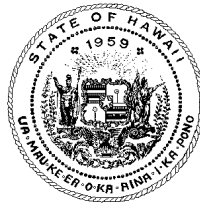


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII – Ka MOKU'ĀINA 'O HAWAI'I
CRIME VICTIM COMPENSATION COMMISSION
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Commissioner

PAMELA FERGUSON-BREY
Executive Director

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

by

Pamela Ferguson-Brey, Executive Director
Crime Victim Compensation Commission

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

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

Good afternoon, Chair Tarnas, Vice Chair Poepoe, and Members of the House Committee on Judiciary & Hawaiian Affairs. Thank you for providing the Crime Victim Compensation Commission (“Commission”) with the opportunity to provide comments on Senate Bill 2688, SD1, Relating to Compassionate Release. SB 2688, SD1, establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated individuals.

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

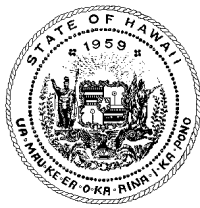
Criminal justice reform must not only serve the interest of the offender but must also include meaningful protection of the interests and rights of crime victims to avoid harmful, unintended consequences which may include jeopardizing the safety of victims, surviving family members, and the community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

This bill does not provide notice to victims or surviving family members that the offender is being considered for release. The bill only provides notice after the offender has been released. Victims have no opportunity to provide input regarding the release decision. Failing to provide victims with an opportunity to be heard deprives the Hawai'i Paroling Authority of information necessary to make a determination as to whether or not the offender poses an unreasonable risk to public safety.

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

Thank you for allowing the Commission to provide comments to SB 2688, SD1.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII'
HAWAII PAROLING AUTHORITY
Ka 'Ākena Palola o Hawai'i
1177 Alakea Street, First Floor
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LINDA L. RICH
CHERYL E. INOUE
VACANT
MEMBERS

COREY J. REINCKE
ADMINISTRATOR

No. _____

TESTIMONY ON SENATE BILL 2688, SD 1
RELATING TO COMPASSIONATE RELEASE

by
Gene DeMello Jr, Chair
Hawaii Paroling Authority

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

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

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

The Hawaii Paroling Authority (HPA) opposes section (j) in Senate Bill (SB) 2688, SD1, and propose a **suggested amendment** in “§353- Compassionate release; authority to release; process”:

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

HPA performs quasi-judicial functions and serves as the central paroling authority for the State of Hawaii. The Hawaii Revised Statutes and Hawaii Administrative Rules (HAR) govern fixing and reducing minimum terms of imprisonment and granting parole, and other administrative functions. HPA is not authorized to reduce a court-imposed mandatory minimum term, or Life Without the Possibility of Parole (LWOP) sentence under our current authority. Therefore, HPA is opposed to section (i) in the bill.

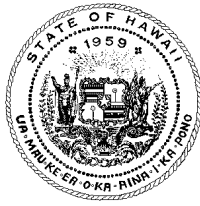
A court-imposed mandatory minimum term is an enhanced and determinate sentence that reflects the seriousness of a crime. The law requires this term to be served in its entirety prior to release consideration. A minimum term fixed by HPA cannot be lower

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

A sentence of LWOP is available for an adult offender convicted of the most serious and heinous crimes such as Murder (and Attempted Murder) in the First Degree. This sentence applies to crimes with aggravated circumstances such as when the victim is a police officer, judge or witness, or multiple murders. The Hawaii Revised Statutes authorizes the Governor to commute an LWOP sentence after twenty years of serving imprisonment. The Governor's authority to commute LWOP sentences should remain within the Executive Branch.

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

Thank you for the opportunity to present testimony on SB 2688, SD1. We will be available for any questions.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
**DEPARTMENT OF CORRECTIONS
AND REHABILITATION**
*Ka 'Oihana Ho'omalū Kalaima
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TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Vacant
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

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

by

Tommy Johnson, Director
Department of Corrections and Rehabilitation

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

Wednesday, March 25, 2026; 2:00 p.m.
State Capitol, Conference Room 326 & via Videoconference

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

The Department of Corrections and Rehabilitation (DCR) **opposes** Senate Bill (SB) 2688, Senate Draft (SD) 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 9 through 13) 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 amendments 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.

Section 2 (Page 5, Lines 12 through 14) should be amended as follows:

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

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

Section 2 (Page 6, Lines 16 through 20) 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 consistant 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, except persons sentenced to life without possibility of parole, shall be eligible for compassionate release pursuant to this subpart. A mandatory minimum sentence shall ~~[not]~~ preclude eligibility for compassionate release pursuant to this subpart until the entire mandatory minimum sentence has been served.

Recommended amendments to this paragraph are consistant 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. The Hawai'i Paroling Authority does not have the authority to consider a convicted felon for any type of release 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.

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.

Attachment.

CLASS "A" FELONY OFFENSES

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

CLASS "B" FELONY OFFENSES

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

CLASS "C" FELONY OFFENSES

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



OFFICE OF HAWAIIAN AFFAIRS

‘Ōlelo Hō‘ike ‘Aha Kau Kānāwai

TESTIMONY IN SUPPORT OF SENATE BILL 2688 SD1

RELATING TO COMPASSIONATE RELEASE

Ke Kōmike Hale o ka Ho‘okolokolo a me ke Kuleana Hawai‘i

(House Committee on Judiciary & Hawaiian Affairs)

Ke Kapitala ‘o Hawai‘i

(Hawai‘i State Capitol)

Malaki 25, 2026

2:00 PM

Lumi 325

Aloha e Chair Tarnas, Vice Chair Poepoe, and Members of the House Committee on Judiciary & Hawaiian Affairs:

The Office of Hawaiian Affairs (OHA) **SUPPORTS SB2688 SD1**. The underlying measure establishes a clear, fair, and timely compassionate release protocol for incarcerated persons who are terminally ill or seriously debilitated, including individuals whose medical needs cannot be adequately addressed in a correctional setting. **However, amendments adopted by the Senate Public Safety and Military Affairs Committee in SD1 threaten to overly narrow this measure and make it less effective.**

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

This measure also advances practical equity for ‘ohana. Long term incarceration carries substantial intergenerational impacts, including destabilizing family networks and creating barriers to reintegration. For Native Hawaiian ‘ohana already facing struelderlyl

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

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

inequities, the prolonged incarceration of an elder or seriously ill family member can deepen harm and extend trauma, particularly when that individual's condition has progressed to a point where dignity and humane care are better provided in a community setting with appropriate supports.

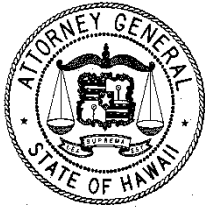
OHA appreciates and supports amendments that strengthen victim and prosecutorial notification requirements and that provide for implementation of resources. Clear procedures, transparency, and coordination are important to maintain public trust and ensure the program operates effectively. **However, OHA has concerns regarding amendments that narrow eligibility by limiting consideration only to individuals with a terminal illness or those who are too ill or cognitively impaired to participate in rehabilitation, and that categorically exclude individuals sentenced to life without the possibility of parole.**

The prior version of the measure preserved broader discretion to evaluate individual medical and humanitarian circumstances. Compassionate release frameworks function best when decision makers retain the ability to conduct individualized assessments rather than rely on categorical exclusions. Unduly restricting eligibility may prevent consideration of cases in which continued incarceration no longer advances legitimate public safety interests.

Hawai'i has historically relied on internal policy rather than statute to address compassionate release, creating concerns regarding transparency and timely consideration.³ This measure moves the State toward a clearer statutory framework with defined criteria and time-bound review, which supports fair and consistent decision making. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS SB2688 SD1 with amendments that address the concerns noted above.**

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

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



**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, RELATING TO COMPASSIONATE RELEASE.

BEFORE THE:

HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

DATE: Wednesday, March 25, 2026 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 325

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

Chair Tarnas 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, chronic, or irreversible condition, or a cognitive impairment that prevents participation in rehabilitation or awareness of punishment, may apply for compassionate release from the Department of Corrections and Rehabilitation (DCR) and the Hawaii Paroling Authority (HPA).

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 7, lines 1-6.)

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 Medical Eligibility

The bill defines "terminal illness" broadly as a condition expected to result in death without specifying a time frame (page 4, lines 14-16). It also defines a "debilitating, chronic, 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 1-5).

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.

To better align compassionate release with public safety considerations, we recommend clarifying that qualifying medical conditions are limited to those involving substantial functional impairment and that significantly reduce the individual's ability to reoffend.

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 7, lines 1-6). 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 7, line 1, 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 1-5, amend the definition of "debilitating, chronic, or irreversible condition" to read:

"Debilitating, chronic, 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 4, lines 14-15, 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 7, lines 1-11, 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.

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.
GOVERNOR



MARK PATTERSON
CHAIR

CHRISTIN M. JOHNSON
OVERSIGHT COORDINATOR

COMMISSIONERS
HON. R. MARK BROWNING (ret.)

HON. RONALD IBARRA (ret.)

MARTHA TORNEY

HON. MICHAEL A. TOWN (ret.)

STATE OF HAWAII
HAWAII CORRECTIONAL SYSTEM OVERSIGHT COMMISSION
E HUIKALA A MA'EMA'E NŌ
235 S. Beretania Street, 16th Floor
HONOLULU, HAWAII 96813
(808) 587-4160

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

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

SUBJECT: Senate Bill 2688, Senate Draft 1, Relating to Compassionate Release
Hearing: Wednesday, March 25, 2026; 2:00 p.m.
State Capitol, Room 325

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

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

The Commission respectfully requests that the Chair accept the following amendments:

- 1) On page 5, lines 4 through 11, add two criteria's that were previously removed:
 - a. Has a debilitating, chronic, or irreversible condition;
 - b. Has a condition or combination of conditions that requires a complexity of treatment or level of care that the department is unable to provide on a long-term basis or the incarcerated person would otherwise be more appropriately managed in a community setting.

Please note that the above language mirrors language already utilized in the Department of Corrections and Rehabilitation's (DCR) Policies and Procedures COR.10.1G.11

- 2) On page 8, lines 4 through 9, add criteria back in to allow those serving a sentence of life without parole, and those serving a mandatory minimum be eligible for compassionate release. This is in alignment with national best practice.
- 3) On page 6, lines 16 through 20, add language to encompass a victim notification at least 48-hours before an incarcerated person's hearing. 60-day notification is far too long for these cases. Recommended language, "At least forty-eight hours before an incarcerated

person's hearing, the authority shall provide notice of the hearing to the prosecuting attorney of the applicable county.”

- 4) On page 14, line 11 through 12, remove the blank appropriation for the Department of Corrections and Rehabilitation to implement compassionate release. The Department should not need additional funding to implement this bill as the cost savings of removing these medically frail individuals is expected to save the Department hundreds of thousands of dollars. Additionally, having a streamlined process to remove medical frail individuals would ease pressure on correctional medical staff, allowing them to redirect time, attention, and resources toward the broader incarcerated population.

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 reporting serious health impacts due to job stress
- High levels of PTSD, depression, burnout, and emotional exhaustion
- Nearly 30% vacant 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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March 24, 2026

SB 2688 SD1: RELATING TO COMPASSIONATE RELEASE

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

The Office of the Public Defender (OPD) **submits comments** on SB 2688 SD1, which establishes a structured framework for compassionate release.

OPD strongly supports the underlying purpose of compassionate release. Compassionate release is a critical mechanism that allows the State to balance public safety with humanity, dignity, and fiscal responsibility. It recognizes that continued incarceration is not always appropriate for individuals who are seriously ill, incapacitated, or nearing the end of life. In these cases, continued confinement often serves little penological purpose while placing significant strain on correctional resources and taxpayer dollars.

However, OPD respectfully urges the Committees to reconsider recent changes to the bill that significantly narrow eligibility for compassionate release. As currently drafted, the measure risks undermining its own stated goals.

Medical Eligibility

Under SD1, an incarcerated person may be considered for compassionate release only if they:

- have a terminal illness; or
- are so ill or cognitively impaired that they cannot participate in rehabilitation or understand punishment.

OPD respectfully submits that the Committees should return the medical eligibility language to that in the original bill. Limiting eligibility to only those who are

terminally ill or who lack cognitive capacity is unduly restrictive and will significantly undercut the cost-saving and resource-allocation goals of this measure. There are many individuals in custody who are critically ill but not technically “terminal,” including individuals who suffer from severe, progressive, and debilitating conditions that require extensive and ongoing care.

These individuals:

- require significant medical resources,
- are difficult for DCR to care for in a correctional setting, and
- in some cases require a level of care that DCR cannot provide on a long-term basis.

Importantly, the broader medical eligibility language in the original bill more closely aligns with DCR’s existing policies and practices. By narrowing eligibility below what is already occurring in practice, this measure risks creating a statutory framework that is more restrictive than the status quo resulting in a system that is less effective than having no legislation at all.

Sentence Eligibility

The Committees should also return the sentence eligibility language to that in the original bill. Excluding individuals serving sentences of life without the possibility of parole will significantly limit the pool of individuals who may be considered for compassionate release.

This exclusion runs counter to both the humanitarian and fiscal purposes of the measure. Individuals who are critically ill are among the most expensive to incarcerate and the most burdensome for correctional systems to manage. At the same time, they present the lowest risk of recidivism due to their medical condition. Many jurisdictions across the country recognize this reality and allow all incarcerated individuals, regardless of sentence length, to be considered for compassionate release. This approach ensures that decisions are made based on current medical condition and risk, rather than categorical exclusions that may no longer reflect an individual’s circumstances.

Allowing broader eligibility does not guarantee release; it simply permits individualized review. Courts and decision-makers retain full discretion to deny release where appropriate. Narrowing eligibility at the outset, however, prevents even the consideration of cases where release may be both humane and fiscally responsible.

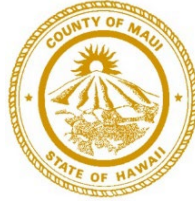
Compassionate release is an essential tool for ensuring that Hawai'i's correctional system operates in a manner that is humane, rational, and fiscally responsible. The OPD respectfully urges the Committees to restore both the medical and sentence eligibility provisions to those contained in the original version of the bill.

Thank you for the opportunity to comment on this measure.

RICHARD T. BISSEN, JR.
Mayor

ANDREW H. MARTIN
Prosecuting Attorney

SHELLY C. MIYASHIRO
First Deputy Prosecuting Attorney



DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
200 SOUTH HIGH STREET
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TESTIMONY ON
S.B. 2688 SD1
RELATING TO COMPASSIONATE RELEASE

March 24, 2026

The Honorable David A. Tarnas
Chair
The Honorable Mahina Poepoe
Vice Chair
and Members of the Committee on Judiciary & Hawaiian Affairs

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

The Department of the Prosecuting Attorney, County of Maui respectfully submits the following comments **in opposition to the current draft of S.B. 2688 SD1, Relating to Compassionate Release**. This bill would create a compassionate release process for incarcerated offenders with terminal illnesses and other serious impairments.

We appreciate the legislature's attempt to address the question of whether compassionate release should be allowed for incarcerated offenders with terminal illnesses and other serious impairments. However, we are opposed to the current language of S.B. 2688 SD1 because it does not allow for a full and fair review of a petition for release that involves timely input from victims, prosecutors and other relevant parties.

First, victims and prosecutors are only notified of an offender's petition after their release is granted (page 8, lines 1-3) and do not appear to have any input on whether the petition should be granted or denied. While the primary focus of this version of the bill appears to be on the offender's health status, the vital public safety component of the review process lacks input from the people who are most likely to be affected by release: the actual victims in each case. Moreover, this bill's notification delay unnecessarily risks victim safety by reducing the time each victim has to prepare for an offender's release.

Second, as drafted the public safety factor of the review process does not clearly

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

For these reasons, the Department of the Prosecuting Attorney, County of Maui **opposes S.B. 2688 SD1**. Please feel free to contact our office at (808) 270-7777 if you have any questions or inquiries. Thank you very much for the opportunity to provide testimony on this bill.

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

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HOPE MUA LOIO HO'OPI'I

**THE HONORABLE DAVID A. TARNAS , CHAIR
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS
Thirty-Third State Legislature
Regular Session of 2026
State of Hawai`i**

March 25, 2026

REGARDING S.B. 2688, S.D. 1 — RELATING TO COMPASSIONATE RELEASE.

Chair Tarnas, Vice-Chair Poepoe, and members of the House Committee on Judiciary & Hawaiian Affairs, the Department of the Prosecuting Attorney of the City and County of Honolulu (“Department”) submits the following testimony **opposition to S.B. 2688, S.D. 1**, and offers the following comments.

At the outset, the Department acknowledges that there are appropriate and humane circumstances where compassionate release is warranted—particularly for individuals who are terminally ill or so medically incapacitated that continued incarceration no longer serves the interests of justice, public safety, or human dignity.

We appreciate that this measure attempts to create a structured compassionate release process and recognizes the challenges associated with an aging and medically complex incarcerated population. However, the bill raises several concerns that warrant careful consideration.

S.B. 2688, S.D. 1 provides that the Hawaii Paroling Authority “shall grant compassionate release... unless” limited criteria are met. This creates a presumption in favor of release, rather than a balanced, discretionary determination. Compassionate release should remain a carefully evaluated exception, not a default outcome.

S.B. 2688, S.D. 1 also extends eligibility beyond terminal illness to individuals who are:

- unable to participate in rehabilitation, or
- unaware of punishment due to cognitive impairment.

In addition, qualifying conditions include those that impact activities of daily living or quality of life. While these concerns are valid, the standards are broad and may be difficult to apply consistently, potentially expanding eligibility beyond what is intended.

S.B. 2688, S.D. 1 allows denial only where an individual poses an **“unreasonable risk to public safety”**. This does not take into consideration of the nature and seriousness of the offense that the defendant was convicted of, the defendant's criminal history, and the impact on victims. These factors are essential to ensuring that release decisions are fully informed and that public is safe.

S.B. 2688, S.D. 1 requires decisions within 15 business days for submission and 10 business days for hearing. While we understand the goal of timely review, these timelines may not allow sufficient opportunity for (1) victim notification and input; and (2) prosecutorial review of the case history and risk factors.

S.B. 2688, S.D. 1 allows compassionate release for individuals serving mandatory minimum sentences. This provision raises concerns about maintaining the integrity of sentences imposed by the courts and Legislature.

The Department supports the concept of compassionate release in appropriate circumstances, but believes that S.B. 2688, S.D. 1 requires additional safeguards to ensure that the process remains fair, consistent, inclusive of victim input, and protective of public safety.

For these reasons, the Department respectfully opposes S.B. 2688, S.D. 1. Thank you for the opportunity to testify.

COMMUNITY ALLIANCE ON PRISONS

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

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Today's Inmate; Tomorrow's Neighbor



COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Representative David Tarnas, Chair

Representative Mahina Poepoe, Vice Chair

Wednesday, March 25, 2026

2:00 PM

Room 325 and VIDEOCONFERENCE

STRONG SUPPORT FOR HB2688 SD1 - COMPASSIONATE RELEASE

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

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for almost three decades. This testimony is respectfully offered on behalf of the 3,633 Hawai'i individuals living behind bars¹ and under the "care and custody" of the Department of Corrections and Rehabilitation on March 16, 2026. We are always mindful that 797 of Hawai'i's imprisoned male population are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons appreciates this opportunity to express our **STRONG SUPPORT FOR HB2688 SD1** that establishes a protocol for compassionate

¹ DCR Weekly Population Report, March 16, 2026

[Pop-Reports-Weekly-2026-03-16.pdf](#)

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

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

release for certain ill or seriously debilitated incarcerated persons and appropriate funds. Effective 7/1/2050. (SD1).

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.

In 2022, Families Against Mandatory Minimums made an in-depth study of the Compassionate release processes of all states and D.C., and assigned each state a grade.² Sadly, Hawai'i received a "F" grade due in part to our policy design, inconsistent rules, and lack of clarity. In stark contrast, states such as Colorado, Illinois, Rhode Island, Massachusetts and D.C. earned an "A."

SB2688 SD1 advances practical equity for 'ohana. Long-term incarceration carries substantial intergenerational impacts, including destabilizing family networks and creating barriers to reintegration. For Native Hawaiian 'ohana already facing structural inequities, the prolonged incarceration of an elder or seriously ill family member can deepen harm and extend trauma, particularly when that individual's condition has progressed to a point where dignity and humane care can be better provided in a community setting with appropriate supports and the chance for their friends and family to surround them with love.

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

In extraordinary medical circumstances, individualized review must remain available. Compassion and accountability are not mutually exclusive and that public safety decisions should be grounded in present medical realities rather than categorical exclusions. Research consistently shows that recidivism rates decline sharply with age and serious illness. Arrest rates for individuals over fifty drop dramatically and approach near zero for those over sixty-five. Compassionate release is therefore not only humane, but also rational and evidence-based.

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

Passing this bill will apply only to those meeting the criteria and will not create an undue burden on DCR. This bill also preserves accountability. Individuals granted compassionate release remain under supervision and are subject to reasonable conditions imposed by the HPA. The HPA retains revocation power if credible information demonstrates a significant failure to comply, and it must consider the individual's medical, mental health, or cognitive condition in assessing any alleged violation. Compassionate release is therefore a controlled and accountable alternative to continued incarceration – not a termination of oversight.

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

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

Mahalo for allowing us to share these thoughts and experiences we continue to have with our incarcerated brothers and sisters.

SB-2688-SD-1

Submitted on: 3/23/2026 4:24:24 PM

Testimony for JHA on 3/25/2026 2:00:00 PM

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

Comments:

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

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

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

So, for all those reasons this is an excellent idea. We would suggest that the Committee consider returning the eligibility criteria to the original bill, however.

SB-2688-SD-1

Submitted on: 3/24/2026 7:25:29 AM

Testimony for JHA on 3/25/2026 2:00:00 PM

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

Comments:

Dear Representative David A. Tarnas, Chair, Representative Mahina Poepoe, Vice Chair, and members of the Committee on Judiciary & Hawaiian Affairs.

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 comments on 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.’



COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Rep. David Tarnas, Chair
Rep. Mahina Poepoe, Vice Chair

Hearing:

Wednesday, March 25, 2026
2:00 PM Room 325 State Capitol & Via Videoconference

COMMENTS ON SB 2688, SD 1

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

Hawai'i Friends of Restorative Justice urges two amendments to advance this bill: restore the original broader medical eligibility language and remove the exclusion of those sentenced to life without the possibility of parole (LWOP).

Medical eligibility: The SD 1 amendment narrowed eligibility to only terminal illness and severe cognitive impairment, but the Department of Corrections and Rehabilitation (DCR) cannot adequately manage people with paralysis, rare diseases requiring costly medications, critical illnesses, or other debilitating conditions, which are equally costly and make these people unlikely to reoffend. Correctional systems are [not structurally equipped for complex chronic illness](#). Critically ill people are costly to care for, but if released to Medicaid, the federal government covers 73% of their costs instead of the state bearing 100%. DCR's own policies already recognize this broader population. The bill should return to its original eligibility language.

LWOP: A dying person is not a public safety threat regardless of their sentence. [Health Affairs reports](#) that the Department of Justice estimated a 3.5% recidivism rate for people granted compassionate release, compared to 41% for the general population. The [Vera Institute found](#) that arrest rates drop to nearly zero for people over 65. Nearly a quarter of all LWOP prisoners are over 65, the oldest, sickest, and most expensive population in our prisons. The bill's existing safeguards, medical certification, Hawai'i Paroling Authority review, and notification requirements are sufficient. Allowing LWOP prisoners to be *considered does not guarantee their release*. It simply asks that their condition receive the same review as everyone else. The savings from this bill could be redirected to victim compensation where it is needed.

Please amend SB 2688, SD 1 to restore the original medical eligibility language and remove the LWOP exclusion.

Mahalo for your consideration and your public service.

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



Re: SB2688 Relating to Compassionate Release

Dear Judiciary and Hawaiian Affairs Chair Tarnas, Vice Chair Poepoe, 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 are providing **comments** – while we support the intent, without the below amendments, FAMM cannot support the bill as it will not align with best practices, and will fail achieve its cost- and burden-shifting purposes.

FAMM respectfully requests the following amendments to SB2688, discussed in detail below:

- **Restore categories of medical eligibility:** this reflects current DCR policy, and aligns with best practices.
- **Restore eligibility of all sentence lengths:** this matches national trends and is vital to the fiscal savings of the bill.
- **Provide the timeline for victim notification:** this reflects the current agreement prosecutors have reached with DCR and HPA.

Please also ensure that the bill has an **effective date**, and that **incarcerated people** inside the Department can assist others who are critically ill in custody with their applications.

I. Purpose of Compassionate Release

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

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

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

Fiscal Impact



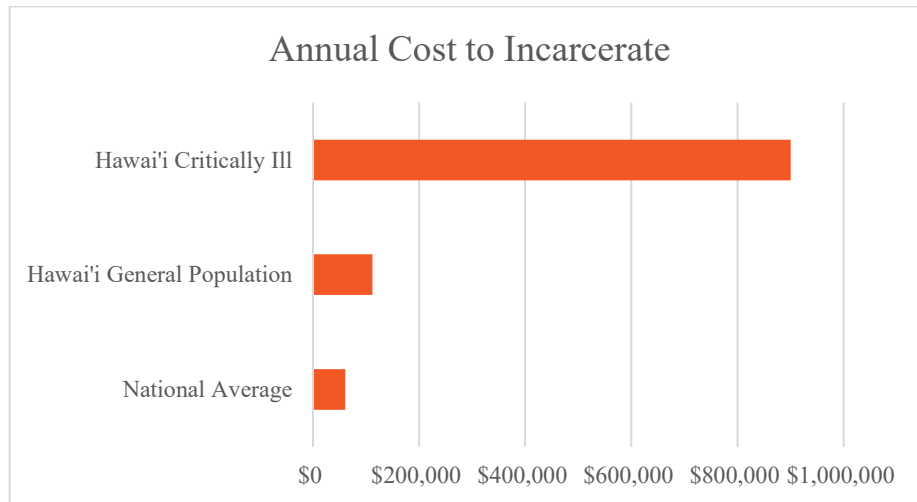
Housing medically complex patients in prison is uniquely costly for the state. In 2023, the Department of Corrections and Rehabilitation (DCR) reported an operating cost of healthcare alone of \$33,271,024, a significant increase from 2022.¹ The small number of critically ill individuals contribute an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

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

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

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

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



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

Case study: a patient with cancer

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

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

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

Case study: specialized prescription costs

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

Case study: outside medical costs

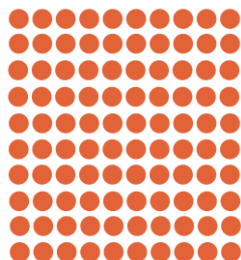
For the following patients in DCR custody, costs solely for outside medical care – **not counting medications, facility nursing care, etc.** – included:

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

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

Many of the individuals above have yet-to-be-completed mandatory minimums or are serving life without parole. Further, many have non-terminal yet debilitating conditions, and their care is so costly that DCR cannot provide it on a long-term basis without jeopardizing the care of others in custody. **Without the inclusion of these individuals, the cost savings of this bill will be dramatically decreased.**

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





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

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

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

In the first year of implementation of this bill, an estimated 16 people – including those sentenced to LWOP and with non-terminal, non-cognitive conditions – could be eligible for release. If HPA finds all 16 persons suitable for release based on their individualized assessments, **the bill with the recommended amendments 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

Removing “debilitating condition” and “condition(s) that require care DCR is unable to provide on a long-term basis” with significantly undermine the cost- and burden-shifting purposes of the bill by reducing who is eligible. Individuals who are neither terminal nor lacking in lucidity are nonetheless uniquely taxing for DCR and the State. The below are examples of debilitating conditions that are burdensome for staff, or whose care is not possible for DCR to provide on a long-term basis:

- Stroke: An individual at Halawa recently had a stroke while at the facility. The stroke signs were missed due to significant understaffing. He is now paralyzed, and requires assistance with all activities of daily living, including walking, transferring, eating, showering, dressing, and personal hygiene.
- Paraplegia: Another gentleman at Halawa is paraplegic, and similarly requires total care.
- Intensive care: An individual in custody recently sustained a traumatic brain injury while in custody. He must now be on a ventilator for the rest of his life, as well as a feeding tube and a breathing tube. DCR does not have the capability to house someone on a ventilator long-term, including equipment, certifications, and staffing.

Though these individuals are not terminal and some are cognitively intact, their care is extremely burdensome from staff, and it is not feasible to provide this care on a long-term basis while still meeting the needs of others who are ill in custody.

Recommendation: Restore SB 2688’s original criteria, which matches DCR’s existing criteria. In 353(a).

- > (a) An incarcerated person may be considered for compassionate release if the incarcerated person:
 - (1) Has a terminal illness;
 - (2) Has a debilitating, chronic, or irreversible condition;
 - (3) Is too ill or cognitively impaired to participate in rehabilitation or to be aware of punishment; or
 - (4) Has a condition or combination of conditions that requires a complexity of treatment or level of care that the department is unable to provide on a long-term basis or the incarcerated person would otherwise be more appropriately managed in a community setting.

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.

Recommendation: Restore SB 2688's original criteria in 353(i).

- > Notwithstanding any law to the contrary, all persons incarcerated by the State, including but not limited to persons serving a mandatory minimum sentence **or persons sentenced to life without parole**, shall be eligible for compassionate release pursuant to this subpart. A mandatory minimum sentence **or sentence of life without parole** shall not preclude eligibility for compassionate release pursuant to this subpart.

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. There are many safeguards to ensure there is no coercion or misidentification. This robust identification process fulfills the bill’s central purpose of reducing the burden on DCR and the state by ensuring that the sickest and most incapacitated people in custody can be considered for release.

Decision-Making Timeline

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

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 below language reflects the notification practice to which all of the prosecutor’s offices have already agreed.

Recommendation: Align the language with HB 1628_HD1 to specifically provide for the existing notification agreement in 353(e).



- > (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. **Forty-eight hours before an incarcerated person's hearing, the authority shall provide notice of the hearing to the prosecuting attorney of the applicable county.** The authority shall grant release in accordance with subsection (f).

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 crises 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 to speak to his only daughter when she called. He had a urinary catheter and diapers, and had to be turned frequently to prevent bed sores. He was a full-time resident of the infirmary, and when the staff changed his bedding, they had to raise him up on a sling while the fresh bedding was put on. He had to be fed by hand, sponge bathed. He often choked his food, he could not wipe his nose when it ran, and his diapers had to be changed regularly. His care was tremendously time-intensive for medical staff, and painful for staff to see his condition. It was scary it was for his daughter to know of his decline and be unable to take care of him while he was incarcerated. Because of the barriers in the process, it took over a year for Paul to be granted compassionate release, and by the time he was home, he was barely alive enough to see his daughter's face again.



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

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

Thank you for your leadership in introducing this bill, and for the opportunity provide comments. FAMM respectfully urges the legislature to make amendments to SB2688, which would allow the bill to fulfill its purposes of reducing costs, supporting staff, providing dignity, and protecting 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://hcsoc.hawaii.gov/wp-content/uploads/2025/01/Correctional-Staff-Survey-Findings-and-Recommendations-FINAL-1.pdf>.

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

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

^{vii} Interagency Council on Intermediate Sanctions, “State of Hawaii 2019 Recidivism Update,” March 2021, <https://icis.hawaii.gov/wp-content/uploads/2021/05/2019-Hawaii-Recidivism-Update.pdf>; Vera Institute of Justice, “Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations,” December 2017, <https://vera-institute.files.svdcdn.com/production/downloads/publications/Using-Compassionate-Release-to-Address-the-Growth-of-Aging-and-Infirm-Prison-Populations%E2%80%9494Full-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/>.



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Testimony to the HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Relating to Senate Bill 2688 SD1

Relating to Compassionate Release.

March 25, 2026

2:00 p.m.

State Capitol, Conference Room 325

Aloha e Chair Tarnas, Vice Chair Poepoe, and members of the House Committee on Judiciary & Hawaiian Affairs:

The Native Hawaiian Legal Corporation (NHLC) respectfully submits this testimony as **comments** on SB 2688 SD1, relating to compassionate release. Hawai'i needs a formal compassionate release process. NHLC previously submitted comments this session supporting a statutory solution, because it is in the best interest of the state and the public, and failing to have one acutely impacts Native Hawaiian families and communities. That said, the current amended version of the bill omits provisions essential to making that process equitable and effective. We urge the Committee to fix these issues before moving the bill forward.

WHO WE ARE

Founded in 1974, NHLC is the only public interest legal organization dedicated exclusively to Native Hawaiian rights. For over fifty years, we have served the lāhui, developing deep expertise in the legal needs of our community and the systemic justice gaps that continue to burden it.

NHLC is a member of Kalana Ola, a coalition committed to pairing eligible individuals with advocates and advancing systemic improvements to Hawai'i's compassionate release processes. Coalition members include the Hawai'i Correctional System Oversight Commission, the Hawai'i Office of the Public Defender, the UH Mānoa William S. Richardson School of Law Pro Bono Program, Waikīkī Health, and Families Against Mandatory Minimums (FAMM).

ACUTE IMPACT ON NATIVE HAWAIIANS

The overrepresentation of Native Hawaiians in Hawai'i's jails and prisons remains one of the most pressing justice issues facing our community. Native Hawaiians comprise approximately 21.8% of Hawai'i's population—yet as of January 2025, they account for approximately 46% of individuals incarcerated at Saguaro Correctional Center, Halawa Correctional Facility, the O'ahu Community Correctional Center, and the Hawai'i Community Correctional Center.

This disparity is compounded by systemic inequities at every stage of the criminal justice process: longer sentences, higher rates of parole revocation, and disproportionate placement in out-of-state facilities far from family and cultural support. When these individuals become critically ill, the absence of a timely, functional compassionate release process denies them the opportunity to return home to their ‘ohana.

A well-designed compassionate release statute would begin to address this. The evidence is clear that such policies do not compromise public safety – recidivism rates for individuals granted compassionate release are more than ten times lower than those of the general prison population, and individuals 65 and older are rearrested at a fraction of the rate of younger individuals after release. Compassionate release also makes compelling fiscal sense. In Hawai‘i, the average annual cost of incarcerating one person is approximately \$112,055 – already among the highest in the nation. For individuals with complex medical needs, that figure can climb to between \$650,000 and \$900,000 per year, six to eight times the baseline cost. ACLU research estimates that transitioning an aging incarcerated person to community-based care saves states an average of \$66,294 per year even after accounting for supervision, housing, and other support costs. In Hawai‘i, where medical incarceration costs are exceptionally high, the potential savings are far greater.

The current version of SB 2688 SD1, however, falls short of what is needed.

COMMENTS ON THE CURRENT VERSION

1. The Removal of Full Medical Eligibility Criteria (Categories 2 and 4) Should Be Reconsidered

The SD1 amendments removed eligibility for individuals with debilitating, chronic, or irreversible conditions, as well as those requiring complex long-term care that the Department is not equipped to provide. We respectfully encourage the Committee to restore these categories.

Individuals in these circumstances are among those for whom compassionate release is most appropriate: their continued incarceration often serves limited penological purpose, and their medical needs place significant strain on correctional resources. Inclusion of these categories is consistent with national best practices and is necessary for SB 2688 SD1 to achieve its cost- and burden-shifting goals. As currently written, the bill risks excluding the very people it is designed to help and undercuts the benefits of compassionate release for the State with respect to reducing costs to provide constitutionally required care for these high medical needs individuals.

2. Eligibility for Those Serving Life Without Parole (LWOP) or Mandatory Minimum Sentences Should Be Restored

The Committee should restore eligibility for individuals serving LWOP or mandatory minimum sentences. Legislative discourse this session has included concerns about whether

individuals with these sentences are safe to compassionately release. Though fair issues to weigh, compassionate release for these individuals is not a higher public safety concern nor barred by the Hawai‘i constitution or other laws. Public safety concerns about these individuals are addressed by the medical criteria required for eligibility and the power vested in the Hawai‘i Paroling Authority to deny compassionate release on public safety grounds even if they are eligible to be considered. Further, any individual granted release remains under parole supervision.

For similar reasons, the majority of states and the federal government extend compassionate release eligibility regardless of sentence length, provided the medical criteria are met. Without this, the government will leave behind a significant amount of the benefit it could receive from compassionate release, without trading a meaningful increase in public safety.

CONCLUSION

Compassionate release reform in Hawai‘i is needed. However, in its current form, SB 2688 SD1 takes a half step in the right direction with eligibility exceptions that reduce the State and public benefit of compassionate release without advancing public safety. The Committee should restore the medical eligibility criteria and sentence-type eligibility provisions removed in SD1, so that this bill can achieve its potential to benefit the state and the public it serves.

We welcome the opportunity to work with the Committee and other stakeholders to strengthen this measure and are available to provide any additional information that may be helpful.

Mahalo for the opportunity to provide written testimony.

Me ka ha‘aha‘a,



Terina K. Fa‘agau
Staff Attorney

SB-2688-SD-1

Submitted on: 3/23/2026 1:53:50 PM

Testimony for JHA on 3/25/2026 2:00:00 PM

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

Comments:

STRONGLY OPPOSE this bill. Full accountability is necessary.

Dennis M. Dunn
Kailua, HI 96734

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

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

HEARING: Wednesday, March 25, 2026, 2:00 p.m.
Conference Room 325

Good afternoon, Chair Tarnas and Vice Chair Poepoe, and members of the House Committee on Judiciary and Hawaiian Affairs. My name is Dennis Dunn, and I am the former Director of the Victim Witness Kokua Services in the Honolulu Prosecuting Attorney's Office, having retired at the end of 2022 after 44 years of service with the program. I am testifying today in opposition to S.B. 2688, S.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, for example, might be problematic for the victim. For example, the victim's residence or workplace may be near the release location. This may even include circumstances in which the victim and the offender are members of the same family, which should be always considered when an application for release is being reviewed. Similarly, for even the most serious offenders such as serial sex offenders, murderers, attempted murderers, or arsonists there appears to be no role for the concerns of the safety of the public or how that can be addressed.
2. The proposed procedures seem to ignore minimum sentences required by law, invoked by the judge at sentencing, or established by the Paroling Authority.
3. Although victim notification is included in the current language, there is nothing specifying the timing of the notification or the way it is to take place. Thus, these releases may subject survivors to the unpleasant and potentially traumatizing experience of seeing their perpetrator in the community without adequate prior notification.
4. The Proposed Working Group, as so often is the case, does not include any members who represent or have experience representing the interests of crime victims, which makes me assume that the proposed Administrative Rules emanating from the proposed Working Group is unlikely to include any accommodations for victims.

It may be possible to amend this measure to address some or all these concerns,

however without the necessary changes I oppose S.B. 2688 H.D. 1. Mahalo for your time and consideration.

SB-2688-SD-1

Submitted on: 3/23/2026 4:21:53 PM

Testimony for JHA on 3/25/2026 2:00:00 PM

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

Comments:

Aloha Chair Rhoads, Vice Chair Poepoe 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 am submitting **comments about SB 2688**. I respectfully encourage you to make the below amendments to ensure that SB 2688 can fulfill its purpose of alleviating the cost and care burden of people who are critically ill on the Department of Corrections and Rehabilitation (DCR) and the State.

Compassionate release recognizes that people who are elderly, terminally ill, or severely incapacitated often no longer pose a threat to public safety. Continuing to incarcerate them causes unnecessary suffering and places a heavy financial burden on the State, particularly given the high cost of medical care in correctional settings. Although I wholeheartedly support the intent of bill, **the current version will not succeed in living up to this intent**.

As correctional spending continues to increase, taxpayers like you and me are paying the cost. Incarcerating people who are critically ill is uniquely costly, and this is not limited to those who are terminally ill or cognitively impaired.

DCR's policies already provide for all of the categories of critically ill people to be considered, so **please return the bill to its original medical eligibility language**.

People who are critically ill are the most costly and burdensome to care for, and the least likely to commit future crimes and return to prison. This is true even if an individual receives a long sentence, because critical illness can mean that people are incarcerated within their own ailing bodies.

Please return the bill to its original sentence eligibility language allowing everyone to be considered for compassionate release.

Beyond the cost- and burden-shifting benefits of SB 2688, this bill reflects Hawaii's commitment to dignity, fairness, and the values of aloha and ohana. It allows families to care for loved ones during their final stages of life while maintaining appropriate safeguards.

I respectfully urge you to pass SB 2688 if the above amendments are made.

Thank you,

Carla Allison - Honolulu

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Rep. David A. Tarnas, Chair

Rep. Mahina Poepoe, Vice Chair

HEARING:

Wednesday, March 25, 2026 at 2:00 pm

Videoconference and Conference Room 325

COMMENTS ON SB 2688, SD1 - RELATING TO COMPASSIONATE RELEASE.

Aloha Chair Tarnas, Vice Chair Poepoe, 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 with **comments on SB 2688, SD1**, Relating to Compassionate Release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons. I respectfully request that the Committee **return to the original language of SB 2688 about medical eligibility and sentence eligibility.**

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 as originally drafted 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 SB 2688, SD 1 can:

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

Public safety can still be protected through careful review standards, eligibility requirements, and judicial or administrative oversight. Senate Bill 2688, SD1 has an accelerated timeline because many eligible individuals are currently seriously ill or dying. Certain standard procedures (such as the typical 60-day waiting period for victim notification) may be waived to prevent unnecessary delay, while still respecting victims' rights and public safety considerations.

I urge the Committee to return SB 2688 to its original language about medical eligibility and sentence eligibility and thank you for supporting compassionate release.

Mahalo,

Christine Andrews, J.D.
Wailuku, Maui

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

TO: Committee on Judiciary and Hawaiian Affairs
RE: SB 2688 SD 1
HEARING: Wednesday, March 25, 2026
TIME: 2:00 p.m.
ROOM: Conf. Room 325
POSITION: Comments

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

My name is Bob Merce. I am a retired lawyer and for more than a decade I have been advocating for terminally ill and severely debilitated individuals seeking compassionate release. The following are my comments regarding SB 2688 SD 1.

1. **Medical eligibility:** Restore the medical eligibility provisions of the original bill.

The eligibility criteria in the original version of SB 2688 SD 1 are based on (a) a seminal article on compassionate release by Dr. Brie Williams, et. al. published in the Annals of Internal Medicine in 2011, entitled "Balancing Punishment and Compassion for Seriously Ill Prisoners";¹ (b) the Department of Corrections and Rehabilitation's compassionate release policy COR.10.1G.11, which has been in effect since 2024 and has generally worked well; (c) a review of the criteria used in prior compassionate release bills that died in the Legislature; (d) the experience of people who are familiar with compassionate release in Hawaii including DCR medical staff; and (e) advice and input from FAMM, a non-profit corporation that has studied every compassionate release program in the country.

The criteria in the original bill are clear, based on best practices, and tailored to meet the unique needs of Hawaii. They should be restored.

1. **Sentence eligibility:** Restore the medical eligibility provisions of the original bill.

SB 2688 SD1 originally provided that all persons incarcerated by the State may be considered for compassionate release, including those serving mandatory-minimum sentences

¹ Williams BA, Sudore RL, Greifinger R, Morrison RS. "Balancing punishment and compassion for seriously ill prisoners." Ann Intern Med. 2011 Jul 19;155(2):122-6. "The article recommends that seriously ill prisoners be categorized into three groups, based on prognostication, disease trajectory, and functional and cognitive function. These groups consist of serious, progressive, nonreversible illness with profound functional/cognitive impairments. Use of such an evidence-based categorization could provide a framework within which medical professionals' roles can be tailored (Table 2), and serve as the starting point for the redesign of medical eligibility criteria, release settings, and in-prison medical needs.

and those sentenced to life without parole. It acknowledged that people change over time. They learn, reflect on their past, and grow emotionally and spiritually. They move past the old patterns of behavior and learn to live responsible lives. If they have transformed their lives and demonstrated good behavior over a significant period of time, and are terminally ill or seriously debilitated, continued punishment serves no legitimate correctional objective and is costly, cruel and unjust.

Finally, under Hawaii law, incarcerated individuals are entitled to the same standard of medical care as the general public. *Slingluff v. State*, 131 Haw. 239, 317 P.3d 683 (2013). SB 2688 recognized that Hawaii's correctional facilities are not hospitals or nursing homes. They were not designed to care for seriously ill patients, and they cannot provide the standard of care for severely ill people that the law requires. DCR should not be forced to incarcerate people it is unable to care for. That would be medically unconscionable and unethical, and would expose the State to lawsuits that are costly to defend, and that could lead to multi-million-dollar judgements that would have to be paid by Hawai'i taxpayers.

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

Re: SB 2688, Regarding Compassionate Release

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

My name is Kimberly Alston, and I have driven the bus for the city and county of Honolulu for 25 years. I am the Vice President of the NAACP here in Honolulu, and the Vice President of the MLK Coalition. I am a proud Rotarian, and I teach classes for people who are incarcerated in the Department of Corrections and Rehabilitation (DCR). My brother is incarcerated at Halawa, and he is dying of terminal glioblastoma. I submit **comments** on this bill, **respectfully asking you to make amendments so the bill can truly serve its purpose.**

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

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

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

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

I understand the Public Safety Committee made amendments to the bill that would trim down who is eligible, based on their medical conditions and their sentence. The conditions my brother is facing are awful for people who are not just terminally ill, but also debilitated. And it's clear how the Department can't provide specialized care – let alone on a long-term basis. No one, no matter their sentence, should have their suffering exacerbated because of the lack of medical care available and the conditions they are forced to live in. **Please restore eligibility for all conditions and sentences.**

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

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

On behalf of my family and so many others, I respectfully urge you to make the above amendments to this bill.

Thank you for the opportunity to testify.

Respectfully,

Kimberly Alston

SB-2688-SD-1

Submitted on: 3/24/2026 9:38:18 PM

Testimony for JHA on 3/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
John Terry	Individual	Oppose	Written Testimony Only

Comments:

Thank you for the opportunity to provide testimony on SB 2688. This is a difficult and emotional topic, and I believe it is important that we approach it with both compassion and fairness.

I understand and respect the humanitarian argument for compassionate release, especially in cases where a person is seriously ill, elderly, or severely debilitated. In a civilized society, we should always consider the humane treatment of individuals, including those who are incarcerated. Compassion has a place in our justice system.

However, compassion must be balanced with justice, and justice must include fairness to victims and their families; therefore, I oppose SB 2688

When a sentence is handed down by a court, it is not just a number of years on paper. For many victims and their families, that sentence represents accountability, closure, and a sense that the system recognized the harm that was done to them. When a person is released early, even for medical reasons, it can feel to victims like the sentence has been changed after the fact, and that can reopen emotional wounds that took years to heal.

We should also remember that victims often live with lifelong consequences from the crime — physical injuries, emotional trauma, financial hardship, and loss. In some cases, victims do not get a second chance at life, but the offender may receive one through early release. That is a difficult reality for many families to accept.

There are also concerns about fairness and consistency. If two people commit similar crimes and receive similar sentences, but one is released early due to illness or age, it can create a perception that justice is not applied equally. Public trust in the justice system depends on the belief that sentences mean what they say.

I am not suggesting that compassionate release should never be granted. But if it is allowed, it should be limited, carefully reviewed, and include strong safeguards. At a minimum, the process should include victim notification and input, independent medical verification, case-by-case review, and consideration of the severity of the crime and risk to the community. In some cases, compassionate release may be appropriate, but in other cases, particularly those involving serious violent crimes, the original sentence should be carried out.

Compassion is important, but compassion should extend to victims as well, not only to offenders. The justice system must balance mercy with accountability, and kindness with fairness. For these reasons, I oppose SB 2668

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

Respectfully submitted,
John Terry



Carrie Ann Shirota
Attorney at Law

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

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

Dear Chair Tarnas, Vice Chair Poepoe and Committee Members:

My name is Carrie Ann Shirota, and I am submitting comments on **S.B. 2688 HD1 Relating to Compassionate Release**. I respectfully propose critical amendments, detailed at the conclusion of this testimony, to ensure this measure fully aligns with national best practices for medical release, also known as “Compassionate release.”

As background, I am an attorney and justice advocate dedicated to advancing data-driven public policies that foster healthy, thriving, and just communities. My professional trajectory includes serving as the Policy Director for the ACLU of Hawai‘i, Director for MEO’s Reintegration Program, an Enforcement Attorney for the Hawai‘i Civil Rights Commission, and a Deputy Public Defender. These diverse roles, along with having loved ones incarcerated, have afforded me unique insights into our criminal legal and correctional systems, and a sobering view of the conditions of confinement within our jails and prisons—both in Hawai‘i and at the Saguaro Correctional Center in Arizona.

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

The Principles of Humanity and Justice

Granting Compassionate Release is a matter of upholding the principles of humanity and justice. This measure is not about minimizing the crime committed, or diminishing the pain endured by victims and survivors. This bill is about recognizing that when the circumstances of punishment have been fundamentally altered by terminal illness of

severe incapacitation, the continued denial of dignity and end of life care outside of a carceral setting becomes needlessly cruel and served no intended purpose of the criminal legal system. Instead, it becomes unnecessary and prolonged suffering.

Fiscal Responsibility

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

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

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

Public Safety is Maintained

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

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

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

Notification to Victims/Survivors

The proposed statute requires 48 hours advance notice of the Hawaii Paroling Authority's hearing to the Prosecuting Attorneys' office.¹ This requirement aligns with the

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**

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

Proposed Amendments

- Incorporate H.B. 1628 HD2 into this measure
- Section 1.
The legislature further finds that the early release of elderly[c1] and seriously ill incarcerated persons will reduce state spending on corrections. The average cost of housing an incarcerated person in Hawaii is \$307 per day or \$112,055 per year. However, the estimated total annual taxpayer cost per high-acuity, medically complex incarcerated person is six to eight times higher at \$650,000 to \$900,000 per year, and in some cases, exceeds several million dollars per person per year. This sum is attributed to costs related to a critically ill person's poor health, including specialty appointments, medical equipment, non-formulary prescriptions, laboratory tests and imaging, surgeries, Medevac flights, emergency room admissions, hospitalizations, transportation to and from appointments, and overtime pay for corrections officers who must accompany incarcerated individuals 24/7 when off-site for care.
- Section 353- Compassionate release; authority to release; process:

applicable county, for the purposes of notifying victims. The authority shall grant release in accordance with subsection (f).

- (a) An incarcerated person may be considered for compassionate release if the incarcerated person:
 - (1) Has a terminal illness;
 - (2) Has a debilitating, chronic or irreversible condition;**
 - (3) Is too ill or cognitively impaired to participate in rehabilitation or to be aware of punishment; or
 - (4) Has a condition or combination of conditions that requires a complexity of treatment or level of care that the department is unable to provide on a long term basis or the incarcerated person's medical needs would otherwise be more appropriately management in community setting;**
- (c) An application for compassionate release may be initiated by the department's medical staff, an incarcerated person or **an incarcerated person's representative.**
- (h) A grant of compassionate release shall not be subject to the sixty-day notice requirement of section 704-669(5). **At least forty-eight hours before an incarcerated person's hearing, the authority shall provide notice of the hearing to the prosecuting attorney of the applicable county.**
- (j) Notwithstanding any law to the contrary, all persons incarcerated by the State shall be eligible for compassionate release pursuant to this subpart. A mandatory minimum or **life without parole sentence** shall not preclude eligibility for compassionate release pursuant to this subpart.
- Sec. 353 - Reporting.
 - (a) The department shall collect and maintain the following data on compassionate release of incarcerated persons pursuant to this subpart, which shall be compiled into an annual report that shall be made publicly available no later than **twenty days prior to the convening of each regular session;**
 - (b) The authority shall collect and maintain the following data on compassionate release of incarcerated persons pursuant to this subpart, which shall be compiled into an annual report that shall be made publicly available no later than **twenty days prior to the convening of each regular session.**
- Administrative rules; working group
 - (b)(7) A subject matter expert **from FAMM** in compassionate release research, policy and practice, to be jointly appointed by the director of corrections and rehabilitation, chair of the Hawaii paroling authority, and chair of the Hawaii correctional system oversight commission.
- SECTION 6. This Act shall take effect **upon its approval.**