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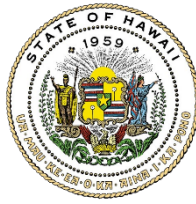
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April 6, 2026

SB 2688, SD1, HD1: RELATING TO COMPASSIONATE RELEASE

Chair Todd, Vice-Chair Takenouchi, and Members of the Committee on Finance:

The Office of the Public Defender (OPD) **strongly supports** SB 2688 SD1 HD1 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.

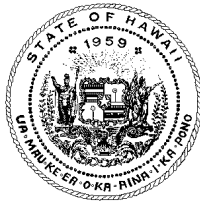
Additionally, the creation of a multidisciplinary working group which includes a formerly incarcerated individual and an attorney with experience representing individuals seeking compassionate release, will strengthen implementation and promote informed, practical rulemaking.

This measure 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** SB 2688 SD1 HD1.

Thank you for the opportunity to comment.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
**DEPARTMENT OF CORRECTIONS
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Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

TESTIMONY ON SENATE BILL 2688, SENATE DRAFT 1, HOUSE DRAFT 1
RELATING TO COMPASSIONATE RELEASE.

by
Tommy Johnson, Director
Department of Corrections and Rehabilitation

House Committee on Finance
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

Tuesday, April 7, 2026; 2:00 p.m.
State Capitol, Conference Room 308 & via Videoconference

Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

The Department of Corrections and Rehabilitation (DCR) **opposes** Senate Bill (SB) 2688, Senate Draft (SD) 1, House Draft (HD) 1, and provides several recommended amendments to Section 2 of this measure to address our concerns. Recommended amendments to be deleted is bracketed and new proposed statutory material is underscored.

Specifically, Section 2 (Page 4, Lines 20 and 21 and Page 5, Lines 1 through 3) should be amended as follows:

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

Recommended amendment to this paragraph is to clarify that written authorization from the incarcerated person is required pursuant to federal HIPAA laws 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. As written, the language is not consistent with the amendments outlined on page 2 (1)(D) of Standing Committee Report No. 1552-26 and Section 2 (c) Page 6, Lines 10 through 13 of this measure.

Section 2 (Page 7, Lines 15 through 18 and Page 8, Lines 1 and 2) should be amended as follows:

(e) The authority shall hold an administrative hearing to consider an application for compassionate release no later than ten business days after receiving an application for compassionate release from the director 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 4 through 9) should be amended as follows:

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

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, the Hawai'i Paroling Authority does not have the authority to consider a convicted felon for any type of release consideration while the offender is serving any unexpired portion of a court ordered mandatory minimum sentence.

It should be noted, those serving life without the possibility of parole, and the majority of those serving life with the possibility of parole, have committed heinous crimes against one or more victims, with some offenders purposely raping and/or killing more than one victim. At present, there are twenty (20) individuals in DCR's custody serving sentences of life without the possibility of parole (LWOP) and twelve (12) of them were convicted of first degree murder and some have lesser included offenses such as carrying a firearm in the commission of a felony, rape, sodomy, kidnapping assault and other

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

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

DCR requests the language from the Senate Draft 1 version of SB 2688, as it relates to the blank appropriation be restored, as the DCR will be unable to comply with this measure without the required funding for two new positions. The total increase in payroll cost for the additional 2.0 FTE staffing requirement is estimated at \$368,996 each year, recurring. Should the Committees 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 SB 2688, SD 1, HD 1.

Attachment.

CLASS "A" FELONY OFFENSES

Murder 1	Murder 2	Attempted Murder 1	Attempted Murder 2	Rape 1	Sodomy 1	Attempted Assault 1	Kidnapping	Robbery 1	PDD 1	ENHANCED PDD 2	ENHANCED Robbery 2	ENHANCED Burglary 1	Escape 1
12	1	9	2	3	3	1	4	5	4	2	3	2	1

CLASS "B" FELONY OFFENSES

Attempted Manslaughter	Burglary 1	Felony in Possession of Firearm/Carrying	Felony in Possession of Firearm Ammo	Assault 2	Attempted Assault 2	Robbery 2	Crim. Property Damage 1	ENHANCED UCPV	
1	6	11	1	1	1	1	1	1	

CLASS "C" FELONY OFFENSES

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



OFFICE OF HAWAIIAN AFFAIRS

‘Ōlelo Hō‘ike ‘Aha Kau Kānāwai

TESTIMONY IN SUPPORT OF SENATE BILL 2688 SD1 HD1

RELATING TO COMPASSIONATE RELEASE

Ke Kōmike Hale o ka ‘Oihana ‘Imi Kālā

(House Committee on Finance)

Ke Kapitala ‘o Hawai‘i

(Hawai‘i State Capitol)

‘Apelila 7, 2026

2:00 PM

Lumi 308

Aloha e Chair Todd, Vice Chair Takenouchi, and Members of the House Committee on Finance:

The Office of Hawaiian Affairs (OHA) **SUPPORTS SB2688 SD1 HD1** which establishes a compassionate release protocol for certain ill or seriously debilitated incarcerated persons and creates a working group within the Department of Corrections and Rehabilitation to develop initial administrative rules for implementation.

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

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

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

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

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

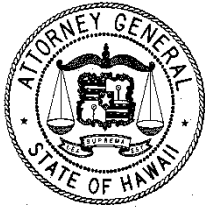
The current bill also improves transparency and accountability. It requires an administrative hearing within ten business days after receipt of an application, requires notice to the prosecuting attorney for victim notification purposes, and requires annual public reporting by both the department and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

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

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

For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS SB2688 SD1 HD1**. Mahalo nui for the opportunity to provide testimony on this important measure.

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



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

ON THE FOLLOWING MEASURE:

S.B. NO. 2688, S.D. 1, H.D. 1, RELATING TO COMPASSIONATE RELEASE.

BEFORE THE:

HOUSE COMMITTEE ON FINANCE

DATE: Tuesday, April 7, 2026

TIME: 2:00 p.m.

LOCATION: State Capitol, Room 308

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

Chair Todd and Members of the Committee:

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

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

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

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

Scope of Eligibility

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

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

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

Consistency with Existing Parole Standards

Current law provides a structured framework for release decisions that emphasizes both rehabilitation and public safety. Section 353-62(a)(3), HRS, requires the HPA to determine parole eligibility at the point when "the element of risk to the community is minimal." Section 353-69, HRS, further provides that parole shall not be granted unless "there is a reasonable probability that the prisoner concerned will live

and remain at liberty without violating the law and that the prisoner's release is not incompatible with the welfare and safety of society."

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

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

Preservation of HPA Discretion

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

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

Recommended Amendments

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

1. Amend definitions as follows:

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

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

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

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

"Terminal illness" means a progressive and irreversible medical condition that, in the clinical judgment of a licensed physician, is expected to result in

death, for which curative treatment is no longer effective or appropriate, and that has advanced to the point that, due to the underlying medical condition, the incarcerated person requires substantial physical assistance with basic self-care.

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

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

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

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

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

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

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

Thank you for the opportunity to testify on this bill.

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

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HOPE MUA LOIO HO'OPI'I

**THE HONORABLE CHRIS TODD, CHAIR
HOUSE COMMITTEE ON FINANCE
Thirty-Third State Legislature
Regular Session of 2026
State of Hawai'i**

April 07, 2026

RE: S.B. 2688, S.D.1 H.D.1; RELATING TO COMPASSIONATE RELEASE.

Chair Todd, Vice-Chair Takenouchi, and members of the House Committees on Finance, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) in **opposition** to S.B. 2688, S.D.1, H.D.1.

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

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

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

Second, the Department remains concerned that S.B. 2688, S.D.1, H.D.1 will permit far too many frivolous claims for compassionate release. Federal cases demonstrate the absurd lengths some manipulative inmates will undertake to game the system. For instance, one inmate frivolously sought release based on unsubstantiated allegations of radon poisoning.¹ Another

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

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

The Department supports a narrowly-tailored compassionate release provision for terminally-ill inmates, after a meaningful opportunity for victim input. Because S.B. 2688, S.D.1, H.D.1 does not accomplish this, we respectfully oppose this measure.

Thank you for the opportunity to testify.

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

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

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

Dear Chairman Todd, Vice-chairwoman Takenouchi, and esteemed members of the committee, my name is Joshua Baghdady and my career is a testament to the power of the blue economy to connect people, ideas, and activities for the health and sustainability of our blue planet. I wish to testify in **strong support** of Senate Bill 2907 (SD1 HD2) to establish Hawai'i as an ocean cluster.

I was homeschooled in the coastal state of South Carolina and studied electrical engineering at Clemson University. In graduate school, I was fortunate enough to work on a project funded by the Office of Naval Research investigating the use of semiconductor lasers for underwater wireless communications. While presenting my work at a marine technology conference in California, I met a physical oceanographer and marine ecologist from the US Coast Guard who became my mentor in all things relating to the ocean. I was intrigued by this linkage of technology and marine stewardship and decided to pivot my career in this direction. My mentor introduced me to Margo Edwards, the director of the Applied Research Laboratory at UH, and I began my professional career here in Hawai'i in 2017. Over the past decade I have been involved on a myriad of marine-related projects, from ocean sensing with robots, buoys, and undersea cables to supporting ecology studies of Hawaiian green sea turtle resting habits in Pearl Harbor. I have also been involved at the national and international levels as an ocean advocate, co-founding both the Marine Technology Society Early Career Ocean Professionals program and the UN Ocean Decade Early Career Ocean Professionals Network Programme. I was in the room at the UN Ocean Conference in Nice, France in June 2025 when around 30 countries adopted the Agreement on Marine Biological Diversity of Areas beyond National Jurisdiction to establish international protections for the High Seas. This experience and exposure have convinced me that the blue economy is society's pathway to sustainable development in the 21st century, and I look forward to working with the state to catalyze a new era of economic prosperity for Hawai'i that is anchored in the largest and most precious natural resource our species has the privilege to steward: our oceans. Thank you very much.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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CHERYL E. INOUE
VACANT
MEMBERS

COREY J. REINCKE
ADMINISTRATOR

No. _____

TESTIMONY ON SENATE BILL 2688, SD1, HD1
RELATING TO COMPASSIONATE RELEASE.

by
Gene DeMello Jr, Chair
Hawaii Paroling Authority

HOUSE COMMITTEE ON FINANCE
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

Tuesday, April 7, 2026; 2:00 p.m.
State Capitol, Conference Room 308 & via Videoconference

Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

The Hawaii Paroling Authority (HPA) **opposes** this bill. Expanding HPA's authority to reduce court-imposed mandatory minimums or life-without-parole sentences would conflict with established sentencing practices, judicial intent, and public safety goals. We request that the bill clearly state that HPA is not allowed to reduce mandatory minimum sentences or life-without-parole terms, along with the following amendment:

All persons incarcerated by the State are eligible for compassionate release, except those serving mandatory minimum sentences or life without parole terms. The Hawaii Paroling Authority may not reduce these sentences, as such authority rests solely with the courts and the Governor, as applicable.

A mandatory minimum term unequivocally sets a non-negotiable standard reflecting the seriousness of an offense and must be fully served before parole eligibility. The Judicial Branch alone retains exclusive authority over such sentence reductions.

Life Without Parole (LWOP) is strictly reserved for the most serious offenses, including first-degree murder and attempted murder. As established by Hawaii Revised Statutes, only the Governor holds the sole authority to commute an LWOP sentence to Life with the Possibility of Parole (LWPP) after twenty years (§ 706-656, 2025). This power must unquestionably remain with the Executive Branch.

The HPA supports compassionate release when appropriate. In the past three years, all 13 compassionate release requests were approved, but four releases are pending due to limited medical placements, highlighting a critical barrier.

Thank you for your consideration. We urge adoption of our amendment and are ready for your questions.

JOSH GREEN, M.D.
GOVERNOR



STATE OF HAWAII
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MARK PATTERSON
CHAIR

CHRISTIN M. JOHNSON
OVERSIGHT COORDINATOR

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MARTHA TORNEY

HON. MICHAEL A. TOWN (ret.)

TO: The Honorable Chair Todd, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Finance

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

SUBJECT: Senate Bill 2688, Senate Draft 1, House Draft 1, Relating to Compassionate Release
Hearing: Tuesday, April 7, 2026; 2:00 p.m.
State Capitol, Room 308

Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

The Hawai'i Correctional System Oversight Commission (HCSOC) submits testimony in **strong support** of Seante Bill 2688, Senate Draft 1, House Draft 1, relating to compassionate release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

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

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

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

- The average annual cost of incarceration exceeds \$100,000 per person
- Some critically ill incarcerated individuals have required medical expenses exceeding \$900,000 in a single year
- Another individual's care surpassed \$2 million in just one quarter, including emergency medical evacuation and hospitalization
- In one case, a single prescription consumed over 90% of the department's annual medication budget, diverting care from others in custody

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

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

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

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

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

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

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Today's Inmate; Tomorrow's Neighbor



COMMITTEE ON FINANCE

Representative Chris Todd, Chair

Representative Jenna Takenouchi, Vice Chair

Tuesday, April 7, 2026

2:00 PM

Room 308 and VIDEOCONFERENCE

STRONG SUPPORT FOR SB 2688 SD1, HD1 - COMPASSIONATE RELEASE

Aloha Chair Todd, Vice Chair Takenouchi 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 3,626 Hawai'i individuals living behind bars¹ and under the "care and custody" of the Department of Corrections and Rehabilitation on March 23, 2026. We are always mindful that 795 of Hawai'i's imprisoned male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons appreciates this opportunity to express our **STRONG SUPPORT for SB2688 SD1,HD1** that establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons and establishes a temporary working group within the Department of Corrections

¹ DCR Weekly Population Report, March 23, 2026

[Pop-Reports-Weekly-2026-03-23.pdf](#)

and Rehabilitation to develop initial administrative rules to implement the protocol. Effective 7/1/3000. (HD1)

We appreciate Chair Tarnas for amending SB2688 SD1,HD1 and inserting the language from HB 1628 HD2 that provides more clarity.

We have been working with people who have been incarcerated by Hawai`i for a long time who have served as aides to people with devastating illnesses. They have shown the compassion that we wish the leadership of DCR exhibited.

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

In 2022, Families Against Mandatory Minimums released an in-depth study of the Compassionate release processes of all states and D.C., and assigned each state a grade.² It was not surprising that Hawai`i received a "F" grade due in part to the policy design, inconsistent rules, and lack of clarity. In stark contrast, states such as Colorado, Illinois, Rhode Island, Massachusetts and D.C. earned an "A."

Hawai`i is the only state without a compassionate release statute.

SB 2688 SD1, HD1 advances practical equity for `ohana. Long-term incarceration carries substantial intergenerational impacts, including destabilizing family networks and creating barriers to reintegration.

For Native Hawaiian 'ohana already facing structural inequities, the prolonged incarceration of an elder or seriously ill family member can deepen harm and extend trauma, particularly when that individual's condition has progressed to a point where dignity and humane care can be better provided in a community

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

setting with appropriate supports and the chance for their friends and family to surround them with love.

This bill recognizes a fundamental truth: incarceration is not well-suited to function as a long-term medical care system. Compassionate release includes persons with a terminal illness, debilitating or irreversible medical conditions, and cognitive or mental health impairments that substantially compromise an individual's quality of life or ability to engage in daily functioning.

It also recognizes circumstances in which the complexity of medical needs exceeds the Department's long-term capacity and would be more appropriately managed in a community setting.

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

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

The continued incarceration of elderly and severely ill individuals places extraordinary strain on limited state resources. Older and medically complex individuals often require specialty care, hospitalizations, medical transportation, and intensive monitoring. Allowing those who qualify to transition to appropriate community or medical settings promotes both fiscal responsibility and humane public policy.

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

The HPA retains revocation power if credible information demonstrates a significant failure to comply, and it must consider the individual's medical, mental

health, or cognitive condition in assessing any alleged violation. Compassionate release is therefore a controlled and accountable alternative to continued incarceration – not a termination of oversight.

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

We urge the Committee to show compassion and understanding by passing SB2688 SD1,HD1.

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



Re: SB2688 Relating to Compassionate Release

Dear Finance Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

Thank you very much for the opportunity to testify about SB2688 relating to compassionate release. My name is Molly Crane, and I am an attorney at FAMM. FAMM is a non-profit, non-partisan organization that works to create a more fair and effective justice system that respects individual accountability and dignity while keeping our communities safe.

For over 25 years, FAMM has worked on compassionate release in research and policy. We have studied every program in the country at the state and federal level, and assisted with strengthening these programs so they reduce the strain on correctional systems. Over the last year, we are grateful to have collaborated closely with agencies, nonprofits, staff, and families who identified the need for compassionate release reform in Hawai'i. We **strongly support** SB2688, which contains no appropriation and will result in significant cost savings for the State. We respectfully request two minor amendments.

FAMM respectfully requests the following amendments to SB2688:

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

I. Purpose of Compassionate Release

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

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

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

Fiscal Impact

Housing medically complex patients in prison is uniquely costly for the state. In 2023, the Department of Corrections and Rehabilitation (DCR) reported an operating cost of healthcare alone of \$33,271,024, a significant increase from 2022.¹ The small number of critically ill individuals contribute an outsized amount to these rising costs.



Direct costs include specialty appointments, medical equipment, non-formulary prescriptions, labs and imaging, surgeries, Medevac flights, emergency room admissions, and hospitalizations. There are also indirect costs, including transportation to and from appointments, and extensive overtime pay for corrections officers who must accompany incarcerated individuals 24/7 when off-site for care. Examples of the additional costs of critically ill incarcerated individuals in Hawai'i include:

- Gurney transport and security movement, costing approximately \$4,000 per patient per week for patients requiring frequent off-site care, or \$208,000 per person per year;
- Medication costs for complex patients, costing approximately \$20,000 per patient per month, or \$240,000 per person per year;
- Hospitalizations and emergency department transfers, conservatively costing \$50,000–\$150,000 per patient per year, with far higher costs for inpatients needing ICU-level admissions;
- Medevac flights, costing approximately \$20,000-\$30,000 per flight between islands and \$90,000-\$200,000 per flight from Arizona to Hawai'i, depending on urgency and in-flight needs; and
- Additional staffing costs (such as nursing labor diverted to total-care demands, overtime/coverage impacts, and additional custody staffing for escort/supervision), adding approximately \$150,000–\$300,000 per year for a single high-needs patient, depending on acuity and frequency of outside care.

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

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



The below are example expenditures for those who are critically ill and incarcerated, representing the amount that DCR and the State could save through SB 2688 if requested amendments are made. The below are estimates, as there are limitations in the data collected by DCR.

Case study: a patient with cancer

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

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

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

Case study: specialized prescription costs

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

Case study: outside medical costs

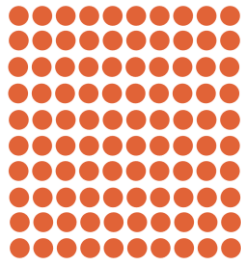
For the following patients in DCR custody, costs solely for outside medical care – **not counting medications, facility nursing care, etc.** – included:

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

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

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

Currently, DCR and the State are responsible for 100% of the costs for incarcerated people who are critically ill. However, if these individuals are granted compassionate release and on Medicaid, the **federal government covers 60-90%** of these costs, depending on the Medicaid program the patient is enrolled in, instead of the State.ⁱⁱ



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



Federal funding is 73% of total Medicaid spending in Hawaii

Although DCR can apply for Medicaid reimbursements if an individual is hospitalized for more than 24 hours while in custody, DCR must pay these costs up front and reimbursement is not guaranteed. Further, Medicaid will not reimburse many costs, including prescriptions, dialysis, surgeries and ER visits, rehabilitation, long term care centers, hospice care, hospice medications,



wound care visits, specialty visits, and more. Hospitals also often frequently discharge incarcerated patients back to Halawa as soon as possible. The transportation by 2 officers for every external appointment, test, procedure, ER visit, hospitalization, and more also leads to extensive overtime costs.

DCR's healthcare budget of over \$30 million is primarily for staffing, including salaries and overtime. Spending for outside patient visits, medications, hospitalizations, transportation, and more comes from DCR's healthcare operational budget, which is approximately \$13-14 million. This budget is also used for filling healthcare vacancies, which leaves DCR in the position of **choosing between filling positions and funding medical care**, such as durable medical equipment and medications for patients.

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

Care Burden

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

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

The burden of providing care for people who are critically ill with the most resource-intensive demands takes a toll on staff. In Hawai'i, the staffing vacancy rate is nearly 30%.ⁱⁱⁱ The deteriorating health of people who are dying in prison is also harming staff health - staff surveys found that over 60% of corrections staff developed a serious health condition due to job stress.^{iv} Further, providing supervision for people who are dying in front of your eyes takes an emotional toll. Over 75% of corrections staff feel emotionally drained.^v Compassionate release reduces the logistical, care, and emotional burden on staff and systems.



Public Safety

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

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

II. Best Practices and SB2688

Hawai’i is the only state in the country whose compassionate release program is not governed by statute. SB2688 can transform Hawai’i from an outlier in compassionate release to a leader. Many sections in SB2688 are notable for their alignment with best practices and model provisions – several are discussed below.

Medical Eligibility Criteria

Compassionate release programs can meet their stated goals of protecting public safety and lessening the strain on taxpayers when eligibility criteria are medically rooted. Every state in the country includes significant diagnoses, terminal illness, cognitive decline, and/or care the facility is unable to provide as eligibility criteria. SB2688’s criteria have been thoughtfully designed in partnership with local medical specialists to ensure that providers who must carefully assess individuals for eligibility have clear guidance as to whether an individual’s diagnoses qualify under the statute.

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

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



We strongly support the medical eligibility criteria in SB2688.

Sentence Eligibility Criteria

SB2688's eligibility criteria in allowing anyone who meets the medical criteria to be considered for release are also best practice. The majority of states where Parole Boards make compassionate release decisions treat people serving mandatory and/or life without the possibility of parole (LWOP) sentences as eligible for consideration. Such states cross the geographic and political spectrum – just a few examples include Alabama, Georgia, Florida, Kentucky, Illinois, Idaho, New Mexico, Utah, District of Columbia, Vermont, Alaska, and more. This is because states all across the country recognize that this population is most costly and burdensome, and least likely to recidivate, and this is true irrespective of the sentence or conviction.

Criminal legal systems recognize retribution as a purpose of punishment and factor it in at sentencing. Compassionate release addresses circumstances that have developed since sentencing. This includes severe cognitive decline rendering an individual no longer capable of understanding retribution, and incapacitation such that an individual is incarcerated inside the confines of their own body. Further, SB2688 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 SB2688. The best programs arm the decision-maker with the information, standards, and discretion needed to make informed judgments. Categorically prohibition of classes of people, rather than individualized consideration, defeats the humanitarian purposes and fiscal benefits of compassionate release.

Without a functional compassionate release pathway—including for those with life without parole and with mandatory minimums—Hawai'i will increasingly operate a correctional system that is forced into the role of a long-term care provider, at extraordinary cost, with staff and funding pulled away from urgent needs like psychiatric crisis response and suicide prevention. We strongly support the sentence eligibility in SB2688.

Application Process

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

Across the country, states recognize the vital role of medical staff, corrections officials, family, counsel, and other incarcerated people in identifying people who may be eligible.



SB2688 includes a thorough review process and gives the DCR Director’s authority to hold any clearly frivolous requests. SB2688 ensures that the compassionate release process is accessible to people with impairments; allows stakeholders who are most familiar with an individual’s decline, such as medical staff and those housed alongside people who are sick to participate; and safeguards against missing eligible individuals by requiring the department to promptly identify persons who meet the bill’s medical criteria.

When medical staff are stretched thin, it is often other incarcerated individuals who notice an individual’s decline. These other incarcerated persons are often most familiar with an individual’s debilitation – for example, often cellmates directly observe the functional status of the critically ill people with whom they share a cell. Incarcerated people are uniquely equipped to assist others in custody with their applications, because they see this information first-hand. Allowing other incarcerated individuals to assist with applications also reduces the burden on DCR staff to initiate the process, while still ensuring there is appropriate review. This robust identification process fulfills the bill’s central purpose of reducing the burden on DCR and the state by ensuring that the sickest and most incapacitated people in custody can be considered for release

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

Decision-Making Timeline

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

SB2688 appropriately streamlines the steps and stakeholders in DCR and the Hawai’i Paroling Authority (HPA) involved in the compassionate release process. SB2688 further sets clear timelines for each step of the process, preventing the delays in assessing people that lead to deaths in custody before the reviewing and decision-making are completed. When the number of deaths in DCR custody has risen significantly, with nearly 8 times as many deaths in custody now than there were in 1990, this bill ensures that the decision-making process coheres with the inherent urgency of compassionate release in considering those who are deteriorating or nearing death.^{viii}



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

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

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

Data Collection and Public Reporting

Transparency is critical to ensuring a compassionate release program works as intended. Data collection and reporting help lawmakers and the public to assess whether the program meets the legislature's objectives. The metrics in SB2688 from DCR and HPA align with best practices and will provide a comprehensive picture of the compassionate release program's congruence with the legislature's intent.

III. Impact of SB2688

In addition to the cost savings for taxpayers, the burden alleviation for corrections, and the promotion of public safety, SB2688 will have meaningful impacts on the lives of Hawaiians. Native Hawaiians are disproportionately represented among the incarcerated population. Whereas Native Hawaiians represent 10% of the population in Hawai'i, they represent 44% of pa'ahao (incarcerated individuals).^{ix} This longstanding crisis for Hawaiians disrupts pono (righteousness) and the perpetuation of ola (healing) through the strength of Hawaiian 'ohana (family).^x Compassionate release is rooted in humanitarian principles and aligned with Native Hawaiian values of aloha, mālama (care), and kuleana (responsibility to one another).^{xi} Compassionate release provides a pathway to address the significant overrepresentation of Native Hawaiian pa'ahao.

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



was incarcerated. Because of the barriers in the process, it took over a year for Paul to be granted compassionate release, and by the time he was home, he was barely alive enough to see his daughter's face again.

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

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

Thank you for your leadership in introducing this bill, and for the opportunity provide comments. FAMM respectfully urges the legislature to pass SB2688, which would reduce costs, support staff, provide dignity, and protect public safety.

Thank you,

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



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

ⁱⁱ KFF, “Medicaid in Hawaii,” May 2025, <https://files.kff.org/attachment/fact-sheet-medicaid-state-HI>.

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

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

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

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

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

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

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

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

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

February 1, 2026

Dear Senators and Representatives of the Hawaii'i Legislature:

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

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

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

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

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

Values Alignment: Upholding the "Aloha Spirit"

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

Addressing the Crisis of an Aging Population

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

John M. Compton
John M. Compton

Jouiet Begley
JOUJET BEGLEY

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

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

Fiscal Responsibility: Saving Taxpayer Money

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

Public Safety Remains Paramount

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

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

Mitigating the Impact on Staff

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

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

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

Dan Carpenter

2/1/26

Theresa Monteghen
2/1/26
Janice
DAVIS

Marie Anne
Marie Anne

Leanne MacIntire
JAMES B. WOOD

Hilka R. Easterwood

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

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

Melany Melakea Melany Melakea

Kimberly Towler Kimberly Towler

Irina Martikainen Irina Martikainen

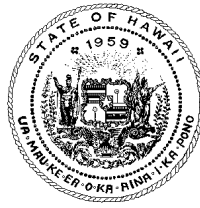
Cristic Lawson CRISTIC LAWSON

Crystal Neva Crystal Neva

Margaret (Peg) Neva Margaret (Peg) Neva

Kristin Witcher Kristin Witcher

Pierre Kleiber Pierre Kleiber



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

MARI McCAIG BELLINGER
Chair

CLIFTON Y.S. CHOY
Commissioner

JO KAMAE BYRNE
Commissioner

PAMELA FERGUSON-BREY
Executive Director

TESTIMONY ON SENATE BILL 2688, SD1, HD1
RELATING TO COMPASSIONATE RELEASE

by

Pamela Ferguson-Brey, Executive Director
Crime Victim Compensation Commission

House Committee on Finance
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

Tuesday, April 7, 2026; 2:00 PM
State Capitol, Conference Room 308 & Videoconference

Good afternoon, Chair Todd, Vice Chair Takenouchi, and Members of the House Committee on Finance. Thank you for providing the Crime Victim Compensation Commission (“Commission”) with the opportunity to testify in strong opposition to Senate Bill 2688, SD1, HD1, Relating to Compassionate Release. SB 2688, SD1, HD1, establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated individuals. This bill does not provide sufficient time for victim notification, no opportunity for the victim to participate or be heard about the release decision, and puts public safety at risk. Additionally, the working group tasked with developing the administrative rules governing compassionate release does not include a representative from the victim service community.

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

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

While the bill provides that the Hawai'i Paroling Authority (HPA) shall notify Prosecutors at least 48-hours prior to a release hearing for the purpose of notifying

victims, this does not provide sufficient time for victim notification, victim safety planning, or for a thorough assessment to determine if the offender's release poses an unreasonable risk to public safety. This bill undermines public safety because it does not require that HPA consider all of the relevant factors outlined in testimony by the Department of the Prosecuting Attorney, City and County of Honolulu, including:

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

Failing to provide victims with an opportunity to be heard deprives the HPA of information that could impact their assessment of whether or not the release of the offender provides an unreasonable risk to public safety, not to mention the impact on the victim's safety and well being. Victims may be traumatized when an individual who committed a violent act against them is released back into the community, regardless of the offender's physical health.

Additionally, the working group tasked with developing the administrative rules governing compassionate release does not include a representative from the victim service community. Having a representative from the victim service community on the working group will ensure that the development of the administrative rules is informed by the needs and concerns of victims and surviving family members, and by the safety of the community.

Thank you for allowing the Commission to testify in strong opposition to SB 2688, SD1, HD1.



COMMITTEE ON FINANCE

Rep. Chris Todd, Chair
Rep. Jenna Takenouchi, Vice Chair

Hearing:

Tuesday April 7, 2026
2:00 PM Room 308 State Capitol & Via Videoconference

SB 2688, SD1, HD1

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the Committee on Finance,

Hawai'i Friends of Restorative Justice strongly supports S.B. 2688, SD1, HD1 and urges its passage with one amendment: change the effective date from July 1, 3000 to upon passage. People are dying in our prisons right now. A placeholder date that defers implementation by nearly a thousand years means this bill helps no one.

This legislation is comprehensive, humane, and fiscally responsible. It covers a broad range of medical need, includes meaningful safeguards, creates an affirmative duty for the department to identify eligible people, and includes LWOP prisoners that recognizes that a sentence does not change a medical reality.

Hawai'i cannot afford to spend between \$650,000 and \$900,000 per year, and in some cases several million dollars, to incarcerate people who are too ill to walk, too impaired to know where they are, or too sick for DCR to adequately treat. The recidivism rate for people granted compassionate release is just 3.5%, which contradicts the public safety concern about releasing dying people.

Please pass this bill with an immediate effective date.

Mahalo for your consideration and your public service.

Lorenn Walker, JD, MPH
Director, Hawai'i Friends of Restorative Justice



Native Hawaiian LEGAL CORPORATION

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



Testimony to the HOUSE COMMITTEE ON FINANCE

Relating to Senate Bill 2688 SD1 HD1

Relating to Compassionate Release.

April 7, 2026

2:00 p.m.

State Capitol, Conference Room 308

Aloha e Chair Todd, Vice Chair Takenouchi, and members of the House Committee on Finance:

The Native Hawaiian Legal Corporation (NHLC) respectfully offers this testimony in **SUPPORT** of **SB 2688 SD1 HD1**, relating to compassionate release. Hawai'i needs a formal compassionate release process. For more than fifty years, NHLC has served as the only public interest law firm dedicated exclusively to Native Hawaiian rights, working to address the persistent systemic inequities that disproportionately impact Native Hawaiians.

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

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

SB2688 SD1 HD1 contains carefully crafted language and includes provisions that should be preserved intact to effectuate this bill's goals and purpose. We also urge the committee to consider the following amendment to SB2688 SD1 HD2:

The bill should be made effective immediately. Immediate implementation is essential. Many incarcerated individuals face rapidly progressing or complex medical conditions that require urgent access to community-based care. Delaying the effective date prolongs preventable suffering, risks further medical deterioration, and burdens Hawai'i's correctional healthcare system with avoidable, extraordinary expenses. The average annual cost of

Native Hawaiian Legal Corporation
House Committee on Finance
Comments Related to SB 2688 SD1 HD1
April 7, 2026
Page 2 of 2

incarceration in Hawai‘i is about \$112,055, and the cost for a medically complex person can reach six to eight times higher – between \$600,000 and \$900,000 annually and has cost the State over \$1 million each year. Timely implementation prevents this ongoing over-expenditure and allows eligible individuals to enter community settings where Medicaid and other payers can offset costs.

Mahalo for the opportunity to provide written testimony.

Me ka ha‘aha‘a,

A handwritten signature in black ink, appearing to read 'Terina K. Fa'agau', written over a light pink rectangular background.

Terina K. Fa‘agau
Staff Attorney

SB-2688-HD-1

Submitted on: 4/6/2026 12:19:58 PM

Testimony for FIN on 4/7/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald Fujiyoshi	OHANA HOOPAKELE	Support	Written Testimony Only

Comments:

Dear Representative Chris Todd, Chair, Representative Jenna Takenouchi, Vice Chair, and members of the House Finance Committee.

Greetings from Hilo. 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.

Ohana Ho`opakele 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 with strong support for SB2688 SD1, 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.

Please return the bill to its **original medical eligibility language**. The original language of the bill was done with the participation of Molly Crane of FAMM, incorporating the language of compassionate release bills from all other states in the United States of America. Hawai'i, as the Aloha State, should be at the forward edge of progressive bills to allow the release of elderly, model pa`ahao.

Mahalo for allowing me to testify with comments on SB2688 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.’

ROAR & CARES

A GRASSROOTS MOVEMENT

Aloha Finance committee,

CARES is in strong favor of this bill.

Compassionate release for mentally ill prisoners is essential for humanitarian, financial, and ethical reasons. It allows individuals with severe, debilitating mental conditions to receive proper care in community settings, reduces the high cost of specialized care in prison, and addresses human rights by preventing inmates from dying or deteriorating without proper care.

The committee should consider an amendment for a work group to request the Paroling Authority to consider these exacerbated conditions prior to sentencing. And also, the committee should consider an amendment to consult with the victim in an advisory role to provide advice to the working group without gaining too much control of the narrative

Life without parole (LWOP) in Hawaii is primarily governed by HRS §706-656, which mandates a sentence of life imprisonment without the possibility of parole for 1st-degree murder and 1st-degree attempted murder. This sentence is also referenced in §706-657 for certain cases and §353-64 regarding parole eligibility exceptions. The Judiciary branch should consider an amendment next year to these statutes to address the bottleneck that is happening with higher numbers of incarceration which causes overcrowding in correctional centers and prison facilities.

Thank you.

COMMITTEE ON FINANCE

Rep. Chris Todd, Chair

Rep. Jenna Takenouchi, Vice Chair

HEARING: Tuesday, April 7, 2026 at 2:00 pm, Via Videoconference and Conference Room 308

TESTIMONY IN SUPPORT OF SB 2688, SD1, HD1 - RELATING TO COMPASSIONATE RELEASE.

Aloha Chair Todd, Vice Chair Takenouchi, Rep. Miyake for my Maui district, Rep. Yamashita of Maui, and Members of the Committee,

My name is Christine Andrews and I am a long-term resident of Wailuku, Maui. I am also an attorney licensed in the state of Hawaii for over 25 years. I am writing today in **strong support of SB2688, SD1, HD1**, Relating to Compassionate Release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons and establishes a temporary working group within the Department of Corrections and Rehabilitation to develop initial administrative rules to implement the protocol.

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

Hawaii's correctional health care system is already overburdened. Senate Bill 2688, SD1, HD1 is an efficient and cost-saving measure as well as a compassionate one. Hawaii spends significant resources incarcerating people who are elderly or gravely ill, often at high medical cost without public benefit. Compassionate release is one way to alleviate the lack of resources for health care presented by our geographic isolation in Hawai'i.

Compassionate release as provided by SB2688, SD1, HD1 can:

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

I urge your **strong support of SB 2688, SD1, HD1**.

Mahalo,

Christine Andrews, J.D.
Wailuku, Maui

SB-2688-HD-1

Submitted on: 4/6/2026 7:28:47 AM

Testimony for FIN on 4/7/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christopher Dean	Individual	Support	Written Testimony Only

Comments:

I support this legislation. I believe in making a more compassionate and empathetic world. I know some people have done really bad things, cruel things. I've been attacked by people and it's not a pleasant thing. It's easy to be mad and want to punish them, but the way I see it is these people are suffering too. They have this mental illness that is making them so angry and I don't know why and neither do they. All I know is more cruelty will not solve the problem. Clearly if somebody is a threat to society, we can't allow them to go around hurting people. I think we need to assess each situation and for those individuals who are deemed low risk, we need to be more compassionate.

SB-2688-HD-1

Submitted on: 4/4/2026 11:24:50 AM

Testimony for FIN on 4/7/2026 2:00:00 PM

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

Comments:

Aloha Chair Todd, Vice Chair Takenouchi and Members of the Committee.

My name is Carla Allison and as a Hawai'i resident and voter deeply concerned for the public safety and civil liberties of all the people of Hawai'i **I strongly support SB 2688**, and I respectfully request that you pass SB 2688 so that it is effective upon its approval.

I was so surprised to learn at the beginning of this legislative session 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.

This bill reflects fiscal responsibility, as SB2688 will result in **significant cost savings** for the Department of Corrections and Rehabilitation and for the State while lessening the burden on correctional staff who are already stretched thin.

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 folx 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.

I strongly urge you to support this critical bill because compassionate release for Hawai'i'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.

SB2688 Relating to Compassionate Release is an important bill, and I urge you to support it.

Thank you for your consideration,

Carla Allison -Honolulu

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

TO: Committee on Finance
RE: SB 2688, SD 1, HD 1
HEARING: Tuesday, April 7, 2026
TIME: 2:00 p.m.
ROOM: Conf. Room 0308
POSITION: **Strongly Support**

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

Thank you for allowing me to testify on SB 2688, SD 1, HD1. My name is Bob Merce. I am a retired lawyer, and for more than a decade, I have assisted terminally ill and severely debilitated individuals who are seeking compassionate release. **I strongly support SB 2688, SD 1, HD 1.** It is a thoughtful and carefully drafted bill that encompasses national best practices, and reflects the Aloha Spirit in which “each person is important to every other person for collective existence.” HRS §5-7.5. It will also save the state millions.

1. Hawaii Needs a Compassionate Release Law.

The current compassionate release process is governed by a three-page Department of Corrections and Rehabilitation (DCR) policy,¹ and a single sentence in a decades old administrative rule.² The DCR policy and HPA rule are inadequate to manage a complex process that involves significant state resources, and people who are suffering from devastating illnesses. Hawaii is the only state that does not have a compassionate release statute. SB 2688, SD 1, HD 1 is an evidence based, state-of -the-art compassionate release bill that provides a clear, medically grounded, and humane framework for safely transitioning very ill men and women from prison to a community setting where they can get the medical care they need.

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

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

2. SB 2688, SD 1, HD 1 Incorporates Best Practices

In its present form, SB 2688, SD 1, HD 1 incorporates national best practices, including

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

3. SB 2688, SD 1, HD 1 Will Save the State Millions

Because Medicaid does not cover incarcerated persons, the entire cost of their medical care is paid from state funds. On average, it costs \$307 per day (\$112,000 per year) to house an incarcerated person in Hawaii, but the costs for the sick and elderly are significantly higher. FAMM, a non-profit that has been doing research on compassionate for 25 years estimates that “[f]or 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”.³ FAMM’s research also show the many ways that attempting to care for terminally ill and seriously debilitated individuals in a setting that was not designed such care, burdens our correctional system, and ultimately Hawaii’s taxpayers.⁴

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

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

⁴ Ibid.

Transitioning seriously ill men and women to hospitals, skilled nursing facilities, and long-term care facilities through compassionate release will make them eligible for Medicaid, which will pay between 60-90% of their medical bills, depending on the program they are enrolled in. This will save the State millions.

**4. The Department of Corrections and Rehabilitation
Is Unable to Care for Terminally Ill and Seriously Debilitated
Individuals Within the Standard of Care**

Under Hawaii law, incarcerated individuals are entitled to the same standard of medical care as the general public. *Slingluff v. State*, 131 Haw. 239, 317 P.3d 683 (2013). DCR's main medical facility is the infirmary at the Halawa Community Correctional Center. The infirmary was not designed to care for seriously ill patients, and is not staffed or equipped to care for them. It is for minor injuries and non-serious medical conditions, yet it houses men suffering from glioblastoma (an aggressive form of brain cancer), stage 4 oropharyngeal squamous carcinoma (throat cancer), advance lymphoma (cancer of the lymphatic system), metastatic prostate cancer, ALS (a progressive neurodegenerative disease), and patients with chronic heart lung, and kidney disease. Attempting to care for such complex medical conditions in an understaffed and overcrowded infirmary exposes the state to medical malpractice lawsuits that are costly to defend, and can result in large judgments that must be paid with taxpayer dollars. Compassionate release will help ensure that incarcerated persons will get the care they need and are entitled to, and reduce the State's exposure to medical malpractice lawsuits.

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

HAWAI'I
PACIFIC
HEALTH

KAPI'OLANI
THE SEX ABUSE
TREATMENT CENTER



Date: April 6, 2026

To: Sen Chris Todd, Chair
Sen Jenna Takenouchi, Vice Chair
Members of the Senate Committee on Finance

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

RE: Testimony on SB 2688, HD 1, SD 1
Relating to Compassionate Release

Hearing: April 7, 2026, Conference Room 308, 2:00 pm

Good afternoon Sen Chair Todd, Sen Vice Chair Takenouchi, and Members of the Senate Committee on Finance. Thank you for the opportunity for the Sex Abuse Treatment to provide comment on the SB 2688, HD1, SD1 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 having suffered direct harm at the hands of the incarcerated individual.

For many sexual 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 survivors having an opportunity to engage in the process. Survivors need and deserve to 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.

While recognizing the importance of having compassion for those incarcerated individuals who have a debilitating or terminal medical condition, it is equally important to show compassion for victims who also suffer long lasting physical and emotional injuries because of their victimization.

We urge this legislature to consider victim notification to be expanded to include victim participation. Their input, whether supportive or in opposition to the request for compassionate release, is not only worthy of consideration, but necessary in making a decision that is balanced and well informed. Being included in the process sends strong messages to victims, that their input is welcomed and valued. We oppose SB 2688, HD1, SD1 and respectfully ask for victims to be included in this important process.

Similarly, we ask that victims have some representation on the proposed Working Group, so their unique perspective can be shared and included in the recommendations and proposed administrative rules that will be forthcoming. We respectfully oppose SB 2688, HD 1, SD1.

Dennis M. Dunn
Kailua, HI 96734

**TO: Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair**

House Committee on Finance

RE: Senate Bill 2688, S.D. 1, H.D. 1, Relating to Compassionate Release

**HEARING: Wednesday, April 7, 2026, 2:00 p.m.
Conference Room 308**

Good afternoon, Chair Todd, Vice Chair Takenouchi, and Members of the House Committee on Finance . My name is Dennis Dunn, and I am the former Director of the Victim Witness Kokua Services in the Honolulu Prosecuting Attorney's Office, having retired at the end of 2022 after 44 years of service with the program. I am testifying today **in opposition to S.B. 2688, S.D.1, H.D. 1**, which proposes to establish a protocol for the release of certain ill or seriously debilitated incarcerated persons.

I oppose this measure for the following reasons:

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

4. The Proposed Working Group, as so often is the case, does not include any members who represent or have experience representing the interests of crime victims, which makes me assume that the proposed Administrative Rules emanating from the proposed Working Group is unlikely to include any accommodations for victims.

It may be possible to amend this measure to address some or all these concerns, however **without the necessary changes I oppose S.B. 2688 S.D. 1, H.D. 1.** Mahalo for your time and consideration.



Carrie Ann Shirota
Attorney at Law

House Committee on Finance
Rep. Chris Todd, Chair
Rep. Jenna Takenouchi, Vice Chair
Tuesday, April 7, 2026
2:00 P.M.
Conference Room 308

SUPPORT: S.B. 2688 S.D.1 H.D. 1 Compassionate Release
with Proposed Amendments

Dear Chair Todd, Vice Chair Takenouchi and Committee Members:

My name is Carrie Ann Shirota, and I strongly support **S.B. 2688 SD 1 HD1 Relating to Compassionate Release**. To ensure this measure fully aligns with national best practices for medical release, also known as “Compassionate release,” I respectfully request the adoption of two proposed amendments.

Proposed Amendments

- 1) Section 353- Compassionate release; authority to release; process:
 - (c) An application for compassionate release may be initiated by the department’s medical staff, an incarcerated person or **an incarcerated person’s representative**.
- 2) SECTION 6. This Act shall take effect **upon its approval**.

By way of background, I am an attorney dedicated to advancing data-driven public policies that foster thriving and just communities. My professional experience includes serving as the ACLU of Hawai'i's Policy Director, MEO's Reintegration Program Director, an Enforcement Attorney for the Hawai'i Civil Rights Commission, and a Deputy Public Defender. These diverse roles, along with having loved ones who have been incarcerated, have afforded me unique insights into our criminal legal and correctional systems, as well as a sobering view of the conditions of confinement within our jails and prisons—both in Hawai'i and at the Saguaro Correctional Center in Arizona. Additionally, I have been working pro bono on compassionate release cases with retired attorney Mr. Bob Merce.

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

The Principles of Humanity and Justice

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

Fiscal Responsibility

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

Hawaii currently spends over \$112,000 annually to incarcerate one adult. Significantly, the Department of Corrections spends an average of \$600,000 to \$900,000 to incarcerate one individual with complex medical needs. Indeed, DCR spent over \$2 MILLION to provide care for an individual over a period of a few months.

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

Public Safety is Maintained

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

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

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

Notification to Victims/Survivors

The proposed statute requires 48 hours advance notice of the Hawaii Paroling Authority's hearing to the Prosecuting Attorneys' office.¹ This requirement aligns with the current practice between HPA and the DPA, and takes into consideration requests by law enforcement and victim/survivor organizations to codify notification into the statute.

Professional Medical Evaluations Are Required

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

Please pass **S.B. 2688 HD1 Relating to Compassionate Release with the proposed amendments outlined below**. Thank you for your consideration.

Sincerely,

Carrie Ann Shirota

Carrie Ann Shirota, Esq.
Honolulu, Hawai'i

¹ (e) The authority shall hold an administrative hearing to consider an application for compassionate release no later than ten business days after receiving an application for compassionate release from the director. **At least forty-eight hours before an incarcerated person's hearing, the authority shall provide notice, including electronically, of the hearing to the prosecuting attorney of the applicable county, for the purposes of notifying victims.** The authority shall grant release in accordance with subsection (f).