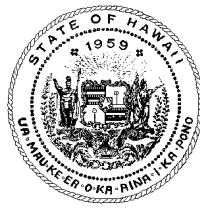


DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

NOLAN P. ESPINDA
DIRECTOR

Maria C. Cook
Deputy Director
Administration

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 629, HOUSE DRAFT 2
RELATING TO MEDICAL RELEASE.

by

Nolan P. Espinda, Director
Department of Public Safety

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair

Thursday, February 21, 2019; 12:30 p.m.
State Capitol, Conference Room 308

Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Department of Public Safety (PSD) supports House Bill (HB) 629, House Draft (HD) 2, which codifies the ongoing Medical Release program, in which PSD assesses and refers qualified inmates to the Hawaii Paroling Authority for possible medical release and which has existed in practice for several years and is now in the process of being promulgated through the Administrative Rules procedure.

PSD notes that although HB 629, HD 2 deleted the language granting a presumption of eligibility to receive medical assistance to inmates who have been granted a medical release, the Department has procedures in place to provide these and other exiting inmates with medical coverage. Since 2016, the Department of Human Services MedQuest Division has partnered with PSD to facilitate the Medicaid application process and to provide initial medical coverage while the application is pending, allowing the exiting inmate to receive medical services upon release. This also applies to those who are approved for Medical Release by the Hawaii Paroling Authority.

Thank you for the opportunity to present this testimony.

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
HAWAII PAROLING AUTHORITY
1177 Alakea Street, First Floor
Honolulu, Hawaii 96813

EDMUND "FRED" HYUN
CHAIR

JOYCE K. MATSUMORI-HOSHIJO
MICHAEL A. TOWN
ANNELLE C. AMARAL
FITUINA F. TUA
MEMBERS

TOMMY JOHNSON
ADMINISTRATOR

No. _____

TESTIMONY ON HOUSE BILL 629, HD2
A BILL FOR AN ACT RELATING TO MEDICAL RELEASE
BY
HAWAII PAROLING AUTHORITY
Edmund "Fred" Hyun, Chairman

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair

Thursday, February 21, 2019, 12:30 p.m.
State Capitol, Conference Room 308

Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Paroling Authority (HPA) supports the intent of this House Bill 629, HD2 which seeks to broaden the criteria that the HPA follows to consider inmates for medical release.

While the HPA defers to the Department of Public Safety (PSD) for most of the provisions outlined in this measure, the Authority is concerned that requests from inmates and/or their representative sent directly to the HPA needlessly delays the process. All requests for medical release requests received by the HPA from inmates or the inmate's representative would need to be referred to PSD for review and completion of the medical release plan. Therefore, all medical release requests should be reviewed by PSD prior to forwarding to HPA.

Also, clarification regarding the proposed medical release hearings process and timeline are needed. The PSD and HPA already have procedures in place to address medical release consideration, which includes HPA's proposed amendments to this agency's Administrative Rules. In part, the proposed amendments create identical language for medical release consideration as outlined in PSD's Policy COR.10.1G.11 (Medical Releases). As written, this measure is in contravention to HRS 706-670 (Parole procedures; release on parole; terms of parole, recommitment, and reparole; final unconditional release) as it relates scheduling initial parole release consideration hearings.

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET • HONOLULU, HAWAII 96813
PHONE: (808) 547-7400 • FAX: (808) 547-7515

KEITH M. KANESHIRO
PROSECUTING ATTORNEY

DWIGHT K. NADAMOTO
ACTING FIRST DEPUTY
PROSECUTING ATTORNEY



**THE HONORABLE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE**

**Thirtieth State Legislature
Regular Session of 2019
State of Hawai`i**

February 21, 2019


RE: H.B. 629, H.D. 2; RELATING TO MEDICAL RELEASE.

Chair Luke, Vice-Chair Cullen, and members of the House Committee on Finance, the Department of the Prosecuting Attorney of the City and County of Honolulu ("Department") submits the following testimony in opposition to H.B. 629, H.D. 2.

The purpose of H.B. 629, H.D. 2 is to establish and implement policies and procedures in which inmates may be considered for medical release. Currently, the Department of Public Safety has adopted Policy COR.10.1G.11 which has been in effect since December 29, 2014. This 2014 policy supersedes a similar administrative directive that had been in effect since February 2, 2011 which establishes administrative policies and procedures regarding the medical release of inmates (See Attached Exhibit A). As adopted, Policy COR.10.1G.11 adequately addresses the purpose, definitions, policies, procedures and scope regarding medical release of inmates. Thus, the passage of H.B. 629, H.D. 2 to codify such procedures for medical release of inmates is unnecessary, duplicative and moot at this time.

In addition, the Department is concerned that the procedures as currently proposed in H.B. 629, H.D. 2 would create unnecessary delays in the current medical release process being implemented by the Department of Public Safety and the Hawaii Paroling Authority, thus achieving the opposite effect H.B. 629, H.D. 2 proposes to resolve.

For all the reasons above, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes the passage of H.B. 629, H.D. 2. Thank you for the opportunity to testify on this matter.

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: DEC 29 2014	POLICY NO.: COR.10.1G.11
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10.1G11 (02/06/2014)	
	SUBJECT: MEDICAL RELEASES	Page 1 of 3	

1.0 PURPOSE

To establish guidelines for the requesting of a medical release recommendation for inmates experiencing terminal or severely disabling conditions.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety (PSD); and Section 353C-2, Director of Public Safety, Powers and Duties; Section 353-13.5, Election of private medical or psychological care by prisoners.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014)
- c. Williams, BA, Sudore RL, Greifinger R, Morrison, RS. "Balancing Punishment and Compassion for Seriously Ill Prisoners." Ann Intern Med. 2011. July 19: 155(2): 122-126: doi: 10.1059/0003-4819-155-2-201107190-00348.

.2 Definitions

- 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.
- c. Medical Release: A release of an inmate before the expiration of his or her expected sentence completion date based on the inmate's deteriorating condition.
- d. Prognosis: A prediction of the probable course and outcome of the disease

NON-CONFIDENTIAL

EXHIBIT A

COR P & PM	SUBJECT: MEDICAL RELEASES	POLICY NO.: COR.10.1G.11
		EFFECTIVE DATE: DEC 29 2014
		Page 2 of 3

- e. Functional description: An assessment of a patient's ability to eat, perform personal care, ambulate, comprehend and recall information, and communicate this understanding.

3.0 POLICY

A medical release shall only be recommended by a physician employed by the Department. A request for a medical release initiated by an inmate shall be reviewed in accordance with the procedures delineated in this policy.

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.

4.0 PROCEDURES

- .1 The patient or his or her legal guardian shall be required to sign a Release of Medical Information form, DOC 404A.
- .2 An inmate may submit a recommendation from a private licensed medical doctor, if the recommendation is obtained pursuant to Section 353.13.5 of the Hawaii Revised Statutes.
- .3 Physicians employed by PSD shall evaluate all requests for medical release recommendations.
- .4 The patient's primary care physician shall draft a memorandum to the Health Care Division Medical Director requesting a medical release recommendation for a patient. At a minimum, the information supplied to the Medical Director include the patient's name, SID number, date of birth, diagnoses with a description of the condition(s), a functional description of the patient, and designate the criteria for medical release that are met.

NON-CONFIDENTIAL

COR P & PM	SUBJECT: MEDICAL RELEASES	POLICY NO.: COR.10.1G.11
		EFFECTIVE DATE: DEC 29 2014
		Page 3 of 3

- .5 For patients subject to parole, the Clinical Section Administrator (CSA) shall request an abbreviated prescriptive plan (PPU) from the facility where the inmate is housed. At a minimum, the PPU shall include the inmate's risk assessment, prison behavior, participation in required programs, detention charges, sentences, and inmate custody status and conviction history. The PPU shall be attached to the request and forwarded to the Medical Director of the Healthcare Division, PSD.
- .6 If the patient is not subject to parole because he/she is serving a determinate sentence of less than one year, the CSA shall request a report from the facility summarizing the information described in 4.5 above.
- .7 The Medical Director shall approve or disapprove the physician's recommendation request. All recommendation requests shall be forwarded to the Corrections Health Care Administrator (CHCA).
- .8 The CHCA shall then submit the packet with a cover memorandum recommending a medical release to the Director through the Deputy Director for Corrections (DEP-C). The cover memorandum shall have a signature line for the Director and the DEP-C to acknowledge the Health Care Division's (HCD) recommendation.
- .9 The Director shall then forward the recommendation to the Hawaii Paroling Authority (HPA) with comments. All recommendations shall be forwarded to HPA for a decision.
- .10 The HCD may resubmit an updated medical release recommendation should a previously denied inmate's condition changes.

5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

<i>Dr. D. Karan MD</i>	12/29/14
Medical Director	Date
<i>[Signature]</i>	12/29/14
Corrections Health Care Administrator	Date
Deputy Director for Corrections	Date

APPROVED: *[Signature]* DEC 29 2014
Director Date

NON-CONFIDENTIAL



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

To: _____
(DR./Facility in Possession of Record)

(Address)

(City) (State) (Zip Code)

FROM: _____
(MD/Person/Facility Making the Request)

(Address)

(City) (State) (Zip Code)

I authorize the release of the following protected health information _____

for the purpose of my (select one):

- continued health care
 other: _____

I understand I have the right to revoke this authorization by writing a letter to the requestor anytime prior to the actual release of information. I understand that this authorization is valid for one year from the "Date of Signature." I will not hold the person/agency in possession of my protected health information liable for the further dissemination of the information once it is released to the requestor. Treatment, payment, continued enrollment in a health plan, eligibility benefits, coercion, or remuneration are not conditions of this authorization.

(Print Name of Patient/Representative)

(Date of Birth)

(Signature of Patient/Representative)

(Date of Signature)

My signature below indicates that I also authorize the release of the following protected health information:
(Initial all that apply):

- _____ Mental health/behavioral health/psychiatric care/ psychiatric treatment records
_____ Alcohol/substance abuse treatment records
_____ HIV screening and diagnostic results/treatment records

I understand the sensitive nature of the information and that if the protected health information is entered as evidence in a court case they become public record.

(Signature of Patient/Agent)

(Date of Signature)

(Signature of Witness)

(Date of Signature)

Original: Person or Facility in Possession of the PHI
Yellow: Medical Record
Pink: Inmate



HB629 HD1
RELATING TO MEDICAL RELEASE
Ke Kōmike Kumuwaiwai

Pepeluali 21, 2019

12:30 p.m.

Lumi 308

The Office of Hawaiian Affairs **SUPPORTS** HB629 HD2, which establishes streamlined guidelines and clarifies conditions for the compassionate release of prisoners who are disabled, senescent, or suffering from debilitating or terminal illness. This measure would facilitate the humane reunion of offenders who pose little to no risk to society with their ‘ohana and community, while reducing the costs of prison overcrowding to the state, taxpayers, and other inmates.

In OHA’s 2010 study on the disparate treatment of Native Hawaiians in the criminal justice system, OHA recommended that the Hawai‘i Paroling Authority “release older people from prison who are generally considered to be low risk, and utilize Hawai‘i’s medical parole policies to the fullest extent possible.”¹ This recommendation sought to reduce to the overrepresentation of Native Hawaiians in prison and provide relief to the burdens of overcrowded facilities and the continental relocation of pa‘ahao; OHA’s report noted that “an overall reduction in the number of people in prison will support efforts to reduce racial disparities” identified both in our report, as well as by the Native Hawaiian Justice Task Force.² **OHA appreciates and supports this measure as a long awaited step towards the implementation of our recommendation.**

OHA notes that this measure would further address findings in the recently published report by the HCR85 Task Force on prison reform. The HCR85 Task Force report expressed concerns regarding the exorbitant healthcare costs of aging prisoners, and the state’s lack of capacity to handle the rapidly increasing aging population in our prisons.³ Accordingly, facilitating the medical release of such individuals would ease a significant burden on taxpayers, while reducing the strain on prison facilities and other resources presented by overcrowding, and allowing more resources to be invested in programs and services for prisoner rehabilitation, reentry, and recidivism prevention. Insofar as the supervised parole of elderly, sick, and dying

¹ THE OFFICE OF HAWAIIAN AFFAIRS, THE DISPARATE TREATMENT OF NATIVE HAWAIIANS IN THE CRIMINAL JUSTICE SYSTEM 81 (2010), available at

http://www.oha.org/wp-content/uploads/2014/12/ir_final_web_rev.pdf.

² See generally, OFFICE OF HAWAIIAN AFFAIRS, NATIVE HAWAIIAN JUSTICE TASK FORCE REPORT (2012), available at http://www.oha.org/wp-content/uploads/2012NHJTF_REPORT_FINAL_0.pdf.

³ HCR 85 TASK FORCE, CREATING BETTER OUTCOMES, SAFER COMMUNITIES: FINAL REPORT OF THE HOUSE CONCURRENT RESOLUTION 85 TASK FORCE ON PRISON REFORM TO THE HAWAII LEGISLATURE 7 (2018), available at https://19of32x2yl33s8o4xza0gf14-wpengine.netdna-ssl.com/wp-content/uploads/HCR-85-Task-Force-on-Prison-Reform_Final-Report_12.28.18.pdf (citing a 2011 study revealing that health care costs for a few California prisoners averaged nearly \$2 million per prisoner).

pa‘ahao presents little to no risk to the public, the continued costly incarceration of this population cannot be justified both from either a budgetary or a humane approach.

Therefore, OHA urges the Committee to **PASS** HB629 HD2. Mahalo for the opportunity to testify on this important measure.

COMMUNITY ALLIANCE ON PRISONS

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

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



COMMITTEE ON JUDICIARY

Rep. Sylvia Luke, Chair

Rep. Ty Cullen, Vice Chair

Thursday, February 21, 2019

12:30 pm

Room 308

STRONG SUPPORT w AMENDMENT for HB 629 HD2 - COMPASSIONATE RELEASE

Aloha Chair Luke, Vice Chair Cullen and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for more than two decades. This testimony is respectfully offered on behalf of the families of **ASHLEY GREY, DAISY KASITATI, JOEY O'MALLEY, JESSICA FORTSON AND ALL THE PEOPLE WHO HAVE DIED UNDER THE "CARE AND CUSTODY" OF THE STATE** as well as the approximately 5,400 Hawai'i individuals living behind bars or under the "care and custody" of the Department of Public Safety on any given day. We are always mindful that more than 1,600 of Hawai'i's imprisoned people are serving their sentences abroad thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands

Community Alliance on Prisons is in strong support of HB 629 HD2 and we respectfully ask that the committee consider a manini amendment to clarify this bill. Substituting the term that is defined "debilitating disease or illness" in place of the undefined "seriously debilitating and irreversible mental or physical condition" would lend clarity to the bill and it removes the words "seriously" and "irreversible" which could prove to be a problem in some cases.

Amend §353(a)(2) which now reads: (a) An inmate may be considered for medical release if the inmate:

(2) 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;

CHANGE TO:

(a) An inmate may be considered for medical release if the inmate:
(2) Has a ~~seriously debilitating and irreversible mental or physical condition~~ debilitating disease or illness that impairs the inmate's functional ability to the extent that they would be more appropriately managed in a community setting;

Community Alliance on Prisons urges the committee to pass this important bill that demonstrates our community values of aloha and malama. Too many people have been dying in custody alone, despite their families wanting to take care of them. This is NOT aloha.

Mahalo for this opportunity to testify

TESTIMONY IN SUPPORT OF HB 629, HD 2

TO: House Committee on Finance

FROM: Nikos Leverenz
Grants, Development & Policy Manager

DATE: February 21, 2019 (12:30 PM)

Chair Luke, Vice-Chair Cullen, and Members of the Committee:

Hawai'i Health & Harm Reduction Center (HHRC) **strongly supports** HB 629, SD 2, which would create a medical release program within the Department of Public Safety for certain ill, disabled, and geriatric inmates. We also offer recommended changes that can help the Legislature ensure that its intent to provide "compassionate parole" for terminally ill prisoners is operationally met by the Department of Public Safety in a timely fashion, thereby saving the heightened costs of providing elevated levels of medical care within prison (cf. Med-QUEST funded community-based care).

As a general matter, the scope of this bill is far too narrow when compared to the compassionate release provisions of the First Step Act (FSA), passed by Republican congressional majorities and signed into law by President Trump late last year.

Timely Notification of Diagnosis & Eligibility to Attorneys, Partners, and Family. The FSA provides that the federal Bureau of Prisons (BOP) must provide notification of a prisoner's terminal diagnosis within 72 hours to that prisoner's attorney, partner, and family, and inform them that they may submit a request for compassionate release. Further, a visit must be provided within seven days. BOP staff must also assist the prisoner with a release request if asked to do so by the prisoner or their attorney, partner, or family member. BOP must also process a request for compassionate release within 14 days. Strong notification and processing requirements in Hawai'i law are needed to help ensure that those who have received a terminal medical diagnosis – and their families – can effectively avail themselves of this law in a timely and meaningful fashion. The failure of the Legislature to provide timelines will foreseeably result in delays at the Department of Public Safety.

The Right to Court Proceedings. The FSA gives prisoners the right to go to court if they can demonstrate that they have tried and failed to convince BOP to do so on their behalf. A similar provision in Hawai'i law

would help ensure that the Legislature's intent to enact what amounts to "compassionate parole" for terminally ill prisoners – and save the costs of providing elevated medical care in the prison setting – is not frustrated by undue bureaucratic delays or unarticulated resistance by the Hawai'i Paroling Authority. For terminally ill persons time is of particular essence. The ability to file a motion in court will ensure that terminally ill prisoners can effectively utilize this law.

In short, this bill should be strengthened by incorporating some of the most salutary features of the federal First Step Act. Under the FSA, those who are eligible for compassionate release include those over the age of 65 who have served the greater of 10 years or 75 percent of their sentence; those whose minor children are impacted by the death or incapacitation of their caregiver; and those whose spouse or registered partner are incapacitated by a serious injury, debilitating illness, or cognitive defect. Even if this Legislature decides to offer "compassionate parole" only to terminally ill inmates, perhaps it could consider expanding eligibility to elderly prisoners and those who have exigent family circumstances once this program is effectively implemented by the Department of Public Safety.

Incarceration is latently injurious to a person's health. Last month, the Robert Wood Johnson Foundation [issued a report that surveyed the deleterious long-term effects of incarceration on a person's health](#):

People who are incarcerated face greater chances for chronic health conditions, both while confined and long after their release. Incarceration exposes people to a wide range of conditions, such as poor sanitation and ventilation and solitary confinement, that are detrimental to long-term physical and mental health.

HHRC works with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those relating to substance use and underlying mental health conditions. Incarceration for any length of time for those with undiagnosed or undertreated behavioral health conditions compounds human suffering and is neither wise nor compassionate public policy.

Thank you for the opportunity to testify on this measure.

HB-629-HD-2

Submitted on: 2/20/2019 10:52:20 AM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Monica Espitia	American Civil Liberties Union of Hawaii	Support	No

Comments:

HB-629-HD-2

Submitted on: 2/19/2019 7:16:41 PM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Drug Policy Forum of Hawaii	Support	No

Comments:

Dear Chair Luke, Vice Chair Cullen, Committee Members:

We write in strong support of HB629 HD2, and we are grateful to the Chair for introducing this important measure that will assist long-suffering inmates in securing compassionate release. As highlighted by the testimony by the Office of Hawaiian Affairs (OHA), this will particularly help members of the disparately impacted Native Hawaiian community including those housed in Arizona, far from their loved ones and homeland.

We humbly ask that you also consider the amendments proposed by the Hawai'i Health and Harm Reduction Center (HHHRC) that will improve this bill by aligning it with the compassionate release provisions of the bipartisan First Steps Act of 2018 passed by Congress last year.

Mahalo for the opportunity to provide testimony.

HB-629-HD-2

Submitted on: 2/20/2019 9:59:05 AM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan P. Armstrong	O?ahu County Democrats	Support	No

Comments:

Aloha Chair Luke, and Members of the Finance Committee,

I write in support of this measure, HB629 HD2.

This measure intends to release those persons from incarceration who possess chronic medical illness, needing treatment, and who pose a low-risk to society.

Incarceration restricts the use of one's freedom of time, for rehabilitative or protective purposes, or as a caution to society. However, it is not meant to limit the years of one's life or one's health. We see that people suffering chronic health issues are not getting the treatment that they need. Therefore, medical release for those who explicitly pose a low risk to others is the right thing to institute.

While crime is a controversial subject in Hawaii politics, it is important to remember that the right to life should always be our guiding principle. Human life must not be needlessly sacrificed by denying the incarcerated necessary medical procedures and treatment to sustain their lives.

I find that this bill appropriately addresses the complexity of this issue, with foresight and fairness.

In summary, those who pose low risk to society and need adequate medical treatment can be permitted medical release away from our overcrowded and buckling criminal justice infrastructure.

I thank Representative Luke for having the courage to introduce this measure, and recommend passage of this bill. Thank you for your consideration.

Respectfully,

Dylan P. Armstrong

Vice Chair, Oahu County Committee, Oahu County Democrats

Lead Member for Finance & Ways and Means, Oahu County Committee on Legislative Priorities

HB-629-HD-2

Submitted on: 2/20/2019 11:33:49 AM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

HB-629-HD-2

Submitted on: 2/17/2019 3:18:20 PM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	We Are One, Inc. - www.WeAreOne.cc - WAO	Comments	No

Comments:

Resources to support released inmates with medical problems must be provided.

www.WeAreOne.cc

ROBERT K. MERCE

February 20, 2019

TO: Committee on Finance
RE: HB 629, HD 2
HEARING DATE: Thursday, February 21, 2019
TIME: 12:30 PM
CONF. ROOM: 308
POSITION: **SUPPORT WITH AMENDMENT**

Dear Chair Luke, Vice Chair Cullen, and members of the committee.

I strongly support HB 629, HD 2. It is a clear, sensible and well thought out medical release bill that will fix problems with the current medical release process and save the state money by granting early parole inmates who do not pose a danger to society and are terminally ill or require extensive and costly medical care. It incorporates established "best practices" in the medical release field and creates a fair and transparent release process that will serve the interest of the public, the government, and inmates.

I support HB 629, HD 2 with or without changes, but I recommend one minor amendment. The bill defines "Debilitating disease or illness" as "a persistent or progressive illness that impedes a patient's mental or physical capacities and compromises that patient's quality of life." However, the term "Debilitating disease or illness," is does not appear anywhere else in the bill, although a similar phrase does appear in §353(a)(2) which provides that an inmate may be considered for medical release if 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." (emphasis added).

I believe that it would make sense to delete the phrase **seriously debilitating and irreversible mental or physical condition** and insert the defined phrase "debilitating disease or illness" in its place so that §353(a)(1)-(2) would read:

§383- Medical release program; authority to release; rules. An inmate may be considered for medical release if the inmate:

...

(2) Has a debilitating disease or illness that ~~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;

ROBERT K. MERCE

Thank you for the opportunity to comment on this bill.

2467 Aha Aina Place
Honolulu, Hawaii 96821
Email: mercer001@hawaii.rr.com

Phone: (808) 732-7430
Cell: (808) 398-9594

HB-629-HD-2

Submitted on: 2/19/2019 3:16:45 PM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carla Allison	Individual	Support	No

Comments:

I strongly support HB629 HD2: Our imprisoned population is aging and their healthcare needs are increasing. The reality is that the department cannot handle the medical and mental health needs of the people in their care and custody. Eligible imprisoned people need assistance with the application process for MedQuest or Medicare. Transparency, accountability, and justice for terminally ill incarcerated persons are needed now.

HB-629-HD-2

Submitted on: 2/19/2019 4:28:01 PM

Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
E. Ileina Funakoshi	Individual	Support	No

Comments:

I am e. Ileina funakoshi in support of HB629.

With the senior population growing and the inability for the prison to treat the debilitating health conditions of some of them, it would be more beneficial to turn over their care to the parents/guardians so they will have access to specialists or medications which are available to the general public.

This is another bill i will be asking the Pearl City Neighborhood Board #21 to support.

Thank you for the opportunity to submit my comments and ask for your support also.

LATE

HB-629-HD-2

Submitted on: 2/21/2019 10:35:27 AM
Testimony for FIN on 2/21/2019 12:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Diana Bethel	Individual	Support	No

Comments:

I strongly support HB 629 HD2. It is necessary to enact this bill into statute to make sure that aging and terminally ill inmates are treated adequately and not subject to medical neglect.

Our aging inmate population has increasing healthcare needs -- needs that the Department of Public Safety is unable to meet in a satisfactory manner.

Also, all eligible inmates must be assisted in applying for MedQuest or Medicare.