

STATE OF HAWAII – Ka MOKU'ĀINA 'O HAWAI'I
CRIME VICTIM COMPENSATION COMMISSION
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**TESTIMONY ON HOUSE BILL 1628, HD1
RELATING TO COMPASSIONATE RELEASE**

by

Pamela Ferguson-Brey, Executive Director
Crime Victim Compensation Commission

House Committee on Judiciary & Hawaiian Affairs
Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair

Wednesday, February 25, 2026; 2:00 PM
State Capitol, Conference Room 325 & Videoconference

Good afternoon, Chair Tarnas, Vice Chair Poepoe, and Members of the House Committee on Judiciary & Hawaiian Affairs. Thank you for providing the Crime Victim Compensation Commission ("Commission") with the opportunity to testify in opposition to House Bill 1628, HD1, Relating to Compassionate Release. HB 1628, HD1, establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated individuals.

The Commission provides compensation for victims of violent crime to pay un-reimbursed expenses for crime-related losses due to physical or mental injury or death. Many victims of violent crime could not afford to pay their medical bills, receive needed mental health or rehabilitative services, or bury a loved one if compensation were not available from the Commission. Additionally, the Commission has represented the interests and concerns of victims and survivors on the Justice Reinvestment Working Group, the 2015 Penal Code Review Committee, the HCR 23 Task Force and the 2025 Advisory Committee on Penal Code Review.

Criminal justice reform must not only serve the interest of the offender but must also include meaningful protection of the interests and rights of crime victims to avoid harmful, unintended consequences which may include jeopardizing the safety of victims, surviving family members, and the community at large.

The bill does not provide notice to victims or surviving family members that the offender is being considered for release and does not provide for notice if the offender is released pursuant to the compassionate release protocol. Victims may experience fear or insecurity when an individual who committed a violent act against them is released back into the community, regardless of the offender's physical health.

The bill unfairly shifts the burden of restitution collection from the Department of Corrections and Rehabilitation (DCR) to the victim by reducing the amount of time that DCR is obligated to collect restitution. While crime victims can file their restitution order as a civil order, the process is so burdensome that almost no victims avail themselves of this option.

Finally, there is no representative from the victim service community on the working group to ensure that the development of the administrative rules is informed by the needs and concerns of victims and surviving family members, and by the safety of the community.

Thank you for providing the opportunity for the Commission to testify in opposition to HB 1628, HD1.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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No. _____

TESTIMONY ON HB 1628, HD1
RELATING TO COMPASSIONATE RELEASE

by
Gene DeMello, Jr., Chair
Hawaii Paroling Authority

HOUSE COMMITTEE ON JUDICIARY AND
HAWAIIAN AFFAIRS
Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice-Chair

Wednesday, February 25, 2026 – 2:00 p.m.
Conference Room 325 – State Capitol

Chair Tarnas, Vice-Chair Poepoe, and Members of the Committee:

The Hawaii Paroling Authority (HPA) opposes House Bill (HB) 1628, HD1 with SUGGESTED AMENDMENTS to “§353-_____ Compassionate Release:

- authority to release; process”, and
- (i) that authorizes HPA to reduce court-imposed mandatory minimum terms and sentences of Life Without Parole (LWOP).

HPA performs quasi-judicial functions and serves as the central paroling authority for the State of Hawaii. The Hawaii Revised Statutes and Hawaii Administrative Rules (HAR) govern fixing and reducing minimum terms of imprisonment and granting parole, and other administrative functions. HPA is not authorized to fix or reduce a court-imposed mandatory minimum term, or an LWOP sentence under our current authority. Therefore, HPA is opposed to section (i) in the bill.

A court-imposed mandatory minimum term is an enhanced and determinate sentence that reflects the seriousness of a crime. The law requires this term to be served in its entirety prior to release consideration. A minimum term fixed by HPA cannot be lower than a court-imposed mandatory minimum term. Following this rule of law, the reduction of a mandatory minimum should include input from the Judicial Branch.

A sentence of LWOP is available for an adult offender convicted of the most serious and heinous crimes such as Murder (and Attempted Murder) in the First Degree. This sentence applies to crimes with aggravated circumstances such as when the victim is a police officer, judge or

witness, or multiple murders. The Hawaii Revised Statutes authorizes the Governor to commute an LWOP sentence after twenty years of serving imprisonment. The Governor's authority to commute LWOP sentences should remain within the Executive Branch.

HPA believes input from the Judicial and Executive Branches should be considered before we support this bill in its entirety.

Also, the bill drafted makes no mention of the victims or victims' families who have suffered direct physical, emotional, or financial harm due to a criminal act. The status of a victim is established by the violation of criminal law, allowing them to access specific rights, protection, and restitution.

Thank you for the opportunity to present testimony on HB 1628, HD1. We will be available for any questions.



TESTIMONY IN SUPPORT OF HOUSE BILL 1628 HD1
RELATING TO COMPASSIONATE RELEASE

Ke Kōmike Hale o ka Ho‘okolokolo a me ke Kuleana
Hawai‘i
(House Committee on Judiciary & Hawaiian Affairs)
Hawai‘i State Capitol

Pepeluali 25, 2026

2:00 PM

Lumi 325

Aloha e Chair Tarnas, Vice Chair Poepoe, a me Members of Ke Kōmike Hale o ka Ho‘okolokolo a me ke Kuleana Hawai‘i:

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB1628 HD1** which establishes a clear, fair, and timely compassionate release protocol for incarcerated persons who are terminally ill or seriously debilitated, including individuals whose medical needs cannot be adequately addressed in a correctional setting. OHA appreciates recent amendments which further clarified language and established additional safeguards requiring that at least forty-eight hours before an incarcerated person's administrative hearing for compassionate release, the Hawaii Paroling Authority must provide notice of the hearing to the prosecuting attorney of the applicable county.

This measure is directly connected to Native Hawaiian wellbeing and justice. OHA's longstanding criminal justice work has documented that Native Hawaiians experience disproportionate and compounding harms at multiple points of system contact, and that punitive approaches have had a heavier impact on the Native Hawaiian community than on any other ethnic group in Hawai‘i.¹ OHA has also consistently supported reforms that reduce unnecessary incarceration, strengthen reentry, and promote culturally grounded pathways to restoration and healing.² Establishing a transparent compassionate release process is consistent with these priorities because it prevents continued confinement from becoming a default substitute for appropriate medical care, even when incarceration no longer serves a meaningful public safety purpose.

HB1628 HD1 also advances practical equity for ‘ohana. Long-term incarceration carries substantial intergenerational impacts, including destabilizing family networks and creating barriers to reintegration. For Native Hawaiian 'ohana already facing structural inequities, the prolonged incarceration of an elder or seriously ill family member can

¹ Office of Hawaiian Affairs, *The Disparate Treatment of Native Hawaiians in the Criminal Justice System* (2010), available at https://www.oha.org/wp-content/uploads/2014/12/ir_final_web_rev.pdf

² Office of Hawaiian Affairs, "Criminal Justice," available at <https://www.oha.org/governance/criminal-justice/>.

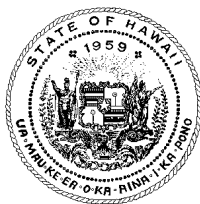
deepen harm and extend trauma, particularly when that individual's condition has progressed to a point where dignity and humane care are better provided in a community setting with appropriate supports.

Finally, this measure strengthens accountability and consistency. As noted in public reporting, Hawai'i is the only state lacking a comprehensive compassionate release law, relying instead on internal policy which creates concerns about transparency and timely consideration.³ The bill addresses this gap by creating defined medical criteria, clear initiation pathways, time-bound review, and public reporting that is disaggregated by race and ethnicity, all of which support fair and expeditious decision-making. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB1628 HD1**.

Mahalo nui for the opportunity to provide testimony on this important measure.

³ Hawai'i Public Radio, "Lawmakers to consider compassionate release measures for Hawai'i inmates with medical conditions" (Oct. 7, 2025) available at <https://www.hawaiipublicradio.org/local-news/2025-10-07/compassionate-release-laws-for-inmates-with-medical-conditions>.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
**DEPARTMENT OF CORRECTIONS
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Sanna Muñoz
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Rehabilitation Services
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Programs

No. _____

TESTIMONY ON HOUSE BILL 1628, HOUSE DRAFT 1
RELATING TO COMPASSIONATE RELEASE.

by

Tommy Johnson, Director
Department of Corrections and Rehabilitation

House Committee on Judiciary and Hawaiian Affairs
Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair

Wednesday, February 25, 2026; 2:00 p.m.
State Capitol, Conference Room 325 & via Videoconference

Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

The Department of Corrections and Rehabilitation (DCR) opposes House Bill (HB) 1628, House Draft (HD) 1 as we have very serious concerns regarding several areas of Section 2 of this measure and we provide suggested amendments to address our concerns. Recommended amendments to be deleted is bracketed and new material is underscored.

Specifically, Section 2 (Page 4, Lines 5 through 7) should be amended as follows:

"Incarcerated person" committed to the custody of the director who has been convicted of one or more felony offenses and is currently serving one or more felony sentences.

The recommended amendment to this paragraph clarifies that the incarcerated person must be a felony level offender to qualify for compassionate release consideration.

Also, Section 2 (Page 4, Lines 8 through 12) should be amended as follows:

“Incarcerated person’s representative” means an attorney, family member or other non-incarcerated person, ~~[including another incarcerated person,]~~ who has express written consent signed by the committed person to discuss personal health information for ~~[is assisting the incarcerated person in initiating an application for compassionate release or]~~ navigating the compassionate release process.

Recommended amendments to this paragraph is to clarify that written authorization from the incarcerated person is required for another person who is not incarcerated to assist the incarcerated person with navigating the compassionate release process. Also, an incarcerated person should not be assisting another incarcerated person with the compassionate release process as there is a real possibility of manipulation.

Section 2 (Page 5, Lines 9 through 13) should be amended as follows:

(4) Has a condition or combination of conditions that requires a complexity of treatment or level of care that the department is unable to provide on a longterm basis or the incarcerated person’s medical needs would otherwise be more appropriately managed in a community setting.

Recommended amendments to this paragraph provides more clarity with respect to the applicant’s medical needs would be better served in the community.

Section 2 (Page 5, Lines 19 through 21) should be amended as follows:

(c) An applicaiton for compassionate release may be initiated by the department’s medical staff, ~~[an]~~ the incarcerated person, or the incarcerated person’s representative outside of the department.

Recommended amendments to this paragraph provides clarity with respect to not allowing another incarcerated person in the custody of the department to request compassionate release for another incarcerated persion in the custody of the department.

Section 2 (Page 7, Lines 3 through 7) should be amended as follows:

(e) the authority shall hold an administrative hearing to consider an application for compassionate release no later than ten business days after receiving an application for compassionate release from the director and shall ~~[grant]~~ consider granting release in accordance with subsection (f).

This recommended amendment is consistent with the language and purpose of subsection (f).

Section 2 (Page 8, Lines 8 through 14) should be amended as follows:

(i) Notwithstanding any law to the contrary, all persons incarcerated by the state, including but not limited to persons serving a mandatory minimum sentence or persons sentenced to life without parole, shall not be eligible for compassionate release pursuant to this subpart. A mandatory minimum sentence or sentence of life without parole shall ~~[not]~~ preclude eligibility for compassionate release ~~[pursuant to this subpart]~~ consideration.

Recommended amendments to this paragraph are consistent with current laws and any changes to the laws regarding mandatory minimum terms negatively affects public safety and removes discretionary authority vested with the judiciary/state judges. Also, persons serving life without the possibility of parole must have their sentence commuted to life with the possibility of parole by the Governor in order for the authority to set a minimum term of imprisonment, and only after these requirements have occurred would the person be eligible for compassionate release consideration.

As written, HB 1628, HD 1 does not include any mechanism to seek, receive, or consider input from the victim(s) and/or the surviving family members of the victim(s). It is important to remember, those serving life without the possibility of parole, and the majority of those serving life with the possibility of parole, have committed heinous crimes against one or more victims, with some offenders purposely raping and/or killing more than one victim. At present, there are twenty (20) individuals in DCR's custody serving sentences of life without the possibility of parole (LWOP) and twelve (12) of them were convicted of first degree murder and some have lesser included offenses such as carrying a firearm in the commission of a felony, rape, sodomy, kidnapping assault and other offenses. Several of these individuals are also serving life with the possibility of parole

sentences as well, for additional crimes. The remaining eight (8) LWOP individuals are serving sentences for attempted murder in the first degree (some with more than one charge), felony in possession of a firearm, kidnapping, assault rape, sodomy, burglarly, and the list goes on. Many of these inmates have extensive criminal records where they preyed upon the community, and in some cases, their own families. Please see attached list of the crimes committed by the 20 individuals serving LWOP which totals 111 crimes, with an average number of crimes for each individual being 5.5 crimes.

In addition, this measure does not provide any additional staff or resources DCR would require to carryout the provisions of this measure. If enacted, we would require a Physician (1.0 FTE) position, which would be responsible for providing oversight, coordination, and review of the statewide compassionate release program. As a component of the compassionate release program, the development of a medical release plan for purposes of continuity of care would also be required. Currently, nursing case management positions within the Health Care Division of DCR do not exist. Therefore, an additional Advanced Practice Registered Nurse II (1.0 FTE) position would be needed and responsible for the development of the medical release plan and petitioning for guardianship when applicable.

The total increase in payroll cost for the additional 2.0 FTE staffing requirement is estimated at \$368,996 each year, recurring. Should the Committee decide to advance this measure, DCR respectfully requests that it be amended to include an appropriation of sufficient funds to support the requirements of the compassionate release program.

Thank you for the opportunity to provide testimony in opposition to HB 1628, HD 1.

Attachment

CLASS "A" FELONY OFFENSES													
Murder 1	Murder 2	Attempted Murder 1	Attempted Murder 2	Rape 1	Sodomy 1	Attempted Assault 1	Kidnapping	Robbery 1	PDD 1	ENHANCED PDD 2	ENHANCED Robbery 2	ENHANCED Burglary 1	Escape 1
12	1	9	2	3	3	1	4	5	4	2	3	2	1
CLASS "B" FELONY OFFENSES													
Attempted Manslaughter	Burglary 1	Felony in Possession of Firearm/Carrying	Felony in Possession of Firearm Ammunition	Assault 2	Attempted Assault 2	Robbery 2	Crim. Property Damage 1	ENHANCED UCPV					
1	6	11	1	1	1	1	1	1					
CLASS "C" FELONY OFFENSES													
	Terroristic	Place to Keep	Possession of			Crim. Property			Failure to	Reckless			
Assault 2	Threatening 1	Firearm	Prohibited Firearm	Escape 2	UCPV	Damage 2	Burglary 2	Theft 1	Render Asst.	Endangering 1			
2	4	3	3	1	2	3	9	5	1	2			

JOSH GREEN, M.D.
GOVERNOR



STATE OF HAWAII
HAWAII CORRECTIONAL SYSTEM OVERSIGHT COMMISSION
E HUIKALA A MA'EMA'E NŌ
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CHAIR

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HON. R. MARK BROWNING (ret.)

HON. RONALD IBARRA (ret.)

MARTHA TORNEY

HON. MICHAEL A. TOWN (ret.)

TO: The Honorable David A. Tarnas, Chair
The Honorable Mahina Poepoe, Vice Chair
House Committee on Judiciary & Hawaiian Affairs

FROM: Mark Patterson, Chair
Hawai'i Correctional System Oversight Commission

SUBJECT: House Bill 1628, House Draft 1, Relating to Compassionate Release
Hearing: Wednesday, February 25, 2026; 2:00 p.m.
State Capitol, Room 325

Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

The Hawai'i Correctional System Oversight Commission (HCSOC) submits testimony in **strong support** of House Bill 1628, House Draft 1, relating to compassionate release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

Our team has personally witnessed the suffering of elderly, seriously ill, and dying individuals in Hawai'i's correctional facilities. Many of these individuals no longer pose a threat to public safety, yet remain incarcerated under conditions that are medically complex, emotionally painful, and often inhumane. Compassionate release would allow terminally ill, elderly, or incapacitated people to spend their final months with family, preserving dignity at the end of life while still ensuring careful review standards, eligibility requirements, and public safety.

The Commission has collectively worked on this legislation in collaboration with the Department of Corrections and Rehabilitation, the Hawai'i Paroling Authority, and community partners. This bill reflects a shared commitment to public safety, human dignity, fiscal responsibility, and the values that define Hawai'i.

From a fiscal and operational standpoint, Hawai'i spends significant public resources incarcerating elderly and medically frail individuals, often incurring extraordinarily high medical expenses without corresponding public benefit. Recently, the House Committee on Public Safety hosted an informational briefing to inform and educate the committee about best practices for medical release programs adopted by correctional systems throughout the United States. During this briefing, it was shared that:

- The average annual cost of incarceration exceeds \$100,000 per person

- Some critically ill incarcerated individuals have required medical expenses exceeding \$900,000 in a single year
- Another individual’s care surpassed \$2 million in just one quarter, including emergency medical evacuation and hospitalization
- In one case, a single prescription consumed over 90% of the department’s annual medication budget, diverting care from others in custody

The State of Hawai‘i must pay out-of-pocket for all incarcerated individuals’ medical costs, including hospital care, specialty treatment, high-cost medications, medical escorts, and staff overtime for off-site appointments. By contrast, when eligible individuals are released into the community, they can qualify for Medicare or Medicaid, shifting significant healthcare costs away from Hawai‘i taxpayers.

Additionally, compassionate release can help correctional staff. The Commission’s [2025 Correctional Staff Survey Report](#), based on responses from over 800 correctional employees, found that Hawai‘i’s correctional staffing crisis has reached a critical and unsustainable level. Key findings include:

- Mandatory overtime, chronic vacancies, and unsustainable workloads
- Approximately 60% of staff report serious health impacts due to job stress
- High levels of PTSD, depression, burnout, and emotional exhaustion
- Nearly 30% vacancy rates in some facilities, forcing staff to cover essential posts through excessive overtime

Staff also reported that caring for critically ill and dying incarcerated individuals places a heavy emotional, logistical, and clinical burden on an already strained workforce. Compassionate release would ease pressure on correctional medical staff, allowing them to redirect time, attention, and resources toward the broader incarcerated population, improve safety, and reduce burnout.

Lastly, this legislation is deeply aligned with Hawai‘i’s values of aloha, kuleana, restorative justice, and community healing. It recognizes the disproportionate impact incarceration has on Native Hawaiian and Pacific Islander communities, and offers a pathway grounded in compassion, accountability, and fairness. For all these reasons, the Commission respectfully asks you to pass this bill.

Should you have additional questions, the Oversight Coordinator, Christin Johnson, can be reached at 808-849-3580 or at christin.m.johnson@hawaii.gov. Thank you for the opportunity to testify.

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February 24, 2026

HB 1628, HD1: RELATING TO COMPASSIONATE RELEASE

Chair Tarnas, Vice Chair Poepoe and Members of the Committee on Judiciary and Hawaiian Affairs:

The Office of the Public Defender (OPD) **strongly supports** HB 1628, HD1, which establishes a clear, humane, medically grounded, and structured framework for compassionate release for seriously ill, debilitated, or terminally ill incarcerated persons.

As mandated by statute, the OPD represents individuals at every stage of the criminal legal process, including incarcerated individuals who are aging, medically fragile, or living with severe physical, cognitive, or mental health conditions. From that vantage point, we see firsthand the human and systemic costs of continuing to incarcerate individuals who no longer pose a meaningful risk to public safety and whose medical needs far exceed the capacity of correctional facilities.

This bill recognizes a fundamental truth: incarceration is not well-suited to function as a long-term medical care system. HD1 defines compassionate release to include terminal illness, debilitating or irreversible medical conditions, and cognitive or mental health impairments that substantially compromise an individual's quality of life or ability to engage in daily functioning. It also recognizes circumstances in which the complexity of medical needs exceeds the Department's long-term capacity and would be more appropriately managed in a community setting.

HD1 ensures that eligibility for compassionate release is not barred by mandatory minimum sentencing structures or even life without parole designations. In extraordinary medical circumstances, individualized review must remain available. This provision affirms that compassion and accountability are not mutually

exclusive and that public safety decisions should be grounded in present medical realities rather than categorical exclusions.

The bill appropriately requires the Department of Corrections and Rehabilitation to affirmatively identify and refer eligible individuals and allows applications to be initiated by medical staff, incarcerated persons, or their representatives. This structure ensures that compassionate release is accessible and not dependent solely on an individual's ability to navigate a complex administrative process while gravely ill.

Equally important, this measure establishes clear timelines for referral and hearing, requiring prompt submission to the Hawai'i Paroling Authority (HPA) and expedited review. In medically urgent cases, delay can effectively deny relief. These procedural safeguards reflect an understanding that compassionate release must operate in real time to be meaningful.

This measure does not mandate automatic release. Rather, it establishes a "shall grant unless" framework: the HPA must grant release unless the individual does not meet the medical criteria or presently poses an unreasonable risk to public safety. This structure appropriately centers medical evidence while preserving the Authority's responsibility to evaluate public safety concerns through an administrative hearing process.

Research consistently shows that recidivism rates decline sharply with age and serious illness. Arrest rates for individuals over fifty drop dramatically and approach near zero for those over sixty-five. Compassionate release is therefore not only humane, but also rational and evidence-based.

The continued incarceration of elderly and severely ill individuals places extraordinary strain on limited state resources. Older and medically complex individuals often require specialty care, hospitalizations, medical transportation, and intensive monitoring. Allowing those who qualify to transition to appropriate community or medical settings promotes both fiscal responsibility and humane policy. At a time when Hawai'i faces jail overcrowding, staffing shortages, and limited treatment capacity, redirecting resources away from costly end-of-life incarceration and toward community-based care serves both the public interest and responsible governance.

This measure also preserves accountability. Individuals granted compassionate release remain under supervision and subject to reasonable conditions imposed by the HPA. The HPA retains revocation power if credible information demonstrates

a significant failure to comply, and it must consider the individual's medical, mental health, or cognitive condition in assessing any alleged violation. Compassionate release is therefore a controlled and accountable alternative to continued incarceration — not a termination of oversight.

The bill's reporting requirements promote transparency and public trust by requiring annual reporting on applications, approvals, denials, demographic data, processing timelines, delays, and outcomes. These provisions will allow policymakers and the public to assess whether compassionate release is being implemented equitably and effectively.

Finally, the creation of a multidisciplinary working group, which includes a formerly incarcerated individual, an attorney experienced in compassionate release proceedings, and a subject-matter expert, will strengthen rulemaking and ensure that implementation reflects medical, legal, and lived experience perspectives.

This measure affirms Hawai'i's commitment to the aloha spirit by recognizing that justice includes compassion, particularly for those who are terminally ill or profoundly debilitated. Continued incarceration under such circumstances does not advance public safety, rehabilitation, or accountability. It instead imposes unnecessary suffering and avoidable costs on individuals, families, and the State.

For these reasons, the Office of the Public Defender **strongly supports** HB 1628, HD1.

Thank you for the opportunity to comment on this measure.

DEPARTMENT OF THE PROSECUTING ATTORNEY
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THE HONORABLE DAVID A. TARNAS, CHAIR
HOUSE COMMITTEE ON JUDICIARY AND HAWAIIAN AFFAIRS
Thirty-Third State Legislature
Regular Session of 2026
State of Hawai'i

February 24, 2026

RE: H.B. 1628, H.D.1; RELATING TO COMPASSIONATE RELEASE.

Chair Tarnas, Vice-Chair Poepoe, and members of the House Committee Judiciary and Hawaiian Affairs, the Department of the Prosecuting Attorney of the City and County of Honolulu ("Department") in **opposition** to H.B. 1628, H.D. 1.

The Department does not oppose compassionate release for terminally-ill inmates. We also recognize the significant fiscal and humanitarian challenges associated with aging and medically-fragile incarcerated population. We also appreciate the work of the House Committee on Public Safety in narrowing the medical basis for compassionate release.

The Department believes any compassionate release framework should be narrowly tailored, victim-centered, and firmly grounded in public safety and respect for the judicial sentencing decisions. Under those principles, we cannot support the measure as currently drafted.

First, the forty-eight-hour notice provision is inadequate to provide meaningful opportunity for victim input. While the general public has an interest in any release decision, victims of crime have a personal and abiding stake in the finality of the judgment. Victims are not secondary or incidental to the offense. Mere formal notification is insufficient, especially in cases where victims have suffered permanent harm or lost a loved one. Compassionate release should also show compassion for victims of crime.

Second, the Department remains concerned that H.B. 1628 will permit far too many frivolous claims for compassionate release. Federal cases demonstrate the absurd lengths some manipulative inmates will undertake to game the system. For instance, one inmate frivolously sought release based on unsubstantiated allegations of radon poisoning.¹ Another simply sought

¹ *United States v. Rodriguez*, 147 F.4th 217, 221 (2d Cir. 2025).

to relitigate the case in the guise of a compassionate release motion.² A third defendant, convicted for sex-trafficking a minor, petitioned for compassionate release based on “obesity, hypertension, hyperlipidemia, urinary incontinence, PTSD, and bipolar disorder.”³ A fourth even claimed the prison’s plastic trays placed him at risk for birth defects, leading the court to dryly observe that he had already been born.⁴ Defendants who have attacked children or killed police officers will not hesitate to twist the words of a well-meaning law to their advantage.

The Department supports a narrowly-tailored compassionate release provision for terminally-ill inmates, after a meaningful opportunity for victim input. Because H.B. 1628 does not accomplish this, we respectfully oppose this measure.

Thank you for the opportunity to testify.

² *United States v. Barret*, 747 F. Supp. 3d 516, 520 (E.D.N.Y. 2024)

³ *United States v. Pulley*, 652 F. Supp. 3d 895, 900 (E.D. Mich. 2023)

⁴ *United States v. Mukherjee*, 614 F. Supp. 3d 560, 579 (E.D. Mich. 2022) (“Defendant adds that the packaging, food, and commissary items being served on plastic trays in prison might cause birth defects and other problems. But Defendant has already been born, so he is not a risk for birth defects.”).



Committee: Judiciary & Hawaiian Affairs
Hearing Date/Time: Wednesday, February 25, 2026, at 2:00pm
Place: Conference Room 325 & Via Videoconference
Re: **Testimony of the ACLU of Hawai'i in SUPPORT of HB1628 HD1 Relating to Compassionate Release**

Dear Chair Tarnas, Vice-Chair Poepoe, and Members of the Committee:

The ACLU of Hawai'i (ACLU-HI) **supports HB1628 HD1** Relating to Compassionate Release, which establishes a protocol for compassionate release for seriously debilitated incarcerated persons.

Our compassionate release program needs improvement. According to the Department of Corrections and Rehabilitation's (DCR) own data, only 47 applications for compassionate release were filed. This amounts to an average of 6 applications a year.¹

Year	Medical Release Applications
2022	5
2021	5
2020	22 (COVID pandemic)
2019	12 (COVID pandemic)
2018	0
2017	0
2016	3

That this data isn't otherwise publicly available is frustrating. What's more, the Department's data is incomplete. DCR's data does not tell us how many of the people who applied for compassionate release were actually released, how many were denied, and worst yet, how many people died in custody while awaiting a decision on their application. Nor do we have accurate data from DCR outlining how many people died in our jails and prisons who were eligible for compassionate release but did not apply.

In 2022, Families Against Mandatory Minimums made an in-depth study of the Compassionate release processes of all states and D.C., and assigned each state a grade.² **Sadly, Hawai'i received a "F" grade due in part to our policy design,**

¹ Department of Public Safety (now DCR) Testimony in opposition to HB824 (2023).
https://www.capitol.hawaii.gov/sessions/Session2023/Testimony/HB824_TESTIMONY_CMV_02-03-23_.PDF

² Grading the States: The State Compassionate Release Report Card Project, FAMM. October 2022.
<https://famm.org/wp-content/uploads/2022/10/compassionate-release-report.pdf>.

inconsistent rules and lack of clarity. In stark contrast, states such as Colorado, Illinois, Rhode Island, Massachusetts and D.C. earned an “A.”

As noted by the American Bar Association, “Ultimately, expanding and better utilizing compassionate release programs would be an important step in making the prison system more humane and would reduce the financial strain of mass incarceration places on states. The issue of compassionate release rests on an important question—why do we incarcerate people? If individuals are in the last stages of their lives and are incredibly unlikely to recommit, what do we gain by continuing to incarcerate them, especially when the older adult has spent decades in jail? These questions should be explored, and more than that, we should make efforts to allow people to die with their loved ones, regardless of their incarceration status.”³

Improving Hawai‘i’s compassionate release system would also save the state money. Our prisons are crowded and costly. Currently, DCR spends an average of \$370 per day for every individual incarcerated across the state.⁴ This cost goes up dramatically for seniors who are incarcerated, especially for those who are ill. As an example, in California prisons in the 1990s, the state spent three times as much money to incarcerate an older person than someone of any other age group.⁵

By passing and implementing HB1628 HD1, we can reaffirm our aloha for everyone in Hawai‘i, including those who are incarcerated, while simultaneously reducing DCR’s overall costs.

Mahalo,

Josh Frost

Josh Frost

Policy Assistant

ACLU of Hawai‘i

jfrost@acluhawaii.org

³ Broken and Underutilized: Understanding Compassionate Release Programs for Older Adult Prisoners. American Bar Association. January 2023.

https://www.americanbar.org/groups/law_aging/publications/bifocal/vol44/bifocal-vol-44-issue3/broken-and-underutilized-understanding-compassionate-release/

⁴ Hawai‘i State Senate, WAM-PSM Informational Briefing - Statement of Hawai‘i Director of Corrections and Rehabilitation Tommy Johnson at 4:35, YOUTUBE (Jan. 7, 2025), www.youtube.com/live/YNmnzV6OMQM.

⁵ The aging prison population: Causes, costs, and consequences. Prison Policy Initiative, August 2023. <https://www.prisonpolicy.org/blog/2023/08/02/aging/>

With more than 4,000 Hawaii-based members, the mission of the American Civil Liberties Union of Hawai'i is to protect the fundamental freedoms enshrined in the United States and Hawai'i State Constitutions through legislative, litigation, and public education work. The ACLU of Hawai'i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving our communities in Hawai'i for over 60 years.



Date: February 23, 2026

To: Rep. David Tarnas, Chair
Rep Mahina Poepoe, Vice Chair
Members of the House Committee on Judiciary and Hawaiian Affairs

From: Lynn Costales Matsuoka, Executive Director
The Sex Abuse Treatment Center
A Program of Kapi'olani Medical Center for Women & Children

RE: Testimony on HB 1628, HD 1
Relating to Compassionate Release

Hearing: February 25, 2026, Conference Room 325, 2pm

Good afternoon, Chair Tarnas, Vice Chair Poepoe, and Members of the House Committee on Judiciary and Hawaiian Affairs. Thank you for the opportunity for the Sex Abuse Treatment to provide comment on the HB 1628, relating to compassionate release.

The Sex Abuse Treatment Center opposes this bill insofar as there is no opportunity for victims to engage in this process despite many of the offenses committed by incarcerated persons involves a victim who suffered harm due to the actions of the incarcerated persons.

For many sex assault survivors, offender accountability is an important aspect of their healing. When the judicial system holds someone accountable it sends a message to survivors that what happened to them was wrong, and that the offenders conduct will not be tolerated. It is important that compassionate release for any sex offender, not occur without allowing survivors some opportunity to engage in the process and have a voice. The impact of sexual violence cannot be overstated. It is traumatic, horrific and damaging and survivors turn to the justice system for support and accountability.

Compassion is not one sided. It should not be reserved solely for offenders. Survivors are entitled to as much compassion, if not more, as the person who harmed them. While we respectfully understand and recognize the importance of familial connection, especially during the end-of-life stage for any person, it is important to allow victims the opportunity to engage in the process and be heard, should they wish. Victims are impacted in more ways than most realize by the trauma of their victimization. To be heard and invited to participate could be instrumental in their healing. More important, victim notification of their offender's release from incarceration is key to their safety, and their engagement in the criminal justice system. We respectfully oppose HB 1628 and ask that a victim advocate be invited to participate in the working group and allowed to meaningfully contribute to the development of a process that assures safety, and fairness for all. Thank you.

DIGNITY FOR FINAL DAYS: Establishing Hawaii's Compassionate Release Law

1

February 1, 2026

Dear Senators and Representatives of the Hawaii Legislature:

We write to urge your support for SB 2688 and HB 1628, which relate to Compassionate Release. The proposed legislation offers a critical and long-overdue mechanism for incarcerated individuals who are terminally ill, and have serious, chronic, and debilitating medical conditions, the opportunity to spend their final days in the community with dignity and appropriate care, while still remaining under parole supervision.

Hawaii is currently one of only two states without a formal Compassionate Release Law.

The passage of this bill would fundamentally improve the compassionate release process in Hawaii. It will ensure the faster release for incarcerated persons who are terminally ill, have chronic debilitating conditions or suffer from cognitive impairments that render them unaware of their punishment and eliminate any reasonable public safety risk.

The current practice restricts the initiation of compassionate release to Department of Corrections and Rehabilitation staff. The new bill will allow applications to be initiated by an incarcerated person, an attorney, a family member, or another person who is assisting the incarcerated person in navigating this vital compassionate release process.

Crucially, the proposed bill mandates that the Department of Corrections and Rehabilitation and the Hawaii Paroling Authority act on Compassionate Release applications within a specific, mandatory timeframe. These deadlines are essential to providing meaningful Compassionate Release, given the often short and unpredictable window between diagnosis and death for many individuals.

Values Alignment: Upholding the "Aloha Spirit"

Adopting a robust compassionate release system aligns with the "Aloha Spirit" Law (Hawaii Revised Statutes §5-7.5), written by the late Pilahi Pāki, a beloved Native Hawaiian philosopher, poet, and educator, which emphasizes "mutual regard and affection and extends warmth in caring with no obligation in turn." This law reflects the essence of community values - recognizing the inherent dignity of every person and the "relationships in which each person is important to every other person for collective existence."

Addressing the Crisis of an Aging Population

Compassionate release is a necessary response to the growing crisis of an aging population within Hawaii's correctional facilities. With over 1000

John M. Compton
John M. Compton

Joan M. Begley
JOAN M. BEGLEY

Carla S. Allison
Aorha McCarney
Sordha McCarney
Jusen Yaman. Carpenter
Jusen Yaman. Carpenter
Catherine Graham
Catherine Graham
Zachary Fraser
Zachary Fraser
Martina Queen
MARTINA QUEENTH
Alison Rowland Ciszek
ALISON ROWLAND CISZEK
Barbara Jean Collins
DONALD Edelheit
Donald Edelheit
Melissa Edelheit
Melissa Edelheit
Paul Davis
PAUL DAVIS
Kathryn Arks/Renk
KATHRYN ARKS/RENK
James Cooper
JAMES COOPER
David T. Turner
DAVID T. TURNER
Molly Rowland
MOLLY ROWLAND
Nancy Kleber
NANCY KLEBER

incarcerated people are over age 50, and over 80 people are over age 70, expanding the eligibility criteria for Compassionate Release offers a critical mechanism to responsibly and humanely reduce the aging population in carceral settings.

Fiscal Responsibility: Saving Taxpayer Money

Beyond its humanitarian mandate, Compassionate Release represents sound fiscal policy. Hawai'i spends approximately \$112,055 annually to incarcerate a single person. These costs escalate dramatically - and often without public benefit - when managing elderly or gravely ill individuals. For example, a single incarcerated person's medical care has cost the Department of Corrections and Rehabilitation over \$2 million in just a few months. As incarcerated individuals do not qualify for health care insurance, their release to community care via compassionate release under parole supervision will result in substantial savings for taxpayers.

Public Safety Remains Paramount

Public safety is protected under the proposed Compassionate Release process. Release will occur only after careful review against established standards, strict eligibility requirements, and judicial or administrative oversight. Moreover, research consistently confirms that incarcerated people over 50 represent the lowest risk group to community safety, with recidivism dropping to virtually zero percent after the age of 65.

Reducing Racial Disparities: Native Hawaiians and Pacific Islander communities are disproportionately impacted by incarceration in Hawai'i. Consequently, the passage of the proposed Compassionate Release will have a positive and significant impact on these communities, facilitating greater access to community-based care and allowing families to reunite during critical and final moments of life.

Mitigating the Impact on Staff

Hawaii's Department of Corrections and Rehabilitation is experiencing a corrections staff vacancy rate of 28%. Over 75% of staff reported feeling emotionally drained. The shortage of medical staff severely limits their ability to meet the complex needs of patients with terminal illnesses or serious, debilitating chronic conditions. Implementing Compassionate Release will directly reduce the burden on corrections staff and alleviate the strain on overcrowded medical units.

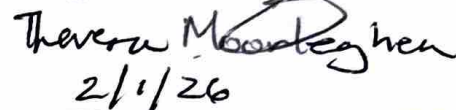
For these reasons, we respectfully request your full support in passing SB2688 and HB1628 Relating to Compassionate Release.

Thank you for your time, attention and commitment to this important public policy. We stand ready to provide any additional information and



Dan Carpenter

2/1/26



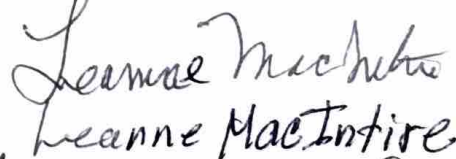
Theresa Monteghen
2/1/26



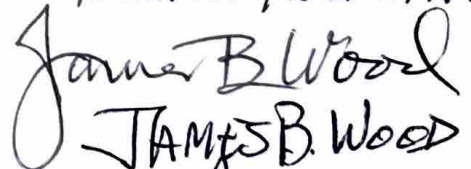
Janice Davis



Marie Anne



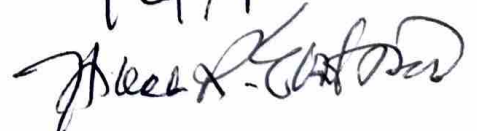
Leanne MacIntire



JAMES B. WOOD



Kef Auaua



Hilka R. Easter

support necessary to ensure Compassionate Release is enacted into law in 2026.

Please see our signatures in the right column of our letter.

Melany Melakea Melany Melakea

Kimberly Towler Kimberly Towler

Irina Martikainen Irina Martikainen

Cathy Larson Cathy Larson

Crystal Neva Crystal Neva

Margaret (Peg) Neva Margaret (Peg) Neva

Kristin Witcher Kristin Witcher

Pierre Kleiber Pierre Kleiber



First Unitarian Church of Honolulu

2500 Pali Highway, Honolulu, HI 96744

February 23, 2026

Dear Senators and Representatives of the Hawai'i Legislature:

We write to urge your support for SB 2688 and HB 1628, which relate to Compassionate Release. The proposed legislation offers a critical and long-overdue mechanism for incarcerated individuals who are terminally ill, and have serious, chronic, and debilitating medical conditions, the opportunity to spend their final days in the community with dignity and appropriate care, while still remaining under parole supervision.

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The passage of this bill would fundamentally improve the compassionate release process in Hawai'i. It will ensure the faster release for incarcerated persons who are terminally ill, have chronic debilitating conditions or suffer from cognitive impairments that render them unaware of their punishment and eliminate any reasonable public safety risk.

The current practice restricts the initiation of compassionate release to Department of Corrections and Rehabilitation staff. The new bill will allow applications to be initiated by an incarcerated person, an attorney, a family member, or another person who is assisting the incarcerated person in navigating this vital compassionate release process.

Crucially, the proposed bill mandates that the Department of Corrections and Rehabilitation and the Hawaii Paroling Authority act on Compassionate Release applications within a specific, mandatory timeframe. These deadlines are essential to providing meaningful Compassionate Release, given the often short and unpredictable window between diagnosis and death for many individuals.

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Addressing the Crisis of an Aging Population

Compassionate release is a necessary response to the growing crisis of an aging population within Hawaii's correctional facilities. With over 1000 incarcerated people are over age 50, and over 80 people are over age 70, expanding the eligibility criteria for Compassionate Release offers a critical mechanism to responsibly and humanely reduce the aging population in carceral settings.

DIGNITY FOR FINAL DAYS: Establishing Hawaii's Compassionate Release Law, p. 3

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Beyond its humanitarian mandate, Compassionate Release represents sound fiscal policy. Hawai'i spends approximately \$112,055 annually to incarcerate a single person. These costs escalate dramatically - and often without public benefit - when managing elderly or gravely ill individuals. For example, a single incarcerated person's medical care has cost the Department of Corrections and Rehabilitation over \$2 million in just a few months. As incarcerated individuals do not qualify for health care insurance, their release to community care via compassionate release under parole supervision will result in substantial savings for taxpayers.

Public Safety Remains Paramount

Public safety is protected under the proposed Compassionate Release process. Release will occur only after careful review against established standards, strict eligibility requirements, and judicial or administrative oversight. Moreover, research consistently confirms that incarcerated people over 50 represent the lowest risk group to community safety, with recidivism dropping to virtually zero percent after the age of 65.

Reducing Racial Disparities: Native Hawaiians and Pacific Islander communities are disproportionately impacted by incarceration in Hawai'i. Consequently, the passage of the proposed Compassionate Release will have a positive and significant impact on these communities, facilitating greater access to community-based care and allowing families to reunite during critical and final moments of life.

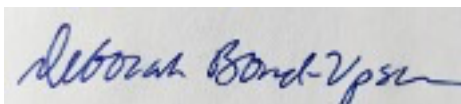
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Hawaii's Department of Corrections and Rehabilitation is experiencing a corrections staff vacancy rate of 28%. Over 75% of staff reported feeling emotionally drained. The shortage of medical staff severely limits their ability to meet the complex needs of patients with terminal illnesses or serious, debilitating chronic conditions. Implementing Compassionate Release will directly reduce the burden on corrections staff and alleviate the strain on overcrowded medical units.

For these reasons, we respectfully request your full support in passing SB2688 and HB1628 Relating to Compassionate Release.

Thank you for your time, attention and commitment to this important public policy. We stand ready to provide any additional information and support necessary to ensure Compassionate Release is enacted into law in 2026.

In faith,

A handwritten signature in blue ink, reading "Deborah Bond-Upson". The signature is written in a cursive, flowing style.

Rev. Deborah Bond-Upson

HB-1628-HD-1

Submitted on: 2/23/2026 11:32:59 PM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristen Young	Faith Action for Community Equity	Support	Written Testimony Only

Comments:

Aloha, I submit this testimony in strong support of HB1628 relating to compassionate release which recognizes that people who are elderly, terminally ill, or severely incapacitated often no longer pose a threat to public safety. Continuing to incarcerate them causes unnecessary suffering and places a heavy financial burden on the State, particularly given the high cost of medical care in correctional settings.

This bill reflects Hawai'i's commitment to dignity, fairness, and the values of aloha and ohana. It allows families to care for loved ones during their final stages of life while maintaining appropriate safeguards.

I was surprised to learn that Hawai'i is the only state in the nation without a compassionate release law. It is past time to end the cruelty. I respectfully urge you to pass HB1628 relating to Compassionate Release.

Mahalo,
Kristen Young
Honolulu, HI 96813



February 24, 2026

Hawaii State Legislature
Rep. David Tarnas, Chair
Rep. Mahina Poepoe Vice Chair

Support for SB 2688- Relating to Compassionate Release

Aloha Chair Tarnas, Vice Chair Poepoe and Members of the Committee,

My name is Jamee Mahealani Miller, Co-Executive Director of 'Ekolu Mea Nui, and I write in strong support of **HB 1628** relating to compassionate release.

Compassionate release is a matter of dignity and justice. Incarcerated individuals who are elderly, terminally ill, or permanently incapacitated pose little public safety risk, yet many remain imprisoned, suffering unnecessarily and separated from 'ohana. It is well documented that incarcerating elderly individuals costs two to three times more than incarcerating younger people, largely due to medical care. Therefore, without a corresponding public safety benefit.

For Native Hawaiians, this harm is compounded. Our people are disproportionately incarcerated, and incarceration severs essential connections to 'ohana and 'āina relationships that are central to healing, accountability, and closure. Allowing compassionate release honors cultural values that center care for elders, kuleana to family, and respect for life.

HB 1628 provides a humane, data-driven approach that reduces unnecessary suffering and costs while affirming that accountability and compassion can coexist.

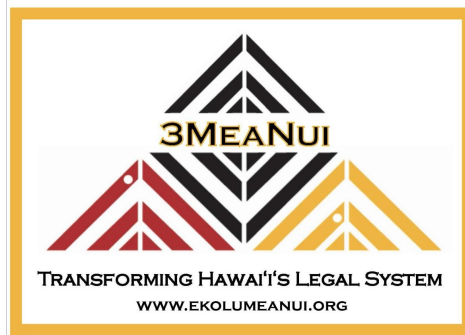
Mahalo for the opportunity to submit testimony in support of HB 1628. I respectfully urge the Committee to pass this measure.

Me ka ha'aha'a,

Jamee Mahealani Miller

Dr. Jamee Mahealani Miller
Co-Executive Director
'Ekolu Mea Nui
jamee@ekolumeanui.org

(808)430-3380



February 24, 2026

**TESTIMONY IN SUPPORT OF HB 1628 H.D1
Relating to Compassionate Release**

Committee: House Committee on Judiciary & Hawaiian Affairs

Hearing Date: Wednesday February 24, 2026

Time: 2:00 pm

Submitted by: Brytni Kaleionaia K-aloha

Position: STRONG SUPPORT

Aloha Chair Tarnas, Vice Chair Poepoe, and Members of the Committee,

My name is Brytni Kaleionaia K-Aloha, and I submit this testimony **in strong support of House Bill 1628 H.D.1 from a Native Hawaiian wahine.**

As Native Hawaiians, we believe deeply that a person's final days are sacred. Our people deserve the opportunity to come home, to pass with dignity, surrounded by love, prayer, cultural practice, and the presence of land and family. Healing happens through touch, through chant, and through the presence of ancestors with the embrace of loved ones. When someone is nearing the end of their life, these connections matter even more. No one should spend their last moments in a prison cell, separated from their 'ohana, their 'āina, and their culture. For many Native Hawaiian families, incarceration has already caused generations of harm and separation. Allowing compassionate release does not erase accountability. Instead, it affirms humanity. It recognizes that justice must also include mercy. It acknowledges that restoration and dignity are values we hold as a lāhui. I respectfully urge the Committee to pass HB1628 HD1.

Mahalo for the opportunity to testify,

A handwritten signature in black ink, appearing to read "Brytni", is written over a light blue horizontal line.

Brytni Kaleionaia K-aloha

Co-Executive Director of 'Ekelu Mea Nui



TESTIMONY OF HAWAII FRIENDS OF RESTORATIVE JUSTICE IN STRONG SUPPORT OF HB 1628 HD1

Relating to Compassionate Release

Hawai'i Friends of Restorative Justice (HFRJ) strongly supports HB 1628 HD1. Hawai'i is the [only state in the nation without a compassionate](#) release protocol, which this bill corrects.

National Research Supports This Reform

[National reviews of compassionate release](#) laws across all 50 states show that most existing programs are rarely used, limited by restrictive eligibility criteria, procedural complexity, and inconsistent decision-making. These barriers prevent seriously ill and aging individuals from being fairly considered for release. HB 1628 HD1 responds directly to these lessons: it establishes clear medical eligibility criteria, requires proactive identification of eligible individuals, and ensures timely, individualized review. Eligibility now expressly includes incarcerated people whose medical needs require a complexity of treatment or level of care that DCR is unable to provide on a long-term basis, an important and practical addition.

Fiscally Sound and Consistent with Public Safety

Hawai'i spends significant public resources incarcerating elderly and medically frail individuals, often incurring extraordinarily high medical expenses without a corresponding public benefit. The aging and seriously ill are among the most expensive people to incarcerate, and they are also the least likely to reoffend. Prisons are poorly equipped to provide long-term or end-of-life care. Compassionate release is not leniency, it is fiscal responsibility. The HD1 amendments, including the requirement of 48-hour notice to prosecutors before administrative hearings, give affected parties a meaningful opportunity to share any concerns.

Eligibility Must Not Be Undermined by Offense-Based Exclusions

Compassionate release exists to address serious illness, cognitive decline, and terminal conditions that arise after sentencing. These conditions are not part of the original punishment, as recognized in federal law and sentencing policy. Objections based on an individual's original offense, or on mandatory minimum or life-without-parole sentences, create needless barriers that undermine the very purpose of the measure. The Hawai'i Paroling Authority is the appropriate body to assess risk case by case and its judgment must not be pre-empted by categorical offense-based exclusions. Because of their physical and cognitive state, individuals granted compassionate release do not pose a public safety risk.

HB 1628 HD1 is fiscally responsible, grounded in evidence, and a matter of basic human dignity. We respectfully urge passage.

Mahalo for your public service and this opportunity to submit testimony.

Lorenn Walker, JD, MPH
Director, Hawai'i Friends of Restorative Justice
lorenn@hawaiiifriends.org • 808-218-3712

HB-1628-HD-1

Submitted on: 2/24/2026 12:50:09 PM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shelby "Pikachu" Billionaire	Kingdom of Hawaiian islands & Ohana Unity Party	Support	Remotely Via Zoom

Comments:

****Testimony in STRONG Support of HB1628 HD1********Relating to Compassionate Release****

Aloha Chair and Members of the Committee,

Mahalo for the opportunity to testify in ****STRONG SUPPORT**** of ****HB1628 HD1****. This bill establishes a clear, humane, and expedited protocol for compassionate release in HRS Chapter 353, allowing seriously ill or debilitated incarcerated persons to be considered for release to community settings before sentence expiration—due to terminal illness, debilitating/irreversible conditions, inability to participate in rehabilitation or comprehend punishment, or unmet complex medical needs better managed outside prison.

Key Highlights of HB1628 HD1 -

****Broad Eligibility****: Applies to ****all incarcerated persons****, including those serving mandatory minimums or life without parole (no exclusions).

- ****Affirmative Duty on Director****: Ongoing identification and referral of qualifying individuals; department assists with applications and release plans (medical/physical needs).

- ****Timely Process****: Director submits applications (with recommendation) within ****15 business days****; authority holds hearing within ****10 business days****; notice to prosecutor 48 hours prior.

- ****Release Standard****: Authority ****must grant**** release unless criteria unmet or unreasonable public safety risk. No appeal on denial; reapplication only with significant change.

- ****Conditions & Revocation****: Reasonable conditions set; revocation considers medical/mental/cognitive factors; 6-month bar on reapplication post-revocation absent change.

- ****Transparency & Reporting****: Annual public reports from department and authority on applications, decisions, demographics (race/ethnicity, age, gender), timelines, delays, and revocations.

- **Implementation**: Working group (DCR, HPA, HCSOC, formerly incarcerated expert, attorney, subject-matter expert) develops rules by late 2027.

Why This Bill Is Essential – Stats & Realities in Hawai‘i Hawai‘i's prisons struggle with an aging, medically complex population amid inadequate end-of-life care. Compassionate release is compassionate, fiscally smart, and aligns with mālama and pono values—especially for overrepresented Native Hawaiians.

- **Aging Population Crisis**: As of mid-2025, **996** incarcerated people aged **50+** (including **80+** aged **70+**). Elderly inmates (55+) represent **~16–20%** of the population nationally, but Hawai‘i's facilities are not equipped for chronic care, leading to higher costs and suffering.

- **Disproportionate Impact on Native Hawaiians**: Native Hawaiians comprise **35–40%** of the incarcerated population (despite being

~10% of state residents). They face higher health burdens (e.g., diabetes, heart disease) and are disproportionately affected by out-of-state transfers or delayed care. Compassionate release could reduce inequities and allow families to care for kūpuna in community.

- **Health & Cost Burdens**: Elderly inmates cost **2–3×** more than younger ones due to medical needs. Prisons lack hospice/end-of-life infrastructure; compassionate release shifts care to community settings, saving taxpayer dollars while upholding dignity.

- **Public Safety Evidence**: Federal and state data show **recidivism drops dramatically** for older released inmates (near-zero for serious crimes in studies of elderly/long-term releases). Older prisoners are the **least dangerous** group—compassionate release poses minimal risk.

- **Current Gaps**: Hawai‘i is among few states without a statutory compassionate release mandate; existing policy is limited, leading to inconsistent outcomes. Bills like this (supported by HCSOC priorities) respond to calls for reform amid aging trends. I have testified strongly on multiple justice/health-related bills this session (e.g., OHA package, PLT funding). HB1628 HD1 promotes humanity, equity (especially for Native Hawaiians), fiscal responsibility, and public safety by ensuring timely, fair consideration for those dying or severely debilitated behind bars. Pass HB1628 HD1 without weakening amendments. Let us act with aloha and justice for the vulnerable.

Mahalo nui loa for your kuleana. Imua!

Respectfully submitted,

Pikachu Shelby “Pikachu” Billionaire HRM Kingdom of The Hawaiian Islands H.I. Ohana Unity Party, Chairman – www.Ohanaunityparty.com



Re: HB1628 Relating to Compassionate Release

Dear Chair Tarnas, Vice Chair Poepoe, and Committee Members,

Thank you very much for the opportunity to testify about HB1628 relating to compassionate release. My name is Molly Crane, and I am an attorney at FAMM. FAMM is a non-profit, non-partisan organization that works to create a more fair and effective justice system that respects individual accountability and dignity while keeping our communities safe.

For over 25 years, FAMM has worked on compassionate release in research and policy. We have studied every program in the country at the state and federal level, and assisted with strengthening these programs so they reduce the strain on correctional systems. Over the last year, we are grateful to have collaborated closely with agencies, nonprofits, staff, and families who identified the need for compassionate release reform in Hawai'i, and **we write in strong support of HB1628.**

I. Purpose of Compassionate Release

Compassionate release describes programs created by lawmakers that allow people who are incarcerated to be considered for release for medical reasons. These programs are uniquely important when people are:

- Too ill or cognitively impaired to be aware of punishment;
- Too sick to participate in rehabilitation; or
- Too functionally compromised to pose a risk to public safety.

Compassionate release is best practice and exists in 49 states, the District of Columbia, and the federal system because lawmakers recognize that people who are critically ill are the most expensive to incarcerate, the most burdensome to care for, and the least likely to recidivate.

Fiscal Impact

Housing medically complex patients in prison is uniquely costly for the state. In 2023, the Department of Corrections and Rehabilitation (DCR) reported an operating cost of healthcare alone of \$33,271,024, a significant increase from 2022.¹ Direct costs include specialty appointments, medical equipment, non-formulary prescriptions, labs and imaging, surgeries, Medevac flights, emergency room admissions, and hospitalizations. There are also indirect costs, including transportation to and from appointments, and extensive overtime pay for corrections officers who must accompany incarcerated individuals 24/7 when off-site for care. Examples of the additional costs of critically ill incarcerated individuals in Hawai'i include:

- Gurney transport and security movement, costing approximately \$4,000 per patient per week for patients requiring frequent off-site care, or \$208,000 per person per year;

- Medication costs for complex patients, costing approximately \$20,000 per patient per month, or \$240,000 per person per year;
- Hospitalizations and emergency department transfers, conservatively costing \$50,000–\$150,000 per patient per year, with far higher costs for inpatients needing ICU-level admissions;
- Medevac flights, costing approximately \$20,000–\$30,000 per flight between islands and \$90,000–\$200,000 per flight from Arizona to Hawai'i, depending on urgency and in-flight needs; and
- Additional staffing costs (such as nursing labor diverted to total-care demands, overtime/coverage impacts, and additional custody staffing for escort/supervision), adding approximately \$150,000–\$300,000 per year for a single high-needs patient, depending on acuity and frequency of outside care.

The average cost of housing an incarcerated person in Hawai'i is \$307 per day or \$112,055 per year. For those eligible for compassionate release, the estimated total annual taxpayer cost per high-acuity, medically complex incarcerated patient is six to eight times higher at \$650,000 to \$900,000 per year, even before accounting for the opportunity-cost of what that same staffing and funding could provide elsewhere in the system. Compassionate release alleviates the outsized financial strain of a small number of patients on the correctional system and the state.

Care Burden

People with critical illnesses require extensive care that correctional systems are not designed to provide. This includes daily care, such as administering medical treatments, and additional non-medical treatment such as changing diapers, spoon feeding, and cleaning up vomit. When medical providers are already stretched thin, providing this ambulatory care takes them away from operating at the level of their medical license, which their other patients in custody desperately need. Further, those with incurable conditions require long-term housing in prison infirmaries, taking space away from people who may need temporary care, such as after an injury or with a transmittable infection.

Patients with complex medical needs often require an acute level of care beyond what the facility can provide. This means they need many specialist, treatment, and medical testing appointments off-site. Every off-site appointment requires scheduling and coordination from medical staff and supervision from two correctional staff. People who are terminally ill or incapacitated are often on the verge of an emergency, necessitating rapid hospitalizations that are stressful for both staff and the correctional system.

The burden of providing care for people who are critically ill with the most resource-intensive demands takes a toll on staff. In Hawai'i, the staffing vacancy rate is nearly 30%.ⁱⁱ The deteriorating health of people who are dying in prison is also harming staff health - staff surveys found that over 60% of corrections staff developed a serious health condition due to job stress.ⁱⁱⁱ Further, providing supervision for people who are dying in front of your eyes takes an emotional



toll. Over 75% of corrections staff feel emotionally drained.^{iv} Compassionate release reduces the logistical, care, and emotional burden on staff and systems.

Public Safety

The elderly and those with critical illnesses are the least likely to recidivate. Research makes clear that people age out of crime. Prison populations around the country today are graying. Elders above the age of 55 people make up five times as much of the prison population as they did three decades ago, and in Hawai'i, DCR houses 996 people 50 years of age or older, and over 80 incarcerated persons who are 70 or more years old.^v In contrast to the overall recidivism rate in Hawai'i of 54%, research shows that for people who are 55 and older, recidivism is just 2%, and for people 65 and older, the recidivism rate drops to nearly 0%.^{vi}

On top of the downward trend of recidivism with age, people eligible for compassionate release are often physically and cognitively incapacitated – unable to move their arms and legs, unable to feed themselves, and even unaware of who they are and where they are. Compassionate release protects public safety by allowing those whose risk of recidivism is lowest, yet whose cost and care burden is highest, to be considered for release.

II. Best Practices and HB1628

Hawai'i is the only state in the country whose compassionate release program is not governed by statute. HB1628 can transform Hawai'i from an outlier in compassionate release to a leader. Many sections in HB1628 are notable for their alignment with best practices and model provisions – several are discussed below.

Eligibility Criteria

Compassionate release programs can meet their stated goals of protecting public safety and lessening the strain on taxpayers when eligibility criteria are medically rooted. Every state in the country includes significant diagnoses, terminal illness, cognitive decline, and/or care the facility is unable to provide as eligibility criteria. HB1628's criteria have been thoughtfully designed in partnership with local medical specialists to ensure that providers who must carefully assess individuals for eligibility have clear guidance as to whether an individual's diagnoses qualify under the statute.

HB1628's eligibility criteria in allowing anyone who meets the medical criteria to be considered for release are also best practice. The majority of states where Parole Boards make compassionate release decisions treat people serving mandatory and/or life without the possibility of parole (LWOP) sentences as eligible for consideration. This is because states all across the country recognize that this population is most costly and burdensome, and least likely to recidivate, and this is true irrespective of the sentence or conviction.



Criminal legal systems recognize retribution as a purpose of punishment and factor it in at sentencing. Compassionate release addresses circumstances that have developed since sentencing. This includes severe cognitive decline rendering an individual no longer capable of understanding retribution, and incapacitation such that an individual is incarcerated inside the confines of their own body. Further, HB1628 provides ongoing parole supervision of individuals granted compassionate release.

Rather than exclude classes of people, well-designed programs assess the risk of present threat by building a public safety screen into the assessment and decision-making processes, as is the case in HB1628. The best programs arm the decision-maker with the information, standards, and discretion needed to make informed judgments. Categorically prohibition of classes of people, rather than individualized consideration, defeats the humanitarian purposes and fiscal benefits of compassionate release.

Without a functional compassionate release pathway—including for those with life without parole and with mandatory minimums —Hawai’i will increasingly operate a correctional system that is forced into the role of a long-term care provider, at extraordinary cost, with staff and funding pulled away from urgent needs like psychiatric crisis response and suicide prevention.

Application Process

Compassionate release recognizes that individuals with significant health impairments may need support engaging with the process. Those with serious medical conditions often find compassionate release processes cognitively complex, feel too weak to apply, or lack the physical capabilities to move their hands to write.

Across the country, states recognize the vital role of medical staff, corrections officials, family, counsel, and other incarcerated people in identifying people who may be eligible. HB1628 includes a thorough review process and gives the DCR Director’s authority to hold any clearly frivolous requests. HB1628 ensures that the compassionate release process is accessible to people with impairments; allows stakeholders who are most familiar with an individual’s decline, such as medical staff and those housed alongside people who are sick to participate; and safeguards against missing eligible individuals by requiring the department to promptly identify persons who meet the bill’s medical criteria. This robust identification process fulfills the bill’s central purpose of reducing the burden on DCR and the state by ensuring that the sickest and most incapacitated people in custody can be considered for release.

Decision-Making Timeline

Compassionate release involves situations that require timely consideration. Those with critical and terminal illnesses are often in precarious health, with rapid downturn and death possible at a moment’s notice. Delays prolong suffering and frustrate program goals. Best practices include straightforward processes and deadlines for decision-making.



HB1628 appropriately streamlines the steps and stakeholders in DCR and the Hawai'i Paroling Authority (HPA) involved in the compassionate release process. HB1628 further sets clear timelines for each step of the process, preventing the delays in assessing people that lead to deaths in custody before the reviewing and decision-making are completed. When the number of deaths in DCR custody has risen significantly, with nearly 8 times as many deaths in custody now than there were in 1990, this bill ensures that the decision-making process coheres with the inherent urgency of compassionate release in considering those who are deteriorating or nearing death.^{vii}

Data Collection and Public Reporting

Transparency is critical to ensuring a compassionate release program works as intended. Data collection and reporting help lawmakers and the public to assess whether the program meets the legislature's objectives. The metrics in HB1628 from DCR and HPA align with best practices and will provide a comprehensive picture of the compassionate release program's congruence with the legislature's intent.

III. Impact of HB1628

In addition to the cost savings for taxpayers, the burden alleviation for corrections, and the promotion of public safety, HB1628 will have meaningful impacts on the lives of Hawaiians. Native Hawaiians are disproportionately represented among the incarcerated population. Whereas Native Hawaiians represent 10% of the population in Hawai'i, they represent 44% of pa'ahao (incarcerated individuals).^{viii} This longstanding crisis for Hawaiians disrupts pono (righteousness) and the perpetuation of ola (healing) through the strength of Hawaiian 'ohana (family).^{ix} Compassionate release is rooted in humanitarian principles and aligned with Native Hawaiian values of aloha, mālama (care), and kuleana (responsibility to one another).^x Compassionate release provides a pathway to address the significant overrepresentation of Native Hawaiian pa'ahao.

Individuals and families, along with taxpayers and the correctional system, experience the barriers created by the lack of this bill. For example, Paul was a Vietnam War veteran who developed multiple sclerosis while incarcerated. The disease gradually progressed to the point where Paul's muscles atrophied, his feet curled, he lost control of his bowels and bladder, and he could only move his right arm a few inches. He was unable to even hold a telephone handset to his ear so he could to speak to his only daughter when she called. He had a urinary catheter and diapers, and had to be turned frequently to prevent bed sores. He was a full-time resident of the infirmary, and when the staff changed his bedding, they had to raise him up on a sling while the fresh bedding was put on. He had to be fed by hand, sponge bathed. He often choked his food, he could not wipe his nose when it ran, and his diapers had to be changed regularly. His care was tremendously time-intensive for medical staff, and painful for staff to see his condition. It was scary it was for his daughter to know of his decline and be unable to take care of him while he was incarcerated. Because of the barriers in the process, it took over a year for Paul to be granted



compassionate release, and by the time he was home, he was barely alive enough to see his daughter's face again.

For Maria, a Native-Hawaiian woman who developed kidney failure due to diabetes, both of her legs had been amputated below the knee and she needed dialysis 3 times a week. This meant that two correctional officers had to take her to dialysis outside of the facility, spending time driving to and from, and waiting 3-4 hours each time for the dialysis to be completed. This took correctional officers away from their important duties at the facility, leaving other officers short staffed and increasing the stress staff experience.

Over the course of FAMM's collaboration with agencies in Hawai'i, we have personally visited Halawa Correctional Facility on numerous occasions. In October, I visited on a Monday and I saw a gentleman laying in the only hospice room in the entire facility. His temples were concave because of his complete deterioration. The lone hospice room is on the psychiatric wing of the prison, where people experiencing mental health crises were yelling and banging on the cells, which was not a peaceful place for this gentleman's final breaths. Even though he had family to support him and medical staff did everything they could to move him through the process in time, by the time I returned to Halawa that Wednesday, he had passed. His family and the medical staff hope that this effort can in some small way honor his life, and prevent this from happening again.

Thank you for your leadership in introducing this bill, and for the opportunity to testify in support. FAMM respectfully urges the legislature to pass HB1628, which reduces costs, supports staff, provides dignity, and protects public safety.

Thank you,

Molly Crane
FAMM
Mcrane@famm.org
(202) 822-6703



ⁱ Department of Public Safety, “FY 23,” n.d., https://budget.hawaii.gov/wp-content/uploads/2021/12/25.-Department-of-Public-Safety-FY-23-SUPP.Mn5_.pdf.

ⁱⁱ Hawai‘i Public Radio, “Hawai‘i still struggling to fill correctional officer vacancies,” January 9, 2026, <https://www.hawaiipublicradio.org/local-news/2026-01-09/hawaii-continues-to-struggle-filling-correctional-officer-vacancies>.

ⁱⁱⁱ Hawaii Correctional System Oversight Commission, “Correctional Staff Survey, Findings, & Recommendations,” January 22, 2025, <https://hcsoc.hawaii.gov/wp-content/uploads/2025/01/Correctional-Staff-Survey-Findings-and-Recommendations-FINAL-1.pdf>.

^{iv} Hawaii Correctional System Oversight Commission, “Correctional Staff Survey, Findings, & Recommendations,” January 22, 2025, <https://hcsoc.hawaii.gov/wp-content/uploads/2025/01/Correctional-Staff-Survey-Findings-and-Recommendations-FINAL-1.pdf>.

^v Prison Policy Initiative, “The Aging Prison Population: Causes, Costs, And Consequences,” August 2, 2023, <https://www.prisonpolicy.org/blog/2023/08/02/aging/>.

^{vi} Interagency Council on Intermediate Sanctions, “State of Hawaii 2019 Recidivism Update,” March 2021, <https://icis.hawaii.gov/wp-content/uploads/2021/05/2019-Hawaii-Recidivism-Update.pdf>; Vera Institute of Justice, “Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations,” December 2017, <https://vera-institute.files.svdcn.com/production/downloads/publications/Using-Compassionate-Release-to-Address-the-Growth-of-Aging-and-Infirm-Prison-Populations%E2%80%94Full-Report.pdf?dm=1568745464>.

^{vii} Estimates provided by the Hawaii Correctional System Oversight Commission.

^{viii} Prison Policy Initiative, “Hawaii Profile,” n.d., <https://www.prisonpolicy.org/profiles/HI.html>.

^{ix} Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.

^x Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.

COMMUNITY ALLIANCE ON PRISONS

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Today's Inmate; Tomorrow's Neighbor



COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Representative David Tarnas, Chair

Representative Mahina Poepoe, Vice Chair

Wednesday, February 25, 2026

2:00 PM

Room 25 and VIDEOCONFERENCE

STRONG SUPPORT FOR HB 1628 HD1 – COMPASSIONATE RELEASE

Aloha Chair Tarnas, Vice Chair Poepoe and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for almost three decades. This testimony is respectfully offered on behalf of the 3,669 Hawai'i individuals living behind bars¹ and under the "care and custody" of the Department of Corrections and Rehabilitation on February 16, 2026. We are always mindful that 797 of Hawai'i's imprisoned male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons appreciates the opportunity to express our **strong support for HB 1628 HD1**, a bill that considers the humanity of every incarcerated person. This is something that has been missing in our correctional system that consistently reminds the incarcerated individual of

¹ DCR Weekly Population Report, February 16, 2026

[Pop-Reports-Weekly-2026-02-16.pdf](#)

their conviction. Despite the name change, the system still believes in punishment over rehabilitation.

This bill centers the humanity of an individual who is suffering from a devastating terminal illness that is irreversible and which requires a complexity of treatment or a level of care that the DCR admits they cannot provide on a long-term basis. The care for many of these individuals would otherwise be more appropriately managed in a community setting.

Some of the people that Hawai'i's Angel of Mercy, Bob Merce, has been working with are so cognitively impaired that they don't even know where they are and some even think they are waiting for their families to pick them up. This is inhumane and does NOT comport with Hawai'i's community value of caring for each other.

The community has been working for a long time to pass a law that would allow compassionate release for persons unable to access the treatment they need while incarcerated. Hawai'i is the only state without a compassionate release law. How shameful is that? Those of us who have loved ones incarcerated and suffering from a devastating illness in prison – alone without their loved ones – know the horror of watching someone they love nearing the end of life without support and compassion. How scary.

As a person who has cared for several people nearing the end of their lives, I can tell you that the experience of watching someone die a painful death is excruciating. In 2007 I was caring for a friend who was staying with us until he became too ill and went into the hospital where it was determined that there was nothing they could do for him. During conference committee that year, CAP had many bills being decided, but our love and compassion for our friend, Joe, compelled us to leave Hawai'i to be with him in Florida where we rented a house with a pool as a way for him to relax a bit. He was pretty immobile and in lots of pain and the pool was a respite for him. After his family and Henry and I met with a nurse from hospice, we visited the hospice facility she recommended and spoke to the staff there. We then told our friend about the facility and asked him if that would be OK. Joe trusted us and knew that we had met with doctors and nurses there to ensure that he would be treated respectfully. He was comforted that we checked it all out for him then decided that was where he would go. We discussed end of life thoughts with him and how he wanted to leave this world. We left and flew home and got back to the legislature when he was admitted into hospice care.

Joe died a few days after that and we spoke with his family to hear his last words of love and appreciation for our friendship. THAT IS COMPASSIONATE CARE. THAT IS WHAT CONCERN FOR A FELLOW HUMAN BEING LOOKS LIKE. THIS IS WHAT EASING THEIR TRANSITION TO THE NEXT REALM IS ALL ABOUT.

There was after the informational briefing on October 6, 2025 when both DCR and HPA, who worked on the first version of this bill with advocates, declared their support for the bill. We were then appalled at the PBS testimony of the Director of DCR who exhibited no compassion and no concern for another human being going through excruciating pain. This sadly speaks volumes about the state of our correctional system and how the people in DCR's care and custody are viewed and treated. This informational briefing revealed why health care in prison is at a crisis level. One gentleman's care required \$2 million dollars and another person's medication required \$900,000, which basically exhausted Department of Corrections and Rehabilitation (DCR) medication budget.

We became aware of this through letters and calls from people inside and their families outside. And then Community Alliance on Prisons anonymously received an internal memo stating that the medication budget was exhausted, leaving other incarcerated people without their medications. What struck us was that people inside who were left without their medications were more concerned about people who needed psychotropic medications and were not receiving them. In Saguaro, they played games with people needing medications that left most folks with nothing. Families were freaking out, and so was CAP. We were powerless to help our incarcerated neighbors and their families.

Medical care is a constitutional right for people in the care and custody of the state. Instead the state, led by the DCR, is spending millions of dollars on building a new OCCC (over the wide objections of communities) and enriching **consultants** who, along with DCR, **did not even perform their due diligence** and failed to see that the **parcel of land** for the proposed new OCCC in Halawa **was not available because the Department of Agriculture did not receive money to move the Animal Quarantine Station**. Consultants made millions of dollars and never acknowledged this major problem; neither did DCR. This sloppy and embarrassing performance by highly-paid consultants illustrates that they are only interested in their remuneration and

shows how little the department actually cares about mis-using the community's hard-earned tax dollars.

HB 1628 HD1 is about compassion and caring for people nearing the end of their lives. It has nothing to do with the crime that landed them in prison. Prison was the punishment they received. It centers humanity and compassion. Now as they approach death's door, is there no way that the Department of Corrections and Rehabilitation can find even an ounce of compassion? All they could talk about was the crime that landed this soul in prison. It takes a certain kind of inhumanity to act this way and explains why of the 15 deaths in the last two years, 8 were suicides. As Civil Beat reported² on February 16, 2026 *"By comparison, U.S. Department of Justice data shows suicides accounted for on 8% of all state and federal prisons across the country in 2019, which is the most recent data available on suicides in prisons."* The DCR Director even said to the PBS committee last year that if someone wanted to commit suicide, there was not much the department could do.

What will it take for the government to do something about the crisis in our correctional system? We need real HUMAN leadership – not just punishment machines that care little for the people in their care and custody.

Personally, I hope that none of you ever has to go through this kind of pain for yourselves or for someone you love. The horror never leaves you, but it can make you a better human who values every life.

Community Alliance on Prisons urges the committee to understand that this is the state's constitutional duty to those in their care and custody and passes this important bill - HB 1628 HD1. People are dying because the state and DCR have failed their constitutional duty to care for our incarcerated friends, family, and neighbors. This bill will change this shameful and uncaring performance by the state.

Mahalo for this opportunity to share our decades of experience advocating for incarcerated individuals.

² **String of 'Devastating' Suicides in Hawai'i Prisons Continues**

By Kevin Dayton, February 16, 2026

<https://www.civilbeat.org/2026/02/string-of-devastating-suicides-in-hawaii-prisons-continues/>

Testimony to the
HOUSE COMMITTEE ON JUDICIARY AND HAWAIIAN AFFAIRS

Relating to House Bill 1628 HD1

Relating to Compassionate Release.

February 25, 2026 2:00 p.m. State Capitol, Conference Room 325

Aloha e Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

The Native Hawaiian Legal Corporation (NHLC) offers this testimony in SUPPORT of HB1628 HD1. For more than fifty years, NHLC has served as the only public interest law firm dedicated exclusively to Native Hawaiian rights, working to address the persistent systemic inequities that disproportionately impact Native Hawaiians.

NHLC is a member of Kalana Ola, a coalition committed to strengthening Hawai‘i’s compassionate release and medical review processes. Compassionate release provides a humane and practical means for seriously ill individuals – including Native Hawaiian pa‘ahao – to transition into appropriate community-based care, preserving dignity and pilina with ‘ohana during the final stages of life.

Native Hawaiians remain overrepresented across Hawai‘i’s correctional system. A clear, timely, and functional compassionate release process is essential to ensure that critically ill individuals – including those who are terminally ill, living with debilitating long-term conditions, or experiencing severe cognitive decline – can safely reunite with family and receive care in more appropriate settings.

For these reasons, we urge the committee to consider the following amendments to HB1628 HD1.

1) Restore the term “chronic” in the medical eligibility criteria.

Restoring “chronic” ensures that medical professionals can accurately assess long-term medical conditions using standard clinical terminology. Removing this term creates ambiguity, undermining consistent and medically sound evaluations. Reinstating it

aligns Hawai‘i’s compassionate release framework with national correctional healthcare standards. Importantly, restoring this term does not diminish the Hawai‘i Paroling Authority’s (HPA) discretion. Medical eligibility identifies who may be considered; it does not mandate release.

2) Make the bill effective immediately.

Immediate implementation is essential. Many incarcerated individuals face rapidly progressing or complex medical conditions that require urgent access to community-based care. Delaying the effective date prolongs preventable suffering, risks further medical deterioration, and burdens Hawai‘i’s correctional healthcare system with avoidable, extraordinary expenses. In its findings, HB1628 HD1 stated that while the average annual cost of incarceration in Hawai‘i is about \$112,055, the cost for a medically complex person can reach six to eight times higher – between \$650,000 and \$900,000 annually. Timely implementation prevents this ongoing over-expenditure and allows eligible individuals to enter community settings where Medicaid and other payers can offset costs.

Mahalo for the opportunity to provide written testimony in support of this measure.

‘O wau iho nō me ka ha‘aha‘a,



Kirsha K.M. Durante
Litigation Director



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*"Reducing harm,
promoting health,
creating wellness, and
fighting stigma
in Hawai'i and
the Pacific."*

TESTIMONY IN SUPPORT OF HB 1628, HD 1

TO: Chair Tarnas, Vice Chair Poepoe, & JHA Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: February 25, 2026 (2:00 P.M.)

Hawai'i Health & Harm Reduction Center (HHHRC) **strongly supports** HB 1628, HD 1, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons. This bill expressly assigns the right to initiate an application for compassionate release to the correctional medical staff, a prisoner, or a prisoner's representative, with clear timelines for the Department of Corrections and Rehabilitation (DCR) and the Hawaii Parole Authority to process the applications.

HHHRC has long supported the implementation of a mechanism where the state's correctional authorities are able to reassign prisoners who require a high level of complex and costly medical care into community-based settings that are more conducive to their ongoing medical treatment. Compassionate release also reduces the larger fiscal burden of providing medical care to prisoners who are terminally ill, suffering from debilitating, chronic, or irreversible conditions, cognitively impaired, or have conditions that require a level of care that is more appropriately managed in a community setting. As noted in the bill's findings, the per capita cost of one year of incarceration in state facilities is \$112,055.

HHHRC also supports the data collection and public reporting requirements to help ensure that DCR is implementing the policy. The regular reports from the Coordinator of the [Correctional System Oversight Commission](#) attest to the subpar conditions and operations of the state's carceral facilities.

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those related to substance use and mental health conditions, and have also been deeply impacted by trauma related to histories of physical, sexual, and psychological abuse.

Mahalo for the opportunity to provide testimony.

KA LĀHUI HAWAI‘I

Before the Committee on Judiciary and Hawaiian Affair
Testimony in Strong Support of HB 1628, HD1

Relating to Compassionate Release

Wednesday, February 25, 2026

Aloha Chair Tarnas, Vice Chair Poepoe, and Members of the Committee,

Ka Lāhui Hawai‘i submits this testimony in strong support of HB 1628, HD1, relating to compassionate release.

This measure establishes a clear and structured protocol for the compassionate release of incarcerated persons who are terminally ill, seriously debilitated, or medically incapacitated. It ensures that individuals who no longer pose an unreasonable risk to public safety may be considered for release through a careful and expedited review process.

Hawai‘i currently houses a growing population of aging and medically complex incarcerated persons. The average annual cost of incarceration exceeds \$112,000 per person, while medically high-acuity cases can cost between \$650,000 and \$900,000 per year, and in some cases far more. Continuing to incarcerate people who are dying or severely incapacitated does not enhance public safety and places extraordinary financial strain on the State.

HB 1628 maintains strong safeguards. The Hawai‘i Paroling Authority may grant compassionate release only when medical criteria are met and when the individual does not present an unreasonable risk to public safety. The measure also establishes reporting and transparency requirements to ensure accountability.

Compassionate release reflects Hawai‘i’s values of aloha, kuleana, and mālama. It affirms dignity at the end of life while maintaining public safety. Native Hawaiian and Pacific Islander communities remain disproportionately represented in Hawai‘i’s correctional system, and policies rooted in fairness, humanity, and careful review are essential steps toward addressing these disparities responsibly.

For these reasons, Ka Lāhui Hawai‘i respectfully urges passage of HB 1628, HD1.

Mahalo for the opportunity to testify.

Healani Sonoda-Pale
On behalf of Ka Lāhui Hawai‘i

HB-1628-HD-1

Submitted on: 2/25/2026 2:13:34 PM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald Fujiyoshi	Ohana Ho`opakele	Support	Written Testimony Only

Comments:

Greetings from Hilo, Chair David A. Tarnas, Vice-chair Mahina Poepoe, and members of the House Committee on Judiciary & Hawaiian Affairs.

My name is Ronald Fujiyoshi. I am the treasurer of Ohana Ho`opakele, an organization formed in 1999 with Kupuna concerned about the disproportionate number of Kanaka Maoli incarcerated in the Criminal Justice system. Our organization helped to draft a bill that was signed into law in June, 2012. Act 117 directed the then Department of Public Safety in cooperation with Ohana Ho`opakele and other restorative justice groups to plan for the creation of a Pu`uhonua or Wellness Center on lands owned or controlled by the State with a preference at the Kulani Correctional facility unless a better site is found.

Today I am testifying in full support of HB1628 H.D.1, Relating to Compassionate Release.

Ohana Ho`opakele has been a regular participant in the monthly Hawaii Correctional System Oversight Commission hearings. We regard highly this oversight commission formed by this legislative body with its fine commissioners and staff. We have consistently testified in favor of finding ways to release elderly pa`ahao or incarcerated persons, citing a study by Columbia University that found the recidivism rate for released people 65 years or older to be almost 0 percent.

I learned recently that the State of Hawaii is the only state of the United States of America that does not have a statute related to Compassionate Release. Compassionate Release is just one of the procedures where elderly pa`ahao who qualify for release from incarceration can be given hope for being released back into society to be with their loved ones and supporters to live a fulfilling life. "Prison should not be a death sentence." This was written on a poster in a photo shared in the annual report of the Hawaii Correctional System Oversight Commission. Standing next to this poster were Mark Kawika Patterson, Chair of the oversight commission, and Christin

Johnson, Oversight Coordinator. Ohana Ho'opakele is in complete agreement with this statement—"Prison should not be a death sentence." Releasing more elderly pa'ahao who qualify for release would save the State of Hawaii much needed funds and would work toward cutting down the number of pa'ahao before the question of building another expensive prison in Hawaii is forced upon you legislators.

Mahalo for allowing me to testify in favor of HB1628 H.D.1 on behalf of Ohana Ho'opakele. Our organization would love to help serve in the role of **"incarcerated person's representative"** mentioned in this bill. As written in this bill, **"incarcerated person's representative"** means an attorney, family member, or **other person**, including another incarcerated person, who is assisting the incarcerated person in initiating an application for compassionate release or navigating the compassionate release process.'

HB-1628-HD-1

Submitted on: 2/23/2026 3:08:52 PM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Remotely Via Zoom

Comments:

We have been advocating for this for a long time both as a policy and in individual cases. Case by case, there has been some success but it has been limited. In our dealings the resistance has not always necessarily come from the prison or the Parole Board. It has been a result of the lack of appropriate community placements to transfer the inmates to. We have had cases where the Parole Board has been ready to discharge someone but because of the stigma of having been in prison they experienced difficulty finding a care home that would accept the individual. Some prisoners actually had served their full term plus more time and were kept in the prison infirmary because the alternative would have been to discharge the individual to the street. So, if we are really going to try to solve this problem we need to address the lack of available placements.

As to the substance of the Bill, we note that the current system is very ad hoc and generally depends on the concerted efforts of advocates like Attorney Bob Merce who persistently fights for the release of individuals who would qualify under this Bill. What we mostly like about this bill is that it formalizes the process and creates certain procedural rights and establishes a legal framework to facilitate these efforts. This is key.

From a humane standpoint, this Bill makes perfect sense. What an individual may have done when they were younger and healthier might have no reflection on gauging that person's future conduct when they are old and/or infirm. Moreover, as an economic matter, it is equally compelling. These individuals are likely to be the most expensive prisoners in the entire state as they may be basically living in a prison hospital. These funds presumably come from the Budget of the Department of Corrections and Rehabilitation. That Department currently doesn't have enough money to carry out all the functions they are supposed to do. If they were placed in the community, their care would probably be covered by Medicaid which means that not only would it be cheaper to begin with, but it would also be paid in part with federal dollars.

So, for all those reasons this is an excellent idea.

HB-1628-HD-1

Submitted on: 2/23/2026 5:01:53 PM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Colleen Rost-Banik	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Poepoe, and JHA Committee members,

My name is Colleen Rost-Banik, and I am writing in strong support of **HB1628 Relating to Compassionate Release**.

In addition to being an Instructor of Sociology at UH, Mānoa, I have taught courses at the Women's Community Correctional Center (WCCC) for the past 8 years. Through my connection with incarcerated wahine, I have known several who would benefit greatly from Compassionate Release. They do not pose a threat to anyone, yet they continue to suffer both physically and mentally from the conditions of prison. The health care they receive, particularly for cancer and other frailties of advanced age, is woefully inadequate.

As a community, it is important to treat people with dignity, especially elders who have been diagnosed with cancer or are experiencing serious debilitation. Rather than have the added suffering of prison, elders who are terminally ill should be released and offered care in the community.

As for those concerned about public safety, compassionate medical release does not jeopardize the safety and wellbeing of communities. Recidivism drops to nearly 0% after age 65.

HB1628 Relating to Compassionate Release is an important bill, and I urge you to support it.

Mahalo for your consideration,
Colleen Rost-Banik, Ph.D.
Honolulu, HI

HB-1628-HD-1

Submitted on: 2/23/2026 5:07:39 PM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carla Allison	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair and Committee Members:

My name is Carla Allison, and I am writing in strong support of **HB 1628 Relating to Compassionate Release**.

I was so surprised to learn that Hawaii is one of only two states that does not have a formal compassionate release law, especially given Hawaii's "Aloha Spirit" Law enacted in 1986 which mandates government officials to conduct duties and encourage citizens to act with mutual regard, affection and tenderness.

I strongly urge you to support this critical bill because compassionate release for Hawaii's incarcerated people reflects our values of aloha and caring for our kupuna and people who are terminally ill and living with chronic debilitating chronic conditions.

With our aging incarcerated population growing, continuing to operate without compassionate release means more and more elderly people will die behind bars while the state incurs increasing medical and prison/jail labor costs.

The folk who need compassionate release are no longer threats to public safety. Let's return them to community care so they may receive dignity in their final days.

HB 1628 Relating to Compassionate Release is an important bill, and I urge you to support it.

Thank you for your consideration,

Carla Allison

Honolulu

To: Representative David A. Tarnas, Chair
Representative Mahina Poepoe, Vice Chair
Committee on Judiciary & Hawaiian Affairs

From: Veronica Moore, Individual Citizen

Date: February 23, 2026

RE: House Bill 1628 HD1
Measure Title: RELATING TO COMPASSIONATE RELEASE.
Report Title: Hawai'i Paroling Authority; Department of Corrections and
Rehabilitation; Compassionate Release

To All Concerned,

My name is Veronica Moore and I support House Bill 1628 HD1. Thank you for your consideration.

Sincerely,

Veronica M. Moore

Aloha, This has been so hard for me to write. I am here today because I witnessed firsthand how a loved one was let down by our correctional system. I know many of you share similar stories—of family members who did not receive the care, compassion, or dignity they deserved while under the custody of the Department of Public Safety (DPS).

Some families lost loved ones to COVID-19, while others watched as their relatives endured terminal illness without receiving the basic care or attention every human being deserves. The simple act of being able to hold a loved one's hand, or to know they are not alone in their final days, is what this Compassionate Care Bill seeks to guarantee.

My brother spent 30 years incarcerated. He was in good health when he was transferred back to Halawa, with less than a month left before he was set to come home. Because of negligence within the system, he contracted COVID-19 at Halawa. He was sent to Pali Momi and remained there for three weeks before our family was even notified of his condition.

By the time we learned what had happened, his organs had failed and he was in a coma. We spoke to him over video, but he could not respond—except for a single tear in the corner of his eye. That was the first time I've seen him in 30 years.

A few nights later, I had this nagging feeling to speak with him. I called the hospital at 7pm and waited for hours while they tried to get permission from officials.

Despite my pleas, I was refused the opportunity to speak with him because they said, "it was too late," even though I had been trying for hours to reach them. I even called the prison myself, and spoke to the commanding officer but was still denied. Just two hours later, I got the call that my brother had passed away—alone, and probably scared.

Instead of meeting Robbie at the door when he was released, we were at the mortuary saying good-bye.

No family or incarcerated person should have to endure what we went through. The suffering caused by isolation affects not only families, but also those inside—people who deserve compassion and dignity, no matter their circumstances.

He was in the hospital for 3 weeks before we were notified. Let that sink in. Did he feel or think that we didn't care?

These are people who are dying. Please, let them spend their final days surrounded by those who love them. Give families the chance for closure—because while our loved ones are gone, it is those of us left behind who must carry the pain and loss. It doesn't go away.

At the very least, allow them phone calls with their family.

I support the compassionate release bill.

HB1628/sb2688

Robert K. Merce
2467 Aha Aina Place
Honolulu, Hawaii‘i 96821

TO: Committee on Judiciary & Hawaiian Affairs
RE: HB 1628 HD 1
HEARING: Wednesday, February 25, 2026
TIME: 2:00 p.m.
ROOM: 325
POSITION: Strongly Support

Aloha Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

My name is Bob Merce. As a retired lawyer, I have spent more than a decade advocating for terminally ill and severely debilitated individuals seeking compassionate release. I have first-hand knowledge of the often-insurmountable barriers created by the current process that is governed by a three-page Department of Corrections and Rehabilitation (DCR) policy,¹ and a single sentence in an administrative rule that was adopted by the Hawaii Paroling Authority (HPA) in the 1990s.²

The DCR policy and HPA rule are wholly inadequate to manage a complex process that involves millions of dollars in state funds, and people who are suffering from devastating illnesses, and their families. Hawai‘i is the only state that does not have a compassionate release statute. It is time to provide a clear, just, and humane framework for compassionate release by passing HB 1628 HD 1.

I. HB 1628 Was Carefully Drafted to Incorporate Best Practices

I am a member of The Kalana Ola Coalition, which was formed in January, 2025, to improve Hawai‘i’s compassionate release process. Our members—experienced professionals in criminal legal matters—recognized that the current process lacks the clarity and accountability necessary to function effectively. Over a ten-month-period we drafted a bill designed to provide a medically-informed framework for compassionate

¹ DCR Policy COR.10.1G.11, December 29, 2014. <https://dcr.hawaii.gov/wp-content/uploads/2024/06/COR.10.G.11-Medical-Releases.pdf>.

² HAR §23-700-26 (c) (no link available). The section states, in its entirety: “The Authority may also reduce a minimum term when an inmate has a seriously debilitating medical condition for which treatment is not available in prison or a terminal disease wherein competent medical authorities indicate death is imminent.”

release that balances public safety with fiscal responsibility and administrative efficiency. We were assisted in this effort by the Hawaii Correctional System Oversight Commission, and three experienced lawyers from FAMM (Families Against Mandatory Minimums), a national nonprofit that has been a leader in compassionate release policy and research at the state and federal level for 25 years.

As our thinking evolved, so did our bill. It underwent many revisions, and incorporated changes requested by DCR and HPA. If enacted, HB 1628 HD 1 will be among the best compassionate release laws in the country, incorporating national best practices, yet tailored to meet the unique needs of Hawai‘i.

HB 1628 HD 1 is by far the best compassionate release bill that has been introduced in the state legislature in more than a decade. It greatly improves on the bills introduced in 2013, 2014, 2019 and 2024 by, and honors the values of the people of Hawai‘i by recognizing that *regardless of the sentence that was originally imposed*, the continued incarceration and punishment of people who are suffering from devastating illnesses, and do not pose a danger to society, is costly, cruel, and unjust.

II. Key Provisions of HB 1628 HD 1

The following are some of the key provisions of HB 1628 that would vastly improve the compassionate release process in Hawaii.

- 1. HB 1628, HD 1 offers clear, evidence-based eligibility criteria** that are consistent with the criteria DCR has used since 2014, and is almost identical to the 2019 compassionate release bill (HB 629) that passed the legislature but was vetoed by Governor Ige.
- 2. Prompt Identification of Eligible persons.** HB 1628 HD 1 aligns with best practices by imposing an “affirmative and ongoing duty” on DCR to “promptly identify incarcerated persons who meet the criteria for compassionate release.” This ensures that eligible individuals will be assessed and transitioned to appropriate community settings before their health declines, preventing the difficult and unnecessary complications of late-stage placement.
- 3. Assistance in Applying for Compassionate Release. Facilitating Compassionate Release.** Requiring correctional staff to assist with applications is a critical best practice. Without this support, the most vulnerable individuals—those too incapacitated to advocate for themselves—are effectively barred from release. HB 1628, HD 1 addresses this barrier by requiring the DCR to “assist incarcerated persons in applying for compassionate release.”
- 4. Assistance with Planning Reentry.** Successful compassionate release depends on a robust reentry plan that guarantees appropriate housing and continuity of medical care. HB 1628, HD 1 mandates that the DCR assist incarcerated individuals in "developing a plan that meets [their] medical and physical needs.”

5. Help in Initiating the Compassionate Release Process. HB 1628, HD 1 follows best practices by broadly defining who initiate the compassionate release process. By permitting attorneys, families, or designated caregivers to start the process, the bill ensures that gravely ill individuals are not barred from relief simply because they are too incapacitated to apply for themselves.

6. Deadlines for Decision Making. It is a best practice to have deadlines for completing the critical steps in the release process, because many cases are time sensitive. HB 1628 HD 1 requires DCR to complete its assessment and refer applicants to the HPA within 15 business days. The HPA has 10 business days to make a decision on referrals from DCR.

7. A Clear Standard for Release. HB 1628, HD 1 provides that a person must be granted compassionate release to an appropriate community setting if they meet the criteria for release, and do not pose an unreasonable risk to public safety.

8. An Inclusive Statute. HB 1628 , HD 1 provides that all persons incarcerated by the State, including but not limited to persons serving a mandatory minimum sentence or persons sentenced to life without parole, shall be eligible for compassionate release. This provision is discussed in greater detail on page three of my testimony.

9. Stakeholder Engagement in Rule Drafting: Like most statutes, HB 1628, HD 1 requires administrative rules to function effectively. However, it is unique in establishing a "working group" of community stakeholders to collaborate with the DCR and HPA in drafting the rules. This structure recognizes that community members possess a wealth of knowledge and lived experience—assets that are invaluable in shaping the rules governing compassionate release.

10. Data Collection. HB 1628 requires DCR to collect data that can be analyzed and used to improve the compassionate release process.

III. An Effective Compassionate Release Process Will Save the State Millions

Because Medicaid does not cover incarcerated persons, the entire cost of their medical care is paid from state funds. Although on average it costs \$307 per day (\$112,000 per year) to house an incarcerated person in Hawaii, costs for the sick and elderly are significantly higher. These patients require complex care, including tests, monitoring, imaging, surgery, and specialized equipment (wheelchairs, walkers, oxygen) as well as 24/7 correctional oversight during hospitalizations.

The fiscal impact is staggering: in 2025, one patient's care cost \$900,000 in nine months, another reached \$2 million in a single quarter, and one individual's prescriptions alone consumed 90% of the DCR's total pharmaceutical budget. Transitioning terminally ill or debilitated individuals to community settings where Medicaid covers 73% of care costs, is a fiscally responsible move that would save the State millions.

IV. Compassionate Release Should Apply to All Person Incarcerated by the State, Including Those Serving a Mandatory Minimum Sentence, and Those Sentenced to Life Without Parole

HB 1628 HD 1 is particularly noteworthy because it allows all persons incarcerated by the State to be considered for compassionate release, including those serving mandatory-minimum sentences and those sentenced to life without parole. It acknowledges that people change over time. They learn, reflect on their past, and grow emotionally and spiritually. They move past the old patterns of behavior and learn to live responsible lives. If they have transformed their lives and demonstrated good behavior over a significant period of time, and are terminally ill or seriously debilitated, continued punishment serves no legitimate correctional objective and is costly, cruel and unjust.

It is also important to note that HB 1628 HD 1 does not guarantee release: it only provides that every person who meets the medical criteria “may be considered” for compassionate release, and that the HPA *may not release* any person who poses an unreasonable risk to public safety.

Finally, under Hawaii law, incarcerated individuals are entitled to the same standard of medical care as the general public (*Slingluff v. State*, 131 Haw. 239, 317 P.3d 683 (2013)). HB 1628 HD 1 recognizes that Hawaii’s correctional facilities are not hospitals or nursing homes. They were not designed to care for seriously ill patients, and they cannot provide the standard of care for severely ill people that the law requires. DCR should not be forced to incarcerate people it is unable to care for. That would be medically unconscionable and unethical, and would expose the State to lawsuits that are costly to defend, and that could lead to multi-million-dollar judgements that would have to be paid by Hawai‘i taxpayers.

Thank you for allowing me to testify on this important bill.

HB-1628-HD-1

Submitted on: 2/24/2026 7:43:39 AM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carolyn Eaton	Individual	Support	Written Testimony Only

Comments:

Aloha, Chair Tarya's, Vice Chair Poepoe, and Members of the Committee,

My name is Carolyn Eaton. I am a resident of Honolulu, and I urge your support of this measure.

I understand Hawai'i has lagged in consideration of incarcerated individuals who have become debilitated physically or mentally, while in state custody over many years, and those diagnosed with terminal illness. This must end.

The process and limits included in this bill are "clear, humane and medically grounded," in the words of our Office of the Public Defender. The measure is no mandate, rather the Hawai'i Parolling Authority retains the final judgment.

Mahalo for giving your consideration to my strong support of the bill, and for your hard work this session to reform the rules and practices of corrections and rehabilitation in which so many fellow citizens are held.

HB-1628-HD-1

Submitted on: 2/24/2026 8:01:17 AM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Heather Lusk	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and Members of the Committee:

I am writing in strong support of HB 1628 HD1 that establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

Most other jurisdictions have this process, that allows people who are incarcerated to apply for release if they are at end of life, or can access more appropriate treatment outside of a carceral setting. We currently have people incarcerated in Hawaii that are done with their sentence, but have no where to go as they cannot live independently. This bill will support pathways for both groups to access either end-of-life or life-saving care aligned with the values of the Aloha State.

Thank you for the opportunity to testify,

Heather Lusk

HB-1628-HD-1

Submitted on: 2/24/2026 11:29:06 AM

Testimony for JHA on 2/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Luanna Peterson	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe, and Members of the Committee

I am writing in strong support of HB1628 HD1 Relating to Compassionate Release.

Compassionate release recognizes a simple truth: incarceration should not function as a mechanism for prolonged suffering, especially when a person is elderly, terminally ill, or severely incapacitated and no longer poses a public safety risk. Continuing to incarcerate people under these conditions does not create safety. It extends punishment beyond its stated purpose.

HB1628 HD1 is an important step toward a more humane and accountable justice system. It allows for the release of individuals who are dying or medically fragile, while maintaining structured review and oversight to protect public safety.

Hawai‘i currently spends substantial public resources incarcerating elderly and gravely ill individuals, often at high medical cost. These funds could and should be invested instead in housing, health care, and community-based supports that are proven to strengthen safety and stability. Compassionate release is both a moral and fiscally responsible policy.

We value aloha, kuleana, and mālama ‘ohana, so we must ask whether we are upholding those principles when people spend their final days behind bars despite posing no risk. This bill affirms that dignity does not disappear anywhere, even at the prison gate.

Native Hawaiian and Pacific Islander communities are disproportionately impacted by incarceration. Advancing compassionate release can be one step toward addressing these inequities and reducing the scale of incarceration in our state.

This measure does not eliminate accountability; instead, it ensures that accountability is not confused with unnecessary cruelty.

I respectfully urge you to support HB1628 HD1 as a meaningful step toward a more humane, equitable, and safety-centered justice system.

Mahalo for your consideration,

Luanna Peterson

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Rep. David A. Tarnas, Chair

Rep. Mahina Poepoe, Vice Chair

HEARING:

Wednesday, February 25, 2026 at 2:00 pm

Conference Room 325 and Via Videoconference

State Capitol

TESTIMONY IN SUPPORT OF HB 1628, HD1, RELATING TO COMPASSIONATE RELEASE.

Aloha Chair Tarnas, Vice Chair Poepoe, Rep. Cochran of Maui, and Members of the Committee,

My name is Christine Andrews and I am a long-term resident of Wailuku, Maui. I am also an attorney licensed in the state of Hawaii for over 25 years. I am writing today in **strong support of HB 1628, HD1**, Relating to Compassionate Release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

Compassionate release allows elderly, seriously ill, or incapacitated people to be released **when they no longer pose a public safety risk**. This measure promotes human dignity, especially for people facing terminal illness or severe disability. This is not only compassionate and rooted in Hawaiian values of restorative justice, it also benefits Native Hawaiian and Pacific Islander communities, which are disproportionately represented in the justice system. It is a compassionate means of alleviating structural inequities in our criminal justice system.

Hawaii's correctional health care system is already overburdened. House Bill 1628, HD1 is an efficient and cost-saving measure as well as a compassionate one. Hawaii spends significant resources incarcerating people who are elderly or gravely ill, often at high medical cost without public benefit. Compassionate release is one way to alleviate the lack of resources for health care presented by our geographic isolation in Hawai'i.

Compassionate release as provided by HB 1628, HD 1 can:

- Reduce overcrowding
- Save taxpayer money
- Allow families to reunite during critical moments

Public safety can still be protected through careful review standards, eligibility requirements, and judicial or administrative oversight. House Bill 1628, HD1 has an accelerated timeline because many eligible individuals are currently seriously ill or dying. Certain standard procedures (such as the typical 60-day waiting period for victim notification) may be waived to prevent unnecessary delay, while still respecting victims' rights and public safety considerations.

I urge your **strong support of HB 1628, HD1**.

Christine Andrews, J.D.

Wailuku, Maui



Carrie Ann Shiota
Attorney at Law

House Committee on Judiciary & Hawaiian Affairs
Rep. David Tarnas, Chair
Rep. Mahina Poepoe, Vice Chair
Wednesday, February 25, 2026
2:00 P.M.
Conference Room 325

Support for H.B. 1628 HD1 Relating to Compassionate Release

Dear Chair Tarnas, Vice Chair Poepoe and Committee Members:

My name is Carrie Ann Shiota, and I strongly support **H.B. 1628 HD1 Relating to Compassionate Release**

As background, I am an attorney and advocate supporting data-driven public policies to build healthy, thriving and just communities. My past professional experience includes working as the Policy Director for the ACLU of Hawai'i, Director for MEO's Reintegration Program, an Enforcement Attorney for the Hawai'i Civil Rights Commission and a Deputy Public Defender. The tapestry of these experiences provide unique insights into our criminal legal and corrections system, and a closer view of the conditions of confinement in our jails and prisons, both in Hawai'i and at Saguaro prison in Arizona.

I support Compassionate Release for the following humanitarian and practical reasons.

The Principles of Humanity and Justice

Granting Compassionate Release is a matter of upholding the principles of humanity and justice. This measure is not about minimizing the crime committed, or diminishing the pain endured by victims and survivors. This bill is about recognizing that when the circumstances of punishment have been fundamentally altered by terminal illness or severe incapacitation, the continued denial of dignity and end of life care outside of a carceral setting becomes needlessly cruel and served no intended purpose of the criminal legal system. Instead, it becomes unnecessary and prolonged suffering.

Fiscal Responsibility

Housing and treating individuals with chronic and terminal illnesses in a correctional setting is extraordinarily expensive, often reaching several times the cost of care in a community setting.

Hawai'i currently spends over \$112,000 annually to incarcerate one adult. Significantly, the Department of Corrections spends an average of \$600,000 to \$900,000 to incarcerate one

individual with complex medical needs. Indeed, DCR spent over \$2 MILLION to provide care for an individual over a period of a few months.

Incarcerated persons are ineligible for health care insurance - which means the State - and ultimately taxpayers bear this financial burden. By transitioning individuals with terminal illness, debilitating or incapacitating conditions, or cognitive impairment to community-based care—such as hospice, nursing facilities or their families' homes - the state can significantly reduce correctional health costs and reallocate those resources to improve safety and programs for the general population.

Public Safety is Maintained

The proposed measure explicitly ensures that persons granted release will remain under parole supervision and are required to follow supervisory terms and conditions.

Persons who are non-ambulatory, terminally ill, or severely cognitively impaired pose virtually no threat to public safety. Furthermore, research demonstrates that recidivism decreases with age, and drops to less than one percent after age 65.

I urge you to consider the value of having a Compassionate Release process that allows the state to care for all people who meet the medical eligibility criteria with aloha, dignity and care, while simultaneously making smart, cost-effective decisions.

Please pass **H.B. 1628 HD1 Relating to Compassionate Release** and advance this important legislation.

Mahalo,

Carrie Ann Shiota

Carrie Ann Shiota, Esq.
Honolulu, Hawai'i

Testimony in support of HB1628

Dear Chair Belatti, Vice Chair Iwamoto and Committee Members,

My name is Kimberly Alston, and I have driven the bus for the city and county of Honolulu for 25 years. I am the Vice President of the NAACP here in Honolulu, and the Vice President of the MLK Coalition. I am a proud Rotarian, and I teach classes for people who are incarcerated in the Department of Corrections and Rehabilitation (DCR). My brother is incarcerated at Halawa, and he is dying of terminal glioblastoma. I submit this testimony in strong support of this bill.

My brother has been incarcerated for almost more than two decades and is almost 60 years old. Growing up, he loved to cook and to swim, and we have missed him every day that he's been gone. During that time, he contracted brain cancer at Saguaro Correctional Facility in Arizona. By the time we got the call about his diagnosis, the tumor had grown to the size of a hand. My brother kept saying "my head hurts, my head hurts, my head hurts." The doctors have cut open his head so many times, and removed so many parts of his brain. But there is no cure and no hope of recovery – his cancer is terminal.

We had to fight for him to return to the island, because we were afraid of him dying alone in Arizona. He was Medevaced back to Halawa. Between his many surgeries, lengthy hospitalizations, and the Medevac, I can only imagine how costly his care has been for DCR. And every time he is in the hospital, his hands and ankles are handcuffed to the bed – even though he is bedridden. There is no way he could move, and I don't understand how a human has to be treated that way.

The prison is not equipped at all to provide the level of care my brother needs with his rare form of cancer. His daily life is a nightmare. It is freezing cold in the infirmary, and he is laying on a slab of metal. He has no blankets – just a little thin sheet, if you could even call it that. His hands are shaking from the cold when we visit, and being in this environment makes him want to give up. Our heart breaks. It's hard to see your loved one in a place like that when they can't move and they are wasting away.

Because I volunteer to teach in the prisons, I am very familiar with the transformation that occurs for people, and how they are not the same person they were when they came into prison. I am very tough on my students, because I believe it is so important that people take accountability. I do understand you commit a crime, you do your time. I do understand that there are consequences to every action. But I also understand that there is also human decency. And it doesn't take much for people to be human. If you treat someone with human decency, they become stronger inside of themselves to become a better person.

My brother's condition is worsening. He is losing his memory, and his head is in excruciating pain. He has lost his functioning – he can't even dial the phone without help. He is starting to lose hope, because he is in a hopeless situation. I don't get much sleep at night because I'm so worried about him. The concerns are heavy in my chest. As his family, all we want to do is to take care of him in his remaining days - it would mean everything to me for my brother to come home.

I am a woman of Christ, and I do believe that everyone deserves to be treated like a human. And I have seen first-hand how the absence of this compassionate release bill means that people are dehumanized. The facilities are not equipped and trained for this level of medical need. As a family member, it is extremely painful and hurtful to see our brother's health deteriorating and his spirit breaking. I pray that this bill will pass, because I don't want anyone else to deal with what my family and I have gone through, watching our brother die in chains.

On behalf of my family and so many others, I respectfully urge you to pass this bill.

Thank you for the opportunity to testify.

Respectfully,

Kimberly Alston

PAULA T. MORELLI, MSW, PHD

1511 EHUPUA PLACE, HONOLULU, HAWAII 96821
808.372.4578 MORELLI@HAWAII.EDU

FEBRUARY 24, 2026

TO: House Committee on Judiciary & Hawaiian Affairs
HEARING: Wednesday, February 25, 2026
TIME: 2:00 p.m.
ROOM: 325

RE: HB 1628 HD 1
TESTIMONY IN SUPPORT OF HB 1628 HD 1 RELATING TO COMPASSIONATE RELEASE

Aloha Chair Tarnas, Vice Chair Poepoe, and Members of the Committee:

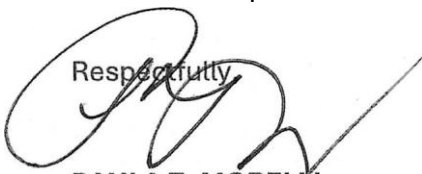
My name is Paula T. Morelli, and I strongly support HB 1628 HD 1 regarding compassionate release. This bill streamlines the process for releasing terminally ill or severely debilitated prisoners, requiring prompt action by the Department of Corrections and Rehabilitation and the Hawaii Paroling Authority due to the limited time many face after diagnosis.

Please support this bill, as compassionate release aligns with Hawaii's values of aloha and caring for our kupuna and those with terminal or chronic illnesses. It can significantly reduce public costs anywhere from \$28-66,000 per inmate annually, by shifting high medical, security and staffing expenses from state-funded prisons to community-based care.

Native Hawaiians and Pacific Islanders account for 10% of Hawaii's population yet make up 44% of its prison inmates. Compassionate release would allow more people, especially those from these groups, to return to their communities, reunite with ohana and receive dignified end-of-life care.

HB 1628 Compassionate Release reflects our shared values. Please make it a reality.

Respectfully



PAULA T. MORELLI

Dennis M. Dunn

(dennismdunn47@gmail.com)

Kailua, HI 96734

TO: Representative David A. Tarnas, Chair

Representative Mahina Poepoe, Vice Chair

House Committee on Judiciary and Hawaiian Affairs

RE: House Bill 1628, H.D. 1 Relating to Compassionate Release

HEARING: Wednesday, February 25, 2026, 9:00 a.m. Conference Room 325

Good afternoon, Chair Tarnas and Vice Chair Poepoe and members of the House Committee on Judiciary and Hawaiian Affairs. My name is Dennis Dunn, and I am the former Director of the Victim Witness Kokua Services in the Honolulu Prosecuting Attorney's Office, having retired at the end of 2022 after 44 years of service with the program. I am testifying today in strong opposition to H.B. 1628, H.D. 1 which proposes to establish a protocol for the release of certain ill or seriously debilitated incarcerated persons.

I oppose this measure for the following reasons. One, there appears to be no provisions for consideration of the concerns of the victims of the incarcerated persons or that they be addressed. Similarly for the most serious offenders such as serial sex offenders, murderers or attempted murderers, or arsonists there appears to be no role for the concerns of the safety of the general public or how that can be addressed. Two, the proposed procedures seem to ignore minimum sentences required by law, invoked by the judge at sentencing, or established by the Paroling Authority. Third, there are no victim notification procedures included in the current language. Thus, these releases may subject survivors to the unpleasant and potentially traumatizing experience of seeing their perpetrator in the community with no prior notification. Fourth, the Proposed Working Group, as so often is the case, does not include any members who represent or have experience representing the interests of crime victims. It may be possible to amend this measure to address some or all of these concerns, however without the necessary changes I strongly oppose H.B. 1628, H.D. 1. Thank you for your time and consideration.

Good afternoon, Chair and Members of the Committee,

My name is Maysana Aldeguer, and I am here today in strong support of HB1628, the Compassionate Release.

HB1628 is about fairness, fiscal responsibility, and basic human dignity.

Across our state, correctional facilities were built for security and supervision — not for advanced medical care. Many of our prisons are simply not equipped to properly treat inmates who are suffering from severe, chronic, or terminal health conditions. When someone is battling advanced illness, they require specialized treatment, consistent monitoring, and in many cases long-term or end-of-life care that correctional institutions were never designed to provide.

Disease has no respect for people. It does not care about someone's status, background, or past mistakes. Illness affects all people. When individuals become so medically compromised that they no longer pose a public safety risk, continuing to incarcerate them in facilities unequipped to meet their medical needs serves neither justice nor public safety.

HB1628 offers a responsible solution. Compassionate release does not mean automatic release. It means careful review, medical evaluation, and structured decision-making to ensure that only those who qualify under strict criteria are considered. Public safety remains paramount.

In addition to being humane, this bill is fiscally responsible. Housing and providing emergency medical care for seriously ill inmates costs the state millions of taxpayer dollars each year. By allowing eligible individuals to transition to appropriate medical or community-based care, the state can significantly reduce correctional healthcare costs and redirect those tax dollars to priorities like public safety, education, and community health services.

HB1628 reflects both compassion and common sense. It recognizes that justice includes accountability, but it also includes humanity and wise stewardship of public funds.

I respectfully urge you to support HB1628.

Thank you for your time and consideration.