York State Prison Population and Share of Incarcerated Individuals Aged 50+, 2008 to 2025

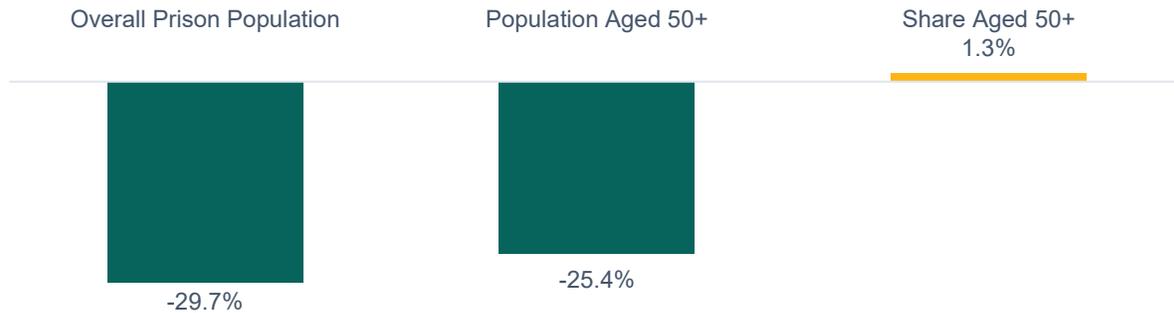


Note: Data are as of March 31 in each year.
 Source: DOCCS

While there was another slight decline in the State’s prison population in 2022, there was a rise of 1,957 individuals in State prisons through 2025. The older prison population, however, has remained relatively steady since 2022.

The decline in the overall prison population relative to the population aged 50 and over has contributed to an increase in the share of older incarcerated individuals. In 2019, the share of incarcerated individuals aged 50 and over was 21 percent (compared to 12 percent in 2008). Following the onset of the COVID-19 pandemic, that share rose to a high of 24 percent in 2021. Between 2022 and 2025, the total prison population increased while the number of older incarcerated individuals remained stable. As a result, the share of older incarcerated individuals decreased to 22.3 percent, which is 1.3 percentage points higher than in 2019.

Figure 2
Percent Change in New York Total and Aged 50+ Prison Populations, and Percentage Point Change in Share of Incarcerated Individuals Aged 50+, 2019 to 2025



Source: DOCCS

Post-COVID Changes in Specific Age Cohorts

Since 2008 (the earliest data year available), incarcerated individuals under the age of 50 accounted for more than 75 percent of the State’s prison population and 99 percent of its total decline between 2008 and 2025. The youngest incarcerated age cohort, those under 30, had the largest pre- and post-COVID declines and accounted for 21 percent of the prison population in 2025. The largest cohort, incarcerated individuals aged 30 to 49, accounted for over half the prison population in both 2008 and 2025. Between 2008 to 2020, this group decreased by 35 percent and has fallen by another 17 percent in the last five years.

Figure 3
New York State Incarcerated Population Trends by Age Cohort, Pre- and Post-COVID

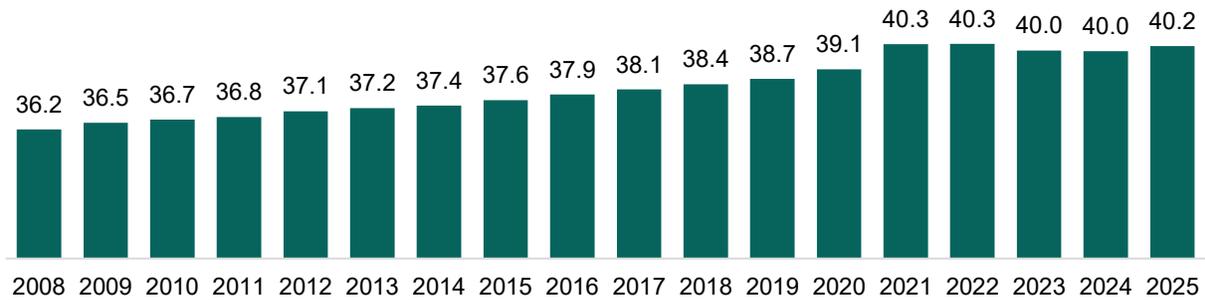
	2008	2020	2025	Pre-COVID Change (2008-2020)	Post-COVID Change (2020-2025)	2008 Share of Total Pop	2025 Share of Total Pop	Change in Share
Under 30	20,520	10,632	6,695	-48%	-37%	33%	21%	-12%
Age 30-49	34,565	22,302	18,454	-35%	-17%	55%	57%	2%
Age 50-59	5,814	6,422	4,385	10%	-31%	9%	14%	4%
Age 60-69	1,406	2,305	2,330	64%	1%	2%	7%	5%
Age 70+	292	462	506	58%	10%	0.5%	2%	1%

Note: Population data are as of March 31 in each year. “Change in Share” column is percentage point change.

Source: DOCCS

Most incarcerated individuals aged 50 and over are between the ages of 50 to 59. This group grew by 10 percent between 2008 and 2020 but declined 31 percent between 2020 to 2025. In contrast, those ages 60 to 69 and those 70 years old and over have grown in number and as a share of the total population: together, they were nearly 9 percent of the overall prison population in 2025. This reflects the effect of lengthy sentences and limited release options for more serious offenses. In 2025, 62 percent of incarcerated individuals aged 60 and over had been convicted of violent crimes, resulting in more of these individuals “aging in place” and sometimes dying while incarcerated.¹ As a result, the average age of New York’s incarcerated population was 40.2 years old in 2025, an increase of 4 years since 2008.

Figure 4
Average Age of Incarcerated Individuals in New York State, 2008 to 2025



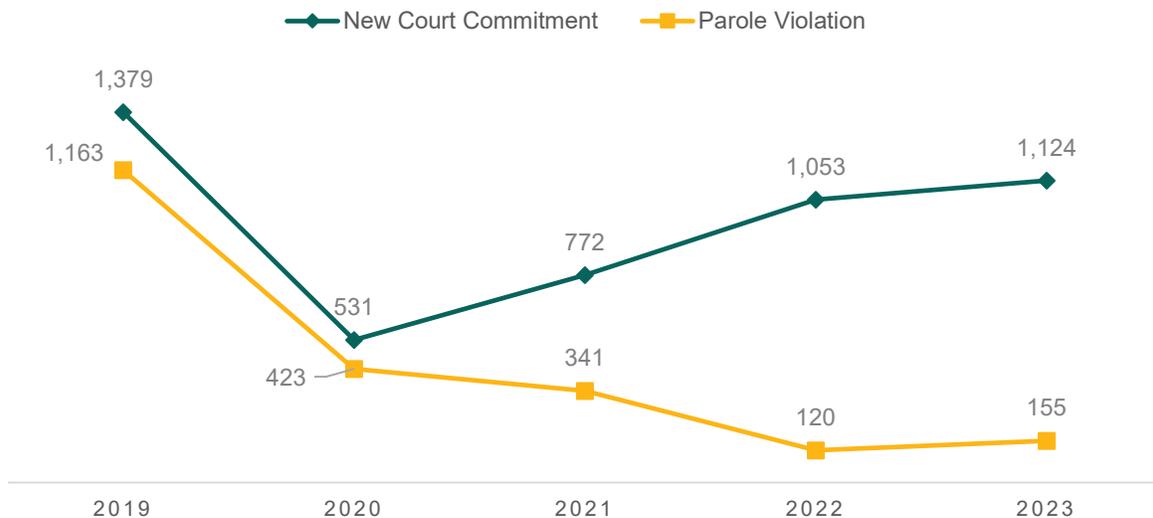
Source: DOCCS

Prison Admissions for New Court Commitments and Parole Violations

Prior to the pandemic, prison admissions for older individuals had steadily been [rising](#) and were split somewhat evenly between new court commitments and parole violations in 2019. When total prison admissions dropped in 2020, shares of both types of admissions fell at roughly the same rates.

Between 2021 and 2023, the most recent year for which data are available, admissions for new court commitments rebounded and rose significantly, while those sent back to prison for parole violations declined. In 2023, parole violations accounted for just 12 percent of prison admissions for individuals aged 50 and over.

Figure 5
Prison Admissions for Individuals Aged 50+, by Type, 2019 to 2023



Note: Data represent annual totals of monthly admissions.

Source: DOCCS

Prison Releases and Recidivism for Older Incarcerated Individuals

As the prison population has declined, so has the overall number of releases per year. Older incarcerated individuals are released from prison at lower rates than the total population. This may be attributable to more serious crime convictions which carry longer sentences and stricter parole standards, limiting eligibility for early release mechanisms.²

Figure 6
Prison Releases for Total and Aged 50+ Incarcerated Populations, 2008, 2019 and 2024

	Total Population	Total Releases	Percent of Population Released	50+ Population	50+ Releases	Percent of 50+ Population Released
2008	62,597	28,158	45.0%	7,512	2,677	35.6%
2019	46,037	20,329	44.2%	9,685	3,630	37.5%
2024	32,745	9,345	28.5%	7,263	1,674	23.1%

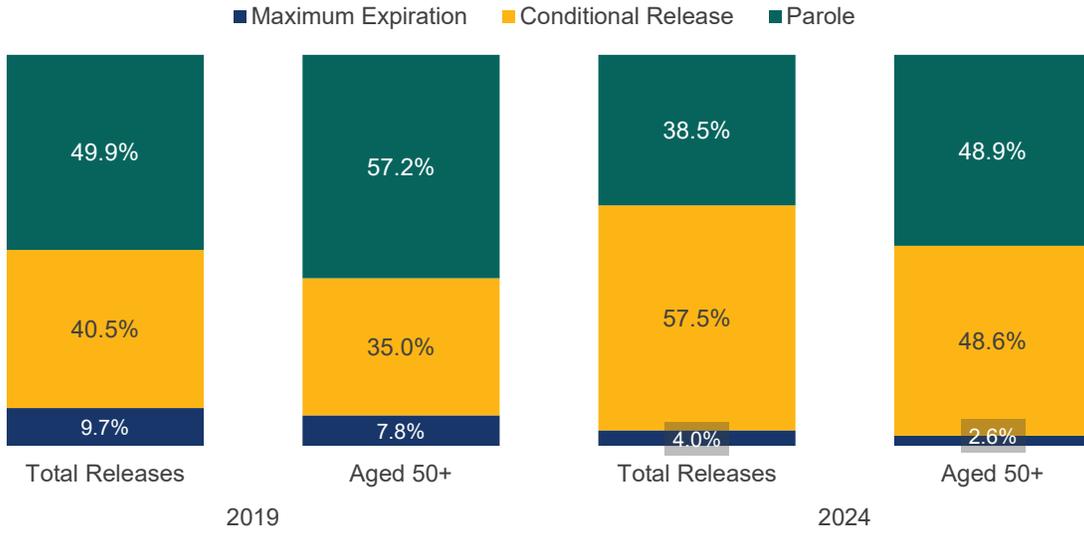
Note: Population data are as of March 31 in each year; release data represent annual totals.
 Source: DOCCS

An incarcerated individual can be released from prison by a decision of the Board of Parole, on conditional release, or when they have reached the maximum expiration of their sentence.³ In New York, if there is an incarcerated individual who is not serving a life sentence, has not been granted parole and has earned sufficient good time credit, a conditional release is granted by law on a date before the maximum expiration of an individual’s sentence, typically 6/7 of a determinate sentence or 2/3 of an indeterminate sentence.⁴

Between 2019 and 2024, the share of conditional releases grew by 14 percentage points for the older incarcerated population to 48.6 percent of all releases. The share of releases for those aged 50 and over based on a discretionary Board of Parole decision declined from 57.2 percent in 2019 to 48.9 percent in 2024, as shown in Figure 7.

When older individuals are released to the community, data show they present low rates of recidivism.⁵ According to data published by DOCCS, when looking at all releases that occurred between 2008 and 2021, the rate of recidivism within three years for a new felony offense is 3.3 percent for those ages 60 to 69 and 1.7 percent for those age 70 and over.⁶

Figure 7
Share of Prison Releases by Release Type, Total and Aged 50+ Populations, 2019 and 2024



Source: DOCCS

Cost Considerations for Older Incarcerated Individuals

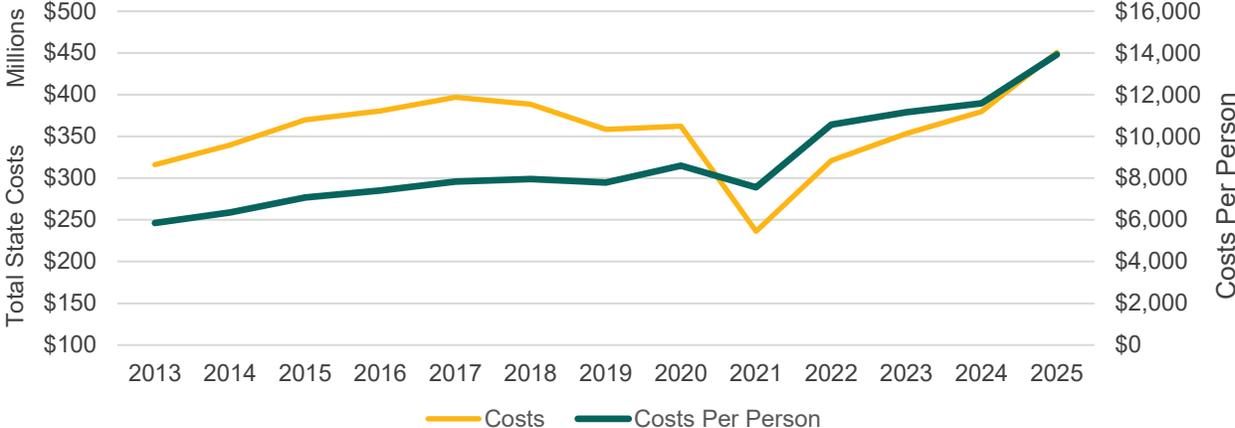
A special report published in 2016 by the U.S. Bureau of Justice Statistics found that 44 percent of individuals in state and federal prisons reported ever having a chronic health condition, such as high blood pressure, heart-related problems or diabetes, compared to 31 percent of the general population. For older incarcerated individuals this rate was 73 percent, 17 percentage points higher than those in prison aged 35 to 49. In state and federal prisons, 66 percent of people with a chronic health condition required prescription medication for treatment.⁷

Additionally, surveyed individuals in state and federal prisons reported having an infectious disease at a rate four times that of the general population.⁸ A more recent study found that the COVID-19 incidence rate for individuals in state and federal prisons between April 5, 2020 and April 3, 2021 was three times higher compared to the U.S. population.⁹

Potential consequences include long-term healthcare needs that are hard to address given the incidence of chronic conditions, accelerated aging, and higher rates of cognitive impairment, depression, anxiety and other mental illness for incarcerated individuals.¹⁰ With the exception of inpatient hospital services, costs to care for the incarcerated population are borne entirely by the State since federal law prohibits states from using Medicaid or Medicare funds to cover people in prison.¹¹

As DOCCS healthcare costs have risen and New York’s incarcerated population has shrunk, the per person cost of DOCCS health services increased from \$5,850 per person in State Fiscal Year (SFY) 2013 to \$13,923 in SFY 2025 (138 percent). More granular data that would allow for analysis of health care expenses for older incarcerated individuals is not available. As of SFY 2025, overall healthcare costs for the State prison system have risen to \$450.6 million, \$53.9 million higher than the previous peak in SFY 2017.

Figure 8
New York State DOCCS Health Service Costs and Costs Per Person, SFY 2013 to SFY 2025



Source: New York Statewide Financial System (SFS), DOCCS

Recent Policy Changes

Since 2017, New York has enacted and implemented a series of criminal justice changes, such as [Raise the Age](#), limits on pre-trial detention, limits on parole revocations, and the legalization of cannabis.¹² These changes may not have had as much of an impact on older incarcerated individuals as they did on younger age cohorts.¹³

One recent change is the “Less Is More: Community Supervision Revocation Reform Act” of 2021. That law, among other things, limits incarceration for certain technical parole violations and provides more earned time credit while under DOCCS community supervision.¹⁴ According to the 2025 Community Supervision report published by DOCCS, this law drove a 50 percent decrease in the number of individuals who returned to prison for a parole violation and a 24 percent decrease in the in-state parole population between 2020 and 2024.¹⁵

New York has statutory Merit Time and Presumptive Release credit mechanisms whereby eligible incarcerated individuals can reduce their minimum sentence for good behavior and program participation.¹⁶ DOCCS administers these under existing regulations and eligibility is limited typically to non-violent offenses. The Board of Parole currently continues to operate under its existing statutory authority and procedures whereby the Board interviews eligible candidates and makes a discretionary parole decision that is guided by a report prepared in advance by DOCCS containing case-specific data.¹⁷

Medical Parole and Compassionate Release are available for people in prison who have serious medical conditions.¹⁸ Release decisions under Medical Parole consider public safety and the appropriateness of community care. DOCCS’ most recent annual report on Medical Parole indicated that, of the 138 medical parole applications submitted to the Board of Parole from 2018 to 2022, 84 percent (116) were for individuals aged 50 or older.¹⁹ Compassionate Release provides the Board of Parole discretion to release an incarcerated individual who has already serviced the minimum period of their indeterminate sentence, has previously appeared before the Board of Parole and been denied, and later is medically certified as so debilitated (terminal or significantly incapacitated) that they pose no reasonable danger to society.²⁰

Other initiatives have been introduced in the State Legislature that could further reduce the older incarcerated population. Generally, “Elder Parole” bills would allow people aged 55 or older who have served at least 15 years of their sentence to be considered for parole. Typically, these initiatives would not guarantee release but provide an opportunity for a Parole Board interview and meaningful review. The “Fair and Timely Parole” bill, introduced in the 2024 legislative session, would create a presumption of parole release for eligible people unless they pose an “unreasonable risk” of re-offending. Bills that would expand merit time eligibility and credit accrual or provide a “second look” at long sentences for those 55 and older have also been introduced, as well as bills that would expand Medical Parole, including a bill in 2025 to allow emergency medical parole during a crisis for people with disabilities and high health risk. These reflect ongoing consideration of more community supervised release of older incarcerated individuals.

Conclusion

The long-term decline in prison populations has contributed to a demographic shift towards an older incarcerated population, and continues to raise considerations about healthcare, cost, and parole eligibility policies.

Despite the growing share of older incarcerated individuals and awareness of the costs and challenges of caring for their health, New York still does not report healthcare spending data by age group. To determine and assess the best policies for rendering health services in prisons in a manner that is as cost effective as possible, data on the State's healthcare costs for differing age cohorts within the incarcerated population is needed.²¹

The recently released Executive State Budget proposal for State Fiscal Year 2027 included \$35.8 million in capital funding to create an electronic health records system for the incarcerated population that would consolidate all patient information into a central location.²² Policymakers should look at methods used by other states and countries, and consider whether to require more detailed reporting of health spending data and the best approach for designing a system that could implement this.²³

New York must confront the challenges of an older incarcerated population. Careful evaluation of crime trends, rehabilitation and the heightened healthcare costs for this older population is necessary to determine an approach that protects taxpayers and ensures public safety, while also promoting humane care and reducing incarceration wherever possible.

Endnotes

- ¹ See New York State Department of Corrections and Community Supervision (DOCCS), *Incarcerated Individuals Under Custody: Beginning 2008* (dataset), at https://data.ny.gov/Public-Safety/Prison-Admissions-Beginning-2008/m2rg-xjan/about_data. (accessed January 23, 2026); New York City Council, *Aging Population in Jails and Prisons*, at <https://council.nyc.gov/data/justice-in-aging/> (last accessed on January 23, 2026); E. Ann Carson and William J. Sabol, Bureau of Justice Statistics, *Aging of the State Prison Population, 1993-2013*. (2016), available at: <https://www.bjs.gov/content/pub/pdf/aspp9313.pdf>.
- ² DOCCS, *Incarcerated Individuals Under Custody: Beginning 2008* (dataset).
- ³ DOCCS, *Releases and Discharges from Incarceration, Calendar Years 2021-2023*, at https://doccs.ny.gov/system/files/documents/2025/11/2021-2023-releases-and-discharges-report-04142025_-_final.pdf. A “presumptive release” mechanism is also available in limited instances when the Commissioner of DOCCS determines that eligible incarcerated individuals should be released after they have served at least 5/6 of their minimum sentence. These types of releases are not included in the DOCCS’ Prison Releases data published on OpenDataNY.
- ⁴ DOCCS, Board of Parole Legislative Report 2023, at https://doccs.ny.gov/system/files/documents/2025/08/2023-parole-board-leg-report_final.pdf.
- ⁵ See DOCCS, *Recidivism: Beginning 2008* (dataset), at https://data.ny.gov/Public-Safety/Prison-Admissions-Beginning-2008/m2rg-xjan/about_data. (accessed January 23, 2026); see also DOCCS, *2021 Releases from Custody Three Year Post-Release Follow-Up, Section Seven*, at https://doccs.ny.gov/system/files/documents/2026/01/2021-releases_three-year-post-release-follow-up_final.pdf (showing trend of lower rates of recidivism for older releasees for 1985-2021 cohorts).
- ⁶ DOCCS, *Recidivism: Beginning 2008* (dataset). Other reporting indicates for those released in 2021, the rate of recidivism for a new court commitment was 5 percent for those aged 50 to 64 and 3 percent for those aged 65 and older. See DOCCS, *2021 Releases from Custody Three Year Post-Release Follow-Up, Section Seven*, at https://doccs.ny.gov/system/files/documents/2026/01/2021-releases_three-year-post-release-follow-up_final.pdf (last accessed February 10, 2026).
- ⁷ Laura Maruschak, et al., (2015), “Medical Problems of State and Federal Prisoners and Jail Inmates,” *2011-12 (Special Report NCJ 248491)*, U.S. Department of Justice, Office of Justice Programs, at <https://bjs.ojp.gov/content/pub/pdf/mpsfj1112.pdf>.
- ⁸ *Ibid.*
- ⁹ Neal Marquez, et al., “COVID-19 Incidence and Mortality in Federal and State Prisons Compared With the US Population,” April 5, 2020, to April 3, 2021. *JAMA*. 2021;326(18):1865–1867. doi:10.1001/jama.2021.17575, at <https://jamanetwork.com/journals/jama/fullarticle/2784944>.
- ¹⁰ U.S. Department of Justice, Office of Inspector General, “The Impact of an Aging Inmate Population on the Federal Bureau of Prisons,” May 2015, at <https://static.prisonpolicy.org/scans/doj/e1505.pdf>; Amy Smoyer, et al., (2019), “Older Adults’ Lived Experience of Incarceration,” *Journal of Offender Rehabilitation*, 58(3), 220–239, at <https://doi.org/10.1080/10509674.2019.1582574>; Kimberly Skarupski, et al. (2018), “The Health of America’s Aging Prison Population,” *Epidemiologic Reviews*, 40(1), 157–165, at <https://doi.org/10.1093/epirev/mxx020>; Farah Archer Kaiksow, et al., “Caring for the Rapidly Aging Incarcerated Population: The Role of Policy,” *J Gerontol Nurs*. March 2023, 49(3):7-11, at <https://pmc.ncbi.nlm.nih.gov/articles/PMC10129364/>; Katherine Miller, et al., “Prevalence of Disability Among Older Adults in Prison,” December 2024, *JAMA Netw Open*. 2024, 7(12):e2452334, at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2828503>.
- ¹¹ See 42 U.S.C. § 1396d(a) (excludes payment for an “inmate of a public institution” in the definition of “medical assistance” under Medicaid); Centers for Medicare and Medicaid Services, *Patients in Custody Under a Penal Authority* MLN908084, July 2025, at <https://www.cms.gov/files/document/mln908084-patients-custody-under-penal-authority.pdf> (discussing Medicare regulatory framework which generally prohibits payments for a patient who is incarcerated).
- ¹² See Laws of 2017, ch. 59, Part WWW (Raise the Age became fully effective in 2019); Criminal Procedure Law § 500 (limits on pre-trial detention); Laws of 2021, ch. 427 (the Less is More Act, limits on parole violations); Laws of 2021, ch. 92 (cannabis legalization).
- ¹³ See Rene Ropac, “Testing the Long-Term Impact of Bail Reform Across New York State: A Quasi-Experimental Evaluation,” Data Collaborative for Justice (DCJ) at John Jay College, October 2025, at <https://datacollaborativeforjustice.org/work/bail-reform/testing-the-long-term-impact-of-bail-reform-across-new-york->

- [state-a-quasi-experimental-evaluation/](#) (last accessed on February 10, 2026); Olive Lu, et al., DCJ, “Assessing the Potential Impact of 2020 Bail Reforms on 2019 New York City Criminal Court Cases,” at <https://datacollaborativeforjustice.org/work/jail/assessing-the-potential-impact-of-2020-bail-reforms-on-2019-new-york-city-criminal-court-cases/> (accessed on February 10, 2026); New York City Mayor’s Office of Criminal Justice, *NYC Youth Crime in Context: Arrest & Recidivism*, at <https://criminaljustice.cityofnewyork.us/reports/nyc-youth-crime-in-context-arrest-recidivism/> (last accessed on February 10, 2026).
- ¹⁴ Laws of 2021, ch. 427.
- ¹⁵ DOCCS, *Community Supervision Legislative Report 2025*, at <https://doccs.ny.gov/system/files/documents/2026/01/community-supervision-legislative-report-2025-final.pdf> (last accessed January 30, 2026).
- ¹⁶ Corrections Law §§ 803, 806; DOCCS, *Community Supervision Handbook*, at https://doccs.ny.gov/system/files/documents/2019/05/Community_Supervision_Handbook.pdf (last access on February 2, 2026).
- ¹⁷ Executive Law Article 12-B; DOCCS, *Board of Parole Legislative Report 2023*, at https://doccs.ny.gov/system/files/documents/2025/08/2023-parole-board-leg-report_final.pdf.
- ¹⁸ Medical Parole is a statutory form of early release created under Executive Law section 259-r and 259-s that allows the Board of Parole to release incarcerated individuals with either terminal or severe non-terminal illnesses that render them physically or cogitatively incapacitated such that they pose little to no danger to public safety.
- ¹⁹ In addition, the average age of applicants during the five-year period was 61 years old (DOCCS, *Medical Parole Legislative Report 2022*, at https://doccs.ny.gov/system/files/documents/2025/04/doccs-2022-medical-parole-legislative-report_final.pdf).
- ²⁰ See DOCCS, *Directive #4304, Medical Parole and Compassionate Release*, December 18, 2024, at <https://doccs.ny.gov/system/files/documents/2025/08/4304.pdf>. Compassionate Release is a policy recognized by the Board of Parole and DOCCS specifically for individuals who have already reached parole eligibility and have been considered and denied parole before their serious medical condition develops. Compassionate release may be available regardless of the offense if certain conditions are met, whereas medical parole has specific statutory disqualifications for certain violent offenses unless additional conditions are satisfied.
- ²¹ For more on the specific types and measures of data that could prove useful, see Cyrus Ahalt, et al., *Paying the Price: the Pressing Need for Quality, Cost, and Outcomes Data to Improve Correctional Health Care for Older Prisoners*. *J Am Geriatr Soc*. 2013 Nov;61(11):2013-9, at <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.12510> (last accessed on January 16, 2026).
- ²² State Fiscal Year 2027 Executive Budget Capital Projects Bill, pg. 103, at <https://www.budget.ny.gov/pubs/archive/fy27/ex/approps/capitalprojectsbudget.pdf> (last accessed on February 2, 2026).
- ²³ Cyrus Ahalt et al., *Paying the Price*, op. cit. (noting seven other states that as of 2010 reported prison healthcare cost data by age, as well as a successful method used by Australia).

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