SENATE COMMITTEE ON APPROPRIATIONS
Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

AB 2727 (Nguyen) - Corrections: parole and prerelease treatment

Version: April 9, 2026
Urgency: No
Hearing Date: August 3, 2026

Policy Vote: PUB. S. 6 - 0
Mandate: Yes
Consultant: Bob Franzoia

Bill Summary: AB 2727 would require that individuals convicted of specified sex crimes are 65 years of age or older and have served a minimum of 25 years on their current sentence to be eligible for the Elderly Parole Program. The bill would make the sexually violent predator (SVP) referral process applicable to indeterminately sentenced individuals; and provide that the change to the referral process is retroactive regardless of the date an individual was sentenced or the date the offense was committed.

Fiscal Impact: Major annual costs in the millions of dollars to the California Department of Corrections and Rehabilitation (CDCR) for extended incarceration of the affected population. A person sentenced for one of the specified sex offenses is eligible for elderly parole consideration at age 50 after 20 years served. This bill delays eligibility to age 65 after 25 years served. At CDCR's average per capita incarceration cost of approximately $138,000 annually, each additional year of incarceration for an affected individual represents a cost of that magnitude. Aggregate costs will depend on the size of the affected population and the extent to which current-law elderly parole grants would otherwise have resulted in release. CDCR notes that some affected individuals may remain eligible for earlier parole consideration through youth offender parole or their minimum eligible parole date, which partially offsets the delayed-eligibility effect.

Annual costs to the California Correctional Health Care Services for geriatric medical care for the affected population. Incarcerated individuals over age 55 incur substantially higher healthcare costs than the general CDCR population due to age-related chronic conditions, long-term care needs, and end-of-life care.

Annual costs in the low millions of dollars for expanded SVP screening and referral workload. The bill's elimination of the determinate-term limitation on SVP referrals would require CDCR to conduct SVP screenings and referrals for indeterminately sentenced persons with qualifying offenses in advance of parole hearings.

Projected $4.13 million annually to the Department of State Hospitals (DSH) for expanded SVP evaluations. Eliminating the determinate-term limitation on SVP referrals expands the universe of inmates potentially subject to evaluation to include indeterminate-term inmates up for parole, and the new referral authority in the Board of Parole Hearings (BPH) adds an additional referral pathway. Assuming BPH will refer these incarcerated persons to DSH for SVP evaluation before granting parole at the same rate they do for incarcerated persons who have already been granted parole, DSH estimates it would need to evaluate approximately 250 additional individuals referred each year. To do so, DSH would require ten SVP evaluators, one senior psychologist supervisor, and two analyst positions. Further, if the two initial evaluators

disagree on whether the individual meets SVP criteria, two independent evaluators must complete another evaluation. Based on the current 10 percent rate of difference of opinions, DSH would need to fund 50 additional independent evaluations (25 cases of differing opinion, requiring two additional evaluators per case).

Projected $10.23 million to $20.46 million annually to treat additional SVP patients. If DSH assumes 10 percent to 20 percent of the anticipated 250 additional SVP evaluations result in positive SVP determinations, DSH SVP commitments would increase by 25 to 50 patients annually. Since SVP patients' length of stay is about 12 years, this would significantly impact DSH bed space. As of March 2026, DSH had a total population of 954 SVP patients. Based on FY 2024-25 expenditures, the average cost of inpatient treatment per day at DSH is $1,121. All available units at DSH-Coalinga are activated and serving SVP patients, incarcerated persons from CDCR, and Offender with Mental Health Disorder (OMD) patients. Depending upon the actual number of SVP patients referred to DSH as a result of this bill, DSH may need to relocate OMD patients to other DSH facilities, which may impact overall bed availability in the DSH system for other patient types. To the extent DSH will need to contract for additional bed capacity to meet these needs, there are additional unknown costs. (General Fund)

Unknown costs to trial courts, county district attorneys, and county public defenders for SVP commitment proceedings generated by the expanded referral population. SVP proceedings are resource-intensive, often involving years of litigation, multiple expert evaluations, and probable cause hearings. These county costs are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates. Although courts are not funded on the basis of workload, increased pressure on the Trial Court Trust Fund may create a demand for increased funding for courts from the General Fund. The FY 2026-27 Budget appropriated $70 million to backfill revenue reductions (Trial Court Trust Fund, General Fund).

Background: The BPH administers the Elderly Parole Program for purposes of reviewing the parole suitability of any inmate who is 50 years of age or older and has served a minimum of 20 years of continuous incarceration on the inmate's current sentence, serving either a determinate or indeterminate sentence

Proposed Law: This bill changes the Elderly Parole Program eligibility criteria for individuals convicted of the following crimes or sentenced under the following statutes, by requiring that such a person is 65 years of age or older and has served a minimum of 25 continuous years on their current sentence:

- Aggravated sexual assault of a child, that is, commits rape; rape or sexual penetration, in concert; sodomy; oral copulation; or sexual penetration on a child under 14 and seven or more years younger than the person.
- Sexual intercourse or sodomy with a child who is 10 years of age or younger.
- Oral copulation or sexual penetration with a child who is 10 years of age or younger.
- One Strike Sex Offense statute.
- Habitual sexual offender statute.

This bill provides that the change to the SVP referral process is retroactive regardless of the date an individual was sentenced or the date the offense was committed.

This bill additionally makes the mandatory SVP referral process applicable to indeterminately sentenced individuals. Under current law, only individuals who were determinately sentenced, that is, a person who was sentenced to a finite term of years such as 10 years as opposed to an open-ended sentence such as 15 years-to-life, are referred for SVP evaluation. This change to existing law is likely to result in a greater number of individuals being committed to a state hospital as an SVP following completion of their prison sentence because the number of incarcerated individuals who CDCR will be required to refer for SVP evaluation will be expanded.

Related Legislation: SB 1446 (Judiciary) would allow for referral of individuals with indeterminate sentences to the DSH for an SVP evaluation before the parole hearing and parole decision occurs. SB 1446 is pending in the Assembly Appropriations Committee.