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

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

Version: August 21, 2026
Urgency: No
Hearing Date: August 27, 2026
Policy Vote: PUB. S. 5 - 1
Mandate: Yes
Consultant: Liah Burnley

Bill Summary: AB 2727 requires individuals convicted of specified sex crimes to be 65 years of age or older and have served a minimum of 25 years on their current sentence in order to be eligible for the Elderly Parole Program; makes the sexually violent predator (SVP) referral process applicable to indeterminately sentenced individuals; and makes the change to the SVP referral process is retroactive.

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.

Assuming BPH will refer indeterminately sentenced incarcerated persons to DSH for Sexual Dangerousness Screenings (SDS) before granting parole at the same rate they do for incarcerated persons who have already been granted parole, DSH estimates it would need to screen 335 additional individuals referred each year. This includes individuals eligible under standard parole processes as well as via the more stringent Elderly Parole Program (EPP) eligibility standards proposed by this bill. To do so, DSH would require 3 SVP evaluators ($861K), one Supervisor I ($155K), and one Analyst II position ($133K), at a cost of $1.15M General Fund ongoing.

As with the indeterminately sentenced individuals described above, this bill will also have individuals eligible for the EPP with qualifying offenses and determinate sentences

referred to DSH for SDSs. However, this bill raises the minimum age and time served, for certain offenses, in order for someone to be EPP-eligible. As a result, while DSH will experience new workload due to new pre-parole SDSs, AB 2727's changes to Penal Code § 3055 will reduce that impact significantly.

Assuming BPH will refer determinately sentenced incarcerated persons from the EPP to DSH for SDSs before granting parole at the same rate they do for incarcerated persons who have already been granted parole, DSH estimates it would need to screen approximately 17 additional individuals. DSH would be able to absorb this additional workload within its existing resources.

To the extent any incarcerated person with a positive SDS is granted parole, this bill requires they be sent to DSH for a full SVP evaluation. It is expected that some portion of those individuals will receive a positive SVP finding and be civilly committed to DSH for treatment. The average cost of inpatient treatment at DSH is $1,121 per day; thus, the additional cost to treat additional SVP patients annually could potentially be in the millions of dollars ongoing. DSH is unable to estimate the number of individuals that may be paroled and evaluated to meet the SVP criteria as a result of this bill. As of July 2026, DSH had a total population of 957 SVP patients. Available units at DSH-Coalinga are activated and serving SVPs, incarcerated persons from CDCR, and Offender with Mental Health Disorder (OMD) patients. DSH will monitor the impact of the bill's implementation and depending upon the actual number of SVP patients referred to DSH as a result of this bill, DSH may need to request funding to address any hospital SVP census impacts through its enrollment, caseload, and population estimates.

As a result of these changes, DSH estimates AB 2727 will have a total ongoing General Fund cost of $1.15M on the low end and a potential unknown cost of up to millions of dollars depending upon the number of individuals paroled and ultimately evaluated to meet SVP criteria for commitment to DSH.

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: As the result of severe prison overcrowding, CDCR was ordered to implement several population reduction measures, including "a new parole process whereby inmates who are 60 years of age or older and have served a minimum of twenty-five years of their sentence will be referred to the Board of Parole Hearings to

determine suitability for parole."[1] In response to the order, BPH created the Elderly Parole Program and began holding elderly parole hearings on October 1, 2014.

The court-ordered elderly parole applies to individuals who are age 60 and have served 25 years of continuous incarceration. Certain individuals are excluded from this program such as individuals sentenced under California's strike laws as a second or third strike or individuals sentenced to life without the possibility of parole, and individuals convicted of first-degree murder of a peace officer or former peace officer in connection with the performance of their official duties.

In addition, California enacted a statutory elderly parole program. AB 1448 (Weber), Chapter 676, Statutes of 2017, codified the Elderly Parole Program. AB 1448 narrowed the eligibility criteria by excluding individuals who were sentenced pursuant to "Three Strikes" or who were convicted of first-degree murder of a peace officer from the Elderly Parole Program. AB 3234 (Ting), Chapter 334, Statutes of 2020, expanded the eligibility criteria for elderly parole. Specifically, AB 3234 lowered the minimum age at which an incarcerated individual is eligible for elderly parole from 60 to 50 and the amount of time that must be served from 25 years to 20 years.

Inclusion in the Elderly Parole Program is not a get out of jail free card. The program affects when an incarcerated individual has their initial parole hearing, which can be attended by victims and prosecutors. An incarcerated individual will not automatically be released from prison solely because they meet the eligibility criteria for the program. Rather, BPH will give "special consideration to whether age, time served, and diminished physical condition, if any, have reduced the elderly inmate's risk for future violence, when considering the release of an inmate."[2] If an incarcerated person is denied parole at an elderly parole hearing, they will behave to wait a period of 15, 10, 7, 5, or 3 years for their next parole hearing.

Proposed Law:

- Requires BPH to review a sexual dangerousness screening to determine if a person is likely to be an SVP before it meets to review or consider the parole suitability of an incarcerated person sentenced to an indeterminate sentence for a sexually violent offense. Requires the screening to be conducted by a licensed psychologist.

- Provides that individuals may be referred to Department of State Hospitals (DSH) after the initial screening, under certain circumstances.

- Requires BPH to consider the results of the sexual dangerousness screening or screenings in determining if an individual is suitable for parole.

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[1] February 10, 2014 Order, 2:90-cv-0520 LKK DAD PC, 3-Judge Court, *Coleman v. Brown*, *Plata v. Brown*.

[2] Pen. Code, § 3055, subd. (c).

- Requires, if BPH grants parole to an individual whose sexual dangerousness screening indicates they may qualify as an SVP, the person to immediately be referred to DSH for an SVP evaluation.

- Requires the sexual dangerousness screening to be jointly created by BPH and DSH.

- Requires the sexual dangerousness screening to be reviewed at least every three years by BPH and DSH, and updated as appropriate to reflect current research on sexually violent predators and risk assessments for people convicted of sex offenses.

- *C*hanges 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, as specified.
- Requires CDCR, effective January 1, 2027, to recalculate Elderly Parole Eligible Dates for incarcerated individuals. Requires BPH, effective January 1, 2027, to cancel parole hearings for people who were previously scheduled based solely on an Elderly Parole Eligible Date calculated using 50 years of age and 20 years of continuous incarceration.

- Increases the minimum number of annual training hours that BPH commissioners and deputy commissioners must undergo from 40 hours to 48 hours. Adds training on sex offender behaviors, risks, and treatment considerations to the required annual training.

- Makes the SVP referral process applicable to indeterminately sentenced individuals.

- Provides that a referral for evaluation of an incarcerated person whose sexual dangerousness screening indicates they may qualify as an SVP and who is granted parole may be waived by the mutual agreement of DSH and CDCR, if the incarcerated person is permanently medically incapacitated, as defined.

- 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.

- Authorizes BPH, upon a showing of good cause, to order that a person referred to DSH for an SVP evaluation remain in custody for up to 180 days beyond the person's scheduled release date. Provides that good cause means circumstances where there are less than 180 days prior to the person's scheduled release date for the full SVP evaluation.

Related Legislation: SB 286 (Jones), held in Senate Appropriations, 2025, would have would excluded individuals convicted of specified sex offenses from Elderly Parole eligibility.

Staff Comments: As people age, their likelihood of reoffending drops sharply[3]—but the cost of keeping them locked up skyrockets.[4] According to the LAO, it costs two to three times more to incarcerate an elderly inmate (over the age 55), as compared to the average inmate. This is largely due to age-related health issues, which are even more pronounced behind bars, where incarcerated adults often experience accelerated aging. By age 50, many prisoners already require extensive medical care, mobility assistance, and mental health services.[5] As discussed above, this bill could cost the state over $2 billion over the next decade. Every dollar spent incarcerating aging adults, is a dollar diverted from more effective public investments like rehabilitation and support for victims. Using General Fund resources for long-term incarceration of aging individuals is a failed investment, especially when there is little public safety justification.

Many individuals who have spent more than two decades behind bars were incarcerated during a time when California embraced a series of rigid, one-size-fits-all sentencing laws that prioritized punishment over rehabilitation. These "tough on crime" policies emphasized punishment over rehabilitation, contributed to severe overcrowding in state prisons, and disproportionately harmed communities of color.[6] It was not until the mid-2000s that California began to shift course as lawsuits filed on behalf of incarcerated adults forced the state to reckon with prison overcrowding.[7] In more recent years, the state has enacted criminal justice reforms that take a more individualized, rehabilitative approach and intended to reduce racial disparities.[8] Had these policies

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[3] For example, in 2018-19, 164 individuals were released from CDCR through the Elderly Parole Program. There were only four subsequent convictions within three years. Of these, only one conviction was for a crime against persons, the other three convictions were related to drugs and alcohol. (CDCR, *Recidivism Rates For Individuals Released Through Board Of Parole Hearings Processes In Fiscal Year 2018-19;* See also: CDCR, *Recidivism Report for Offenders Released from CDCR in Fiscal Year 2015-16*, Available at: https://www.cdcr.ca.gov/research/outcomes-characteristics/offender-recidivism/; LAO, *Elderly Inmates in California Prisons*. Available at: https://lao.ca.gov/handouts/crimjust/2010/Elderly_Inmates_05_11_10.pdf; U.S. Department of Justice, *Recidivism of Prisoners Released in 34 States in 2012: A 5-Year Follow-Up Period (2012–2017).* Available at: https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/rpr34s125yfup1217.pdf; United States Sentencing Commission. *The Effects of Aging on Recidivism among Federal Offenders*. Available at: https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2017/20171207_Recidivism-Age.pdf; CDCR, *2010 Adult Institutions Outcome Evaluation Report 15* (2010); and Travis Hirschi & Michael Gottfredson, *Age and the Explanation of Crime*, 89 AM. J. SOC. 552, 556–61 (1983) [criminal propensity tends to peak in the late-teens].)

[4] LAO, *Elderly Inmates in California Prisons*. Available at: https://lao.ca.gov/handouts/crimjust/2010/Elderly_Inmates_05_11_10.pdf.

[5] Kaiksow FA, Brown L, Merss KB. *Caring for the Rapidly Aging Incarcerated Population: The Role of Policy*. J Gerontol Nurs. (2023). Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC10129364/.

[6] PPIC, *Three Decades of Major Criminal Justice Shifts in California*. Available at: https://www.ppic.org/blog/three-decades-of-major-criminal-justice-shifts-in-california/.

[7] Overcrowding peaked in 2007, less than two decades ago, and California was ordered in 2009 to reduce overcrowding to no more than 137.5% of the prison system's capacity – an order that remains in effect today. (*Brown v. Plata* (2011) 563 U.S. 493.)

[8]See, e.g., Public Safety Realignment of 2011; Proposition 36 (2012) [voters revised three-strikes]; Proposition 47 (2014) [reducing punishment for some drug and theft offenses and led to notable decreases in racial/ethnic disparities in arrests and bookings]; Proposition 57 (2016) [allowing earlier

been in place decades ago, many of today's elderly incarcerated individuals might have received shorter sentences, been eligible for earlier parole consideration, or diverted into rehabilitation programs instead of long-term incarceration.

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eligibility for parole and increased credit earning]; and, the Racial Justice Act of 2020 [prohibiting the state from pursuing convictions or sentences based on race, ethnicity, or national origin.].