
HOUSE RESOLUTION

REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A HOSPICE WORKING GROUP TO EXAMINE TRENDS AND REGULATIONS IN THE HOSPICE INDUSTRY.

1 WHEREAS, hospice is a form of health care for individuals
2 with a terminal illness, typically with a prognosis of six
3 months or less to live, focusing on comfort, pain relief, and
4 quality of life; and

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6 WHEREAS, in 1983, the Medicare Hospice Benefit was
7 established by the Centers for Medicare and Medicaid Services;
8 and

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10 WHEREAS, the Medicare Hospice Benefit is robust, offering a
11 flat rate between \$154 and \$1,432 a day that covers all aspects
12 of the patient's care, including all services delivered by the
13 interdisciplinary team, drugs, medical equipment, and supplies;
14 and

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16 WHEREAS, a study in 2013 conducted by Mount Sinai's Icahn
17 School of Medicine found that the hospice benefit saves money
18 for Medicare and that the incremental effect in cost between
19 hospice and non-hospice groups was between \$2,561 and \$6,430;
20 and

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22 WHEREAS, this study also found that hospice enrollment is
23 associated with fewer thirty-day hospital readmissions, in-
24 hospital deaths, and significantly fewer overall hospital and
25 intensive care unit days; and

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27 WHEREAS, following the creation of the Medicare Hospice
28 Benefit, the number of hospices grew from two hundred thirty-
29 five in 1980 to approximately seventeen hundred in 1985, over
30 ninety percent of which were non-profit entities; and
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1 WHEREAS, by 2022, the total number of hospices had grown to
2 close to six thousand; and

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4 WHEREAS, the rapid growth of hospice providers has resulted
5 in a proliferation of bad actors and prompted an article in the
6 Los Angeles Times entitled "*End-of-life care has boomed in*
7 *California. So has fraud targeting older Americans*", which found
8 that the rapid growth from 2010 to 2020 has created a "cottage
9 industry of illegal practices, including kickbacks to crooked
10 doctors and recruiters who zero in on prospective patients at
11 retirement homes and other venues"; and

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13 WHEREAS, the article additionally found that health
14 outcomes worsened and "[s]atisfaction surveys reported by
15 hospices nationwide show that more than 80% of respondents
16 rate[d] their hospice as a 9 or 10 out of 10, but in L.A. County
17 that figure drop[ped] to 74%", a difference in margin of
18 thousands of patients; and

19
20 WHEREAS, a study published by the Department of Business,
21 Economic Development, and Tourism in conjunction with the
22 University of Hawaii Economic Research Organization found that
23 by 2035, one in four people in Hawaii will be sixty years of age
24 or older; and

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26 WHEREAS, the study found that there is a need to build a
27 stronger health care system to prepare for the surge in the
28 number of older residents; and

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30 WHEREAS, Hawaii has a limited number of hospices, with the
31 Office of Health Care Assurance showing thirteen hospices in the
32 State; and

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34 WHEREAS, examining the national trends of the hospice
35 industry and the hospice industry in Hawaii will enable the
36 State to better prepare for the needs of its aging population;
37 now, therefore,

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39 BE IT RESOLVED by the House of Representatives of the
40 Thirty-third Legislature of the State of Hawaii, Regular Session
41 of 2026, that the Department of Health is requested to convene a



1 Hospice Working Group to examine trends and regulations in the
2 hospice industry; and

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4 BE IT FURTHER RESOLVED that the working group is requested
5 to consist of the following members:

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7 (1) The Director of Health, or the Director's designee;
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9 (2) The Administrator of the State Health Planning and
10 Development Agency, or the Administrator's designee;
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12 (3) The Administrator for the Med-QUEST Division of the
13 Department of Human Services, or the Administrator's
14 designee;
15
16 (4) The Director of the Executive Office on Aging, or the
17 Director's designee; and
18
19 (5) Five members of hospices in operation in Hawaii since
20 before the year 2000, to be selected and invited to
21 participate by the Director of Health, as follows:
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23 (A) Two organizations serving the City and County of
24 Honolulu;
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26 (B) One organization serving the County of Kauai;
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28 (C) One organization serving the County of Maui; and
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30 (D) One organization serving the County of Hawaii;
31 and
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33 BE IT FURTHER RESOLVED that the Hospice Working Group is
34 requested to, at a minimum:

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36 (1) Study trends among the hospice industry nationally and
37 in Hawaii;
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39 (2) Examine the existing statutory and administrative
40 rules and regulations for Hawaii's hospice industry;
41 and
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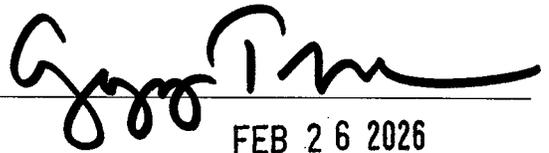
1 (3) Provide recommendations on regulatory changes to
2 ensure a continued high quality of care while meeting
3 demand as demographics change, including in rural and
4 underserved communities; and
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6 BE IT FURTHER RESOLVED that the Hospice Working Group is
7 requested to submit a report of its findings and
8 recommendations, including any proposed legislation, to the
9 Legislature no later than twenty days prior to the convening of
10 the Regular Session of 2027; and
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12 BE IT FURTHER RESOLVED that the working group is requested
13 to dissolve on June 30, 2027; and
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15 BE IT FURTHER RESOLVED that certified copies of this
16 Resolution be transmitted to the Director of Health,
17 Administrator of the State Health Planning and Development
18 Agency, Administrator of the Med-QUEST Division of the
19 Department of Human Services, and Director of the Executive
20 Office on Aging.
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OFFERED BY:


FEB 26 2026

