

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
**DEPARTMENT OF CORRECTIONS
AND REHABILITATION**
*Ka 'Oihana Ho'omalu Kalaima
a Ho'oponopono Ola*
1177 Alakea Street
Honolulu, Hawaii 96813

No. _____

TESTIMONY ON HOUSE BILL 1628, HOUSE DRAFT 2
RELATING TO COMPASSIONATE RELEASE.

by
Tommy Johnson, Director
Department of Corrections and Rehabilitation
Senate Committee on Public Safety and Military Affairs
Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair

Wednesday, March 25, 2026; 3:00 p.m.
State Capitol, Conference Room 016 & via Videoconference

Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

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

Specifically, Section 2 (Page 4, Lines 20 & 21 and Page 5, Lines 1 through 3) 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. This recommended amendment is consistent with the language and purpose of subsection (f).

In addition, Section 2 (Page 7, Lines 15 through 21 and Page 8, Lines 1 – 2) 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. At least forty-eight hours before an incarcerated person's hearing, the authority shall provide notice, including electronically, of the hearing to the prosecuting attorney of the applicable county, for the purpose of notifying victims. The authority shall ~~[grant]~~ consider granting release in accordance with subsection (f).

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

Lastly, Section 2 (Page 9, Lines 3 through 7) 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 preclude eligibility for compassionate release consideration until the mandatory minimum term has been served and the sentence of life without parole has been commuted by the Governor to life with parole, and only after the Hawai'i Paroling Authority has set a minimum term of imprisonment.

Recommended amendments to this paragraph are consistent with current laws. Any changes to the laws regarding mandatory minimum terms negatively affects public safety and removes discretionary authority vested with the judiciary/state judges. Also, a person 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 Hawai'i Paroling Authority to set a minimum term of imprisonment, and only after these requirements have occurred would the person be eligible for compassionate release consideration.

It should be noted, 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 LWOP 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, DCR 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. This position would be 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 2.

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 |

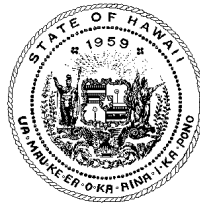
CLASS "B" FELONY OFFENSES

| | | | | | | | | | |
|------------------------|------------|--|--------------------------------------|-----------|---------------------|-----------|-------------------------|---------------|--|
| Attempted Manslaughter | Burglary 1 | Felony in Possession of Firearm/Carrying | Felony in Possession of Firearm Ammo | 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

| | | | | | | | | | | |
|-----------|---------------------------|-----------------------|----------------------------------|----------|------|-------------------------|------------|---------|-------------------------|------------------------|
| Assault 2 | Terroristic Threatening 1 | Place to Keep Firearm | Possession of Prohibited Firearm | Escape 2 | UCPV | Crim. Property Damage 2 | Burglary 2 | Theft 1 | Failure to Render Asst. | Reckless Endangering 1 |
| 2 | 4 | 3 | 3 | 1 | 2 | 3 | 9 | 5 | 1 | 2 |

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII – Ka MOKU'ĀINA 'O HAWAI'I
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Executive Director

**TESTIMONY ON HOUSE BILL 1628, HD2
RELATING TO COMPASSIONATE RELEASE**

by

Pamela Ferguson-Brey, Executive Director
Crime Victim Compensation Commission

Senate Committee on Public Safety and Military Affairs
Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair

Wednesday, March 25, 2026; 3:00 PM
State Capitol, Conference Room 016 & Videoconference

Good afternoon, Chair Fukunaga, Vice Chair Lee, and Members of the Senate Committee on Public Safety and Military Affairs. Thank you for providing the Crime Victim Compensation Commission (“Commission”) with the opportunity to provide comments on House Bill 1628, HD2, Relating to Compassionate Release. HB 1628, HD2, establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated individuals, provides notice and establishes a working group to develop the administrative rules governing their release.

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.

While HB 1628, HD2, provides notice to victims or surviving family members prior to the hearing that the offender is being considered for release, it does not provide the victims or surviving family members with the ability to provide input during the hearing. Victims may

be traumatized when an individual who committed a violent act against them is released back into the community, regardless of the offender's physical health.

Additionally, the working group tasked with developing the administrative rules governing compassionate release does not include a representative from the victim service community. Having a representative from the victim service community on the working group will 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 allowing the Commission to provide comments to HB 1628, HD2.

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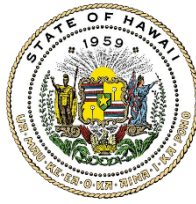
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March 23, 2026

HB 1628, HD2: RELATING TO COMPASSIONATE RELEASE

Chair Fukunaga, Vice Chair Lee and Members of the Committee on Public Safety and Military Affairs:

The Office of the Public Defender (OPD) **strongly supports** HB 1628 HD2, 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. It 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.

We urge this committee to amend the measure to allow other incarcerated individuals to assist those who are critically ill with their applications. This language was included in the HD1 version of the bill and correctly recognized that DCR staff, including medical staff, may not always recognize when someone is eligible for compassionate release.

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.

The OPD respectfully encourages this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications.

For these reasons, the Office of the Public Defender **strongly supports** HB 1628 HD2.

Thank you for the opportunity to comment on this measure.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
HAWAII PAROLING AUTHORITY
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ADMINISTRATOR

No. _____

TESTIMONY ON HOUSE BILL 1628, HD 2
RELATING TO COMPASSIONATE RELEASE

by
Gene DeMello Jr, Chair
Hawaii Paroling Authority

Senate Committee on Public Safety and Military Affairs
Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair

Wednesday, March 25, 2026 - 3:00 p.m.
State Capitol, Conference Room 016 & via Videoconference

Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

The Hawaii Paroling Authority (HPA) opposes section (i) in House Bill (HB) 1628, HD2, and propose a **suggested amendment** in "§353- Compassionate release; authority to release; process":

(i) Notwithstanding any law to the contrary, all persons incarcerated by the State, including but not limited to persons **sentenced to a mandatory minimum term served in full at the time of the compassionate release application** or persons sentenced to life **with** parole shall be eligible for compassionate release pursuant to this subpart.

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 reduce a court-imposed mandatory minimum term, or Life Without the Possibility of Parole (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

House Bill 1628, HD2 Relating to Compassionate Release.

March 25, 2026

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than a court-imposed mandatory minimum term. A reduction of a mandatory minimum should remain with 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.

Thank you for the opportunity to present testimony on HB 1628, HD2. We will be available for any questions.



OFFICE OF HAWAIIAN AFFAIRS

‘Ōlelo Hō‘ike ‘Aha Kau Kānāwai

TESTIMONY IN SUPPORT OF HOUSE BILL 1628 HD2

RELATING TO COMPASSIONATE RELEASE

Ke Kōmike ‘Aha Kenekoa o ka Palekana Lehulehu, a me ke Kuleana Pū‘ali Koa

(Senate Committee on Public Safety and Military Affairs)

Ke Kapitala ‘o Hawai‘i

(Hawai‘i State Capitol)

Malaki 25, 2026

3:00 PM

Lumi 016

Aloha e Chair Fukunaga, Vice Chair Lee, and Members of the Senate Committee on Public Safety and Military Affairs:

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB1628 HD2** which establishes a compassionate release protocol for certain ill or seriously debilitated incarcerated persons and creates a working group within the Department of Corrections and Rehabilitation to develop initial administrative rules for implementation.

This bill is directly connected to Native Hawaiian well-being and justice. OHA’s longstanding criminal justice work has documented disproportionate and compounding harms experienced by Native Hawaiians at multiple points of system contact, and OHA has consistently supported reforms reducing unnecessary incarceration, strengthening reentry, and promoting culturally grounded restoration and healing.¹ A clear compassionate release process is consistent with those priorities because it helps ensure continued confinement does not become a default substitute for appropriate medical care when incarceration no longer serves a meaningful public safety purpose.

OHA supports the current language because it creates a more complete and workable framework. The bill defines compassionate release, clarifies eligibility standards, and allows an application to be initiated by department medical staff, the incarcerated person, or an incarcerated person’s representative. It also places an affirmative and ongoing duty on the department to identify people who may qualify and refer them for possible release. These provisions help move the process from ad hoc discretion toward a more fair and expeditious system.

OHA also appreciates the breadth of the eligibility criteria. Under this measure, an incarcerated person may be considered for compassionate release if the person has a terminal illness, a debilitating or irreversible condition, is too ill or cognitively impaired to participate in rehabilitation or be aware of punishment, or has medical needs requiring a

¹ Office of Hawaiian Affairs, *Criminal Justice*,
<https://www.oha.org/governance/criminal-justice/>

level of care the department cannot provide on a long-term basis or that would be more appropriately managed in a community setting. This broader structure better reflects medical reality and avoids an unduly narrow standard.

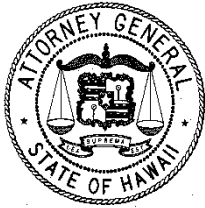
The current bill also improves transparency and accountability. It requires an administrative hearing within ten business days after receipt of an application, requires notice to the prosecuting attorney for victim notification purposes, and requires annual public reporting by both the department and the Hawai'i Paroling Authority. Those reports must include application, approval, denial, delay, and return-to-custody data, with authority data disaggregated by race, ethnicity, age, and gender identity. Public reporting of this kind is especially important in Hawai'i, where Native Hawaiians are disproportionately represented in correctional settings and where transparency is necessary to evaluate whether the process is operating fairly.²

OHA further supports the bill's inclusion of all persons incarcerated by the State, including persons serving mandatory minimum sentences and persons sentenced to life without parole. Compassionate release is a medical and humanitarian safeguard, not a re-litigation of guilt. Preserving eligibility across sentence categories helps ensure dignity, humanity, and justice remain part of Hawai'i's correctional system even in extraordinary cases involving severe illness or profound debilitation.

Finally, OHA supports the working group established to develop initial administrative rules. Including the department, the Hawai'i Paroling Authority, the Hawai'i Correctional System Oversight Commission, a formerly incarcerated individual, an attorney with relevant experience, and a subject-matter expert in compassionate release will help ground implementation in both operational realities and lived experience.

For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB1628 HD2**. Mahalo nui for the opportunity to provide testimony on this important measure.

² Office of Hawaiian Affairs, *The Disparate Treatment of Native Hawaiians in the Criminal Justice System* (2010), https://www.oha.org/wp-content/uploads/2014/11/factsheets_final_web_0.pdf



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026**

ON THE FOLLOWING MEASURE:

H.B. NO. 1628, H.D. 2, RELATING TO COMPASSIONATE RELEASE.

BEFORE THE:

SENATE COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

DATE: Tuesday, March 25, 2026 **TIME:** 3:00 p.m.

LOCATION: State Capitol, Room 016

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Lisa M. Itomura, Deputy Attorney General, or
Mark S. Tom, Deputy Attorney General

Chair Fukunaga and Members of the Committee:

The Department of the Attorney General (Department) offers the following comments on this bill and respectfully proposes amendments, set forth at the end of this testimony, to address the concerns described below.

This bill establishes and codifies a structured process within chapter 353, Hawaii Revised Statutes (HRS), by which incarcerated persons suffering from a terminal illness, a debilitating or irreversible condition, an illness or cognitive impairment that prevents participation in rehabilitation or awareness of punishment, or a condition, combination of conditions, or medical needs that require care beyond the Department of Corrections and Rehabilitation's (DCR) long-term capacity or that would be more appropriately managed in a community setting, may apply for compassionate release from DCR and the Hawaii Paroling Authority (HPA). Notably, the bill extends eligibility for compassionate release to all incarcerated persons, including those serving mandatory minimum sentences and sentences of life without parole.

The bill requires the HPA to hold an administrative hearing within ten business days of receiving an application and provides that the HPA shall grant compassionate release unless the individual does not meet the medical criteria or "presently poses an unreasonable risk to public safety" (page 8, lines 3-8).

The Department supports the intent of this bill. However, compassion for incarcerated individuals must be balanced with the safety of victims and their families, witnesses, and the community.

Scope of Eligibility

The bill defines "terminal illness" broadly as a condition expected to result in death without specifying a time frame (page 5, lines 4-6). It also defines a "debilitating or irreversible condition" as a persistent or progressive condition that "compromises an incarcerated person's ability to perform one or more activities of daily living or significantly compromises an incarcerated person's quality of life" (page 4, lines 11-15).

These definitions could be interpreted to encompass a wide range of conditions with varying levels of severity and functional impact. Without clearer limitations, individuals with conditions that do not substantially diminish their ability to reoffend could qualify for consideration. The bill also extends eligibility to all incarcerated persons, including those serving mandatory minimum sentences and sentences of life without parole (page 9, lines 3-7). While the Department recognizes that compassionate release may be appropriate in limited circumstances, these categories reflect the most serious offenses and established sentencing determinations.

To better align compassionate release with public safety considerations, the Department recommends clarifying that qualifying medical conditions are limited to those involving substantial functional impairment that significantly reduces the individual's ability to reoffend and reconsidering the inclusion of individuals serving mandatory minimum sentences and life without parole, or establishing more narrowly tailored eligibility criteria for those cases.

Consistency with Existing Parole Standards

Current law provides a structured framework for release decisions that emphasizes both rehabilitation and public safety. Section 353-62(a)(3), HRS, requires the HPA to determine parole eligibility at the point when "the element of risk to the community is minimal." Section 353-69, HRS, further provides that parole shall not be granted unless "there is a reasonable probability that the prisoner concerned will live and remain at liberty without violating the law and that the prisoner's release is not incompatible with the welfare and safety of society."

Additionally, section 706-670(1) and (3), HRS, requires a validated risk assessment and the development of a plan for the individual's transition to the community.

In contrast, this bill places the burden on the HPA to deny release by finding that an incarcerated person poses an "unreasonable risk to public safety" (page 8, lines 3-8). This standard may be interpreted as less protective than existing parole standards and could shift the presumption in favor of release rather than requiring an affirmative showing that release is appropriate.

Preservation of HPA Discretion

The bill currently provides that the HPA "shall grant" compassionate release unless specified findings are made. This provision may limit the HPA's ability to exercise its expertise and discretion in evaluating complex, individualized cases.

To preserve the HPA's traditional role and align with existing parole practices, the Department recommends replacing "shall grant" on page 8, lines 1 and 3, with "may grant."

Recommended Amendments

To address the concerns described above, the Department recommends the following amendments:

1. Amend definitions as follows:

On page 4, lines 11-15, amend the definition of "debilitating or irreversible condition" to read:

"Debilitating or irreversible condition" means a serious and persistent medical or cognitive condition that is not expected to improve and that, in the clinical judgment of a licensed physician:

- (1) Results in a sustained and substantial loss of the individual's physical or cognitive capacity to independently perform basic self-care; and
- (2) Substantially limits the incarcerated person's ability to engage in conduct that would constitute a new criminal offense.

On page 5, lines 4-6, amend the definition of "terminal illness" to read:

"Terminal illness" means a progressive and irreversible medical condition that, in the clinical judgment of a licensed physician, is expected to result in death, for which curative treatment is no longer effective or appropriate, and that has advanced to the point that, due to the underlying medical condition, the incarcerated person requires substantial physical assistance with basic self-care.

2. On page 8, lines 1-2, amend the last sentence of the new third section 353- (e) to read as follows:

The authority may grant release in accordance with subsection (f).

3. On page 8, lines 3-13, amend the new third section 353- (f) to read as follows:

(f) The authority may grant compassionate release and release the incarcerated person to an appropriate community setting if the authority finds that:

- (1) The incarcerated person meets the medical criteria under subsection (a);
- (2) The incarcerated person has been assessed using a validated risk assessment tool pursuant to section 706-670(1) and does not pose a significant risk to public safety;
- (3) The incarcerated person has a verified plan for placement in the community, including appropriate housing and access to necessary medical care, pursuant to section 706-670(3); and
- (4) The release of the incarcerated person is not incompatible with the welfare and safety of society.

The authority shall state in writing the reasons for granting or denying compassionate release. A denial of compassionate release shall not be appealed and shall not create a private right of action.

4. On page 9, lines 3-7, consider deleting the new third section 353- (i).

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.
GOVERNOR



MARK PATTERSON
CHAIR

CHRISTIN M. JOHNSON
OVERSIGHT COORDINATOR

COMMISSIONERS
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HON. RONALD IBARRA (ret.)

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TO: The Honorable Carol Fukunaga, Chair
The Honorable Chris Lee, Vice Chair
Senate Committee on Public Safety and Military Affairs

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

SUBJECT: House Bill 1628, House Draft 2, Relating to Compassionate Release
Hearing: Wednesday, March 25, 2026; 3:00 p.m.
State Capitol, Room 016

Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

The Hawai'i Correctional System Oversight Commission (HCSOC) submits testimony in **strong support** of House Bill 1628, House Draft 2, 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.

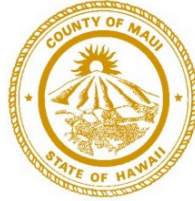
Lastly, this legislation is deeply aligned with Hawai'i's values of aloha, kuleana, restorative justice, and community healing. It recognizes the disproportionate impact incarceration has on Native Hawaiian and Pacific Islander communities, and offers a pathway grounded in compassion, accountability, 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.

RICHARD T. BISSEN, JR.
Mayor

ANDREW H. MARTIN
Prosecuting Attorney

SHELLY C. MIYASHIRO
First Deputy Prosecuting Attorney



DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
200 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
PHONE (808) 270-7777 • FAX (808) 270-7625

TESTIMONY ON
H.B. 1628 HD2
RELATING TO COMPASSIONATE RELEASE

March 23, 2026

The Honorable Carol Fukunaga
Chair
The Honorable Chris Lee
Vice Chair
and Members of the Committee on Public Safety and Military Affairs

Chair Fukunaga, Vice Chair Lee, and Members of the Committees:

The Department of the Prosecuting Attorney, County of Maui respectfully submits the following comments **in opposition to the current draft of H.B. 1628 HD2, Relating to Compassionate Release**. This bill would create a compassionate release process for incarcerated offenders with terminal illnesses and other serious impairments.

We appreciate the Legislature's attempt to address the question of whether compassionate release should be allowed for incarcerated offenders with terminal illnesses and other serious impairments. We also appreciate the Legislature's acknowledgement of the public safety component of compassionate release by allowing prosecutors to receive notification of the petition hearing.

However, we are opposed to the current language of H.B. 1628 HD2 because it does not clearly allow for a full and fair review of a petition for release that allows for timely input from victims, prosecutors and other relevant parties.

First, prosecutors are only given forty-eight hours notice of the administrative hearing on petition. Furthermore, neither prosecutors nor victims appear to have any input on whether the petition should be granted or denied. While the primary focus of this version of the bill appears to be on the offender's health status, the vital public safety component of the review process lacks a clear opportunity for input from the people who are most likely to be affected by release:

the actual victims in each case. Moreover, this bill's minimum hearing notification requirement unnecessarily limits the time frame prosecutors have to notify victims of the upcoming hearing or allow victims to provide input on the petition.

Second, as drafted the public safety factor of the review process does not clearly articulate what "presently poses an unreasonable risk to public safety" might mean. Without any sort of clear statutory guidance and considering our concerns about the lack of victim and prosecution input, we are concerned that offenders could be released that would otherwise remain incarcerated. For example, an offender may not be a risk to the general public but may pose an arguably non-violent threat to a single individual in the form of physical or electronic stalking. Without any clarity on what the public safety factor involves, and without any input from crime victims, this bill unnecessarily risks public safety.

For these reasons, the Department of the Prosecuting Attorney, County of Maui **opposes H.B. 1628 HD2**. Please feel free to contact our office at (808) 270-7777 if you have any questions or inquiries. Thank you very much for the opportunity to provide testimony on this bill.

DEPARTMENT OF THE PROSECUTING ATTORNEY
KA 'OIHANA O KA LOIO HO'OPI'I
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
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STEVEN S. ALM
PROSECUTING ATTORNEY
LOIO HO'OPI'I



THOMAS J. BRADY
FIRST DEPUTY PROSECUTING ATTORNEY
HOPE MUA LOIO HO'OPI'I

THE HONORABLE CAROL FUKUNAGA, CHAIR
SENATE COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS
Thirty-Third State Legislature
Regular Session of 2026
State of Hawai'i

March 25, 2026

REGARDING H.B. 1628, H.D. 2 — RELATING TO COMPASSIONATE RELEASE.

Chair Fukunaga, Vice-Chair Lee, and members of the Senate Committee on Public Safety and Military Affairs, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony **strong opposition to H.B. 1628, H.D. 2**, while recognizing that there are limited circumstances where compassionate release may be appropriate and humane.

At the outset, the Department acknowledges that there are situations—particularly involving terminal illness or profound medical incapacity—where continued incarceration no longer serves the interests of justice, public safety, or basic human dignity. In those narrowly defined circumstances, a carefully structured compassionate release process can be appropriate and consistent with the principles of fairness and humanity that guide our justice system.

However, H.B. 1628, H.D. 2 extends far beyond a narrowly tailored compassionate release framework and instead creates a system that is overly broad, procedurally imbalanced, and insufficiently protective of public safety and victim rights.

Firstly, H.B. 1628, H.D. 2 requires that the Hawaii Paroling Authority “shall grant compassionate release... unless” limited criteria are met. This language creates a mandatory presumption of release, fundamentally altering the role of the Hawaii Paroling Authority and shifting compassionate release from a discretionary determination into a default outcome.

While compassionate release has traditionally been reserved for terminal illness or extreme medical incapacity, H.B. 1628, H.D. 2 expands eligibility to include individuals who:

- Are cognitively impaired or unable to understand punishment;
- Have conditions that the Department of Corrections and Rehabilitation is unable to manage; or

- Experience diminished functioning or “quality of life.”

These standards are broad and inherently subjective, significantly expanding the pool of eligible individuals beyond what is typically contemplated for compassionate release.

H.B. 1628, H.D. 2 explicitly applies to individuals serving (1) mandatory minimum sentences; and (2) sentences of life without the possibility of parole. Allowing compassionate release for individuals sentenced to life without the possibility of parole fundamentally conflicts with the Legislature’s intent that such individuals not be released and undermines both judicial sentencing decisions and statutory sentencing frameworks.

Under H.B. 1628, H.D. 2, release may be denied only if the individual does not meet medical criteria or poses an **“unreasonable risk to public safety”**. As drafted, the bill does not require consideration of critical factors such as:

- The nature and seriousness of the underlying offense;
- The defendant’s full criminal history;
- Prior acts of violence; or
- The impact on victims.

Without these required considerations, the framework is incomplete and does not adequately protect the community.

H.B. 1628, H.D. 2 requires submission of applications within 15 business days and a hearing within 10 business days. These compressed timelines do not allow sufficient time for prosecutorial input, victim notification and participation, or thorough assessment of risk to public safety.

While H.B. 1628, H.D. 2 appears to retain elements of the existing notice framework under HRS § 706-669(5), it fails to require notice to the prosecuting attorney of the applicable county prior to the release determination. **This omission is significant.**

Prosecutors are uniquely positioned to provide critical information necessary for an informed decision, including:

- The nature and circumstances of the underlying offense;
- The defendant’s full criminal history;
- Prior acts of violence or escalation; and
- Ongoing public safety concerns.

Without requiring notice to or input from the prosecuting attorney before a release decision is made, the Hawaii Paroling Authority may be making determinations without access to essential case-specific information. This gap undermines the integrity of the decision-making process and creates a substantial risk that release determinations will be made on an incomplete record. This also raises serious concerns regarding victims’ rights and their ability to meaningfully participate in decisions that directly affect their safety and well-being.

The absence of these safeguards is unacceptable in a process that may result in the release of individuals serving serious felony sentences. A process that permits release without prosecutorial input is fundamentally inconsistent with a balanced and informed justice system.

The Department supports the concept of compassionate release in narrow, clearly defined circumstances, particularly where an individual is terminally ill or so medically incapacitated that continued incarceration no longer serves the purposes of sentencing.

However, H.B. 1628, H.D. 2 is overly broad and lacks critical safeguards. As drafted, it:

- Creates a mandatory presumption of release;
- Applies to all offenders, including those sentenced to life without parole;
- Expands eligibility beyond objective medical criteria;
- Fails to require full consideration of public safety factors;
- Establishes an incomplete notice and review process that does not ensure meaningful participation by all necessary parties; and
- Excludes prosecutors and victims from meaningful involvement in the decision-making process.

For these reasons, the Department respectfully opposes this measure as currently drafted and urges the Committee to defer the bill or substantially amend it to include critical public safety and procedural protections.

Thank you for the opportunity to testify.

HB-1628-HD-2

Submitted on: 3/20/2026 5:48:55 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--|---------------------------|-------------------|
| Louis Erteschik | Testifying for 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.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: [\(808\) 927-1214](tel:(808)927-1214) / kat.caphi@gmail.com

Today's Inmate; Tomorrow's Neighbor



COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Senator Carol Fukunaga, Chair

Senator Chris Lee, Vice Chair

Wednesday, March 25, 2026

3:00 PM

Room 016 and VIDEOCONFERENCE

STRONG SUPPORT FOR HB1628 HD2 - COMPASSIONATE RELEASE

Aloha Chair San Fukunaga, Vice Chair Lee 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 3,633 Hawai'i individuals living behind bars¹ and under the "care and custody" of the Department of Corrections and Rehabilitation on March 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 this opportunity to express our **STRONG SUPPORT FOR HB1628 HD2** that establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

¹ DCR Weekly Population Report, March 16, 2026

[Pop-Reports-Weekly-2026-03-16.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>

Establishes a working group within the Department of Corrections and Rehabilitation to develop initial administrative rules to implement the protocol. Effective 7/1/3000. (HD2).

We have been working with people who have been incarcerated by Hawai'i for a long time who have served as aides to people with devastating illnesses. They have shown the compassion that we wish the leadership of DCR exhibited. We were struck by the lack of humanity in DCR's testimony on this bill that included a table of the crimes for which these suffering people have been incarcerated. This really illustrates that the leadership of DCR doesn't recognize the compassion and humanity of people suffering and dying alone; they see them as only criminals who deserve to suffer. This does not comport with the values our communities hold dear - Ha`aha`a (humility), Malama (to care for), and Laulima (working together).

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

HB1628 HD2 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 deepen harm and extend trauma, particularly when that individual's condition has progressed to a point where dignity and humane care can be better provided in a community setting with appropriate supports and the chance for their friends and family to surround them with love.

This bill recognizes a fundamental truth: incarceration is not well-suited to function as a long-term medical care system. Compassionate release includes persons with a 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.

In extraordinary medical circumstances, individualized review must remain available. Compassion and accountability are not mutually exclusive and that public safety decisions should be grounded in present medical realities rather than categorical exclusions. 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 public policy.

Passing this bill will apply only to those meeting the criteria and will not create an undue burden on DCR. This bill also preserves accountability. Individuals granted compassionate release remain under supervision and are 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.

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.”*

We urge the Committee to show compassion and understanding by passing HB 1628 HD2.

Mahalo for allowing us to share our thoughts and experiences with our incarcerated brothers and sisters.



www.AlohaILHawaii.org

Mar 25, 2026

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

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Vice Chair

Zora Shove

Treasurer

Jonathan Yap

Member

Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

The Honorable Carol Fukunaga, Chair
Senate Committee on Public Safety and Military Affairs
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HB1628 HD2 – Relating to Compassionate Release

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) **strongly supports HB1628 HD2**, which creates a compassionate release protocol for certain ill or seriously debilitated incarcerated people and establishes a working group within the Department of Corrections and Rehabilitation to develop initial administrative rules to implement this protocol.

Independent Living is a civil-rights based framework that affirms the right of people with disabilities to live in the community with appropriate supports, rather than in institutional or carceral settings. HB1628 HD2 recognizes that Hawaii's correctional facilities are housing a growing number of older and seriously ill people and that many have complex medical, cognitive, and mental health needs that exceed what prisons can safely and humanely provide.

The bill's findings note that nearly one thousand people in custody are age fifty or older, with more than eighty age seventy or older, and that medically complex individuals can cost the State hundreds of thousands of dollars annually for hospitalizations, specialty care, equipment, and 24/7 security during off-site care. From an Independent Living perspective, continuing to confine seriously ill, disabled people in prison—far from home and community supports—often undermines dignity, increases suffering, and isolates people from ohana during critical stages of illness.



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AILH supports the creation of a clear, fair, and timely process for identifying people who may be eligible for compassionate release, assisting with applications, and holding prompt hearings. The bill appropriately allows applications to be initiated by medical staff, the incarcerated person, or a representative, and requires the Hawaii Paroling Authority to grant compassionate release unless medical criteria are not met or the person poses an unreasonable risk to public safety. Importantly, all people incarcerated by the State, including those serving mandatory minimums or life without parole, remain eligible for consideration, honoring the principle that serious disability and terminal illness change a person's risk and needs.

From a disability and Independent Living lens, AILH respectfully offers the following comments and requests:

- Ask that implementation of the compassionate release protocol explicitly include planning of community-based services and supports, including personal assistance, home- and community-based services, behavioral health care, and accessible housing, so that released individuals can live safely in the community.
- Encourage the Department and Hawaii Paroling Authority to consult with Centers for Independent Living, home- and community-based service providers, and reentry organizations when developing rules and guidance, especially around discharge planning and coordination with Medicaid, long-term services and supports, and family caregivers.
- Support robust data collection and public annual reporting required in the bill and encourage, where feasible, inclusion of disability-related information so policymakers and the community can understand who is being referred, who is approved, who is denied, and where additional community capacity is needed.

AILH also appreciates that the bill establishes a working group including corrections leadership, the Hawaii Paroling Authority, the Hawaii Correctional System Oversight Commission, a formerly incarcerated person



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EXECUTIVE DIRECTOR

Roxanne U. Bolden

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with experience of complex medical issues in custody, an attorney experienced in compassionate release, and a subject-matter expert. Including lived experience and specialized expertise aligns with Independent Living values of consumer control and meaningful participation by disabled and formerly incarcerated people in policy design.

Thank you for the opportunity to submit testimony in strong support of HB1628 HD2 and for considering the needs and dignity of seriously ill and disabled people in Hawaii's correctional system and their ohana..

Mahalo,

Roxanne Bolden

Executive Director

HB-1628-HD-2

Submitted on: 3/23/2026 9:47:35 AM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---|---------------------------|---------------------------|
| Jim Albertini | Testifying for Malu 'Aina Center for Non-violent Education & Action | Support | Written Testimony Only |

Comments:

Aloha Legislators,

Our organization is in strong support of HB1628 as the current language stands. Please make the effective date of this bill IMMEDIATELY. Also please state to allow other incarcerated people to help people who are critically ill.

I speak as a long time Hawaii peace activist who has spent nearly 2 years in prison for non-violent peaceful protest. I have seen the need firsthand for compassionate release from the inside.

Mahalo for your support.

Jim Albertini, President of Malu 'Aina



March 23, 2026

Hawaii State Legislature
Committee on Public Safety & Military Affairs
Senator Fukunaga
Senator Lee

Support for HB 1628 HD2- Relating to Compassionate Release

Aloha Chair Fukunaga, Vice Chair Lee and Members of the Committee,

My name is Jamee Mahealani Miller, Co-Executive Director of 'EkoLū Mea Nui, and I write in strong support of **HB 1628 HD2** 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 HD2 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 HD2. I respectfully urge the Committee to pass this measure.

Me ka ha'aha'a,

Jamee Mahealani Miller

Dr. Jamee Mahealani Miller
Co-Executive Director
'EkoLū Mea Nui
jamee@ekolumeanui.org
(808)430-3380



Hawai'i

Committee: Public Safety and Military Affairs
 Hearing Date/Time: Wednesday, March 25, 2026, at 3:00pm
 Place: Conference Room 016 & Via Videoconference
 Re: **Testimony of the ACLU of Hawai'i in SUPPORT of HB1628 HD2 Relating to Compassionate Release**

Dear Chair Fukunaga, Vice-Chair Lee, and Members of the Committee:

The ACLU of Hawai'i (ACLU-HI) **supports HB1628 HD2** 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

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

grade.² **Sadly, Hawai‘i received a “F” grade due in part to our policy design, 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 HD2, 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

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>.

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/YNmzV6OMOM.

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

jfrost@acluhawaii.org

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.

HB-1628-HD-2

Submitted on: 3/23/2026 1:40:09 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|--------------------------------|---------------------------|------------------------|
| Lisa Darcy | Testifying for Share Your Mana | Support | Written Testimony Only |

Comments:

Aloha Committee,

As the Founder of a small nonprofit on Maui, I urge you to please support HB 1628 and SB 2688. I see the unmanagable cost both monetarily, physically, and emotionally not having reasonable and compassionate policy is for those incarcerated. Those working to reduce financial costs, emotional, and physical costs wholeheartedly support these bills to bring relieve at all levels.I am proud of all who have moved this forward and appreciate the immense lift this is for the entire community, recognizing one of the biggest wins will be the emotional strength this brings to many needlessly suffering.

Lisa Darcy, Founder, Share Your Mana

Kula, Maui, HI

February 1, 2026

Dear Senators and Representatives of the Hawaii'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.

Hawaii'i 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'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.

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

Jouiet Begley
JOUJET BEGLEY

Carla S. Allison
Carla S. Allison
Sorcha McCarney
Sorcha McCarney
Susan Yaman, Carpenter
Susan Yaman, Carpenter
Catherine Graham
Catherine Graham
Zachary Fraser
Zachary Fraser
Martina Queen
MARTINA QUEENTH
Alison Rowland Ciszek
ALISON ROWLAND CISZEK
Barbara Jean Collins
Barbara Jean Collins
Donald Edelheit
Donald Edelheit
Melissa Edelheit
Melissa Edelheit
Paul Davis
PAUL DAVIS
Kathryn Aris-Rene
KATHRYN ARIS-RENE
James Cooper
JAMES COOPER
David T. Hiner
David T. HINER
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
Marie Anne

Leanne MacIntire
JAMES B. WOOD

Hilka R. Easterwood

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

Cristic Lawson CRISTIC LAWSON

Crystal Neva Crystal Neva

Margaret (Peg) Neva Margaret (Peg) Neva

Kristin Witcher Kristin Witcher

Pierre Kleiber Pierre Kleiber

HB-1628-HD-2

Submitted on: 3/24/2026 7:42:13 AM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|------------------|--------------------------------|--------------------|------------------------|
| Ronald Fujiyoshi | Testifying for OHANA HOOPAKELE | Support | Written Testimony Only |

Comments:

Dear Senator Carol Fukunaga, Chair, Senator Chris Lee, Vice Chair, and members of the Committee on Public Safety and Military 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.2**, 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.

Please pass this bill in its entirety.

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.’



HAWAI'I HEALTH &
HARM REDUCTION CENTER

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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 2

TO: Chair Fukunaga, Vice Chair Lee, & PSM Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: March 25, 2026 (3:00 P.M.)

Hawai'i Health & Harm Reduction Center (HHHRC) **strongly supports** HB 1628, HD 2, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons. We ask that the bill be amended to restore the ability of other incarcerated persons to help with an application for compassionate release. Often eligible patients are too ill to initiate the application, and correctional medical staff are overburdened by their immediate workload.

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.



Re: HB1628 Relating to Compassionate Release

Dear Public Safety Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

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. We strongly support HB1628 and request two minor amendments:

FAMM respectfully requests the following amendments to HB1628:

- **Provide an effective date:** “this Act shall take effect upon its approval” will ensure the bill is implemented as the legislature intends.
- **Restore the ability of incarcerated people in the Department to assist with applications:** this matches best practices, and safeguards exist in the bill to ensure this is used responsibly.

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 The small number of critically ill individuals contribute an outsized amount to these rising costs.



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.

As a result, the cost to incarcerate those who are medically complex, yet pose no demonstrable risk to public, is far higher.

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.



The below are example expenditures for those who are critically ill and incarcerated, representing the amount that DCR and the State could save through SB 2688 if requested amendments are made.

Case study: a patient with cancer

For a patient with cancer in DCR custody between September 2025 to January 2026, costs included:

- Out of facility medical costs, including hospitalizations and surgeries: **\$276,830**
- Transports to and from appointments: **\$64,000**, not including additional COs for transport and hospital shifts
- Medications: **\$9,000**
- Medevac from Arizona to Halawa: **\$100,000**
- Nursing care at Halawa: **\$240,000**

Therefore, in only **five months**, this patient costed DCR and the State nearly \$700,000. To keep this individual in custody, this would cost **\$1,515,000** for a single year.

Case study: specialized prescription costs

For a patient in DCR custody with a rare disease, the cost for a single month of that individual's non-formulary prescription took up **90% of DCR's entire budget for prescriptions** for all people in custody. This means that only 10% of the budget is available for the thousands of other individuals in custody who need medications, including prescriptions without which people will die - such as insulin.

Case study: outside medical costs

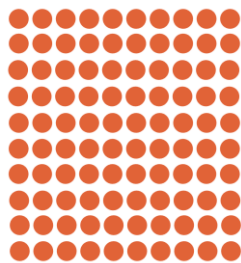
For the following patients in DCR custody, costs solely for outside medical care – **not counting medications, facility nursing care, etc.** – included:

- Patient 1: between July 2025-January 2026, \$148,393 for outside care and \$21,000 for EST transportation, totaling **\$148,414** for seven months of care.
- Patient 2: between February 2025-February 2026, \$347,950 for outside medical care, and \$25,000 for EST transportation, totaling **\$372,950** for one year of care.
- Patient 3: in only January of 2026, \$151,580 for outside care, and \$8,000 for EST transportation. **This is \$159,580 for only one month of care.**
- Patient 4: August 2025-February 2026, **\$703,478** for outside care alone, not including transportation.

For twelve patients in custody who need a high level of care, **DCR spent \$2.9 million only on outside care in 10 months.**

Many of the individuals above have yet-to-be-completed mandatory minimums or are serving life without parole. Further, many have non-terminal yet debilitating conditions, and their care is so costly that DCR cannot provide it on a long-term basis without jeopardizing the care of others in custody. **The sentence and medical eligibility of this bill are best practice and will ensure the bill results in cost savings for DCR and the State.**

Currently, DCR and the State are responsible for 100% of the costs for incarcerated people who are critically ill. However, if these individuals are granted compassionate release and on Medicaid, the federal government covers 73% of these costs instead of the State.ⁱⁱ



The State is responsible for 100% of the costs for critically ill people in DCR



The Federal government covers 73% of the costs for the State of critically ill people released on Medicaid

DCR’s healthcare budget of over \$30 million is primarily for staffing, including salaries and overtime. Spending for outside patient visits, medications, hospitalizations, transportation, and more comes from DCR’s healthcare operational budget, which is approximately \$13-14 million. This budget is also used for filling healthcare vacancies, which leaves DCR in the



position of choosing between filling positions and funding medical care, such as durable medical equipment and medications for patients.

In the first year of implementation of this bill, an estimated 16 people – including those sentenced to LWOP and with non-terminal, non-cognitive conditions – could be eligible for release. If HPA finds all 16 persons suitable for release based on their individualized assessments, **the bill could save DCR \$9.6-\$14.4 million in one year**. These cost savings will also provide DCR with the necessary funds to hire staff without requiring additional appropriations.

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%.ⁱⁱⁱ 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.^{iv} 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.^v 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.^{vi} 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%.^{vii}

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.

Medical 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.

The medical criteria in the original bill matches the Department of Corrections and Rehabilitation's (DCR) already existing Policies and Procedures in COR.10.1G.11. In Chapter 10, Section G, DCR outlines the four categories listed in the bill:

| DCR Policy | SB 2688 Criteria |
|--|--|
| Terminal illness | Terminal illness |
| Debilitating condition | Debilitating condition |
| Too ill or cognitively impaired to participate in rehabilitation or be aware of punishment | Too ill or cognitively impaired to participate in rehabilitation or be aware of punishment |
| Condition(s) that require a level of care DCR is unable to provide on a long-term basis | Condition(s) that require a level of care DCR is unable to provide on a long-term basis |

We strongly support the medical eligibility criteria in SB2688.

Sentence Eligibility Criteria

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. Such states cross the geographic and political spectrum – just a few examples include Alabama, Georgia, Florida, Kentucky, Illinois, Idaho, New Mexico, Utah, District of Columbia, Vermont, Alaska, and more. 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. We strongly support the sentence eligibility in SB2688.

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.



When medical staff are stretched thin, it is often other incarcerated individuals who notice an individual's decline. These other incarcerated persons are often most familiar with an individual's debilitation – for example, often cellmates directly observe the functional status of the critically ill people with whom they share a cell. Incarcerated people are uniquely equipped to assist others in custody with their applications, because they see this information first-hand. Allowing other incarcerated individuals to assist with applications also reduces the burden on DCR staff to initiate the process, while still ensuring there is appropriate review. 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

There are many safeguards to ensure there is no coercion or misidentification. Further, definition of “incarcerated person's representative” explicitly states that “another incarcerated person” can “assist[] the incarcerated person in initiating an application for compassionate release.” **Please remove the language in Section 2(c) that states only an incarcerated person's representative outside of the Department can initiate an application for compassionate 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.^{viii}

DCR and HPA have an already-existing agreement with the prosecutor's offices in Hawai'i to provide for notification within 48 hours. During the PBS HB 1628 hearing on February 4th, at 1:51:10, [DCR testifies to the following](#):

“We've got the prosecutors to agree to review the case and give us a response back within two days.”

The bill in its original form does not preclude this extant notification process. However, the bill's language reflects the notification practice to which all of the prosecutor's offices have already agreed.



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).^{ix} This longstanding crisis for Hawaiians disrupts pono (righteousness) and the perpetuation of ola (healing) through the strength of Hawaiian 'ohana (family).^x Compassionate release is rooted in humanitarian principles and aligned with Native Hawaiian values of aloha, mālama (care), and kuleana (responsibility to one another).^{xi} 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 not 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 provide comments. FAMM respectfully urges the legislature to pass HB1628, which would reduce costs, support staff, provide dignity, and protect public safety.

Thank you,

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



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- 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 KFF, “Medicaid in Hawaii,” May 2025, <https://files.kff.org/attachment/fact-sheet-medicaid-state-HI>.
- ⁱⁱⁱ 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>.
- ^{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 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>.
- ^{vi} Prison Policy Initiative, “The Aging Prison Population: Causes, Costs, And Consequences,” August 2, 2023, <https://www.prisonpolicy.org/blog/2023/08/02/aging/>.
- ^{vii} 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.svdcdn.com/production/downloads/publications/Using-Compassionate-Release-to-Address-the-Growth-of-Aging-and-Infirm-Prison-Populations%E2%80%94Full-Report.pdf?dm=1568745464>.
- ^{viii} Estimates provided by the Hawaii Correctional System Oversight Commission.
- ^{ix} Prison Policy Initiative, “Hawaii Profile,” n.d., <https://www.prisonpolicy.org/profiles/HI.html>.
- ^x Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.
- ^{xi} Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.



Native Hawaiian LEGAL CORPORATION

1164 Bishop Street, Suite 1205 • Honolulu, Hawai'i 96813
Phone (808) 521-2302 • Fax (808) 537-4268 • www.nativehawaiianlegalcorp.org



LATE

Testimony to the SENATE COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Relating to House Bill 1628 HD2

Relating to Compassionate Release.

March 25, 2026 3:00 p.m. State Capitol, Conference Room 016

Aloha e Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

The Native Hawaiian Legal Corporation (NHLC) offers this testimony in SUPPORT of **HB1628 HD2**. 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.

HB1628 HD2 contains carefully crafted language and includes provisions that should be preserved intact to effectuate this bill's goals and purpose. We also urge the committee to consider the following amendments to HB1628 HD2.

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

Native Hawaiian Legal Corporation
Testimony Re: HB 1628 HD1
March 24, 2026
Page 2 of 2

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 HD2 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.

Me ka ha‘aha‘a,



Terina K. Fa‘agau
Staff Attorney

LATE



Dear Chair Carol Fukunaga, Vice Chair Lee, and Members of the Committee:

On behalf of the Hawai'i Community Safety Coalition, I write in strong support of HB 1628 and respectfully urge its passage.

This measure advances both public safety and basic fairness by allowing individuals who are critically ill—and who no longer pose a meaningful risk—to be considered for compassionate release. A substantial body of research shows that people who are elderly or medically fragile have extremely low rates of recidivism.

Studies from the United States Sentencing Commission and other national research institutions consistently find that age and severe health conditions are among the strongest predictors of desistance from crime. In other words, continuing to incarcerate people who are seriously ill does little to enhance safety, while imposing significant human and fiscal costs.

HB 1628 also reflects sound fiscal stewardship. The cost of incarcerating medically vulnerable individuals is dramatically higher than the average cost of incarceration, largely due to intensive healthcare needs. Research from the Vera Institute of Justice and the National Institute of Corrections shows that aging and seriously ill prison populations drive disproportionately high correctional spending.

Compassionate release policies can safely reduce these costs while allowing limited public resources to be reinvested in prevention, rehabilitation, and community-based care.

There is also growing evidence that excessively long incarceration can undermine, rather than improve, long-term public safety outcomes. Research in the field of criminology suggests that prolonged incarceration may increase the likelihood of reoffending for some individuals, particularly when it erodes social ties and access to support systems. By contrast, carefully structured release for those who are critically ill allows individuals to reconnect with family and community supports—factors that are well-established in reducing recidivism.

From a systems perspective, HB 1628 would also ease the strain on correctional staff. Correctional facilities are not designed to function as long-term medical care institutions, yet staff are increasingly tasked with managing complex, resource-intensive health needs. Allowing compassionate release in appropriate cases helps ensure that correctional professionals can focus on their core public safety responsibilities.

I respectfully encourage the Committee to pass this bill without amendments, with two exceptions: (1) make the bill effective upon approval, and (2) allow incarcerated individuals to assist those who are critically ill in preparing and submitting applications. These practical adjustments will help ensure that the policy functions as intended and is accessible to those who need it most.

Finally, this measure is deeply consistent with Hawai'i's values of mālama, kuleana, 'ohana, and aloha. It recognizes that justice is not only about punishment, but also about humanity, responsibility, and wise stewardship of public resources.

As a community member and taxpayer, I urge you to advance HB 1628.

Mahalo,

Liam Chinn

HB-1628-HD-2

Submitted on: 3/21/2026 1:36:02 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Debbie A Cabebe | Individual | Support | Written Testimony Only |

Comments:

Dear Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

My name is Debbie Cabebe. I strongly support HB 1628, and urge you to pass this measure. HB 1628 protects public safety by allowing people who are critically ill who no longer pose a risk to be considered for release. This bill reflects fiscal responsibility, as HB 1628 will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State. HB 1628 will also lessen the burden on correctional staff who are already stretched thin. I respectfully encourage this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications.

As a community member and a taxpayer, please advance this important measure.

Mahalo for your consideration.

Debbie

HB-1628-HD-2

Submitted on: 3/21/2026 5:42:52 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| ANTONE KAPALU III | Individual | Support | Written Testimony Only |

Comments:

Dear Senator/Representative:

My name is Antone Kapalu III and I'm in favor of supporting HB 1628/SB 2688. People who are seriously ill and or elderly and no longer a risk to public safety, should not spend their last days in prison. This bill I feel, helps the state of Hawaii to save resources, and I feel that it also shows Hawaii's value of compassion, and responsibility.

Thank you for your time and consideration to this matter.

Respectfully,

Antone Kapalu III

HB-1628-HD-2

Submitted on: 3/21/2026 7:43:14 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Ethan Chang | Individual | Support | Written Testimony Only |

Comments:

Dear Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

My name is Ethan Chang, and I am from Honolulu. I strongly support HB 1628, and urge you to pass this measure.

HB 1628 protects public safety by allowing people who are critically ill who no longer pose a risk to be considered for release. This bill advances basic human dignity and collective safety. It also advances fiscal responsibility and will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State. Additionally, HB 1628 will lessen the burden on correctional staff who are already stretched thin.

I respectfully encourage this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications. This bill aligns with Hawaiian values of mālama, kuleana, ‘ohana, and aloha, and the language of the bill matches best practices around the country. As a community member and a taxpayer, please advance this important measure.

Aloha,

Ethan Chang

HB-1628-HD-2

Submitted on: 3/22/2026 4:07:33 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

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

Comments:

Aloha Chair Fukunaga, Vice Chair Lee and Committee Members:

My name is Colleen Rost-Banik, and I am writing in strong support of **SB2688 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 in the conditions of the prison. The health care they receive, especially for cancer and other frailties, 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.

Mahalo for considering my testimony. Please support HB1628.
Colleen Rost-Banik, PhD
Honolulu, HI (Waikiki)

Dennis M. Dunn
Kailua, HI 96734

TO: Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair
Senate Committee on Public Safety and Military Affairs

RE: House Bill 1628, H.D. 2, Relating to Compassionate Release

HEARING: Wednesday, March 25, 2026, 3:00 p.m.
Conference Room 016

Good afternoon, Chair Fukunaga and Vice Chair Lee, and members of the Senate Committee on Public Safety and Military 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 opposition to H.B. 1628, H.D. 2, 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:

1. There appears to be no provisions for identification or consideration of the concerns of the victims of the incarcerated persons or that they be addressed prior to the Compassionate Release. In some situations, the proposed release location, for example, might be problematic for the victim. For example, the victim's residence or workplace may be near the release location. This may even include circumstances in which the victim and the offender are members of the same family, which should be always considered when an application for release is being reviewed. Similarly, for even the most serious offenders such as serial sex offenders, murderers, attempted murderers, or arsonists there appears to be no role for the concerns of the safety of the public or how that can be addressed.
2. The proposed procedures seem to ignore minimum sentences required by law, invoked by the judge at sentencing, or established by the Paroling Authority.
3. Although victim notification is included in the current language, there is nothing specifying the timing of the notification or the way it is to take place. Thus, these releases may subject survivors to the unpleasant and potentially traumatizing experience of seeing their perpetrator in the community without adequate prior notification.

4. 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, which makes me assume that the proposed Administrative Rules emanating from the proposed Working Group is unlikely to include any accommodations for victims.

It may be possible to amend this measure to address some or all these concerns, however without the necessary changes I oppose H.B. 1628 H.D. 2. Mahalo for your time and consideration.

HB-1628-HD-2

Submitted on: 3/23/2026 7:46:17 AM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Cassandra Chee | Individual | Support | Written Testimony Only |

Comments:

Aloha Chair Fukunaga, Vice Chair Lee, and Members of the Committee,

My name is Cassie Chee and I live in Kalauao (Aiea). **I strongly support HB 1628**, and urge you to pass this measure. HB 1628 protects public safety by allowing people who are critically ill who no longer pose a risk to be considered for release. This bill reflects fiscal responsibility, as HB 1628 will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State. HB 1628 will also lessen the burden on correctional staff who are already stretched thin. I respectfully encourage this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications. This bill aligns with Hawaiian values of mālama, kuleana, 'ohana, and aloha, and the language of the bill matches best practices around the country. As a community member and a taxpayer, please advance this important measure.

Mahalo,

Cassie Chee
Aiea

HB-1628-HD-2

Submitted on: 3/23/2026 9:35:45 AM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------|--------------|--------------------|-------------------|
| Luanna Peterson | Individual | Support | Remotely Via Zoom |

Comments:

Dear Chair Fukunaga, Vice Chair Lee, and Members of the Committee,

My name is Luanna Peterson, and I am from Niu Valley. I am writing to express my strong and heartfelt support for HB 1628 HD2, and *I urge you to pass this measure with key improvements.*

HB 1628 is about basic humanity and public safety. It allows people who are critically ill and no longer pose a risk to be considered for release. Keeping gravely ill people behind bars when they are no longer a danger does not make our communities safer. Instead, it drains limited resources that could be better used to support prevention, rehabilitation, and reentry.

This bill also reflects fiscal responsibility. HB 1628 will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State of Hawai'i by reducing the enormous medical and staffing costs associated with caring for critically ill people in prison. It will also lessen the burden on correctional staff, who are already stretched thin and under tremendous pressure.

I respectfully encourage this Committee to pass this bill with two specific changes: (1) make the bill effective upon its approval, and (2) allow other incarcerated people to assist those who are critically ill with their applications. These changes will ensure that the measure can immediately help those who need it most and that no one is denied relief simply because they are too sick or too isolated to navigate the process alone.

HB 1628 aligns with Hawaiian values of mālama, kuleana, 'ohana, and aloha. It honors our responsibility to care for one another, even when someone has made serious mistakes. The language of the bill also reflects best practices from around the country, showing that compassionate release is both workable and responsible.

As a community member and a taxpayer, I want Hawai'i to choose compassion, dignity, and common sense. I respectfully urge you to advance and pass this important measure, with the changes described above.

Mahalo for the opportunity to testify.,

Luanna

HB-1628-HD-2

Submitted on: 3/23/2026 2:04:06 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Victor K. Ramos | Individual | Oppose | Written Testimony Only |

Comments:

STRONGLY OPPOSE.

HB-1628-HD-2

Submitted on: 3/23/2026 3:12:51 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

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

Comments:

Aloha Chair Fukunaga, Vice Chair Lee, and Members of the Committee,

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.

This bill also reflects fiscal responsibility, as HB 1628 will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State while lessening the burden on correctional staff who are already stretched thin.

I respectfully encourage this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications

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

HB-1628-HD-2

Submitted on: 3/23/2026 4:01:16 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Nicholas Chagnon | Individual | Support | Written Testimony Only |

Comments:

Dear Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

My name is Nick Chagnon and I am from Kuliouou. I strongly support HB 1628, and urge you to pass this measure. HB 1628 protects public safety by allowing people who are critically ill who no longer pose a risk to be considered for release. This bill reflects fiscal responsibility, as HB 1628 will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State. HB 1628 will also lessen the burden on correctional staff who are already stretched thin. I respectfully encourage this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications. This bill aligns with Hawaiian values of mālama, kuleana, 'ohana, and aloha, and the language of the bill matches best practices around the country. As a community member and a taxpayer, please advance this important measure.

Sincerely,

Nicholas J. Chagnon PhD

**TESTIMONY ON HOUSE BILL 1628, HOUSE DRAFT 2
RELATING TO COMPASSIONATE RELEASE**

Senate Committee on Public Safety and Military Affairs

Senator Carol Fukunaga, Chair

Senator Chris Lee, Vice Chair

Wednesday, March 25, 2026 3:00pm

State Capitol Conference Room 016 & via Videoconference

Aloha Chair Fukunaga, Vice Chair Lee, and Committee Members.

My name is Edmund "Fred" Hyun, former Chairman of the Hawaii Paroling Authority (HPA). I oppose section (i) as written. While the intent of House Bill 1628, HD2, is principled, the committee should be aware of the existing protocol and practice in place addressing Compassionate Release (otherwise known as Medical Release).

.In 2001, the Hawaii Supreme Court affirmed that HPA has the authority to set minimum terms equal to the maximum prison terms set by the Courts. The HPA can reduce its own previous set minimum via an administrative hearing. The HPA cannot reduce Court-imposed Mandatory Minimums or sentences to Life without the Possibility of Parole (LWOPP) that can only be commuted by the Governor.

The measure, in its entirety, oversteps the Court's (Judiciary Branch) authority as well as the Governor's (Executive Branch) authority by law.

Thank you for the opportunity to testify on this important measure.

**TESTIMONY OF CHARLA MANUEL
IN STRONG SUPPORT OF HB 1628
RELATING TO COMPASSIONATE RELEASE
Hearing Date: March 25, 2026**

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

I am writing in strong support of **HB 1628**, relating to compassionate release.

This testimony is deeply personal and very difficult for me to write. I am here because I witnessed firsthand how a loved one with a terminal illness was treated while in the custody of our correctional system. No family should have to endure what mine did.

My brother spent 30 years incarcerated. He was transferred back to Halawa from Arizona in good health, with less than one month remaining before his scheduled release. Instead of preparing to welcome him home, our family was faced with a heartbreaking and preventable tragedy.

While in custody, he contracted COVID-19 and was admitted to Pali Momi Medical Center on December 20, 2021. Our family was not notified of his condition for three weeks. By the time we were finally informed, his organs were failing and he was already in a coma.

We were only able to see him by video. He could not speak or respond, except for a single tear that formed in the corner of his eye. That was the first time I had seen my brother in 30 years.

A few nights later, I felt strongly that I needed to speak with him. At around 7:00 p.m., I called the hospital and waited for hours while staff tried to get permission from correctional officials. Despite my repeated pleas, I was denied the opportunity to speak with him. I was told it was “too late,” even though I had already been trying for hours. I even called the prison and spoke with the commanding officer myself, but I was still denied. Just two hours later, I received the call that my brother had passed away—alone, without his family by his side.

Instead of meeting Robbie at the door when he was finally supposed to come home, we met him at the mortuary to say goodbye.

No incarcerated person and no family should have to go through this. The suffering caused by isolation at the end of life affects not only the individual who is incarcerated, but also the loved ones left behind to carry the grief, trauma, and pain of not being allowed to be there in those final moments.

My brother was hospitalized for three weeks before our family was notified. When we later asked why no one had contacted us sooner, we were told that calls had been made, but when the answering machine picked up, no message was left. That is not enough. These are human beings who are dying. Their families deserve timely notification, compassion, and the chance to say goodbye.

**TESTIMONY OF CHARLA MANUEL
IN STRONG SUPPORT OF HB 1628
RELATING TO COMPASSIONATE RELEASE
Hearing Date: March 25, 2026**

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

Compassionate release is about dignity, humanity, and mercy. It gives terminally ill individuals the opportunity to spend their final days surrounded by love rather than in isolation. It also gives families the chance for closure—something that, once taken away, can never be given back.

I respectfully urge you to support **HB 1628** so that no other family has to experience this kind of pain, and so that people at the end of their lives are treated with the compassion and dignity every human being deserves.

Mahalo for your time and consideration.

**Sincerely,
Charla Manuel**

HB-1628-HD-2

Submitted on: 3/24/2026 9:06:06 AM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Kristen Young | Individual | Support | Written Testimony Only |

Comments:

Dear Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

I strongly support HB 1628, and urge you to pass this measure. HB 1628 protects public safety by allowing people who are critically ill who no longer pose a risk to be considered for release. This bill reflects fiscal responsibility, as HB 1628 will result in significant cost savings for the Department of Corrections and Rehabilitation and for the State. HB 1628 will also lessen the burden on correctional staff who are already stretched thin.

I respectfully encourage this Committee to pass this bill without amendments, with the exception of making the bill effective upon its approval, and allowing other incarcerated people to assist those who are critically ill with their applications. This bill aligns with Hawaiian values of mālama, kuleana, 'ohana, and aloha, and the language of the bill matches best practices around the country. As a community member and a taxpayer, I wholeheartedly ask you to please advance this important measure.

Mahalo for the opportunity to testify.

Respectfully,

Kristen Young

Punchbowl, Honolulu, HI 96813

Faith Action for Community Equity

Hawai'i Community Safety Coalition

Justice & Witness Missional Team of the Hawai'i Conference United Church of Christ

HB-1628-HD-2

Submitted on: 3/24/2026 10:06:46 AM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|---------------------------|
| Raelyn Reyno Yeomans | Individual | Support | Written Testimony Only |

Comments:

Strong Support!



COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Senator Carol Fukunaga, Chair

Senator Chris Lee, Vice Chair

Wednesday March 25, 2026

TIME: 3:00 p.m.

VIA VIDEOCONFERENCE & Conference Room 016

HB 1628, HD 2 Relating to Compassionate Release

Hawai'i Friends of Restorative Justice (HFRJ) strongly supports HB 1628. 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.

Community and victim safety: The fear that victims may feel, regardless of an offender's physical condition is real and deserves respect, but it cannot be the standard for policy. The people eligible under this bill are terminally ill or so cognitively impaired they cannot participate in rehabilitation. The Department of Justice reports a recidivism rate of just 3.5% for people granted compassionate release, compared to 41% for the general prison population. Keeping a dying person incarcerated does not make a victim safer. It only makes the state's conduct harder to defend.

Restitution: Compassionate release will not shift the restitution collection burden to victims because most criminal restitution goes uncollected regardless of whether a person remains incarcerated. A [Michigan Law Review](#) analysis finds that restitution "provides little satisfaction to the victims the schemes are designed to make whole" and the [Congressional Research Service](#) confirms that prosecutors recover less than \$1 out of every \$10 owed. Keeping dying and incapacitated people in prison to preserve a collection mechanism that already fails victims, at an exorbitant cost, is a disservice to the public. Opposing compassionate release does not protect victims. It simply asks that Hawai'i continue spending up to \$2,000,000 per person to incarcerate dying people, while the cost savings that this bill would provide could be used to increase victim compensation.

HB 1628 HD 2 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@hawaiifriends.org • 808-218-3712

COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

Senator Carol Fukunaga, Chair

Senator Chris Lee, Vice Chair

HEARING:

Wednesday, March 25, 2026 at 3:00 pm

Conference Room 016 & Videoconference

TESTIMONY IN **SUPPORT OF** HB 1628, HD2 - RELATING TO COMPASSIONATE RELEASE.

Aloha Chair Fukunaga, Vice Chair Lee, Senator Hashimoto for my district on 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, HD2**, 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 2 can:

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

The language of HB 1628, HD2 aligns with best practices and I encourage the Committee to advance the bill without substantive amendments. Public safety can still be protected through careful review standards, eligibility requirements, and judicial or administrative oversight. House Bill 1628, HD2 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, HD2**.

Christine Andrews, J.D.

Wailuku, Maui

Robert K. Merce
2467 Aha Aina Place
Honolulu, Hawai'i 96821

TO: Committee on Public Safety and Military Affairs
RE: HB 1628 HD 2
HEARING: Wednesday, March 25, 2026
TIME: 3:00 p.m.
ROOM: Conf. Room 016
POSITION: Strongly Support

Aloha Chair Fukunaga, Vice Chair Lee, and Members of the Committee:

My name is Bob Merce. I am a retired lawyer and for more than a decade I have been advocating for terminally ill and severely debilitated individuals seeking compassionate release. I strongly support HB 1628 HD 2.

1. Hawaii Needs a Compassionate Release Statute.

The current compassionate release process is governed by a three-page Department of Corrections and Rehabilitation (DCR) policy,¹ and a single sentence in a decades old administrative rule.² The DCR policy and HPA rule are inadequate to manage a complex process that involves significant state resources, and people who are suffering from devastating illnesses. Hawaii is the only state that does not have a compassionate release statute. HB 1628 HD 2 is an evidence based, state -of -the-art compassionate release bill that provides a clear, medically grounded, and humane framework for safely transitioning very ill men and women to a community setting where they can get the medical care they need.

2. HB 1628 HD 2 Incorporates National Best Practices

HB 1628 HD 2 incorporates national best practices, and if enacted, **it would be**

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.”

one of the best compassionate release statutes in the country. Highlights of the bill include:

1. Clear, evidence-based eligibility criteria;
2. Prompt identification of person eligible for compassionate release;
3. Assistance in applying for compassionate release;
4. Assistance in preparing a release plan that ensures access to appropriate housing and medical care;
5. Clear and reasonable deadlines for decision making;
6. Clear standards on which to base release decisions;
7. All persons in the custody of the State may be considered for compassionate release;
8. Stakeholder participation in the rule making process; and
9. Data that can be analyzed to improve compassionate release process.

3. HB 1628 HD 2 Will Save Millions in Medical Costs

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. By one estimate, for those eligible for compassionate release, the 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, all paid out of state funds.³ Transitioning seriously ill men and women to hospitals, skilled nursing facilities, and long term care facilities through compassionate release will made them eligible for Medicaid which will pay 73% of their medical bills, and the State just 27%. That will amount to millions in savings each year.

³ Testimony of Molly Crane, FAMM, Senate Committees on Judiciary and Ways and Means, March 4, 2026.

https://www.capitol.hawaii.gov/sessions/session2026/Testimony/SB2688_SD1_TESTIMONY_WAM-JDC_03-04-26_.PDF

4. DCR Does Not Have the Ability to Care for Seriously Ill Patients

Under Hawaii law, incarcerated individuals are entitled to the same standard of medical care as the general public. *Slingsluff v. State*, 131 Haw. 239, 317 P.3d 683 (2013). DCR's main medical facility is the infirmary at the Halawa Community Correctional Center. The infirmary was not designed to care for seriously ill patients and is not staffed or equipped to care for them. It is for minor injuries headaches, and first aid, yet it houses men suffering from glioblastoma (an aggressive form of brain cancer), stage 4 oropharyngeal squamous carcinoma (throat cancer), advance lymphoma (cancer of the lymphatic system), metastatic prostate cancer, ALS (a progressive neurodegenerative disease), and patients with chronic heart lung, and kidney disease. HB 1628 HD 2 will facilitate the identification of candidates for medical release and transition them to facilities in the community where they can get the care that meets applicable medical standards.

5. Requested Amendments to HB 1628 HD 2

I respectfully request that the HB 1628 HD 2 be amended to allow an incarcerated person to initiate a compassionate release application on behalf of another incarcerated person, by restoring the bill's original definition of "Incarcerated person's representative" as follows:

"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.

Unfortunately, there are times when the only person willing or available to help a sick or seriously debilitated incarcerated person, is another incarcerated person. HB 1628 HD 2 should acknowledge that fact and allow such help.

I also respectfully request that HB 1628 HD 2 be effective upon approval.

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

Testimony in support of HB1628

Dear Chair Fukunaga, Vice Chair Lee, 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

HB-1628-HD-2

Submitted on: 3/24/2026 2:55:53 PM

Testimony for PSM on 3/25/2026 3:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|---------------------|---------------------------|---------------------------|
| Maddalynn Seseapasara | Individual | Support | Written Testimony Only |

Comments:

ALoha,

I fully support this bill.

For the bill to become effective upon its approval: right now the bill has a "defective date" of July 1, 3000, and we need the bill to take effect once it is passed.

Please pass it.

Mahalo,

Maddalynn Seseapasara



Carrie Ann Shirota
Attorney at Law

LATE

Committee on Public Safety and Military Affairs
Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair
Wednesday, March 25, 2026
3:00 P.M.
Conference Room 016

SUPPORT: H.B. 1628 H.D. 2 Compassionate Release with Proposed Amendments

Dear Chair Fukunaga, Vice Chair Lee and Committee Members:

My name is Carrie Ann Shirota, and I am submitting comments in strong support of **H.B. 1628 HD2 Relating to Compassionate Release**. I respectfully propose amendments detailed at the conclusion of this testimony, to ensure this measure fully aligns with national best practices for medical release, also known as “Compassionate release.”

As background, I am an attorney and justice advocate dedicated to advancing data-driven public policies that foster healthy, thriving, and just communities. My professional trajectory includes serving 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. These diverse roles, along with having loved ones incarcerated, have afforded me unique insights into our criminal legal and correctional systems, and a sobering view of the conditions of confinement within our jails and prisons—both in Hawai‘i and at the Saguaro Correctional Center in Arizona.

Simply put, Hawaii’s correctional system lacks adequate health care staffing and infrastructure to meet the medical needs of our growing elderly population and persons with terminal illness, debilitating chronic conditions and severe cognitive impairments. For the humanitarian and practical reasons outlined below, I strongly support Compassionate Medical Release.

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 of 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 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 post 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.

Notification to Victims/Survivors

The proposed statute requires the Paroling Authority to provide notice of consideration of compassionate release to the Prosecuting Attorneys' office 48 hours in advance of the HPA administrative hearing.¹ This requirement aligns with the current practice

¹ (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. At least forty-eight hours before an incarcerated person's hearing, the authority shall provide

between HPA and the DPA, and takes into consideration requests by law enforcement and victim/survivor organizations to codify notification into the statute.

Professional Medical Evaluations Are Required

Some opponents of this measure have wholly ignored the fact that ***eligibility for compassionate release involves a medical determination***. Persons are not able to self-certify that they are terminally ill or have chronic debilitating conditions. Rather, trained medical professionals conduct evaluations with their patients and make individualized determinations that a person meets the eligibility criteria for compassionate release - which is more appropriately framed as Medical Release.

Please pass **H.B. 1628 HD2 Relating to Compassionate Release with three proposed amendments outlined below**. Thank you for your consideration.

Sincerely,

Carrie Ann Shirota

Carrie Ann Shirota, Esq.
Honolulu, Hawai'i

Proposed Amendments

- Section 353- Compassionate release; authority to release; process:
 - (a) An incarcerated person may be considered for compassionate release if the incarcerated person:
 - (1) Has a terminal illness;
 - (2) Has a debilitating, **chronic** or irreversible condition;
 - (3) Is too ill or cognitively impaired to participate in rehabilitation or to be aware of punishment; or
 - (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 long term basis or the incarcerated person's medical needs would otherwise be more appropriately management in community setting;
 - (c) An application for compassionate release may be initiated by the department's medical staff, an incarcerated person or **an incarcerated person's representative**.

notice, including electronically, of the hearing to the prosecuting attorney of the applicable county, for the purposes of notifying victims. The authority shall grant release in accordance with subsection (f).

- Administrative rules; working group
 - (b)(7) A subject matter expert **from FAMM** in compassionate release research, policy and practice, to be jointly appointed by the director of corrections and rehabilitation, chair of the Hawaii paroling authority, and chair of the Hawaii correctional system oversight commission.

- SECTION 6. This Act shall take effect **upon its approval.**