

JON N. IKENAGA  
PUBLIC DEFENDER

DEFENDER COUNCIL  
1130 NORTH NIMITZ HIGHWAY  
SUITE A-254  
HONOLULU, HAWAII 96817

HONOLULU OFFICE  
1130 NORTH NIMITZ HIGHWAY  
SUITE A-254  
HONOLULU, HAWAII 96817

APPELLATE DIVISION  
TEL. NO. (808) 586-2080

DISTRICT COURT DIVISION  
TEL. NO. (808) 586-2100

FAMILY COURT DIVISION  
TEL. NO. (808) 586-2300

FELONY DIVISION  
TEL. NO. (808) 586-2200

FACSIMILE  
(808) 586-2222



STATE OF HAWAII  
OFFICE OF THE PUBLIC DEFENDER

HAYLEY Y. C. CHENG  
ASSISTANT PUBLIC DEFENDER

HILO OFFICE  
275 PONAHAWAI STREET  
SUITE 201  
HILO, HAWAII 96720  
TEL. NO. (808) 974-4571  
FAX NO. (808) 974-4574

KONA OFFICE  
75-1000 HENRY STREET  
SUITE #209  
KAILUA-KONA HI 96740  
TEL. NO. (808) 327-4650  
FAX NO. (808) 327-4651

KAUA'I OFFICE  
3060 EIWA STREET  
SUITE 206  
LIHUE, HAWAII 96766  
TEL. NO. (808) 241-7128  
FAX NO. (808) 274-3422

MAUI OFFICE  
81 N. MARKET STREET  
WAILUKU, HAWAII 96793  
TEL. NO. (808) 984-5018  
FAX NO. (808) 984-5022

February 2, 2026

## HB 1628: COMPASSIONATE RELEASE

**Chair Belatti, Vice-Chair Iwamoto, and Members of the Committee on Public Safety:**

The Office of the Public Defender (OPD) strongly **supports** HB 1628 which establishes a clear, humane, and medically grounded 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 serve as a long-term medical care system. The bill appropriately defines compassionate release to include terminal illness and debilitating, chronic, or irreversible medical, cognitive, or mental health conditions that substantially compromise an individual's quality of life or ability to engage in daily functioning.

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

Importantly, this bill does not mandate release. The Hawaii Paroling Authority retains discretion and may deny compassionate release where an individual does not meet medical criteria or presents an unreasonable risk to public safety. The bill strikes an appropriate balance by grounding release decisions in medical evidence while preserving public safety considerations through an administrative hearing process.

Research consistently shows that recidivism rates decline sharply with age and serious illness. As the bill itself notes, arrest rates for individuals over fifty drops dramatically and approach zero for those over sixty-five. Compassionate release is therefore not only humane—it is rational and evidence-based.

The continued incarceration of elderly and severely ill individuals places extraordinary strain on limited state resources. Housing older incarcerated persons is significantly more expensive due to increased medical staffing, medication, hospitalizations, and transportation needs. This bill acknowledges these realities and provides a mechanism to reduce unnecessary correctional spending while allowing individuals to receive care in more appropriate community or medical settings.

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 fiscal responsibility and public interest.

This bill directly addresses public safety concerns by ensuring that those granted compassionate release remain subject to supervision, enforceable conditions, and revocation. Individuals released under this framework remain under the authority of the Hawaii Paroling Authority and may be returned to custody if they fail to comply with release conditions.

Compassionate release therefore functions as a controlled and accountable alternative to continued incarceration and not a termination of oversight. This structure ensures that individuals who no longer require incarceration for safety or rehabilitative purposes may be released humanely, while preserving the State’s ability to act swiftly if circumstances change.

The reporting requirements promote transparency and oversight by requiring annual public reporting on applications, grants, denials, demographic data, processing timelines, and outcomes. These provisions ensure that compassionate release is implemented equitably and allows policymakers and the public to assess how the law is functioning in practice.

Additionally, the creation of a multidisciplinary working group which includes a formerly incarcerated individual and an attorney with experience representing individuals seeking compassionate release, will strengthen implementation and promote informed, practical rulemaking.

HB 1628 affirms Hawai‘i’s commitment to the aloha spirit by recognizing that justice includes compassion, especially for those who are terminally ill or profoundly debilitated. Continued incarceration under these circumstances does not enhance public safety, accountability, or rehabilitation. It instead imposes unnecessary suffering and avoidable costs on individuals, families, and the State.

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

Thank you for the opportunity to comment.

JOSH GREEN, M.D.  
GOVERNOR



MARK PATTERSON  
CHAIR

CHRISTIN M. JOHNSON  
OVERSIGHT COORDINATOR

COMMISSIONERS  
HON. R. MARK BROWNING (ret.)

HON. RONALD IBARRA (ret.)

MARTHA TORNEY

HON. MICHAEL A. TOWN (ret.)

STATE OF HAWAII  
HAWAII CORRECTIONAL SYSTEM OVERSIGHT COMMISSION  
E HUIKALA A MA'EMA'E NO  
235 S. Beretania Street, 16<sup>th</sup> Floor  
HONOLULU, HAWAII 96813  
(808) 587-4160

TO: The Honorable Della Au Belatti, Chair  
The Honorable Kim Coco Iwamoto, Vice Chair  
House Committee on Public Safety

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

SUBJECT: House Bill 1628, Relating to Compassionate Release  
Hearing: Wednesday, February 4, 2026; 9:00 a.m.  
State Capitol, Room 411

Chair Belatti, Vice Chair Iwamoto, and Members of the Committee:

The Hawai‘i Correctional System Oversight Commission (HCSOC) submits testimony in **strong support** of House Bill 1628, 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](mailto:christin.m.johnson@hawaii.gov). Thank you for the opportunity to testify.



## TESTIMONY IN SUPPORT OF HOUSE BILL 1628

### RELATING TO COMPASSIONATE RELEASE

House Committee on Public Safety  
Hawai‘i State Capitol

February 4, 2026

9:00 AM

Room 411

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Aloha e Chair Belatti, Vice Chair Iwamoto, and Members of the House Committee on Public Safety:

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB1628** which establishes a clear, fair, and timely compassionate release protocol for incarcerated persons who are terminally ill or seriously debilitated, including individuals whose medical needs cannot be adequately addressed in a correctional setting.

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

HB1628 also advances practical equity for ‘ohana. Long-term incarceration carries substantial intergenerational impacts, including destabilizing family networks and creating barriers to reintegration. For Native Hawaiian ‘ohana already facing structural inequities, the prolonged incarceration of an elder or seriously ill family member can deepen harm and extend trauma, particularly when that individual’s condition has progressed to a point where dignity and humane care are better provided in a community setting with appropriate supports.

Finally, HB1628 strengthens accountability and consistency. As noted in public reporting, Hawai‘i is the only state lacking a comprehensive compassionate release law, relying instead on internal policy. This creates concerns about transparency and timely

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<sup>1</sup>Office of Hawaiian Affairs, *The Disparate Treatment of Native Hawaiians in the Criminal Justice System* (2010), available at [https://www.oha.org/wp-content/uploads/2014/12/ir\\_final\\_web\\_rev.pdf](https://www.oha.org/wp-content/uploads/2014/12/ir_final_web_rev.pdf)

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

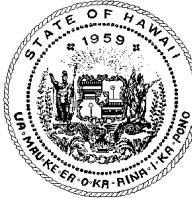
consideration.<sup>3</sup> HB1628 addresses this gap by creating defined medical criteria, clear initiation pathways, time-bound review, and public reporting that is disaggregated by race and ethnicity, all of which support fair and expeditious decision-making. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB1628**.

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

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

**JOSH GREEN, M.D.**  
GOVERNOR  
KE KIA'ĀINA



**TOMMY JOHNSON**  
DIRECTOR

**Melanie Martin**  
Deputy Director  
Administration

**Vacant**  
Deputy Director  
Correctional Institutions

**Sanna Muñoz**  
Deputy Director  
Rehabilitation Services  
and  
Programs

No. \_\_\_\_\_

STATE OF HAWAII | KA MOKUĀINA 'O HAWAII  
**DEPARTMENT OF CORRECTIONS**

**AND REHABILITATION**

*Ka 'Oihana Ho'omalu Kalaima  
a Ho'oponopono Ola*

1177 Alakea Street  
Honolulu, Hawai'i 96813

**TESTIMONY ON HOUSE BILL 1628  
RELATING TO COMPASSIONATE RELEASE.**

by

Tommy Johnson, Director  
Department of Corrections and Rehabilitation

House Committee on Public Safety  
Representative Della Au Belatti, Chair  
Representative Kim Coco Iwamoto, Vice Chair

Wednesday, February 4, 2026; 9:00 a.m.  
State Capitol, Conference Room 411 & via Videoconference

Chair Delatti, Vice Chair Iwamoto, and Members of the Committee:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

As written, HB 1628 does not include any mechanism to seek, receive, or consider input from the victim(s) and/or the surviving family members of the victim(s). It is important to remember, those serving life without the possibility of parole, and the majority of those serving life with the possibility of parole, have committed heinous crimes against one or more victims, with some offenders purposely raping and/or killing more than one victim. At present, there are twenty (20) individuals in DCR's custody serving sentences of life without the possibility of parole (LWOP) and twelve (12) of them were convicted of first degree murder and some have lesser included offenses such as carrying a firearm in the commission of a felony, rape, sodomy, kidnapping assault and other offenses. Several of these individuals are also serving life with the possibility of parole sentences as well, for additional crimes. The remaining eight (8) LWOP individuals are serving

sentences for attempted murder in the first degree (some with more than one charge), felony in possession of a firearm, kidnapping, assault rape, sodomy, burgarly, 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 addtion, this measure does not provide any additional staff or resources DCR would require to carryout the provisions of this measure. If enacted, we would require a Physician (1.0 FTE) position, which would be responsible for providing oversight, coordination, and review of the statewide compassionate release program. As a component of the compassionate release program, the development of a medical release plan for purposes of continuity of care would also be required. Currently, nursing case management positions within the Health Care Division of DCR do not exist. Therefore, an additional Advanced Practice Registered Nurse II (1.0 FTE) position would be needed and responsible for the development of the medical release plan and petitioning for guardianship when applicable.

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

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

Attachment

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

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



GENE DEMELLO JR.  
CHAIRMAN

MILTON H. KOTSUBO  
LINDA L. RICH  
CHERYL E. INOUYE  
VACANT  
MEMBERS

COREY J. REINCKE  
ADMINISTRATOR

No. \_\_\_\_\_

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII  
**HAWAII PAROLING AUTHORITY**

*Ka 'Ākena Palola o Hawai'i*

1177 Alakea Street, First Floor  
Honolulu, Hawaii 96813

TESTIMONY ON HB 1628, RELATING TO  
COMPASSIONATE RELEASE

by

Gene DeMello, Chairman  
Hawaii Paroling Authority

HOUSE COMMITTEE ON PUBLIC SAFETY

Representative Della Au Belatti, Chair  
Representative Kim Coco Iwamoto, Vice-Chair

Wednesday, February 4, 2026 – 9:00 a.m.  
Conference Room 411 – State Capitol

Chair Belatti, Vice Chair Iwamoto, and Members of the Committee:

The Hawaii Paroling Authority (HPA) opposes House Bill (HB) 1628 with suggested amendments to “§353-\_\_\_\_\_ Compassionate Release; authority to release; process”, and (i) that authorizes HPA to reduce court-imposed mandatory minimum terms and sentences of Life Without Parole (LWOP).

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

HPA is opposed to section (i) in the bill.

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

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

Committee on Public Safety

February 4, 2026

Page 2

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 unless otherwise spoken to by this authority.

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. We will be available for any questions.

**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  
PHONE: (808) 768-7400 • FAX: (808) 768-7515 • WEBSITE: [www.honoluprosecutor.org](http://www.honoluprosecutor.org)

STEVEN S. ALM  
PROSECUTING ATTORNEY  
*LOIO HO'OPI'I*

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



**THE HONORABLE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON PUBLIC SAFETY  
Thirty-Third State Legislature  
Regular Session of 2026  
State of Hawai'i**

February 3, 2026

**RE: H.B. 1628; RELATING TO COMPASSIONATE RELEASE.**

Chair Au Belatti, Vice-Chair Iwamoto, and members of the House Committee on Public Safety, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony in **opposition** to H.B. 1628.

The Department appreciates the intent of this measure, which seeks to address rising costs and humanitarian concerns associated with aging inmates. Compassion has a place in the criminal justice system. Limited correctional resources should be used responsibly while maintaining public safety. The Department has no objection to compassionate release for inmates diagnosed with a terminal illness.

However, the Department has serious concerns with the bill as currently drafted.

First, the bill provides no mechanism for victim notification or input. Early release decisions—particularly in serious felony cases—can profoundly impact victims and their families. Any compassionate release framework should ensure that victims are notified and afforded an opportunity to be heard before a final decision is made.

Second, while the Hawai'i Paroling Authority is identified as the body responsible for release decisions, the bill substantially limits its authority by directing that compassionate release shall be granted unless narrow findings are made. This structure effectively diminishes the Paroling Authority's traditional discretion and expertise in evaluating risk, suitability for release, and public safety considerations.

Third, the eligibility criteria are overly broad. The bill allows compassionate release based on a “debilitating, chronic, or irreversible condition.” According to the Centers for Disease Control and Prevention, chronic conditions include common illnesses such as diabetes, heart disease, asthma, arthritis, cancer, obesity, and mental health disorders. Without clearer statutory

limits, this definition could inundate the system with applications. The federal system faced precisely this problem during the COVID-19 pandemic, where a large volume of compassionate release requests were filed and the vast majority were denied. Such an outcome would strain resources without meaningfully advancing the bill’s goals.

Fourth, the bill applies even to individuals sentenced to mandatory minimum terms or life without parole and other serious violent crimes. These sentences were imposed by courts after careful consideration of the facts, the danger posed by the offender, and the harm to victims. Allowing compassionate release in these cases risks undermining sentencing decisions and the sense of finality and justice relied upon by victims.<sup>1</sup>

Finally, the bill lacks clarity regarding who determines whether an individual is “too ill” or “more appropriately managed in a community setting.” These determinations are inherently subjective and may invite conflicting medical opinions, inconsistent outcomes, and litigation unless clear standards and decision-making authority are established.

While our Office supports the intent of this legislation, we respectfully urge the Committee to address these serious concerns to ensure that any compassionate release program is narrowly tailored, victim-centered, and consistent with public safety and judicial integrity, particularly regarding those inmates with a terminal illness.

Thank you for the opportunity to testify.

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<sup>1</sup> See *United States v. Wright*, 46 F.4th 938, 944 (9th Cir. 2022) (“As compassionate release derogates the principle of finality, it is a narrow remedy.”) (cleaned up).

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HO`OMANA PONO, LLC  
*Mamua Kānaka*

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**ATTENTION:**

**COMMITTEE ON PUBLIC SAFETY**

Rep. Della Au Belatti, Chair

Rep. Kim Coco Iwamoto, Vice Chair

January 31, 2026

**Re: HB1628 RELATING TO COMPASSIONATE RELEASE**

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Aloha Chair, Vice Chair and Members of the Committee on Public Safety!

We STRONGLY SUPPORT this, Bill.

As of 2026, Hawaii is considered the **ONLY** state in the U.S. without a formal, statutory "**COMPASSIONATE RELEASE**" law! Auwe!

Fyodor Dostoevsky said:

***"The degree of civilization in a society can be judged by entering its prisons".***

Mandela popularized a modern variation in his memoir **Long Walk to Freedom**

***"It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones".***

So, we ask you of this Hawaii Legislature, to what degree do you find our "civilization", and how should the world view the **ALOHA STATE**? We should be leading the nation in this area.

Please pass this bill. Mahalo.

***De MONT Kalai Manaole***

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De MONT Kalai Manaole, Co-Manager

Ho`omana Pono, LLC

86-044 Hoaha St.

Wai`anae, HI 96792

Phone: (808) 726-5753

Email: [hoomanaponollc96792@gmail.com](mailto:hoomanaponollc96792@gmail.com)



Re: HB1628 Relating to Compassionate Release

Dear Chair Belatti, Vice Chair Iwamoto, and Committee Members,

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

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

## **I. Purpose of Compassionate Release**

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

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

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

### *Fiscal impact*

Housing medically complex patients in prison is uniquely costly for the state. The Department of Corrections and Rehabilitation (DCR) reported a total operating cost of healthcare alone in 2023 of \$33,271,024, a significant increase from 2022.<sup>i</sup> Direct costs include specialty appointments, medical equipment, non-formulary prescriptions, labs and imaging, surgeries, Medevac flights, emergency room admissions, and hospitalizations. There are also indirect costs, including transportation to and from appointments, and extensive overtime pay for corrections officers who must accompany incarcerated individuals 24/7 when off-site for care. Examples of the additional costs of critically ill incarcerated individuals in Hawai'i include:

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



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

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

#### *Care burden*

People with critical illnesses require extensive care that correctional systems are not designed to provide. This includes daily care, such as administering medical treatments, 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%. 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.<sup>ii</sup> 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.<sup>iii</sup> 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, the Department of Corrections and Rehabilitation (DCR) houses 996 people 50 years of age or older, and over 80 incarcerated persons who are 70 or more years old. 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%.<sup>iv</sup>

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

## **II. Best Practices and HB1628**

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

#### *Eligibility Criteria*

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

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



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

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

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

### *Application Process*

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

Across the country, states recognize the vital role of medical staff, corrections officials, family, counsel, and other incarcerated people in identifying people who may be eligible. HB1628’s 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, to apply for them; and safeguards against missing eligible individuals by requiring the department to promptly identify persons who meet the bill’s medical criteria. This robust identification process fulfills the bill’s central purpose of reducing the burden on DCR and the state by ensuring that the sickest and most incapacitated people in custody can be considered for released.

### *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 any time. 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 assessment 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.<sup>v</sup>

#### *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 from DCR and HPA HB1628 aligns 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).<sup>vi</sup> This longstanding crises for Hawaiians disrupts pono (righteousness) and the perpetuation of ola (healing) through the strength of Hawaiian 'ohana (family).<sup>vii</sup> Compassionate release is rooted in humanitarian principles and aligned with Native Hawaiian values of aloha, mālama (care), and kuleana (responsibility to one another).<sup>viii</sup> 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 up, 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 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 his care was 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 three 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 COs 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 psych wing of the prison, where people were yelling and banging on the cells, which was not a peaceful place for this gentleman's final breaths. Even though he had family to support him and medical staff did everything they could to move him through the process in time, by the time I returned to Halawa that Wednesday, he had passed. His family and the medical staff hope that this effort can in some small way honor his life, and prevent this from happening again.

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

Thank you,

Molly Crane  
FAMM  
[Mcrane@famm.org](mailto:Mcrane@famm.org)  
(202) 822-6703



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- <sup>i</sup> 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](https://budget.hawaii.gov/wp-content/uploads/2021/12/25.-Department-of-Public-Safety-FY-23-SUPP.Mn5_.pdf).
- <sup>ii</sup> 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>.
- <sup>iii</sup> 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>.
- <sup>iv</sup> 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.svcdn.com/production/downloads/publications/Using-Compassionate-Release-to-Address-the-Growth-of-Aging-and-Infirm-Prison-Populations%20%94Full-Report.pdf?dm=1568745464>.
- <sup>v</sup> Estimates provided by the Hawaii Correctional System Oversight Commission.
- <sup>vi</sup> Prison Policy Initiative, “Hawaii Profile,” n.d., <https://www.prisonpolicy.org/profiles/HI.html>.
- <sup>vii</sup> Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.
- <sup>viii</sup> Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.

# COMMUNITY ALLIANCE ON PRISONS

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

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

*Today's Inmate; Tomorrow's Neighbor*



## COMMITTEE ON PUBLIC SAFETY

Representative Della Au Belatti, Chair

Representative Kim Coco Iwamoto, Vice Chair

Wednesday, February 4, 2026

9:00 am

Room 411 and VIDEOCONFERENCE

## STRONG SUPPORT FOR HB 1628 – COMPASSIONATE RELEASE

Aloha Chair Belatti, Vice Chair Iwamoto 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 3,654 Hawai`i individuals living behind bars<sup>1</sup> and under the “care and custody” of the Department of Corrections and Rehabilitation on January 26, 2026. We are always mindful that 799 – 43% of Hawai`i’s imprisoned male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

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

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<sup>1</sup> DCR Weekly Population Report, January 26, 2026

[Pop-Reports-Weekly-2026-01-26.pdf](https://www.hicr.hawaii.gov/Pop-Reports-Weekly-2026-01-26.pdf)

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

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

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

The community has been working for a long time to pass a law that would allow compassionate release for persons unable to access the treatment they need while incarcerated.

There was an informational briefing on October 6, 2025 that revealed why health care in prison is at a crisis level. One gentleman's care required \$2 million dollars and another person's medication required \$900,000, which basically exhausted Department of Corrections and Rehabilitation (DCR) medication budget. We became aware of this through letters and calls from people inside and their families outside. And then Community Alliance on Prisons anonymously received an internal memo stating that the medication budget was exhausted, leaving other incarcerated people without their medications.

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

HB 1628 imposes an **affirmative duty** on the Department of Corrections and Rehabilitation DCR to identify incarcerated persons who meet the criteria for compassionate release, and to assist the incarcerated persons in applying for compassionate release including the development of a plan that meets the medical and physical needs of the incarcerated person.

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

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

February 2, 2026

Chanel Santiago Hall  
Kapolei, HI 96707

**Re: HB 1628 Relating to Compassionate Release**

Aloha, Chair Belatti, Vice-Chair Iwamoto, and Members of the Committee,

Thank you for the opportunity to submit testimony in strong **SUPPORT** of House Bill 1628.

My name is Chanel Santiago Hall. I am here today both as a community member and as a granddaughter.

My grandfather, Norman “Chico” Santiago, is 84 years old and has been incarcerated for 56 years, serving a sentence of life without the possibility of parole. While he is currently healthy and does not qualify for compassionate release, aging in prison is inevitable. There will come a time when he, like many others serving long or life sentences, may become medically fragile, disabled, or seriously ill, requiring assistance with basic daily needs. That is why this legislation matters.

Compassionate release does not erase accountability or guarantee freedom. It simply creates a structured process to evaluate whether continued incarceration of elderly or seriously ill individuals still serves public safety or justice. It recognizes that there are moments when incarceration no longer fulfills its original purpose, particularly when someone is incapacitated or nearing the end of life.

For families like mine, compassionate release represents dignity and humanity. It offers the possibility that aging individuals can receive appropriate care in community or medical settings rather than spending their final days behind bars.

This bill is not just about my grandfather. It is about the many people currently aging in our correctional system, and those who will inevitably follow. Without compassionate release pathways, life sentences become life without dignity at the end of life.

I respectfully urge you to support HB 1628 and allow it to move forward.

Mahalo for your time and consideration.

Respectfully,  
Chanel Santiago Hall

**HB-1628**

Submitted on: 2/2/2026 8:12:06 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Edmund "Fred" Hyun	Individual	Oppose	In Person

Comments:

**TESTIMONY ON HB 1628 RELATING TO COMPASSIONATE RELEASE**

By

Edmund “Fred” Hyun

HOUSE COMMITTEE ON PUBLIC SAFETY

Representative Della Au Belatti, Chair

Representative Kim Coco Iwamoto, Vice-Chair

Wednesday, February 4, 2026 – 9:00 a.m.

Conference Room 411-State Capitol

My name is Edmund “Fred” Hyun, a concerned community member and former Chairman of the Hawaii Paroling Authority (HPA – 2016-2024). I stand in OPPOSITION to the measure before the House Committee.

There is no denying that aging, medical, and correctional care costs are expensive, but so are the costs to the community/state at large.

Contrary to popular belief, Hawaii, because of its size, laws, and community, has one of the most progressive and humane systems in the nation. I can personally attest to this through my meetings with Chairs and board members from member states and international parole authorities during my 8-year term.

The Courts, Corrections, and HPA provide existing avenues to address all the concerns proposed in HB1517.

Historically, Compassionate Release existed until 2019 and was rebranded as MEDICAL RELEASE, addressing the same criteria as proposed. DCR/HPA medical release has established protocols and safeguards that are efficient and effective. There are cases where an inmate is not released (parole) due to the lack of residence, medical facility, or mental health treatment/program(s).

With the release protocols in place, the focus should be on community placement and the Courts considering compassionate sentences to prevent convicted felons from entering the correctional system. There is no need to establish a working group.

Robert K. Merce  
2467 Aha Aina Place  
Honolulu, Hawai‘i 96821  
Telephone: 808-398-9594

TO: Committee on Public Safety

RE: HB 1628

HEARING: Wednesday, February 4, 2026

TIME: 9:00 a.m.

ROOM: Conference Room 411 and via videoconference

POSITION: Strongly support

Aloha Chair Belatti, Vice Chair Iwamoto, and Members of the Committee:

My name is Bob Merce. I am a retired lawyer, and for more than a decade I have been helping terminally ill and profoundly impaired individuals who are seeking compassionate release. **I strongly support SB 1628.** It has clear and comprehensive eligibility criteria, procedural transparency, reasonable deadlines for decision making, and discharge planning to ensure that those who are released have a decent place to live, and access to the medical care they need.

A fair and effective compassionate release statute should be an integral part of our criminal justice system because terminal illnesses and life limiting conditions do not discriminate on the basis of legal status: they extend to every part of society and affect incarcerated people just as they do the general public.

Anyone who doubts the need for compassionate release, should visit the Halawa Community Correctional Center infirmary and see the row of dark, cold, gray, cells where men lay dying.

On a recent visit I met John (not his real name) who is 59 years old and has glioblastoma, an aggressive and incurable form of brain cancer. He lies in bed and hardly moves. He can barely speak, and gets frustrated trying to find words to express himself. A few months ago, he had a tumor removed from his brain that his sister describes as “the size of a fist.” But surgery is not a cure for glioblastoma because it cannot remove the microscopic tendrils that have infiltrated the healthy brain, and cause new tumors to form. John gets confused easily and has impaired short- term memory. Sometimes he pulls his blanket up over his head as if he is trying to hide. He is completely immobile and bed-bound. He is bowel and bladder incontinent, and requires total assistance with all activities of daily living.

In a near-by cell is a 60-year-old man who suffers from amyotrophic lateral sclerosis, (ALS), a progressive and ultimately fatal neurodegenerative disease that destroys the nerve cells that control the muscles. He has already lost all control of his left arm, which hangs limply at his side. And he is beginning to lose control the muscles that control speech. He will eventually lose control of the muscles that enable him to swallow, and

will have to be fed through a tube in his stomach. Then he will completely lose the ability to speak, move, and breathe independently, leading to severe paralysis and death from respiratory failure.

And a few cells away is a man who is wasting away with advanced throat cancer. He cannot swallow, and is fed through a stomach tube. . He also has lymphoma, a blood cancer that originates in the lymphatic system.

Other men suffer from metastatic prostate cancer, stroke-related paralysis, and advanced heart lung and kidney disease.

On a recent visit to the infirmary, a staff member and I were discussing compassionate release as we stood in the chilly and dark day room, looking at the row of cells, each occupied by two dying or debilitated men. I wondered how many men had died in those cells because our current system failed them, or they weren't eligible for compassionate release because they had a mandatory minimum sentence, or a sentence of life without parole. And I wondered how many more men will occupy those cells and die alone in prison if HB 1628 doesn't become law.

**Prisons are not hospitals or nursing homes.** They are not designed to house seriously ill people, and are not staffed or equipped to do so. We need a legal framework that transitions seriously ill and dying individuals to appropriate community-based health care facilities—and that is exactly what HB 1628 does. **Key features of the bill are:**

(1) **Broad eligibility criteria.** A person may be considered for compassionate release if he or she:

- Has a terminal illness;
- Has a debilitating, chronic, or irreversible condition;
- Is too ill or cognitively impaired to participate in rehabilitation or to be aware of punishment;
- Has a condition or combination of conditions that requires a complexity of treatment or a level of care that the Department is unable to provide on a long-term basis, or the incarcerated person, would otherwise be more appropriately managed in a community setting.

(2) **Applications for compassionate release** may be initiated by “an incarcerated person, an attorney, a family member, or other person who is assisting the incarcerated person in navigating the compassionate release process.”

(3) The new bill imposes an **affirmative duty** on the Department of Corrections and Rehabilitation (DCR) to identify incarcerated persons who meet the criteria for compassionate release, and assist them in applying for release and developing a reentry plan includes appropriate housing and access to medical care.

(4) The DCR Director is required forward all applications for compassionate release to the Hawaii Paroling Authority (HPA) within **15 business days**. The only exception is if the application “clearly does not meet the criteria for release, or is clearly frivolous.” the Director may hold the request and not submit it to the Authority unless and until it is supported by a report from a licensed physician stating that the patient meets the criteria for release.

(5) The HPA must hold an administrative hearing on all applications within **10 business days** of receipt of an application from the DCR Director.

(6) The HP must grant compassionate release unless it finds that the incarcerated person does not meet the medical criteria for release, or poses an unreasonable risk to public safety.

(7) Under the new law, **all incarcerated persons** would be eligible for compassionate release. Currently, persons serving a mandatory minimum sentence, or life without parole, are NOT eligible for compassionate release.

(8) The new law would require DCR to collect and publish data that could be used to make the compassionate release process more just and effective.

(9) The administrative rules that are adopted to implement the new compassionate release law will be developed by a “working group” that will include the chair of the Hawaii Correctional System Oversight Commission, a subject matter expert on compassionate release, a formerly incarcerated person, and an attorney experienced in representing people applying for medical release.

**Having an effective compassionate release law will save money.** Medicaid does not cover people who are incarcerated; their medical expenses are paid 100% from state funds. But once they leave prison, Medicaid takes over, and the federal government pays 73% of the expenses, and the State only 23%. That matters, because medical care for a single individual can cost millions of dollars.

**HB 1628 follows national best practices** in providing that a mandatory minimum sentence, or a sentence of life without parole, does not preclude eligibility for compassionate release. It recognizes that a harsh sentence may have been appropriate when it was handed down, but many years later may not be appropriate, particularly in light of the incarcerated person’s physical or mental condition, and the inability of the correctional system to adequately care for the individual. Our research shows that there is no legal impediment to granting compassionate release to a person with a mandatory minimum or a sentence of life without parole sentence.

**Hawai‘i is the only state that does not have a compassionate release statute. It is time to change that.** HB 1628 incorporates national best practices, it will save the state millions of dollars, and it is consistent with our values.

I urge you to pass HB 1628

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

## Testimony in support of HB 1628

Aloha Chair Belatti, Vice Chair Iwamoto, and Members of the Committee:

My name is Maysana Aldeguer, and I am a former Corrections Officer from Waianae. I submit this testimony in strong support of this bill.

I worked as a Corrections Officer (CO) in the Department of Corrections and Rehabilitation (DCR) for 20 years, from 1996 to 2016. I became a CO because I was passionate about upholding the law, and I rose to the rank of Sergeant. As a CO, I personally witnessed the indignity of dying in prison, and the burden of caring for people who are critically ill for officers who are neither trained nor equipped to do so.

During my time as a Corrections Officer, I was assigned to hospital duty. The hospital unit is where inmates who are sick and dying are kept, and the hardest part of my 20 years in corrections was having to watch people deteriorate and die alone there in chains.

I remember having to guard a woman who was dying of AIDS in the hospital unit. I had to help suction the fluids that were coming out of her as she lost control of her bodily functions. Her breathing became more and more shallow. Even though she was slipping into a coma, I was required to keep her cuffed. Her arm was extended straight out so she could be shackled, as was her leg in irons. This was so disturbing for me. One day when she was deep in the coma, I told her “I don’t know if you can even hear me, but I’m taking off your cuffs,” just for her to have a moment of dignity. She died alone, and I was required to put the chains back on all the way until her body was in the morgue.

Watching people die in shackles impacts corrections staff morale deeply. The day this woman died, I had to go back home and be a mom for my kids, and then wake up the next day and be somehow be functioning to go through this all over again. I cried when I had a brief moment to myself – I don’t believe anyone should die alone in a prison, because I’ve seen it firsthand.

In DCR, we faced overcrowding and understaffing. There were times when there was only one of me guarding 120 inmates. People who are very sick often need a lot of care outside of the prison. Every time, two of us would have to lift them from the bed and try to clean them up, and then escort them to the doctors and back. Sometimes this took us away from the already understaffed facility for an entire shift, because the specialists were not nearby. It is not easy on the Correctional

Officers. We are not hired to be nurse aides, and we are not skilled in IV pulls and changing diapers. We are not qualified to take care of the sick inmates. All we could do was try to check if they were still alive and breathing, and hope the nurse can come at some point. And the nurse was also overwhelmed. Taking care of people who are critically ill, who need a lot of care but who are not a safety risk, was an unnecessary strain on corrections staff.

As a Corrections Officer, you work with inmates every single day. Unlike how the public views people from the outside looking in, I really got to know the inmates. Even though they made a mistake, they are still human. The crimes people commit matter, but I believe people should die knowing they are still loved. That piece would give them peace as they leave this world.

This bill is important not only because they are still people, but because they are already on their last leg of life. This group of people required so much support from overworked corrections staff, with absolutely no public safety purpose. Hawai'i is the only state in the country without a statute for the compassionate release program, and this cannot go on. We need a bill that keeps DCR and the Hawai'i Paroling Authority accountable to address the sick and dying population.

This bill is important for the State, for DCR, for inmates and families, and for COs. On behalf of correctional staff, I respectfully urge you to pass this bill.

Mahalo for the opportunity to testify.

Respectfully,

Maysana Aldeguer

**HB-1628**

Submitted on: 2/4/2026 6:59:11 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carrie Ann Shirota	Individual	Support	In Person

Comments:

Aloha Chair Belatti, Vice Chair Iwamoto and Committee Members,

I am writing in strong support of **HB1628 Relating to Compassionate Release**. The proposed measure is a necessary and prudent step for Hawai'i. It seeks to establish a clear, fair and streamlined Compassionate Release process for individuals whose continued incarceration no longer serves a penological or public safety interest. Specifically, it impacts incarcerated persons who are:

- Terminally ill,
- Suffering from serious, chronic debilitating conditions, or
- Experience cognitive impairments that render them unaware of their punishment,

I support HB1628 for humanitarian and practical reasons.

**The Principles of Humanity and Justice**

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

**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.

We currently spend over \$112,000 annually to incarcerate one person. Of note, the Department of Corrections spent over \$2 MILLION on one individual in just a few months to provide medical care because incarcerated persons are ineligible for health care insurance.

The taxpayers of Hawai'i bear this financial burden. By transitioning these individuals to community-based care—such as hospice or nursing facilities - the state can significantly reduce correctional health costs and reallocate those resources to improve safety and programs for the general population.

## **Public Safety is Maintained**

The proposed measure explicitly ensures that persons granted release will remain under parole supervision and are required to follow supervisory terms and conditions. Persons who are non-ambulatory, terminally ill, or severely cognitively impaired pose virtually no threat to public safety. Research demonstrates that recidivism decreases with age, and drops to less than one percent after age 65.

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

Please pass HB1628 Relating to Compassionate Release and advance this important legislation.

Mahalo,  
Carrie Ann Shirota, Esq.

Honolulu, Hawaii 96813

**HB-1628**

Submitted on: 1/30/2026 8:09:02 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

**Comments:**

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

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

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

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

**HB-1628**

Submitted on: 2/2/2026 10:27:51 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ronald Fujiyoshi	Ohana Ho`opakele	Support	Remotely Via Zoom

**Comments:**

Greetings from Hilo, Chair Della Au Belatti, Vice-chair Kim Koko Iwamoto, and members of the House Committee on Public Safety.

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, 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 millions of dollars and would work toward cutting down the number of pa`ahao before the question of building another expensive prison in Hawaii is forced upon you legislators.

Mahalo for allowing me to testify in favor of HB1628 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.’



HAWAII HEALTH &  
HARM REDUCTION CENTER

677 Ala Moana Blvd, Ste 226  
Honolulu, HI 96813

(808) 521-2437  
[www.hhhrc.org](http://www.hhhrc.org)

*“Reducing harm,  
promoting health,  
creating wellness, and  
fighting stigma  
in Hawai‘i and  
the Pacific.”*

## TESTIMONY IN SUPPORT OF SB 1628

TO: Chair Belatti, Vice Chair Iwamoto, & PBS Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: February 4, 2026 (9:00 A.M.)

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

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

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

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

Mahalo for the opportunity to provide testimony.



Date: February 2, 2026

To: Rep. Della Au Bellati, Chair  
Rep Kim Coco Iwamoto, Vice Chair  
Members of the House Committee on Public Safety

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

RE: Testimony on HB 1628  
Relating to Compassionate Release

Hearing: February 4, 2026, Conference Room 411, 9am

Good morning, Chair Belatti, Vice Chair Iwamoto, and Members of the House Committee on Public Safety. Thank you for the opportunity for the Sex Abuse Treatment to provide comment on the HB 1628, relating to compassionate release.

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

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

Compassion is not one sided. It should not be reserved solely for offenders. Survivors are entitled to as much compassion, if not more, as the person who harmed them. We respectfully oppose HB 1628.

**HB-1628**

Submitted on: 2/2/2026 8:07:16 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Angela Young	Neighborhood security watch kapalama	Support	Remotely Via Zoom

Comments:

Support with amendments.

Amendment to D) to include the spouse, a family member and the primary care physician or primary mental health doctor shall submit all applications for compassionate release.

**HB-1628**

Submitted on: 2/3/2026 12:24:39 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessie Brenes	Individual	Support	Remotely Via Zoom

**Comments:**

My name is Jessie Brenes. I am a junior studying Social Work at the University of Hawai'i at Manoa. I am in support of HB1628/SB2688 pertaining to the compassionate release of individuals suffering serious or debilitating illnesses while incarcerated. At first, my attention was drawn to this bill because of the title, "compassionate release". After reading the bill, I reflected on how compassion can be where true justice is reflected within our criminal justice system. In compassion, the pain others feel is recognized and people are moved to aid. Compassionate release speaks for the aging incarcerated individuals who often lack voice in society and go underrepresented. While I cannot speak as a member of this population, I hope to speak out for them. By valuing incarcerated individuals, respecting their health, their dignity, and their worth as people, room for real reformation is made. This is not just reformation within the criminal justice system, but across generations of society. In social work, it is important to acknowledge and understand the interconnected systems clients are involved with. When considering this bill, it is vital to know that this bill not only affects incarcerated individuals, but their families, friends, and communities. The effects of incarceration touch generations and leave communities missing loved ones. Through this bill, families and communities will be gifted with the opportunity to spend final days with parents, grandparents, aunts, and uncles. As a social work student, I care about this bill because I want to see compassion flow in all aspects of our state systems.

**HB-1628**

Submitted on: 2/3/2026 8:57:02 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sharleen	Individual	Support	Remotely Via Zoom

Comments:

**House Committee: Written Testimony in Support of HB1628 Relating to Compassionate Release**

Aloha/Dear Chair Belatti, Vice Chair Iwamoto and Committee Members:  
My name is Sharleen Kahumoku, I am writing in strong support of HB 1628 Relating to Compassionate Release.

In Sept. 7, 2023, my brother Van Keoki Kahumoku was released through the compassionate release board. He was deteriorating rapidly in Halawa/ Saguaro given a few years to live because of multiple chronic illness. Through releasing Van who has Va medical/ Medicare, he was able to get the proper medical care with specialist. In prison Van wasn't getting the proper medical attention he needed although he was constantly in the infirmary. In the 2 & 1/2 years of being release, with his Ohana (family) around, Van & we Ohana thanking God for 2nd chance with Van.

So I'm sharing with this bill HB 1628 passed, it can help many others in prison who doesn't belong there. And it can be a win situation where the medical cost can help lessen the States overhead. I 🙏 that everyone involved in making this HB 1628 bill pass, by my testimony can help another incarcerated

prisoner to have a 2nd chance in dignity to make things right with themselves & Ohana & lessen the overcrowded prisons we have today & overhead cost factor.

We as Van's siblings & being Hawaiian, " Ohana means family, no one gets left behind." Thank you for trusting our testimonies years ago in releasing our brother Van. So let me end with this, can our Ohana be an example that incarcerated prisoners whose health is challenging or has just a few years to live, can you show compassionate & help others like Van?

Mahalo,

Sharleen Kahumoku  
Kailua-Kona, Hawaii

In support of this testimony

Van Keoki Kahumoku  
Wahiawa, Hi

George Kahumoku  
Santa Cruz, Calif

Maile Perez  
Wahiawa, Hi

Ramona Moreira  
Mililani, Hi

### House Committee: Written Testimony in Support of HB1628 Relating to Compassionate Release

Aloha/Dear Chair Belatti, Vice Chair Iwamoto and Committee Members:  
My name is Sharleen Kahumoku, I am writing in strong support of HB 1628 Relating to Compassionate Release.

In Sept. 7, 2023, my brother Van Keoki Kahumoku was released through the compassionate release board. He was deteriorating rapidly in Halawa/ Saguaro given a few years to live because of multiple chronic illness. Through releasing Van who has Va medical/ Medicare, he was able to get the proper medical care with specialist. In prison Van wasn't getting the proper medical attention he needed although he was constantly in the infirmary. In the 2 & 1/2 years of being release, with his Ohana (family) around, Van & we Ohana thanking God for 2nd chance with Van.

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Mahalo,

Sharleen Kahumoku  
Kailua-Kona, Hawaii

In support of this testimony

Van Keoki Kahumoku  
Wahiawa, Hi

George Kahumoku  
Santa Cruz, Calif

Maile Perez  
Wahiawa, Hi

Ramona Moreira  
Mililani, Hi

**HB-1628**

Submitted on: 2/4/2026 7:27:51 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Shelby "Pikachu" Billionaire	Ohana Unity Party	Support	Remotely Via Zoom

Comments:

\*\*Aloha Chair and Honorable Members of the Committee,\*\*

As the Chairman of the Ohana Unity Party and a dedicated advocate for justice, dignity, and the aloha spirit in our beloved Hawaiian Islands, I am honored to submit this written testimony in strong support of House Bill 1628. This visionary legislation establishes a compassionate release protocol for certain ill or seriously debilitated incarcerated persons, embodying the core values of humanity, redemption, and community healing that define our ohana. Drawing from my lifelong commitment to uplifting the vulnerable—through my work in fostering unity, combating systemic injustices like human trafficking, and championing reforms that prioritize people over punishment—I urge you to pass this bill. It is not just policy; it is a beacon of hope for our islands, reflecting the wisdom of global leaders who remind us of compassion's transformative power. As the Dalai Lama wisely stated, "If you want others to be happy, practice compassion. If you want to be happy, practice compassion." Similarly, Mahatma Gandhi taught us that "The true measure of any society can be found in how it treats its most vulnerable members." HB1628 honors these timeless truths by creating a fair, just, and expeditious process for the Director of the Department of Corrections and Rehabilitation to identify and refer qualifying incarcerated persons to the Hawaii Paroling Authority. Eligibility criteria—terminal illness, debilitating chronic or irreversible conditions severely impacting daily living or quality of life, or situations where continued incarceration hinders rehabilitation or necessitates community-based care—are thoughtfully defined to ensure equity. The bill mandates timely referrals (within 15 business days), hearings (within 10 business days), and robust data collection for transparency, including annual reports on applications, decisions, demographics, and timelines

. \*\*Why I Support This Bill – Key Reasons and Intel from Broader Context\*\* 1.

\*\*Humanitarian and Fiscal Imperative\*\* Hawaii's correctional system is overburdened, with approximately 5,000 incarcerated individuals as of 2025, costing taxpayers over \$250 million annually (Hawaii Department of Corrections and Rehabilitation data). Alarmingly, Native Hawaiians, who comprise only 20% of the state's population, represent up to 39% of the prison population—a stark disparity rooted in historical injustices. The aging demographic exacerbates this: As of mid-September 2025, 996 incarcerated persons were 50 or older, with over 80 aged 70+, and recidivism rates hover at 50% statewide. Older inmates physiologically age 10–15 years faster due to prison conditions, leading to skyrocketing medical costs—estimated at \$112,055 per person annually for the elderly cohort alone, totaling over \$111 million.

Compassionate release aligns with low recidivism among this group (just 2% for ages 50–65 and near 0% for those over 65), freeing resources for community programs like youth education and

anti-trafficking initiatives. This is not merely mercy; it is prudent stewardship, reducing unnecessary suffering while reallocating funds to heal our ohana.

2. **\*\*Alignment with Aloha Spirit and Justice Reform\*\*** Inspired by the Dalai Lama's call to compassion as the path to happiness for all, and Gandhi's measure of society's soul through its treatment of the weak, HB1628 restores dignity to those who can no longer pose a threat. Incarcerating the terminally ill or severely debilitated serves no rehabilitative or protective purpose and borders on cruelty. By including all incarcerated persons—even those serving mandatory minimums or life without parole—the bill ensures equitable access to mercy. The establishment of a working group to develop administrative rules by 2028 further promotes transparency and accountability, fostering a system grounded in aloha.

3. **\*\*Example of Impact: The Case of Mana Olayan, Founder of "God Forgives Bad Boys and Bad Girls"\*\*** To illustrate the profound potential of this bill, consider Kincaid "Mana" Olayan, a former gang member from Ewa Beach who founded the non-profit ministry "God Forgives Bad Boys and Bad Girls" after his 2020 arrest for methamphetamine distribution conspiracy. Olayan, who pleaded guilty in 2023 and began a 10-year federal prison term in January 2025, exemplifies redemption: Post-arrest, he organized community walks against illegal game rooms, provided fellowship for ex-gang members, addicts, and the homeless, and spread a message of hope through faith-based apparel and events. His ministry, documented on social media (e.g., Instagram @godforgives\_badboys) and in local news (e.g., Honolulu Civil Beat article on his anti-gambling efforts: <https://www.civilbeat.org/2023/07/ex-gangsters-grandmas-and-the-good-word-take-on-west-oahu-game-rooms>), has touched countless lives in West Oahu, offering transitional housing and support for released prisoners (as highlighted in Hawaii News Now:

<https://www.hawaiinewsnetwork.com/2025/01/10/gang-member-turned-youth-minister-starts-his-federal-prison-term>). While Olayan's current health is not publicly detailed, his journey underscores how compassionate release could apply to reformed individuals facing debilitating conditions. For someone like Olayan—who has turned pain into purpose—continued incarceration, if compounded by illness, wastes potential and taxpayer dollars. HB1628 would enable timely evaluation, allowing such leaders to continue contributing to our communities, reducing recidivism, and embodying the compassion Gandhi and the Dalai Lama championed.

4. **\*\*Broader Context: Ties to Systemic Issues in Corrections and Trafficking\*\*** This bill intersects with larger concerns about human trafficking and smuggling networks exposed in the Epstein files, where vulnerable individuals (including foster youth and those with health issues) are exploited. Many incarcerated persons come from backgrounds of trauma, poverty, and systemic neglect—conditions that HB1628 could help address by allowing humane release for those no longer a threat. Compassionate release prevents further victimization in prisons and supports rehabilitation in community settings, reducing the cycle of exploitation. 5. **\*\*Support for Native Hawaiian and Marginalized Populations\*\*** Native Hawaiians are overrepresented in our prisons and among trafficking victims (64% of survivors). Many older incarcerated Native Hawaiians suffer chronic conditions exacerbated by incarceration. This bill provides a pathway to cultural healing and family reunification, honoring our ohana values.

\*\*Conclusion and Call to Action\*\* HB1628 is a necessary step toward a more humane, cost-effective, and just correctional system. Examples like Mana Olayan's redemptive journey, combined with the sobering statistics of our overburdened prisons, underscore how compassionate release can transform lives and communities. Guided by the profound wisdom of the Dalai Lama and Mahatma Gandhi, let us embrace compassion as our guiding light—release those who qualify, save taxpayer dollars, and restore dignity to the ill and debilitated. Mahalo nui loa for your consideration and service to our islands. I am available for questions or oral testimony if needed. In solidarity for justice and ohana,

Master Shelby "Pikachu" Billionaire, HRM Kingdom of The Hawaiian Islands, H.I. Ohana Unity Party, Chairman [www.Ohanaunityparty.com](http://www.Ohanaunityparty.com) [Presidentbillionaire@gmail.com](mailto:Presidentbillionaire@gmail.com)

LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

**HB-1628**

Submitted on: 2/3/2026 10:30:28 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Individual	Support	Written Testimony Only

Comments:

I strongly support HB1628.

**LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.**

**JOSH GREEN, M.D.**  
GOVERNOR  
KE KIA'ĀINA



**MARI McCAG BELLINGER**  
Chair

**CLIFTON Y.S. CHOY**  
Commissioner

**JO KAMAE BYRNE**  
Commissioner

**PAMELA FERGUSON-BREY**  
Executive Director

**STATE OF HAWAII – Ka MOKU'ĀINA 'O HAWAII  
CRIME VICTIM COMPENSATION COMMISSION**

**Ke Komikina Uku Luaahi Kalaima**  
1164 Bishop Street, Suite 1530  
Honolulu, Hawai'i 96813  
Telephone: 808 587-1143  
FAX 808 587-1146

**TESTIMONY ON HOUSE BILL 1628  
RELATING TO COMPASSIONATE RELEASE**  
by  
Pamela Ferguson-Brey, Executive Director  
Crime Victim Compensation Commission

House Committee on Public Safety  
Representative Della Au Belatti, Chair  
Representative Kim Coco Iwamoto, Vice Chair

Wednesday, February 4, 2026; 9:00 AM  
State Capitol, Conference Room 411 & Videoconference

Good morning, Chair Belatti, Vice Chair Iwamoto, and Members of the House Committee on Public Safety. Thank you for providing the Crime Victim Compensation Commission (“Commission”) with the opportunity to testify in opposition to House Bill 1628, Relating to Compassionate Release. House Bill 1628 establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated individuals.

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

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

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

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

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

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

**Rebecca V. Like**  
Prosecuting Attorney



**Keola Siu**  
First Deputy  
Prosecuting Attorney

## OFFICE OF THE PROSECUTING ATTORNEY

### County of Kaua'i, State of Hawai'i

3990 Ka'ana Street, Suite 210, Lihu'e, Hawai'i 96766

808-241-1888 ~ FAX 808-241-1758

Victim/Witness Program 808-241-1898 or 800-668-5734

The Honorable Della Au Belatti, Chair  
House Committee on Public Safety  
Thirty-third State Legislature  
Regular session of 2026  
State of Hawai'i  
February 2, 2026

### **RE: HB 1628. Relating to Compassionate Release**

Dear Chair Au Belatti and Members of the House Committee on Public Safety:

Our Office submits the testimony below in **SUPPORT** of HB 1628 with comments. Compassionate release, when narrowly and carefully structured, serves an important role in a fair and humane justice system.

- (1) The focus in the preamble to the bill should be on the added, overwhelming expense associated with providing round-the-clock care to offenders who are incapacitated and suffering from terminal illnesses. The public understands the cost of incarceration and the reasons that individuals need to be incarcerated (retribution, incapacitation, deterrence and rehabilitation). Further, much of the preamble is devoted to discussing the aging prison population, but the bill does not include any age requirement.
- (2) We support limiting consideration for compassionate release to individuals who have a terminal illness or are too ill or cognitively impaired to participate in rehabilitation or to be aware of punishment.
- (3) We recommend excluding individuals who have been sentenced to life without the possibility of parole. *Ipso facto*, the Legislature meant for some people to die in prison when they imposed life without parole as the sentence for Murder in the First Degree. The decision to commute such a sentence should be left to an elected Governor, not a parole board.

(4) We recommend requiring victim and prosecutor notification. Victims and the prosecuting attorney should be afforded a meaningful opportunity to submit written statements of objections for consideration prior to any decision being handed down by the parole board.

Thank you for the opportunity to testify. Our suggested amendments narrow HB 1628 to true end-of-life and severe medical cases, exclude life-without-parole sentences, and require victim and prosecutor notification.



Hawai‘i

Committee: House Committee on Public Safety  
Hearing Date/Time: Wednesday, February 4, 2026, at 9am  
Place: Conference Room 411 & Via Videoconference  
Re: **Testimony of the ACLU of Hawai‘i in SUPPORT of HB1628 Relating to Compassionate Release**

Dear Chair Belatti, Vice-Chair Iwamoto, and Members of the Committee:

The ACLU of Hawai‘i (ACLU-HI) **supports HB1628** Relating to Compassionate Release, which establishes a protocol for compassionate release for certain ill or 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.<sup>1</sup>

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

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

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

<sup>1</sup> 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](https://www.capitol.hawaii.gov/sessions/Session2023/Testimony/HB824_TESTIMONY_CMV_02-03-23_.PDF)

<sup>2</sup> Grading the States: The State Compassionate Release Report Card Project, FAMM. October 2022.

<https://famm.org/wp-content/uploads/2022/10/compassionate-release-report.pdf>.

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

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

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.<sup>4</sup> 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.<sup>5</sup>

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

Mahalo,  
**Josh Frost**  
Josh Frost  
Policy Assistant  
ACLU of Hawai‘i  
[jfrost@acluhawaii.org](mailto:jfrost@acluhawaii.org)

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<sup>3</sup> 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/](https://www.americanbar.org/groups/law_aging/publications/bifocal/vol44/bifocal-vol-44-issue3/broken-and-underutilized-understanding-compassionate-release/)

<sup>4</sup> 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/YNmnzV60MQM](https://www.youtube.com/live/YNmnzV60MQM).

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

*The mission of the ACLU of Hawai‘i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai‘i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai‘i is a non-partisan and private non-profit organization founded in 1965 that provides its services at no cost to the public and does not accept government funds.*

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

1

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

Juliet Begley  
JULIET BEGLEY

Carla S. Allison  
Carla S. Allison  
Sarah McCarron  
Sarah McCarron  
Susan Yamane-Carpenter  
Susan Yamane-Carpenter  
Catherine Graham  
Catherine Graham  
Zachary Fraser  
Zachary Fraser  
Martina Queen  
Martina Queen  
Alison Bowland-Ciszek  
Alison Bowland-Ciszek  
Barbara Jean Clegg  
Barbara Jean Clegg  
Donald Egelmeit  
Donald Egelmeit  
Dunell Gralley  
Dunell Gralley  
Melissa Edelheit  
Melissa Edelheit  
Paul Davis  
PAUL DAVIS  
Kathryn Armstrong  
KATHRYN ARMSTRONG  
James Cooper  
JAMES COOPER  
David A. Fifer  
David A. FIFER  
Molly Rosenthal  
Molly Rosenthal  
Natalie Rawlins  
Natalie Rawlins  
Nina Klauber  
Nina Klauber

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 Moenkeyn*  
*2/1/26*

*Janice Davis*  
*Janice*  
*DAVIS*

*Marie Anne*  
*Marie Anne*

*Leanne MacIntire*  
*Leanne MacIntire*

*Janice B. Wood*  
*JANICE B. WOOD*

*KGFARINA*

*Miles R. Gandy*

*Hilkka R. Easter*

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

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



February 2, 2026

Hawaii State Legislature  
Committee on Public Safety  
Rep. Della Au Bellatti, Chair  
Rep. Kim Coco Iwamoto, Vice Chair

**Support for HB 1628- Relating to Compassionate Release**

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

My name is Jamee Mahealani Miller, Co-Executive Director of 'Ekolu Mea Nui, and I write in strong support of **HB1628**, 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.

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.

HB1628 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 HB1628. I respectfully urge the Committee to pass this measure.

Me ka ha'aha'a,

*Jamee Mahealani Miller*

**Dr. Jamee Mahealani Miller**  
Co-Executive Director  
'Ekolu Mea Nui  
[jamee@ekolumeanui.org](mailto:jamee@ekolumeanui.org)  
(808)430-3380



Written Testimony of Celeste Trusty  
State Legislative Affairs Director, FAMM  
Support for HB 1628  
Hawai‘i House of Representatives Committee on Public Safety  
February 3, 2026

FAMM would like to thank Chair Belatti, Vice Chair Iwamoto, and members of the Committee on Public Safety for the opportunity to provide our enthusiastic support for HB 1628, a critical piece of legislation that would codify a mechanism for incarcerated people with terminal and debilitating chronic medical conditions to be supervised in the community instead of inside a prison facility. HB 1628 balances public safety and fiscal responsibility with compassion by creating an opportunity for people to live their final days with dignity in community with their loved ones. **FAMM supports HB 1628 and encourages the Committee to advance this much-needed piece of legislation.**

FAMM is a nonpartisan, nonprofit organization that advocates sentencing and prison policies that are individualized and fair, protect public safety, and preserve families. For more than two decades, one of FAMM’s priorities has been advocating the creation and expansion of avenues for compassionate release - opportunities for aging and sick people to be released from prison if their incarceration serves no further public safety benefit.<sup>1</sup> FAMM believes that at a bare minimum, we should be dedicated to solidifying robust pathways for relief for people who are aging, and those who are too debilitated to further offend, too compromised to benefit from rehabilitation, or too impaired to be aware they are being punished.

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<sup>1</sup> While we use the term “compassionate release” to describe this authority, we are aware that many jurisdictions have different names for programs that enable early release for qualifying prisoners. Because of what we have learned of the insurmountable barriers to early release programs encountered by many sick and dying prisoners, we believe every program could benefit from taking a compassion-based look at what it means to go through the process. We call these programs “compassionate release” so that the human experience is foremost in our minds and those of policy makers.

HB 1628 seeks to codify substantial improvements to medically based relief from incarceration in Hawai‘i by streamlining the compassionate release process, expanding eligibility criteria, and broadening who can initiate applications. Hawai‘i is experiencing concurrent and compounding crises of a rapidly aging incarcerated population and widespread corrections staffing shortages, and the provisions outlined in HB 1628 would serve to support Hawaii’s Department of Corrections and Rehabilitation and communities through these challenges. Hawai‘i currently houses more than 1,000 people over the age of 50 in its state correctional system. Research consistently shows that this population can be returned to the community with resounding success. Taxpayers in Hawai‘i spend more than \$112,000 every year to incarcerate just one person, and those costs rise exponentially as people age and when chronic or terminal medical issues exist.

The Hawai‘i Department of Corrections and Rehabilitation had to pay more than **\$2 million for medical care for one person** in just a few months. Expanding access to community-based parole supervision for this population instead of incarceration has the potential to result in enormous fiscal savings for Hawai‘i. The concerning shortage of medical staff limits the Department of Corrections and Rehabilitation’s ability to provide the level and breadth of care necessary for such a large population of incarcerated people with a vast array of medical needs. Establishing a compassionate release statute through the passage of HB 1628 also has the potential to result in substantial positive impact on Native Hawaiian and Pacific Islander communities who have historically been disproportionately impacted by incarceration in Hawai‘i. Passing HB 1628 will provide welcome relief for Hawaii’s corrections staff, overburdened prison medical units, families, and taxpayers.

People across the country overwhelmingly support compassionate release programs - by a wide margin of 70% to 25%. Voters believe that people who are not a risk to public safety should be considered for early release from prison.<sup>2</sup> HB 1628 aligns with this public support for compassionate release by prioritizing public safety through strict eligibility criteria and involving Hawai‘i Department of Corrections and Rehabilitation and Hawai‘i Paroling Authority in release decision-making and community supervision authority.

Thank you so much for considering FAMM’s feedback and support for HB 1628. We are hopeful that lawmakers in Hawai‘i recognize what an important and long-term impact HB 1628 would have on the Hawai‘i Department of Corrections and Rehabilitation and its staff, incarcerated people with chronic or terminal illnesses, and communities across Hawai‘i. FAMM

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<sup>2</sup> FAMM National Survey, October 6-10, 2022, <https://famm.org/wp-content/uploads/2022/10/FAMM-POS-CR-deck.pdf>

respectfully encourages the Committee to support HB 1628. Please do not hesitate to reach out to me at [ctrusty@famm.org](mailto:ctrusty@famm.org) or 267.559.0195 with any questions.

📍 1100 13<sup>th</sup> St NW, Suite 201 • Washington, DC 20005 ☎ (202) 822-6700 🌐 [www.famm.org](http://www.famm.org)

**FAMM**



# Native Hawaiian LEGAL CORPORATION

1164 Bishop Street, Suite 1205 • Honolulu, Hawai‘i 96813  
Phone (808) 521-2302 • Fax (808) 537-4268 • [www.nativehawaiianlegalcorp.org](http://www.nativehawaiianlegalcorp.org)



## Testimony to the HOUSE PUBLIC SAFETY COMMITTEE

### Relating to House Bill 1628

Relating to Compassionate Release.

February 4, 2026

9:00 a.m.

State Capitol, Conference Room 411

Aloha e Chair Belatti and Vice Chair Iwamoto, and members of the Committee:

The Native Hawaiian Legal Corporation (NHLC) respectfully submits this testimony **in strong support of HB 1628**, relating to compassionate release.

Founded in 1974, NHLC is a public interest law firm whose mission is to protect and advance Native Hawaiian identity and culture through legal and other forms of advocacy. NHLC is the only public interest legal organization dedicated exclusively to Native Hawaiian rights. For over fifty years, NHLC has served the lāhui and, through this work, has developed extensive expertise regarding the legal needs of Native Hawaiians and the systemic justice gaps that continue to burden our community.

For these reasons, NHLC is a member of Kalana Ola, a coalition that includes the Hawai‘i Correctional System Oversight Commission, the Hawai‘i Office of the Public Defender, the University of Hawai‘i at Mānoa William S. Richardson School of Law Pro Bono Program, Waikīkī Health, and Families Against Mandatory Minimums (FAMM). Together, coalition members are committed to:

1. Pairing individuals who are appropriate candidates for compassionate release with advocates who can represent them; and
2. Collaborating to support systemic improvements to Hawai‘i’s medical and compassionate release processes.

Compassionate release would provide a meaningful pathway for people—including Native Hawaiians—to return to community-based care and to experience dignity, ‘ohana, and support in their final days.

The overrepresentation of Native Hawaiians in Hawai‘i’s jails and prisons is among the most serious justice issues facing our people. According to the 2020 Census, Native Hawaiians comprise approximately 21.8% of Hawai‘i’s population.<sup>1</sup> However, in 2010, Native Hawaiians accounted for 39% of the incarcerated population statewide.<sup>2</sup> Even more concerning, data from January 2025 shows that approximately 46% of individuals incarcerated at Saguaro Correctional Center, Halawa Correctional Facility, the O‘ahu Community Correctional Center, and the Hawai‘i Community Correctional Center identified as Native Hawaiian. Thus, while Native Hawaiians represent roughly one-fifth of the state’s population, they constitute nearly half of those in state custody.

Establishing a clear, timely, and functional process for compassionate release would significantly increase the ability of critically ill Native Hawaiian pa‘ahao—including those who are terminally ill, living with chronic or debilitating medical conditions, or experiencing severe cognitive impairments that leave them unaware of their punishment—to reunite with their ‘ohana. HB 1628’s requirement that the Department of Corrections and Rehabilitation and the Hawai‘i Paroling Authority act upon compassionate release applications within a mandatory timeframe is essential to ensuring the process is meaningful rather than illusory. Without timely action, compassionate release loses its purpose, condemning vulnerable individuals to languish in custody, sometimes until their death, without adequate care for serious and often complex medical conditions.

Compassionate release also reflects Hawai‘i’s deeply rooted values of aloha, mālama, and kuleana, especially for people who are nearing the end of their lives or experiencing profound illness. The value of aloha is not merely aspirational; it is codified in Hawai‘i Revised Statutes § 5-7.5, which provides:

“Aloha” means mutual regard and affection and extends warmth in caring with no obligation in return. “Aloha” is the essence of relationships

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<sup>1</sup> Office of Hawaiian Affairs, *New Census Data Confirms More Native Hawaiians Reside on the Continent than in Hawai‘i* (2022), <https://www.oha.org/news/news-usa-data-more-native-hawaiians-reside-continent/>

<sup>2</sup> 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/es\\_final\\_web\\_0.pdf](https://www.oha.org/wp-content/uploads/2014/11/es_final_web_0.pdf)

in which each person is important to every other person for collective existence.

HB 1628 affirms the Aloha Spirit by recognizing our collective responsibility to care for one another, particularly for those who are most vulnerable. Central to Native Hawaiian value systems are mālama – the obligation to provide care and protection – and kuleana, the shared responsibility individuals and institutions owe to one another and to the larger community. Equally essential is the maintenance of pilina within ‘ohana, which sustains emotional, spiritual, and physical well-being and reinforces a person’s identity, dignity, and sense of belonging.

For Native Hawaiians, these values are not abstract ideals, but lived practices that directly support mauli ola – holistic health and well-being that encompasses the body, mind, spirit, and relationships. The ability to receive care from ‘ohana, to engage in cultural and spiritual practices, and to maintain meaningful relationships is foundational to healing and dignity, particularly at the end of life. These essential elements of care and connection cannot be replicated within a correctional facility, especially for individuals who are terminally ill, medically fragile, or cognitively impaired.

By creating a clear, timely, and accessible process for compassionate release, HB 1628 acknowledges that continued incarceration of individuals who can no longer benefit from confinement – and who pose little or no public safety risk – undermines these core Native Hawaiian values. Instead, the bill restores kuleana by allowing families and communities to care for their loved ones, and by affirming that justice in Hawai‘i must be grounded not only in punishment, but in aloha, mālama, and human dignity.

Based on the foregoing, NHLC urges the Legislature to join an overwhelming majority of states that already have a compassionate release statute and pass HB 1628. Doing so will ensure that compassionate release is accessible, timely, and grounded in dignity, justice, and the values of Hawai‘i.

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

Na‘u nō me ka ha‘aha‘a,



Native Hawaiian Legal Corporation  
Testimony Re: HB 1628  
February 3, 2026  
Page 4 of 4

Kirsha K.M. Durante  
Litigation Director

LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.



### COMMITTEE ON PUBLIC SAFETY

Rep. Della Au Belatti, Chair  
Rep. Kim Coco Iwamoto, Vice Chair

Wednesday, February 4, 2026

TIME: 9:00 a.m.

VIA VIDEOCONFERENCE - Conference Room 411

#### Testimony in Support of HB 1628 – Relating to Compassionate Release

Hawai'i Friends of Restorative Justice (HFRJ) strongly supports HB 1628 because it aligns our state with national research and experiences regarding compassionate release.

National reviews of compassionate release laws in all 50 states show that most existing programs are rarely used and are limited by restrictive eligibility criteria, procedural complexity, and inconsistent decision-making. These barriers prevent eligible, seriously ill, and aging individuals from being fairly considered for release.

HB 1628 responds to these barriers by establishing clear medical eligibility criteria, requires proactive identification of eligible individuals, and ensures timely and individualized review of applications.

Compassionate release exists to address serious illness, cognitive decline, and terminal conditions that arise after sentencing, and therefore, are not an aspect of punishment, as recognized in federal law and sentencing policy.

Many compassionate release policies do not apply to a significant proportion of older adults because they exclude those convicted of the most serious offenses or under truth-in- sentencing laws. If a state's leaders truly want to address the size of their elderly prison population, compassionate release laws must be drafted expansively to include these people (Vera, p. 16, 2017).

Objections to compassionate release because an individual is serving a mandatory minimum sentence, or has a life sentence without parole, create needless barriers that undermine this economically needed and humane practice. It is well known that the aging and seriously ill are among the most expensive to incarcerate, and they are the *least likely to reoffend*, while prisons are poorly equipped to provide long-term or end-of-life care.

Finally, HB 1628 gives the Hawai'i Parole Board authority to determine who is eligible for compassionate release. The Board's judgment must not be usurped by needless prohibitions for applying compassionate release based on what an individual did that caused them to be imprisoned. This short-sighted rationale defeats the very purpose of the measure. Because of their physical and/or cognitive state, the individuals granted compassionate release would not pose a safety risk.

For these reasons, HB1628 is fiscally responsible, grounded in evidence-based policy, and is humane. We respectfully urge passage of this bill. Mahalo for your public service.

Lorenn Walker, JD, MPH  
Director, HFRJ

Contact: [lorenn@hawaiifriends.org](mailto:lorenn@hawaiifriends.org)

**HB-1628**

Submitted on: 2/1/2026 10:38:52 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alison Week	Individual	Support	Written Testimony Only

**Comments:**

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

My name is Alison Week, and I am writing in strong support of **HB 1628, relating to Compassionate Release.**

I strongly urge you to support this critical bill because it would establish a compassionate release law in Hawai‘i for incarcerated people who are terminally ill or seriously debilitated, ensuring their timely release for appropriate community-based care while remaining under parole supervision.

In general, we need more compassion in our society. Too often, people behind bars are out of sight and out of mind—but that does not make them less human, regardless of their actions. Terminal illness and severe debilitation fundamentally change a person’s circumstances, needs, and risks, and our laws should reflect that reality.

Compassionate release aligns deeply with Hawai‘i’s values of aloha, dignity, and care for our kupuna and those living with terminal or chronic debilitating conditions. This measure recognizes our shared responsibility to treat people humanely, even within the justice system, and to allow individuals to spend their final days receiving appropriate care outside of incarceration when public safety is not compromised.

I respectfully urge the committee to pass HB 1628.

Mahalo for your time and consideration.

Sincerely,  
Alison Week

**HB-1628**

Submitted on: 2/1/2026 3:30:15 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

Comments:

Aloha/Dear Chair Belatti, Vice Chair Iwamoto and Committee Members:

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

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

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

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

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

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

Thank you for your consideration,

Carla Allison

Honolulu



First Unitarian Church of Honolulu  
2500 Pali Highway, Honolulu, HI 96744

February 1, 2026

Dear Senators and Representatives of the Hawai'i Legislature:

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

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

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

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

#### 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 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.

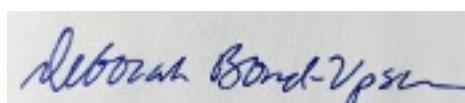
Mitigating the Impact on Staff

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

In faith,

A handwritten signature in blue ink, appearing to read "Deborah Bond-Upson".

Rev. Deborah Bond-Upson



**HB-1628**

Submitted on: 2/2/2026 7:33:58 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

**Comments:**

Aloha Chair and Members of the Committee,

I am writing in strong support of HB 1628 / SB 2688, relating to compassionate release.

Compassionate release allows elderly, seriously ill, or medically incapacitated individuals to be released from our carceral system. It affirms human dignity, particularly for those facing terminal illness or severe disability, while maintaining review standards and oversight. I personally care about this issue as a human being and as an educator, who has witnessed first-hand, a number of our young people separated from loved ones who they have been estranged from by our carceral system.

Hawai‘i currently spends significant resources incarcerating people who are elderly or gravely ill, often at high medical cost and with limited public benefit. Compassionate release can reduce overcrowding, save taxpayer money, and allow ‘ohana to heal and reconnect. Additionally, Native Hawaiian and Pacific Islander communities are disproportionately impacted by incarceration, making compassionate release an important equity issue.

These bills include an accelerated timeline because many eligible individuals are seriously ill or dying.

I respectfully urge your support.

Mahalo for your consideration.

Sincerely,

Ethan Chang, PhD

Associate Professor of Education

**HB-1628**

Submitted on: 2/2/2026 11:25:38 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael O'Malley	Individual	Support	Written Testimony Only

**Comments:**

I strongly support this bill and its companion bill, SB 2688. There is no justification for not enacting this measure. Conversely, it would speak volumes about us as a community to enact this measure into law.

**HB-1628**

Submitted on: 2/2/2026 3:10:07 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lewis Glenn	Individual	Support	Written Testimony Only

**Comments:**

Dear Sir or Madam: i write in strong support of Bill SB 2688. Our incarcerated citizens that are terminally ill or seriously debilitated who are not a danger to themselves or others should be moved to facilities where they can receive palliative care from medical and psychological professionals and be with loving family and friends. The final moments, days, months, of life should not be spent in prison away from appropriate care and loved ones, but with each of these. Compassion dictates this. Thank you for your consideration of this view. Lewis G

**HB-1628**

Submitted on: 2/2/2026 7:08:46 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

**Comments:**

OPPOSE this bill. Sentences imposed by the Judicial System must be fulfilled. It is called JUSTICE. Real justice on the behalf of real victims. NOT social justice.

**HB-1628**

Submitted on: 2/2/2026 5:25:26 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Toni Floerke	Individual	Support	Written Testimony Only

**Comments:**

Re: Re: Testimony in Support of HB 1628 / SB 2688 – Relating to Compassionate Release.

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

My name is Toni Floerke, and I submit this testimony in strong support of this bill.

Compassionate release recognizes that people who are elderly, terminally ill, or severely incapacitated often no longer pose a threat to public safety. Continuing to incarcerate them causes unnecessary suffering and dying alone, while placing a heavy personnel and financial burden on the State. I was incarcerated from 2016 to 2017, and saw few inmates that would have greatly benefited from hospice care outside the correctional settings.

This bill reflects Hawaii's commitment to dignity, fairness, and the values of aloha and ohana. It allows families to care for loved ones during their final stages of life while maintaining appropriate safeguards. As a nurse, I wish all facilities were equipped with a hospice section and staffing to really provide that level of care to the dying, but we all know that we are far from that becoming a reality in the prisons on the continent or here in the islands. For those who are dying, allow them "Death with Dignity" and give their family the closure they too, will need, by allowing the incarcerated early release, with compassion to die at home, not in a dark cell, away and alone. There is nothing quite so cold and so empty.

I respectfully urge you to pass HB 1628 / SB 2688 Relating to Compassionate Release.

Mahalo for the opportunity to testify.

Respectfully,

Toni Floerke

PAULA T. MORELLI, MSW, PHD

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

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FEBRUARY 2, 2026

**HOUSE COMMITTEE: TESTIMONY IN SUPPORT OF HB1628 RELATING TO  
COMPASSIONATE RELEASE**

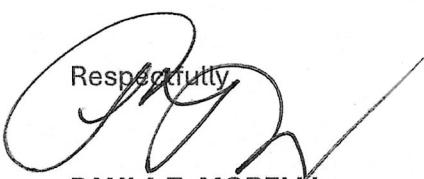
**Aloha Chair Belatti, Vice Chair Iwamoto and Committee Members:**

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

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

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

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

Respectfully,  
  
PAULA T. MORELLI

**HB-1628**

Submitted on: 2/2/2026 10:48:59 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Yvette Konigsberg	Individual	Support	Written Testimony Only

Comments:

## **TESTIMONY IN STRONG SUPPORT OF HB 1628 / SB 2688**

### **Relating to Compassionate Release**

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

My name is Yvette Konigsberg, and I submit this testimony in **strong support of HB 1628 / SB 2688**, relating to compassionate release.

I previously served as an Advanced Practice Registered Nurse (Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner) within the Hawai'i Department of Corrections and Rehabilitation. In that role, I provided direct medical and psychiatric care to incarcerated patients, including at Halawa Correctional Facility, and worked closely with nursing staff, correctional officers, and community hospitals. My testimony reflects firsthand clinical experience caring for an aging and medically fragile incarcerated population within facilities that were **never designed, staffed, or equipped to function as hospitals or long-term care centers**.

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### **Cognitively Incapacitated Individuals Are Effectively Trapped**

One of the most urgent gaps this bill addresses is the situation faced by incarcerated persons—particularly those serving **life without parole**—who develop **advanced dementia or severe cognitive impairment**.

I personally cared for patients who did not know where they were, did not understand why they were incarcerated, and were incapable of understanding or participating in any legal process. These individuals **cannot apply for sentence commutation** because they lack decisional capacity.

Absent a compassionate release mechanism that affirmatively identifies and refers eligible individuals, these patients remain incarcerated despite being:

- Unable to comprehend punishment
- Unable to participate in rehabilitation
- Fully dependent on nursing staff for basic activities of daily living

Continued incarceration in these circumstances **serves no public safety purpose** and raises serious **ethical, medical, and human dignity concerns**. From a clinical standpoint, these individuals are no longer being punished—they are being **warehoused**, often in environments that cannot meet their most basic medical and cognitive needs.

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## **Halawa Has an Infirmary — Not a Hospital or Long-Term Care Facility**

Halawa Correctional Facility operates an **infirmary**, not a hospital, skilled nursing facility, or long-term care center. This distinction is critical when evaluating what constitutes **appropriate and humane medical care**.

The facility lacks:

- Continuous on-site physician or advanced practice provider coverage
- Dementia-appropriate housing or safety design
- Long-term rehabilitation services
- Specialized equipment required for total-care or end-of-life patients
- Staffing ratios necessary for medically complex, dependent patients

Despite these limitations, the infirmary is increasingly required to care for individuals with **advanced dementia, stroke-related disability, terminal cancer, and other high-acuity conditions**, often for prolonged periods of time. This care exceeds the infirmary's intended scope and places patients in settings that are **clinically inappropriate for their needs**, while simultaneously straining staff and compromising care for others.

Correctional facilities are not designed to function as nursing homes, hospice units, or dementia care centers. Continuing to rely on them as such is neither humane nor sustainable.

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## **Operational and Fiscal Impact on Taxpayers**

The commonly cited average incarceration cost does **not** reflect the true cost of caring for medically complex incarcerated persons.

Based on correctional health operations and clinical experience:

- The **annual cost per medically complex incarcerated patient commonly ranges from approximately \$500,000 to \$900,000**, driven by frequent hospital transport, high-cost

- medications, diagnostics, specialty care, procedures and surgeries, repeated hospitalizations, and intensive nursing and correctional officer staffing.
- Over the course of illness progression and end-of-life care, the **total cost per patient routinely reaches \$2 million to \$5 million**, even before accounting for inflation or future medical advances.
  - **Community-based hospice or skilled nursing care** is often more clinically appropriate, more humane, and significantly more cost-effective than prolonged incarceration with repeated hospital transfers and security requirements.

With approximately **1,000 incarcerated persons in Hawai‘i age 50 and older**, these costs will continue to multiply as medical technology improves and individuals live longer with severe disability—often without any corresponding public safety benefit.

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### **Hidden Human Costs: Overtime, Burnout, and Staff Deaths**

Beyond fiscal impact, there are profound human costs that are not reflected in budgets.

Caring for medically fragile incarcerated patients requires extraordinary overtime from both correctional officers and nursing staff. Correctional officers must provide 24-hour hospital security coverage during off-site admissions—often for weeks at a time—while nurses must staff an overfilled infirmary increasingly dominated by high-acuity patients.

Over the past year, multiple correctional officers died, and in recent years the Department also lost a primary physician at Halawa Correctional Facility who died, a physician known to frequently delay his own care while attempting to meet the growing demands of medically complex patients. These deaths occurred in a workforce already under extreme strain from chronic overtime, staffing shortages, and sustained burnout.

This level of strain directly affects staff retention, patient safety, and the Department’s ability to respond to psychiatric crises and suicide risk. Halawa has experienced alarming rates of suicide and serious self-harm, and every nurse or officer assigned to constant medical supervision of a debilitated patient is one fewer staff member available to intervene elsewhere.

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### **Conclusion**

HB 1628 / SB 2688 creates a clear, fair, and medically appropriate compassionate release process that ensures incarcerated persons who are terminally ill, profoundly cognitively impaired, or otherwise incapable of rehabilitation are **identified and considered for release in a timely and humane manner**.

This bill protects public safety while honoring **aloha, kuleana, dignity, and responsible stewardship of taxpayer resources**, and ensures that patient care is delivered in settings that are **clinically appropriate and humane**.

For reasons of **medical ethics, fiscal responsibility, workforce sustainability, public safety, and basic human dignity**, I respectfully urge you to **pass HB 1628 / SB 2688**.

Mahalo for the opportunity to provide testimony and for your thoughtful consideration.

**Respectfully submitted,**

**Yvette Konigsberg, APRN, FNP-C, PMHNP-BC**

Dear Chair Belatti, Vice Chair Iwamoto, and Committee Members:

I am writing in strong support of HB 1628 that will establish a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons. Due to continued trends in our country's mass incarceration approach to addressing antisocial behaviors, the longer prison sentences, and the high rates of recidivism, we have significantly increased our prison population well beyond all other countries in the world. One of the most significant consequences of this situation are the increasing costs and unmet needs of serious health problems that comes with prison populations, including the increasingly aging prison population with all their serious and chronic cognitive and physical long-term health problems.

A truly meaningful way that we can improve health care services to our incarcerated individuals as well as positively address the rising health care costs for the Corrections System is by implementing HB 1628. By achieving a comprehensive and accessible Compassionate Release protocol, we can meet the State's commitment to dignity, humanity, and justice for one of our most marginalized and unserved populations.

Sincerely,

Patrick Uchigakiuchi

**HB-1628**

Submitted on: 2/3/2026 7:27:33 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

**Comments:**

Aloha Chair Belatti, Vice Chair Iwamoto, and Committee Members:

My name is Kristen Young, and I am writing in strong support of HB 1628 Relating to Compassionate Release. I strongly urge you to support this critical bill because the cruelty of keeping people locked up is costly in every way.

This bill would establish a Compassionate Release law in Hawai‘i for incarcerated people in Hawai‘i who are terminally ill or seriously debilitated, and ensure their timely release for community care while remaining under parole supervision.

Compassionate release reflects our values in Hawai‘i of aloha and caring for our kūpuna and people who are terminally ill and living with chronic debilitating chronic conditions. There’s an aging population in Hawai‘i jails and prisons. A growing number of elderly people are dying behind bars.

The State Department of Corrections spends much of its budget on medical care for persons with terminal or serious debilitating chronic conditions because incarcerated people do not qualify for health care insurance. Medical release would reduce costs to the State and ultimately taxpayers.

Compassionate medical release does not jeopardize public safety. Recidivism drops to nearly 0% after age 65.

Native Hawaiians and Pacific Islanders make up only 10% of the resident population, but they represent 44% of the prison population. Compassionate Release would provide a pathway for all people, and disproportionately Native Hawaiians and Pacific Islanders, to return to community care and receive dignity in their final days.

The new bill would significantly improve the compassionate release process, enabling quicker release of terminally ill and seriously debilitated individuals from prison. It mandates that the Department of Corrections and Rehabilitation and the Hawaii Paroling Authority act on Compassionate Release applications within a set timeframe, which is crucial due to the short time between diagnosis and death for some individuals.

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

Mahalo for your consideration,

Kristen Young  
Honolulu, HI 96813

**HB-1628**

Submitted on: 2/3/2026 2:29:20 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

Comments:

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

My name is Carolyn Eaton, and I am a resident of Oahu. Respectfully, I urge you to support this bill which will provide a new avenue for the State to acknowledge and act on a value embedded in our culture, the respect for the dignity of every person,

The definitions and processes to create this important new avenue are sound and the reporting regimen is essential.

Mahalo for this opportunity to add my name in strong support of this measure, and to express my gratitude for your work in the effort to improve the lives of those the State holds in custody.

**HB-1628**

Submitted on: 2/3/2026 2:38:42 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

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

Comments:

Aloha Chair Belatti, Vice Chair Iwamoto and Committee Members:

My name is Colleen Rost-Banik, and I am writing in strong support of **HB 1628 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 many people experience with advanced age, is woefully inadequate.

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

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

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

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

## Testimony in support of HB1628

Dear Chair Belatti, Vice Chair Iwamoto and Committee Members,

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

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

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

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

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

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

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

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

Thank you for the opportunity to testify.

Respectfully,

Kimberly Alston

LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

**HB-1628**

Submitted on: 2/3/2026 5:28:44 PM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Eddyn	Individual	Support	Written Testimony Only

Comments:

I Eddyn Stanley, Vote to pass this compassion bill. All the way!!! I have a father that's been incarcerated for almost 40 years our state needs to pass this bill so we can have our love ones home for the remaining time they have on this earth.. Thank you so much in hearing my voice on this bill..

Dennis M. Dunn  
([dennismdunn47@gmail.com](mailto:dennismdunn47@gmail.com))  
Kailua, HI 96734

TO: Representative Della Au Belatti, Chair  
Representative Kim Coco Iwamoto, Vice Chair  
House Committee on Public Safety

RE: House Bill 1628, Relating to Compassionate Release

HEARING: Wednesday, February 4, 2026, 9:00 a.m.  
Conference Room 411

Good morning, Chair Au Bellati and Vice Chair Coco Iwamoto and members of the House Committee on Public Safety. My name is Dennis Dunn, and I am the former Director of the Victim Witness Kokua Services in the Honolulu Prosecuting Attorney's Office, having retired at the end of 2022 after 44 years of service with the program. I am testifying today in strong opposition to H.B. 628, which proposes to establish a protocol for the release of certain ill or seriously debilitated incarcerated persons.

I oppose this measure for the following reasons. One, there appears to be no provisions for consideration of the concerns of the victims of the incarcerated persons or that they be addressed. Similarly for the most serious offenders such as serial sex offenders, murderers or attempted murderers, or arsonists there appears to be no role for the concerns of the safety of the general public or how that can be addressed. Two, the proposed procedures seem to ignore minimum sentences required by law, invoked by the judge at sentencing, or established by the Paroling Authority. Third, there are no victim notification procedures included in the current language. Thus, these releases may subject survivors to the unpleasant and potentially traumatizing experience of seeing their perpetrator in the community with no prior notification. Fourth, the Proposed Working Group, as so often is the case, does not include any members who represent or have experience representing the interests of crime victims.

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

**HB-1628**

Submitted on: 2/4/2026 8:19:38 AM  
Testimony for PBS on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lisa Seikai Darcy	Individual	Support	Written Testimony Only

Comments:

Aloha Committee Members,

I urge you to support HB 1628 for compassionate release. As a Maui County resident who coordinates a mentoring program at our Correctional Center, I see first hand how costly incarceration is and the emotional toll it takes on the entire ohana.

Supporting this Bill is not only cost effective but it will work to heal the deep pain many of those incarcerated feel towards their families and towards the community. I listen to inmates and those awaiting trial who have no way of expressing what they have learned and in the end stages of any of our lives, it is imperative to create spaces where healing can be afforded. Entire communities need to have a safe place to express their place in these circumstances and create the opportunity to make it pono to share forgiveness.

I am grateful for your consideration and this is an exciting time to move this forward.

Mahalo plenty,

Lisa Darcy Kula, Maui, HI

RECEIVED  
Date & Time  
Feb 04, 2026, 11:14 am

LATE

Aloha mai kākou, Chair Della Au Belatti, Vice-chair Kim Koko Iwamoto, and members of the House Committee on Public Safety.

My name is Kaleihau Kamauu. I am vice-president of Ohana Ho`opakele, an organization formed in 1999 with Kūpuna concerned about the disproportionate number of Kanaka `Ōiwi incarcerated in Hawai`i's Criminal Justice system. I want to thank you all for giving light to this important piece of legislation and for the opportunity to testify here today.

I am in full support of SB2688, 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 Hawai`i's elderly pa`ahao, citing a study by Columbia University that found the recidivism rate for released people 65 years or older to be almost 0 percent.

I was surprised to learn recently that the State of Hawaii is the only state in the Union that does not have a statute related to Compassionate Release. Compassionate Release is just one of the procedures where elderly pa`ahao can be given hope of returning to society and living the rest of their years with family and loved ones. A Compassionate Release statute would also, we believe, have a substantial positive impact on Native Hawaiian and Pacific Islander communities who are disproportionately impacted by incarceration in Hawai`i.

I thank you all again for this opportunity to testify in support of SB 2688. Aloha.