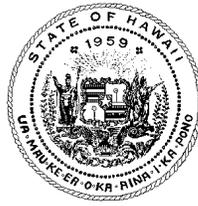


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



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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

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Wednesday, March 4, 2026; 10:35 AM
State Capitol, Conference Room 211 & Videoconference

Good morning, Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of the Senate Committees on Ways and Means and Judiciary. Thank you for providing the Crime Victim Compensation Commission (“Commission”) with the opportunity to testify in opposition to 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 and does not provide for notice if the offender is released pursuant to the compassionate release protocol. Victims may experience fear or insecurity when an individual who committed a violent act against them is released back into the community, regardless of the offender's physical health.

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

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

Thank you for providing the opportunity for the Commission to testify in opposition to SB 2688, SD1.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII'
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ADMINISTRATOR

No. _____

TESTIMONY ON SB 2688, SD1
RELATING TO COMPASSIONATE RELEASE

by
Gene DeMello, Jr., Chairman
Hawaii Paroling Authority

SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Wednesday, March 4, 2026 – 10:35 a.m.
State Capitol – Room 211

Chair Dela Cruz, Vice Chair Moriwaki and Chair Roads, Vice Chair Gabbard, and Members
of the Ways and Means Committee and Judiciary Committee:

The Hawaii Paroling Authority (HPA) opposes Senate Bill (SB) 2688 SD1 with SUGGESTED AMENDMENTS to delete (j) that authorizes HPA to reduce court-imposed mandatory minimum terms.

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

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

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



TESTIMONY IN SUPPORT OF SENATE BILL 2688 SD1
RELATING TO COMPASSIONATE RELEASE

Ke Kōmike ‘Aha Kenekoa o ka Ho‘okolokolo
(Senate Committee on Judiciary)

Ke Kōmike ‘Aha Kenekoa o ke Ki‘ina Hana a me nā Kumuwaiwai
(Senate Committee on Ways and Means)

Ke Kapitala ‘o Hawai‘i
(Hawai‘i State Capitol)

Malaki 4, 2026

10:35 AM

Lumi 211

Aloha e Chair Rhoads, Chair Dela Cruz, Vice Chair Gabbard, Vice Chair Moriwaki Members of Ke Kōmike ‘Aha Kenekoa o ka Ho‘okolokolo, a me Members of Ke Kōmike ‘Aha Kenekoa o ke Ki‘ina Hana a me nā Kumuwaiwai:

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 to 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

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

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

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

In SB2699 SD1, 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.**

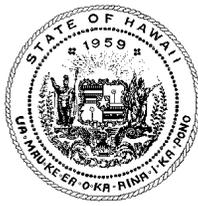
The prior version of the measure preserved broader discretion to evaluate individual medical and humanitarian circumstances. Compassionate release frameworks function best when decision makers retain the ability to conduct individualized assessments rather than rely on categorical exclusions. Unduly 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>

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



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Programs

No. _____

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

by

Tommy Johnson, Director
Department of Corrections and Rehabilitation

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

AND

Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Wednesday, March 4, 2026; 10:35 a.m.
State Capitol, Conference Room 211 & via Videoconference

Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of both Committees:

The Department of Corrections and Rehabilitation (DCR) supports the intent of 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 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 person 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 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 (HPA) 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.

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 and responsible for the development of the medical release plan and petitioning for guardianship when applicable.

The total increase in payroll cost for the additional 2.0 FTE staffing requirement is estimated at \$368,996 each year, recurring. Should the 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 support of the intent SB 2688, SD 1.

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
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E HUIKALA A MA'EMA'E NŌ
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TO: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Sharon Y. Moriwaki, Vice Chair
Senate Committee on Ways and Means

The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair
Senate Committee on Judiciary

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

SUBJECT: Senate Bill 2688, Senate Draft 1, Relating to Compassionate Release
Hearing: Wednesday, March 4, 2026; 10:35 a.m.
State Capitol, Room 211

Chair Dela Cruz, Chair Rhoads, Vice Chair Moriwaki, Vice Chair Gabbard, 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 Chairs 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 3, 2026

SB 2688, SD1: RELATING TO COMPASSIONATE RELEASE

Chair Dela Cruz, Vice-Chair Moriwaki, Members of the Committee on Ways and Means, Chair Rhoads, Vice-Chair Gabbard, and Members of the Committee on Judiciary:

The Office of the Public Defender (OPD) offers the following **comments** on SB 2688, SD1. We continue to strongly support the creation of a clear, humane, and medically grounded framework for compassionate release, as reflected in the original version of SB 2688 and as articulated in our prior testimony. However, we respectfully request that certain substantive provisions from the original bill be restored and that an additional victim-notification provision be incorporated.

1. Restore Broader Medical Eligibility Criteria

The original version of SB 2688 provided a comprehensive medical eligibility framework, allowing consideration for compassionate release where an incarcerated person:

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

By contrast, SB 2688, SD1 significantly narrows eligibility to only two categories: terminal illness or being too ill or cognitively impaired to participate in rehabilitation or be aware of punishment.

The removal of eligibility for individuals suffering from debilitating, chronic, or irreversible conditions, and the removal of the “complexity of treatment” standard, undermines the bill’s purpose and eliminates relief for many medically fragile individuals who are not imminently dying, may be conscious and aware of punishment, but suffer profound functional decline and require medical care beyond the practical capacity of correctional facilities.

Compassionate release should not be limited only to those at the very end of life. The original version appropriately recognized that serious, irreversible medical and cognitive decline can render continued incarceration inhumane, medically inappropriate, and fiscally unsound. We respectfully request that the broader medical eligibility provisions from the original bill be restored.

2. Restore Full Sentence Eligibility (Including Life Without Parole)

The original bill expressly provided that all persons incarcerated by the State, including persons serving mandatory minimum sentences or sentences of life without parole, shall be eligible for compassionate release. SB 2688, SD1, however, excludes persons sentenced to life without possibility of parole from eligibility.

Compassionate release does not erase accountability or vacate convictions. It creates a medically grounded exception to continued incarceration when incarceration no longer meaningfully serves punishment, rehabilitation, or public safety due to severe medical decline. The original bill recognized that a sentence, no matter how long, should not prevent humane consideration when an individual is terminally ill or profoundly debilitated. Removing life-without-parole cases creates an inflexible barrier that is inconsistent with the humanitarian purpose of this legislation.

We respectfully request that the sentence-eligibility language from the original bill be restored so that eligibility determinations are based on current medical reality and public safety, not solely on original sentence classification.

3. Add Victim Notification Provision from HB 1628, H.D. 1

We also recommend incorporating the victim-notification provision reflected in HB 1628, HD 1, including the 48-hour notice requirement prior to a compassionate release hearing.

The 48-hour notification timeline is critical to maintaining the bill’s express intent that compassionate release be considered in a *fair, just, and expeditious manner*. Individuals seeking compassionate release are often terminally ill or medically

fragile. Delays of days or weeks can effectively deny relief in practice, particularly where medical deterioration is rapid or end-of-life care is at issue.

A defined 48-hour notice period strikes an appropriate balance:

- It ensures meaningful notification and participation rights for victims;
- It preserves transparency and procedural fairness; and
- It prevents unnecessary administrative delays that could undermine the humanitarian purpose of the bill.

Open-ended or extended notification periods risk delaying hearings beyond the medically relevant window in which relief is meaningful. In cases involving terminal illness or profound medical decline, time is not theoretical but is immediate and consequential. By specifying a 48-hour notice period, the Legislature can both honor victims' rights and ensure that compassionate release operates as intended: a structured, accountable, and timely review process for individuals whose medical conditions warrant urgent consideration.

4. Preserving the Core Purpose of Compassionate Release

As we previously testified SB 2688, compassionate release:

- Is not mandatory;
- Preserves Hawaii Paroling Authority discretion;
- Requires medical documentation;
- Allows denial where an individual presents an unreasonable risk to public safety; and
- Maintains supervision and revocation authority.

Restoring the original medical and sentence eligibility provisions does not weaken public safety. It restores balance and ensures that the law functions as intended: to address cases where incarceration no longer meaningfully serves its punitive or rehabilitative goals due to serious medical deterioration. Hawai'i's commitment to dignity, humanity, fiscal responsibility, and public safety are not in tension here - they are aligned. A compassionate release framework must be broad enough to address the realities of aging and chronic illness within correctional settings, while preserving careful review and structured decision-making.

Thank you for the opportunity to comment.

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KA 'OIHANA O KA LOIO HO'OPI'I
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**THE HONORABLE DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS**

**THE HONORABLE KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY**

**Thirty-Third State Legislature
Regular Session of 2026
State of Hawai'i**

March 3, 2026

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

Chairs Dela Cruz and Rhoads, Vice-Chairs Gabbard and Moriwaki, and members of the Senate Joint Committees on Ways and Means and on Judiciary, the Department of the Prosecuting Attorney of the City and County of Honolulu ("Department") submits the following testimony in **opposition** to S.B. 2688, S.D. 1.

The Department does not oppose compassionate release for terminally-ill inmates. We also recognize the significant fiscal and humanitarian challenges associated with aging and medically-fragile incarcerated population. And we strongly appreciate the work of the Senate Committee on Public Safety and Military Affairs in narrowing the available grounds for compassionate release from the original bill.

The Department believes any compassionate release framework should be narrowly tailored, victim-centered, and firmly grounded in public safety and respect for judicial sentencing decisions. We have two primary concerns with the measure as currently drafted.

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

Second, the Department remains concerned that the second grounds for compassionate release—where inmates are deemed “too ill or cognitively impaired” for rehabilitation—may inadvertently include patients who are simply resistant to treatment. Because penal statutes are construed by the rule of lenity, ambiguous constructions must favor the inmate.

We have no objection to compassionate release in cases of terminal illness because this condition can be established by straightforward medical diagnosis. But cognitive impairment or lack of awareness is more analogous to the plea of insanity or a finding that a defendant lacks mental fitness to proceed. Under Chapter 704 of the Hawai‘i Revised Statutes, the law presently requires initial expert assessment, but allows each party to contest the findings. Experience shows that mental health professionals do not always concur as to whether a patient lacks cognitive or volitional ability. Unlike a terminal diagnosis, where time may be of the essence, a claim of cognitive impairment can be tested by the adversarial and fact-finding process. The Department believes that this would be the preferable framework for any release decisions based on ostensible cognitive impairment.

Thank you for the opportunity to comment.

LATE

RICHARD T. BISSEN, JR.
Mayor

ANDREW H. MARTIN
Prosecuting Attorney

SHELLY C. MIYASHIRO
First Deputy Prosecuting Attorney



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TESTIMONY ON
S.B. 2688 SD1
RELATING TO COMPASSIONATE RELEASE

March 3, 2026

The Honorable Donovan M. Dela Cruz
Chair
The Honorable Sharon Y. Moriwaki
Vice Chair
and Members of the Committee on Ways and Means

The Honorable Karl Rhoads
Chair
The Honorable Mike Gabbard
Vice Chair
and Members of the Committee on Judiciary

Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of the Committees:

The Department of the Prosecuting Attorney, County of Maui respectfully submits the following comments **in opposition to the current draft of 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 allows for 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.



Hawai'i

Committee: Judiciary
 Ways & Means

Hearing Date/Time: Wednesday, March 4, 2026, at 10:35am

Place: Conference Room 211 & Via Videoconference

Re: **Testimony of the ACLU of Hawai'i in SUPPORT of SB2688 SD1 Relating to Compassionate Release**

Dear Chairs Rhoads and Dela Cruz, Vice-Chairs Gabbard and Moriwaki, and Members of the Committees:

The ACLU of Hawai'i (ACLU-HI) **supports SB2688 SD1** Relating to Compassionate Release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

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

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

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

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

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.”

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

Improving Hawai‘i’s compassionate release system would also save the state money. Our prisons are crowded and costly. Currently, DCR spends an average of \$307 per day for every individual incarcerated across the state.⁴ This cost goes up dramatically for seniors who are incarcerated, especially for those who are ill. As an example, in California prisons in the 1990s, the state spent three times as much money to incarcerate an older person than someone of any other age group.⁵

By passing and implementing SB2688 SD1, we can reaffirm our aloha for everyone in Hawai‘i, including those who are incarcerated, while simultaneously reducing DCR’s overall costs.

Mahalo,
Josh Frost
Josh Frost
Policy Assistant

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

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

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

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

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

ACLU of Hawai'i
jfrost@acluhawaii.org

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

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Today's Inmate; Tomorrow's Neighbor



COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

COMMITTEE ON WAYS AND MEANS

Senator Donovan DelaCruz, Chair

Senator Sharon Moriwaki, Vice Chair

Wednesday, March 4, 2026

10:35 AM

Room 211 and VIDEOCONFERENCE

STRONG SUPPORT FOR SB 2688 SD1 - COMPASSIONATE RELEASE

Aloha Chairs Rhoads and DelaCruz, Vice Chairs Gabbard and Moriwaki, and Members of the Committees!

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

¹ DCR Weekly Population Report, February 16, 2026

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

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

By Kevin Dayton, February 16, 2026

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

from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

First, I would like to express Community Alliance on Prisons' deep appreciation to JDC and WAM for scheduling this important bill that reflects our community value of compassion for those suffering from debilitating and terminal illnesses.

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

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

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

Medical care is a constitutional right for people in the care and custody of the state.

Hawai`i doesn't have the death penalty, however, keeping those people who cannot care for themselves incarcerated will make Hawai`i the only state with the SLOW DEATH PENALTY. This is inhumane and does NOT comport with Hawai`i's community value of caring for each other.

We urge the committees to see that DCR is in crisis with too many people dying and many by suicide.²

Mahalo for this opportunity to testify. We urge both JDC and WAM to pass this important bill so it can go to conference committee for further discussion in public.

SB-2688-SD-1

Submitted on: 3/2/2026 6:10:42 PM

Testimony for JDC on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Written Testimony Only

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 do think the current version is too limiting in terms of who is eligible for compassionate release and we believe a better result is achieved by the original version which would open it up to more individuals.



Re: SB2688 Relating to Compassionate Release

Dear Judiciary Chair Rhoads, Vice Chair Gabbard, and Members of the Committee; and Ways and Means Chair Dela Cruz, Vice Chair Moriwaki, 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.

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



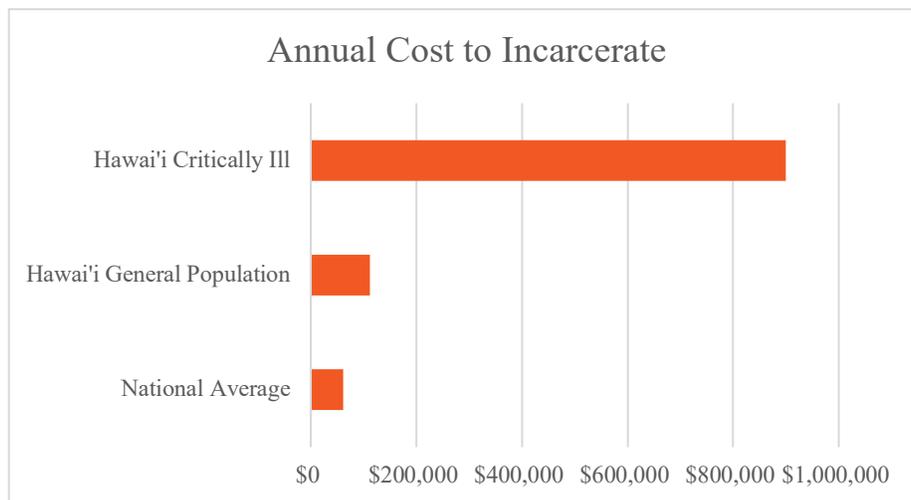
alone of \$33,271,024, a significant increase from 2022.ⁱ The small number of critically ill individuals contribute an outsized amount to these rising costs.

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 **\$1,519,000** 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

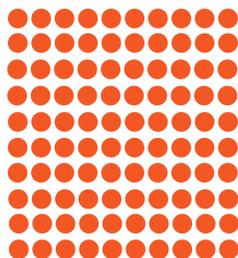
For the following patients in DCR custody, costs solely for outside medical care – **not counting medications, facility nursing care, etc.** – included:

- 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.

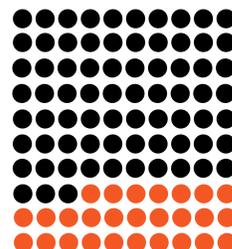
For twelve patients in custody who need a high level of care, **DCR spent \$2.9 million only on outside care in 10 months.**

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. Categorical 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. 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 crisis for Hawaiians disrupts pono (righteousness) and the perpetuation of ola (healing) through the strength of Hawaiian 'ohana (family).^x Compassionate release is rooted in humanitarian principles and aligned with Native Hawaiian values of aloha, mālama (care), and kuleana (responsibility to one another).^{xi} Compassionate release provides a pathway to address the significant overrepresentation of Native Hawaiian pa'ahao.

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

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

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



the medical staff hope that this effort can in some small way honor his life, and prevent this from happening again.

Thank you for your leadership in introducing this bill, and for the opportunity provide comments. FAMM respectfully urges the legislature to 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



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- ⁱ Department of Public Safety, “FY 23,” n.d., https://budget.hawaii.gov/wp-content/uploads/2021/12/25.-Department-of-Public-Safety-FY-23-SUPP.Mn5_.pdf.
- ⁱⁱ KFF, “Medicaid in Hawaii,” May 2025, <https://files.kff.org/attachment/fact-sheet-medicaid-state-HI>.
- ⁱⁱⁱ Hawai‘i Public Radio, “Hawai‘i still struggling to fill correctional officer vacancies,” January 9, 2026, <https://www.hawaiipublicradio.org/local-news/2026-01-09/hawaii-continues-to-struggle-filling-correctional-officer-vacancies>.
- ^{iv} Hawaii Correctional System Oversight Commission, “Correctional Staff Survey, Findings, & Recommendations,” January 22, 2025, <https://hcsoc.hawaii.gov/wp-content/uploads/2025/01/Correctional-Staff-Survey-Findings-and-Recommendations-FINAL-1.pdf>.
- ^v Hawaii Correctional System Oversight Commission, “Correctional Staff Survey, Findings, & Recommendations,” January 22, 2025, <https://hcsoc.hawaii.gov/wp-content/uploads/2025/01/Correctional-Staff-Survey-Findings-and-Recommendations-FINAL-1.pdf>.
- ^{vi} Prison Policy Initiative, “The Aging Prison Population: Causes, Costs, And Consequences,” August 2, 2023, <https://www.prisonpolicy.org/blog/2023/08/02/aging/>.
- ^{vii} Interagency Council on Intermediate Sanctions, “State of Hawaii 2019 Recidivism Update,” March 2021, <https://icis.hawaii.gov/wp-content/uploads/2021/05/2019-Hawaii-Recidivism-Update.pdf>; Vera Institute of Justice, “Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations,” December 2017, <https://vera-institute.files.svdcdn.com/production/downloads/publications/Using-Compassionate-Release-to-Address-the-Growth-of-Aging-and-Infirm-Prison-Populations%E2%80%94Full-Report.pdf?dm=1568745464>.
- ^{viii} Estimates provided by the Hawaii Correctional System Oversight Commission.
- ^{ix} Prison Policy Initiative, “Hawaii Profile,” n.d., <https://www.prisonpolicy.org/profiles/HI.html>.
- ^x Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.
- ^{xi} Native Hawaiian Legal Corporation, “Kalana Ola Coalition for Compassionate Release,” n.d., <https://nativehawaiianlegalcorp.org/services/kalana-ola-coalition-for-compassionate-release/>.

LATE

SB-2688-SD-1

Submitted on: 3/3/2026 12:03:57 PM

Testimony for JDC on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Lorenn Walker	Testifying for Hawai'i Friends of Restorative Justice	Comments	Written Testimony Only

Comments:

COMMENTS SB 2688, SD 1

Compassionate Release — Removing the Life Sentence Exclusion

Submitted by Lorenn Walker, Director, Hawai'i Friends of Restorative Justice

Aloha Chairs and Members of the Judiciary and Ways and Means Committees:

We would support SB 2688, SD1 with the removal of the exclusion barring people sentenced to life without the possibility of parole (LWOP) from compassionate release eligibility. That exclusion is both unnecessary and costly.

The case for including LWOP is straightforward:

A dying person is not a public safety threat. The [Department of Justice has reported](#) a recidivism rate of just 3.5% for people granted compassionate release, compared to 41% for the general prison population. And the [Vera Institute finds](#) that arrest rates drop to almost zero for people over 65. A person who cannot walk or care for themselves is not a public safety threat, regardless of their original sentence.

The costs are staggering and avoidable. As this committee's report notes, caring for one critically ill person can exceed \$900,000 per year, and \$2,000,000 in emergency cases. The [American Bar Association reports](#) that nearly a quarter of all LWOP prisoners are over 65 — the oldest and sickest population in our prisons, and the most expensive to house. The ACLU estimates states save an average of \$66,294 per year for each aging person released. Excluding LWOP prisoners from eligibility concentrates the highest costs in the population with the lowest risk.

Many jurisdictions allow compassionate release for lifers — and it works. [A national survey](#) of compassionate release laws documents the range of state policies and the evidence supporting expanded eligibility. Federal courts routinely grant compassionate release to people serving life sentences when medical conditions are severe. Scholarly research confirms that despite formal LWOP exclusions in many statutes, the medical and safety rationale for release applies equally regardless of sentence type.

Dignity matters, even at the end. Prisons are not equipped for end-of-life care. [Research confirms](#) correctional settings are structurally incompatible with dementia care, terminal illness, and cognitive decline. LWOP was not intended to mean dying on a feeding tube, shackled to a hospital bed.

Eligibility is not the same as release. This bill requires medical certification, HPA review, along with victim and prosecutor notification. Those safeguards are sufficient. Allowing LWOP prisoners to be considered does not guarantee release, it simply asks that their condition receive the same review that governs everyone else.

Hawai‘i should not spend millions keeping dying people imprisoned when they could die at home, cared for by family, at a fraction of the cost--while these significant savings could be used for victim compensation instead.

Please amend SB 2688, SD1 to remove the LWOP exclusion. Mahalo for your consideration and your public service.

Lorenn Walker, JD, MPH

Director, Hawai‘i Friends of Restorative Justice



Native Hawaiian LEGAL CORPORATION

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Testimony to the
SENATE COMMITTEE ON WAYS AND MEANS
and
SENATE COMMITTEE ON JUDICIARY

LATE

Relating to Senate Bill 2688 SD1

Relating to Compassionate Release.

March 4, 2026

10:35 a.m.

State Capitol, Conference Room 411

Aloha e Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and members of the Senate Committee on Ways and Means and the Senate Committee on Judiciary:

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 is 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.

‘O wau iho nō me ka ha‘aha‘a,



Kirsha K.M. Durante
Litigation Director

LATE

Jikoen Hongwanji
1731 N. School Street
Honolulu, Hawai'i 96819

Attn: State of Hawai'i Senate Ways and Means Committee

Public Comment Re: Community Testimony Ref: SB 2688 Compassionate Release

Aloha Judiciary Chair Rhoads, Vice Chair Gabbard and Members of the Committee; and Ways and Means Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee:

Warm greetings, my name is Pete Doktor, a leadership team and social concerns member of the Jikoen Hongwanji, a Shin Buddhist community, and am submitting public comment in regards to SB 2688. I respectfully ask your shared support of amendments that will facilitate the objectives of SB 2688, in service of compassion, as well as the wisdom of reducing the burden on public coffers for those already suffering from terminal illness, as well as on corrections staff and State operations.

Compassionate release accepts that the elderly, terminally ill, or others incapacitated to threaten public safety, thereby undermining the necessity of imprisonment. Thus, continued incarceration shifts and displaces additional suffering, not just to those incapacitated by mortality, both societally through costs born by the public, including family and community members. As a Buddhist community, we center compassion as the general response to universal suffering, that underlies our support for this bill of mercy; however that said, the current bill as written may not fulfill its intent as written.

It is guided by this value of discerning compassion that we are concerned with fiscal matters, not merely as a principle of thrift, but more so the reality of the many urgent needs to sustain social uplift within merciless economic demands, ecological adaptation and social inequalities and insecurity to name a few competing crises for limited resources. For illustration, enabling compassionate release to the community may shift predominant costs from State to the Federal funding which has more capacity, giving our state more capacity to address our unique challenges.

Due to the burdensome costs to care for the critically-ill, we respectfully ask your consideration of returning this bill back to its original medical eligibility standards. Given the primacy of aloha in Hawai'i, we are concerned that Hawai'i is among the minority of states that do allow those serving mandatory minimum and/or life without parole to be candidates for compassionate release, by empowering the Hawai'i Paroling Authority to make individualized assessments of an individual's suitability for compassionate release. Thus, this eligibility must be restored in order to address the care burden placed on State corrections staff and facilities.

Lastly, we want to underscore that as Buddhists, we acknowledge the common fates that await all mortals, thereby mandating a universal compassion particularly for our fellow woman or man facing terminal illness and our inherent impermanence, that we do not condone those already facing an end to her or his life, additional suffering. No one is exempt from the ravages of inevitable

illness, advanced aging and dying. As a faith community, we are guided by doctrines of universal dignity and equality of all humanity. We also do not hold judgement towards others or self, given our universal human infallibility for which compassion must also be universally applied, with partisan politics aside. Our values also align with legal principles against cruel and inhumane punishment, as it does not facilitate rehabilitation, public safety nor justice. However, our position is not one of blind faith, but an observation of the consequences of human disconnect, alienation, and the power of compassion—and societal responsibilities that come with it. This is not a value unique to Buddhists, but across faiths as evidence of its collective wisdom.

We ask that you please return SB2688 to its original eligibility language enabling ALL eligible for compassionate release, both as matters of ethnical and fiscal responsibilities, centering our communal values of aloha and `ohana, enabling families to care for terminally ill loved ones, with appropriate safeguards.

On behalf of our spiritual community, I respectfully urge you to pass SB 2688 Relating to Compassionate Release, as long as the above amendment is included.

Mahalo nut loa for your commitment to public service.

In Gasshō (Bow of Gratitude),

Pete Doktor

Jikoen Hongwanji Leadership Team

SB-2688-SD-1

Submitted on: 3/2/2026 1:05:11 PM

Testimony for JDC on 3/4/2026 10:35:00 AM

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

Comments:

My name is Carla Allison and I am testifying in strong support of SB2688 Compassionate Release. Please support this bill so Hawaii can move forward in offering our people what citizens of nearly every state in the USA already have. Our incarcerated family members living with terminal illness and debilitating chronic medical conditions are not a threat to our public safety or to those they harmed in the past.

Please vote for SB2688 & Compassionate Release.

Thank you for your consideration,

carala Allison - Honolulu

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

SENATE COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

HEARING:
Wednesday, March 4, 2026 at 10:35 am
Conference Room 211 & Videoconference

Aloha Chair Dela Cruz, Chair Rhoads, Vice Chair Moriwaki, Vice Chair Gabbard, Senator Hashimoto for my district, Senator DeCoite for Upcountry Maui, and Members of the Committee,

My name is Christine Andrews and I am a long-term resident of Wailuku, Maui. I am also an attorney licensed in the state of Hawaii for over 25 years. I am writing today in **strong support of SB 2688, SD1**, Relating to Compassionate Release, which establishes a protocol for compassionate release for certain ill or seriously debilitated incarcerated persons.

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

Hawaii's correctional health care system is already overburdened. Senate Bill 2688, SD1 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 your **strong support of SB 2688, SD1**.

Christine Andrews, J.D.
Wailuku, Maui

To: Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair
Committee on Ways and Means

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair
Committee on Judiciary

From: Veronica Moore, Individual Citizen

Date: March 3, 2026

RE: Senate Bill 2688 SD1
Measure Title: RELATING TO COMPASSIONATE RELEASE.
Report Title: Hawai'i Paroling Authority; Department of Corrections and
Rehabilitation; Compassionate Release; Reports; Appropriation (\$)

To All Concerned,

My name is Veronica Moore and I support Senate Bill 2688 SD1. Thank you for your consideration.

Sincerely,

Veronica M. Moore

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

WRITTEN TESTIMONY IN STRONG SUPPORT

Committee on Judiciary (JDC)
Committee on Ways and Means (WAM)
March 4, 2026 – 10:35 a.m.
Conference Room 211

Chair Rhoads, Vice Chair Gabbard, Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committees:

Aloha and mahalo for the opportunity to submit testimony in strong support of SB2688, SD1.

My name is Germaine Meyers. I am a Native Hawaiian community leader from the Waianae Coast and serve as Chair of the Transportation Committee and Chair of the Housing-Zoning Committee for the Nanakuli-Mailii Neighborhood Board No. 36. I submit this testimony in my personal capacity.

SB2688 establishes a clear, structured, and accountable compassionate release protocol for incarcerated persons who are terminally ill or too ill or cognitively impaired to meaningfully participate in rehabilitation or understand punishment.

This measure is not about being soft on crime. It is about being smart, humane, and fiscally responsible.

The bill requires medical verification, maintains Hawaii Paroling Authority review, preserves public safety analysis, excludes individuals sentenced to life without possibility of parole, requires victim and prosecutorial notification, and establishes reporting and transparency requirements.

The average incarceration cost in Hawaii is \$307 per day, or approximately \$112,055 per year per person. Nearly \$111 million annually is spent housing incarcerated persons age 50 and older, not including hospitalizations, emergency medical transports, guard overtime, and high-cost end-of-life care.

Research shows arrest rates drop to slightly above 2 percent for ages 50 to 65 and approach zero beyond age 65. The Hawaii Paroling Authority must deny release if there is an unreasonable risk to public safety. That safeguard remains intact under this bill.

Compassion is not weakness. It reflects dignity, proportionality, and moral clarity. Allowing a dying individual to receive appropriate medical care or spend final days with family does not undermine justice.

The annual reporting requirements, disaggregated data collection, and multi-stakeholder rulemaking working group provide transparency and accountability.

SB2688 is fiscally responsible, public safety focused, structured, and rooted in dignity. I respectfully urge you to pass SB2688, SD1.

Mahalo for your leadership and consideration.

Respectfully submitted,

Germaine Meyers

Waianae Coast

Chair, Transportation Committee

Chair, Housing-Zoning Committee

Nanakuli-Mailii Neighborhood Board No. 36

SB-2688-SD-1

Submitted on: 3/3/2026 8:40:52 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Leilani Yandall	Individual	Support	Written Testimony Only

Comments:

I write in support of the proposed expansion of compassionate release for incarcerated individuals who are terminally ill or suffer from severe, irreversible cognitive impairment. I respectfully urge you to consider that even individuals serving life without parole should be eligible for medical release under carefully defined and strictly supervised circumstances. The purposes of incarceration in our justice system are generally understood to include retribution, deterrence, incapacitation, and rehabilitation. When an individual is suffering from advanced dementia, catastrophic stroke, end-stage cancer with brain involvement, or comparable conditions that profoundly impair cognition, these purposes are no longer meaningfully served. First, retribution presupposes awareness. A person who cannot comprehend that they are incarcerated, who cannot recall their offense, or who lacks the cognitive capacity to understand punishment is not meaningfully experiencing retribution. Continued confinement in such cases ceases to serve its intended moral function.

Second, deterrence depends on rational calculation. Individuals in advanced stages of terminal illness or severe neurological decline pose no realistic threat of future criminal conduct. They are medically incapacitated. In such cases, the goal of incapacitation is already achieved by the illness itself.

Third, rehabilitation is not possible when a person no longer possesses the cognitive capacity to engage in treatment, programming, or personal reform. Continued incarceration under these conditions does not promote rehabilitation; it simply prolongs confinement without penological benefit.

Opponents of reform argue that individuals sentenced to life without parole should remain incarcerated until death, regardless of condition. However, compassionate release does not negate accountability or undo a lawful sentence. It recognizes that extraordinary medical circumstances can fundamentally alter the penological justification for continued incarceration. Compassionate release is not an act of forgiveness; it is an acknowledgment of changed reality. Similarly, imposing mandatory minimum time served requirements even for terminal illness risks creating inflexible outcomes that fail to account for individual medical circumstances. Terminal disease and profound cognitive decline do not follow sentencing timelines. A rigid minimum can result in individuals dying in custody despite posing no risk and deriving no penal purpose from continued confinement.

Expanded compassionate release can and should include strict safeguards:

medical certification of terminal illness or severe cognitive impairment.

Risk assessments confirming minimal public safety risk.

Structured supervision, where appropriate.

Revocation provisions if circumstances change.

Such a framework preserves public safety while restoring proportionality and humanity to end-of-life decisions.

There is also a fiscal dimension. Providing intensive end-of-life medical care within correctional facilities is extraordinarily costly. When an individual is bedridden, non-communicative, or incapable of independent functioning, the correctional environment is often ill-equipped to provide appropriate palliative or hospice care. Compassionate release, in appropriate cases, allows care to occur in more suitable medical settings without compromising public safety.

Most importantly, this issue speaks to the character of our justice system. A system can be firm and protective of public safety while still recognizing that punishment has limits. When incarceration no longer advances legitimate correctional goals, maintaining it becomes purely symbolic. Law and justice are strongest when they are both principled and humane.

For these reasons, I respectfully urge you to support legislation that allows for individualized, medically grounded consideration of compassionate release—even for those serving life without parole—when terminal illness or profound cognitive impairment renders continued incarceration devoid of penological purpose.

Thank you for your thoughtful consideration of this important matter.

Re: SB 2688, Regarding Compassionate Release

Dear Judiciary Chair Rhoads, Vice Chair Gabbard, and Members of the Committee; and Ways and Means Chair Dela Cruz, Vice Chair Moriwaki, 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: 3/3/2026 10:04:55 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

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

Comments:

Aloha Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard,

My name is Carolyn Eaton. I am a resident of Honolulu and I strongly support this measure providing guidelines for compassionate release of certain inmates. It sets strict limits on the practice, which will allow an individual, near the end of life, to return to the community of caregivers outside cell walls. It will free up DCR beds and funds to use more appropriately.

Mahalo for your work in so many areas of state governance, and in the area of corrections specifically. We have responsibility to the individuals we hold in custody, wherein compassion on the part of the state correctly belongs.

Re: SB 2688, Relating to Compassionate Release

Aloha Judiciary Chair Rhoads, Vice Chair Gabbard, and Members of the Committee; and Ways and Means Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee:

My name is Maysana Aldeguer, and I am a former Corrections Officer from Waianae. I am submitting **comments** on this bill – without amendments, this bill will not succeed in improving compassionate release in Hawai'i.

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

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

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

I saw every day how illness does not discriminate based on sentence length. And the level of debilitation an individual experiences because of their illnesses does not depend on the amount of time they have left to serve. The sentence doesn’t change how much of a strain their care is on Corrections staff. It was heartbreaking for me to see people who can’t move and people who are dying, and the only reason they couldn’t be considered for release was the type of sentence they received. There could be two patients in the hospital unit, both dying, and only one of them could be eligible for compassionate release if the prior amendments to SB 2688 stand. The amendment removing people who have life without parole will not alleviate the burden of their care on Corrections Officers and the cost to DCR. I know from

working with incarcerated people every day that each person should be assessed for their risk to public safety individually, instead of categorically including or excluding people based on their sentence. Please restore eligibility for all sentence types.

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

In DCR, we faced overcrowding and understaffing. There were times when there was only one of me guarding 120 inmates. People who are very sick often need a lot of care outside of the prison. Every time, two of us would have to lift them from the bed and try to clean them up, and then escort them to the doctors and back. Sometimes this took us away from the already understaffed facility for an entire shift, because the specialists were not nearby. It is not easy on the Correctional Officers. We are not hired to be nurse aides, and we are not skilled in IV pulls and changing diapers. We are not qualified to take care of the sick inmates. All we could do was try to check if they were still alive and breathing, and hope the nurse can come at some point. And the nurse was also overwhelmed. Taking care of people who are critically ill, who need a lot of care but who are not a safety risk, was an unnecessary strain on Corrections staff.

DCR policy allows for four kinds of people to be considered for compassionate release: people who are terminally ill, people with debilitating illnesses, people who are too ill or cognitively impaired to participate in rehabilitation or be aware of punishment, and people whose condition(s) that require a level of care DCR is unable to provide on a long-term basis. People in all of these categories are a strain on Corrections Officers. For example, an incarcerated person who had a stroke and needs help eating and going to the bathroom and cleaning their space is a heavy strain, because we end up having to do that for them. And some people have such intensive care needs that we literally cannot provide what they need. The prior amendments that cut down who is eligible to only those who are terminally ill or cognitively impaired would put Corrections Officers in a worse position than we are in now. Changing to only two categories would increase the strain on Corrections staff, who are already overburdened. Please restore all four categories of medical eligibility.

As a Corrections Officer, you work with inmates every single day. Unlike how the public views people from the outside looking in, I really got to know the inmates.

Even though they made a mistake, they are still human. The crimes people commit matter, but I believe people should die knowing they are still loved. That piece would give them peace as they leave this world.

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

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

Mahalo for the opportunity to testify.

Respectfully,

Maysana Aldeguer

LATE

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

TO: Judiciary and Ways and Means Committees
RE: SB 2688 SD 1
HEARING: Wednesday, March 4, 2026
TIME: 10:35 a.m.
ROOM: Conference Room 211 and via videoconference
POSITION: Comments

Aloha Chairs Rhoads and Dela Cruz and Vice Chairs Gabbard and Moriwaki,

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

The DCR policy and HPA rule are wholly inadequate to manage a complex process that involves people who are suffering from devastating illnesses, and their families, and millions of dollars in state funds. Hawai'i is the only state that does not have a compassionate release statute.

I. SB 2688 Was Carefully Drafted to Incorporate Best Practices

I am a member of The Kalana Ola Coalition, which was formed in January, 2025, to fix Hawaii's broken compassionate release system. Our members—experienced professionals in criminal legal matters—recognized that the current process lacks the clarity and accountability necessary to function effectively. Over a ten-month-period we drafted a bill designed to provide a medically-informed framework for compassionate release that balances public safety with fiscal responsibility and administrative efficiency. We were assisted in this effort by the Hawaii Correctional System Oversight

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

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

Commission, and three experienced lawyers from FAMM (Families Against Mandatory Minimums), a national nonprofit organization that has been a leader in compassionate release policy and research at the state and federal level for 25 years.

As our thinking evolved, so did our bill. It underwent many revisions, and incorporated changes requested by DCR and HPA. SB 2688 is by far the best compassionate release bill that has been introduced in the state legislature in more than a decade. It greatly improves on the bills introduced in 2013, 2014, 2019 and 2024 by, and honors the values of the people of Hawai‘i by recognizing that *regardless of the sentence that was originally imposed*, the continued incarceration and punishment of people who are suffering from devastating illnesses, and do not pose a danger to society, is costly, cruel, and unjust.

II. COMMENTS

A. Restore the Eligibility Criteria Deleted in SD 1

SB 2688 has four eligibility criteria:

a) An incarcerated person may be considered for compassionate release if the incarcerated person:

(1) Has a terminal illness

Note: Terminal illness" is defined in SB 2688 as “a progressive medical condition with a predictably poor prognosis that is expected to result in death.]

(2) Has a debilitating, chronic, or irreversible condition;

Note: "Debilitating, chronic, or irreversible condition" is defined in SB 2688 as “a persistent or progressive medical, cognitive, or mental health 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.

(3) Is too ill or cognitively impaired to participate in rehabilitation or to be aware of punishment; or

No definition

(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.

No definition.

SB 2688 SD 1 **deleted criteria 2 and 4**. Thus, under SB 2688 SD 1, an incarcerated person is eligible for compassionate release only if: (1) they have a **terminal illness**; or (2) they are **too cognitively impaired to participate in rehabilitation or to be aware of punishment**.

The two deleted criteria are nearly identical to those in the compassionate release policy the Department of Public Safety (now the Department of Corrections and Rehabilitation) **has been using with great success since 2014**. The policy, COR.10.1G.11 (December 29, 2014) states:

Inmates will be considered for medical release if they meet one or more of the following criteria:

- The inmate has a terminal illness with a predictably poor prognosis.
- The inmate has a seriously debilitating and irreversible mental or physical condition that impairs the inmate's functional ability to the extent that they would be more appropriately managed in a community setting.
- The inmate is too ill or cognitively impaired to participate in rehabilitation and/or to be aware of punishment.
- The inmate has a disease or condition that requires a complexity of treatment or a level of care that PSD is unable to provide on a long-term basis.

The definition section of the policy states in relevant part:

- a. Terminal illness: a progressive and incurable medical condition that is expected to result in death.
- b. Debilitating disease or illness: a persistent and/or progressive illness that impedes a patient's mental and/or physical capacities, and compromises that patient's quality of life.

The four criteria in the DCR policy are also very similar to the criteria in all of the compassionate release bills previously introduced in the legislature going all the way back to 2013. One of those bills, HB 629 HD2 SD 2 (2019), passed both houses of the legislature but was vetoed by Governor Ige.

The eligibility criteria in all of the prior bills, and DPS policy COR.10.1G.11, derive from the seminal article on compassionate release written by Dr. Brie Williams, et. al. published in the *Annals of Internal Medicine* in 2011. Entitled "Balancing Punishment and Compassion for Seriously Ill Prisoners," the article recommends that seriously ill prisoners be categorized into three groups, based on prognostication, disease trajectory, and functional and cognitive status:

These groups consist of: (1) prisoners with a terminal illness with predictably poor prognoses; (2) prisoners with Alzheimer and related dementias; and (3) prisoners with 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.

The compassionate release bill introduced in 2013 –HB 255 and SB 72 (2013)– incorporated Dr. Williams’ evidence-based categories, and Dr. Williams submitted written testimony in support of HB 255 and its senate counterpart SB 72 (2013), which is undoubtedly one of the reasons the criteria in the 2013 bill, with some updating, has been used for all subsequent compassionate release bills, including SB 2688. **They represent time-tested and evidence-based best practices.**

At the February 4, 2026, hearing on SB 2688 before the Senate Committee on Public Safety and Military Affairs, the Office of the Honolulu Prosecuting Attorney submitted testimony that criticized the eligibility criteria as “overly broad.” It is **not** overly broad: it is only as broad as it needs to be, given the limited resources available to DCR medical staff in the state’s main medical facility, and the legal requirement to provide incarcerated persons with the same standard of care as is provided to people in the broader community.

B. The Halawa Infirmary Has Extremely Limited Resources

All terminally ill and seriously debilitated incarcerated persons in the custody of DCR are housed in the infirmary at the Halawa Community Correctional Center. The Halawa infirmary is not a hospital, a skilled nursing facility, or a long-term care facility, and it is not designed, equipped, or staffed to care for seriously ill people. By definition, infirmaries are small, low-level medical facilities, usually located within a larger institution, that provide first-aid, short-term observation, and basic care for minor medical conditions such as cuts, scrapes, bruises, flu, colds, and headaches.

The Halawa infirmary does not have hospital rooms; it houses patients in double occupancy prison cells that have a small window, a stainless-steel toilet in one corner, a small bedside table, and little else. The patients’ beds are a few feet apart with no privacy curtain between them. The beds are crammed against the side of the cell, limiting care giver access to only one side of the patient. The rooms do not have monitors for blood pressure, heart rate, heart rhythm, or respiratory rate. There are no work stations for staff, no environmental controls, no computer work stations, no storage cupboards, no modern lighting systems, and no barcode scanners for medication.

Most of the patients in the Halawa infirmary suffer from devastating illnesses that require a high level of care. There are patients with glioblastoma, an aggressive form of brain cancer, stage IV throat cancer, lymphoma (cancer of the lymphatic system); metastatic colon cancer, ALS (a progressive and fatal neurodegenerative disease that destroys motor neurons in the brain and spinal cord, causing muscles to waste away and leading to the inability to breath); severe vascular damage due to stroke; and heart and kidney failure.

The eligibility criteria, that were deleted from SB 2688, allow DCR physicians who are responsible for caring for the terminally ill and seriously debilitated patients in the infirmary, to exercise discretion and medical judgment to determine when a patient has become so ill that they can no longer be cared for in the infirmary and should be considered for compassionate release, and transferred to a community setting –often a hospital or skilled nursing facility–where they can receive the care they require.

C. The impact of *Slingluff v. State*

In 2013, the Hawaii Intermediate Court of Appeals decided *Slingluff v. State*, 131 Hawai'i 239, 317 P.3d 683 (Haw. Ct. App. 2013), *cert denied*, SCWC-30233 (Haw. July 2, 2014) which holds that incarcerated persons in Hawaii are entitled to the same standard of medical care as the general public. It also holds that prison doctors are not entitled to qualified immunity, and may be liable for negligence like any other physician.

If doctors cannot recommend patients for compassionate release unless they are “terminally ill” or too “cognitively impaired to participate in rehabilitation or to be aware of punishment,” they will be forced to care for very sick patients who cannot be cared for in the infirmary within the standard of care, and will thereby expose themselves, and the State, to medical malpractice claims under *Slingluff*.

D. Persons Serving Life Without Parole Should be Eligible for Compassionate Release

The situation describe above also applies to persons serving life without parole (LWOP). Many, if not most, will develop age-related illnesses and end up in the infirmary which is incapable of providing them with the appropriate standard of care.

In its present form, SB 2688 is a giant step **backward** for compassionate release in Hawaii. It fails to take account of DCR’s limited ability to care for terminally ill, seriously debilitated, and elderly persons, and would saddle DCR with an ever- increasing number of patients who would not receive the care they need, and that the State is legally required to provide. The cost of caring for elderly life without parole individuals is likely to be staggering, and will have to be paid entirely out of state funds instead of Medicaid, which is not available to incarcerated persons.

Thank you for allowing me to testify on this important bill, and I hope you will restore the it to its original form.

LATE

Rev. William J. Heran, Ph.D.
1200 Queen Emma Street, #2902
Honolulu, HI 96813

March 2, 2026

Re: Comments Regarding **SB 2688 – Compassionate Release.**

Aloha Judiciary Chair Rhoads,
Vice Chair Gabbard and Members of the Committee,
Ways and Means Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee:

My name is Father William Heran, and I am submitting **comments** about SB 2688. I respectfully encourage you to make the below amendments to ensure that SB 2688 can fulfill its original 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 the bill, **the current version will not succeed in living up to this intent.**

As correctional spending continues to increase, taxpayers like myself are paying the cost. Incarcerating people who are critically ill is uniquely costly with potential sub-standard medical care delivery, and this is not limited to those who are terminally ill or cognitively impaired.

- The average cost to incarcerate someone who is critically ill can be \$900,000 or more per person per year, which is 6-8x higher than the average incarcerated person.
- If these people are released to the community and on Medicaid, the federal government covers 73% of these costs, instead of 100% by the State.

People who have debilitating diagnoses, such as paralysis after a stroke, are still expensive and complicated for DCR to care for. And some people, such as those with rare conditions and costly medications, require a level of care DCR cannot provide on a long-term basis. DCR's policies already provide for all of these 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 received a long sentence, because critical illness can mean that people are incarcerated within their own ailing bodies.

- The majority of States allow people serving mandatory minimums and/or life without parole to be considered for compassionate release.
- This allows the Hawai'i Paroling Authority (HPA) to make an individualized assessment of an individual's suitability for release.
- People remain on HPA parole supervision if granted compassionate release.
- Without this eligibility, the bill will fail to address the care burden on DCR staff. Illness does not discriminate by sentence length, and staff must provide strenuous care no matter the amount of time an individual has left to serve, including changing diapers and spoon feeding.

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 fairness, and the values of aloha and human dignity. 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 Relating to Compassionate Release if the above amendments are made.

Mahalo for the opportunity to testify.

Blessings,



Rev. Dr. Wm. J. Heran

LATE

Dennis M. Dunn
(dennismdunn47@gmail.com)
Kailua, HI 96734

TO: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair
Senate Committee on Judiciary

TO: Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair
Senate Committee on Ways and Means

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

HEARING: Wednesday, March 4, 2026, 10:35 a.m.
Conference Room 211

Good morning, Chairs Rhoads and Dela Cruz and Vice Chairs Gabbard and Moriwaki and members of the Senate Committees on Judiciary and Ways and Means. My name is Dennis Dunn, and I am the former Director of the Victim Witness Kokua Services in the Honolulu Prosecuting Attorney's Office, having retired at the end of 2022 after 44 years of service with the program. I am testifying today in strong opposition to 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. One, there appears to be no provisions for 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. The victim's proximity to the release location, including circumstances in which the victim and the offender are members of the same family, should be always considered when an application for release is being reviewed. Similarly, for the most serious offenders such as serial sex offenders, murderers or attempted murderers, or arsonists there appears to be no role for the concerns of the safety of the public or how that can be addressed. Two, the proposed procedures seem to ignore minimum sentences required by law, invoked by the judge at sentencing, or established by the Paroling Authority. Third, although victim notification is included in the current language; there is nothing specifying the timing of the notification or the manner in which 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. Fourth, the Proposed Working Group, as so often is the case, does not include any members who represent or have experience representing the interests of crime victims, 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 of these concerns,

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