

**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
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March 18, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

RE: **HB1973-HD1 -- RELATING TO HEALTH**

HEARING: Friday, March 20, 2026 @ 01:00 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1973-HD1, Relating to Health with comments. This innovative concept was born in SHPDA's Kupuna Advisory Council. The goal of the KupunAloha program is to provide an extension of primary care into the patient's home for frail and high-risk beneficiaries of traditional Medicare, who are not eligible for home health, transportation, and other services. Kupuna who are eligible for Medicaid do receive these services through Med-QUEST, but NOT the large majority of kupuna who are not Medicaid-eligible. These non-eligible kupuna are subject to frequent ED (emergency department) visits and avoidable hospitalizations, and then early expensive institutional care.

The KupunAloha program will use vetted, trained, and program-supported volunteers to make such services available at very low cost. The volunteers will have laptops with always available telehealth access to advanced practice nurses and social workers and primary care doctors and clinics to access services they would not otherwise receive. The KupunAloha beneficiaries will be referred to the program on the basis of being frail and/or high-risk by their primary care doctors, health centers, EMS or hospitals, or community organizations to access the program, and to be able to remain at home or in their community at far lower cost than they would otherwise incur.

Where available CHWs will provide the front-line patient care. The volunteers, likely early retirees such as those in Project Dana, Hui O` Hauula, and other existing programs, can also be trained up to become CHWs, and could include people who are

being rejected from Medicaid for the new work requirements to be able to retain their coverage. Each patient gets at the outset of referral a thorough RN care assessment of their condition(s) and needs. The patients will also retain their relationship with their primary care providers where they have them.

Hawai'i has approximately 25,000 high-risk and frail kupuna who fall into this gap—unable to access Medicaid and financially unable to pay for private care. These individuals are among our most vulnerable, and without intervention, they face isolation, declining health, high rates of emergency department (ED) use and avoidable hospitalizations.

This measure is cost effective. The estimated costs annually for KupunAloha will likely be less than \$1000 per year. But the savings will be in the many millions. Because the Governor, SHPDA, and the DOH have included this program for the same initial cost in our Rural Health Transformation grant request for rural kupuna, this request will cover the majority of frail elders who would benefit in urban areas and are not eligible for RHTP funds.

With an appropriation of \$2 million, the program can creatively fund care for 500 or more patients in year one, saving much more than that. It is currently a one-year pilot, but we will be back next year with a new data-supported request to continue and to improve the model.

Every dollar spent on in-home care reduces the likelihood of costly nursing home placement, which often falls on Medicaid and state resources. By investing in KupunAloha, we save the state dollars, reduce strain on our healthcare system, support families, and honor cultural values of aging in place

KupunAloha allows seniors to remain in their homes, close to family and community, preserving dignity and mental well-being. This approach aligns with Hawai'i's commitment to 'ohana and cultural respect.

The program will report back to the Legislature by January 2027 on program effectiveness and recommendations for permanency, ensuring transparency and data-driven decisions.

HB 1973-HD1 is fiscally responsible, compassionate, and respectful of our Kupuna—hence the name KupunAloha. It addresses a critical gap in elder care and provides a sustainable, cost-effective solution. I respectfully urge you to pass HB 1973-HD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

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TO: Senator Buenaventura, Chair
Senator McKelvey, Vice Chair
Members of the Senate Committee on Health and Human
Services

RE: HB1973 HD1 - RELATING TO HEALTH
(KupunAloha Program)

HEARING DATE: March 20, 2026, 1:00 PM

POSITION: STRONG SUPPORT WITH AMENDMENTS

Dear Chair Todd, Vice Chair Takenouchi, and Members of the Finance
Committee:

The Home Care Association of America (HCAOA) Hawaii Chapter
respectfully submits testimony in **STRONG SUPPORT WITH
AMENDMENT** of HB1973 HD1, which establishes and appropriates funds
for the KupunAloha program within the Department of Health to provide
in-home health care and support services to eligible participants who do
not otherwise qualify for government assistance and cannot otherwise
afford to pay out of pocket for these services.

We request an AMENDMENT of the definition of government assistance
as the proposed program currently considers NOT ELIGIBLE those
individuals covered by Medicare. Medicare does not generally cover long
term in-home support services for this "gap group" of seniors. Medicaid,
the VA, and the Elderly Affairs Division are the typical government
programs that provide such assistance. As such, seniors who do have
Medicare to cover health costs but NOT in home support services is
precisely the population in need of this program. We respectfully request
the eligibility criteria to be AMENDED to remove the word "Medicare" and
replace it with "Medicaid and other government assistance for in home
support services."

In Support of Partnerships with Volunteer Organizations

HCAOA Hawaii recognizes the essential role that community-based
volunteer organizations play in supporting kupuna who need help at home
but do not qualify for government-funded services and cannot afford to
pay for such in-home services privately. Volunteer organizations have
served Hawaii's seniors with dedication and compassion for decades with
neighbors helping neighbors. However, as seniors become more fragile
and require more hands-on personal care assistance, unpaid volunteers
may be reluctant to provide higher intensity personal care and often times
may withdraw from volunteering when the situation becomes
overwhelming and beyond their training and comfort. We believe a
partnership between professional caregivers and volunteers can foster

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continuation of the volunteer relationship and affordably supplement the care in the home with trained and licensed caregivers.

HCAOA Hawaii also supports the need for a unified plan of care for seniors to tightly coordinate the services of volunteer, family and professional caregivers as a team. We applaud the KupunAloha program for proposing a solution that fosters a unified team approach to coordinating in-home service resources and avoiding the pitfalls of creating a siloed structure that could be more complex rather than helpful to seniors who need help at home. Such partnerships can enhance the volunteer programs with additional training resources, coverage for unexpected absences, clinical oversight, quality assurance and accountability as well as access to advanced technology tools and systems.

Federal Context Adds Urgency

Federal threats to Medicaid home and community-based services funding through the One Big Beautiful Bill Act make state-level investments in community-based senior care even more critical. If federal cuts reduce eligibility for Medicaid-funded home care, more kupuna will rely on volunteer and community-based services as their primary source of support. Volunteers can also assist with filling some of the vacancies in severe direct care workforce shortages.

HCAOA Hawaii strongly urges the Committee to pass HB1973 HD1 and fund the KupunAloha program. Our member agencies stand ready to partner with volunteer and other community resources to weave a safety net of services for gap group Kupuna. Thank you for the opportunity to provide testimony.

Respectfully submitted,

Cecilia Fong

Advocacy Chair, Home Care Association of America - Hawaii Chapter
Administrator, Griswold Home Care for Oahu

About HCAOA Hawaii Chapter

The Home Care Association of America (HCAOA) is a national trade association for home care providers. The HCAOA Hawaii Chapter, established in 2025, represents licensed home care and home health agencies throughout the state that work alongside family caregivers daily, providing professional support that enables kupuna to age safely in their homes.



www.AlohaILHawaii.org

Mar 20, 2026

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

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The Honorable Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HB1973 HD1 – Relating to Health

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) respectfully submits testimony in **strong support of HB1973 HD1.**

HB1973 HD1 establishes a one-year KupunAloha pilot program within the Department of Health to provide in-home health care and support services for eligible individuals who do not qualify for existing government programs and cannot otherwise afford these services. The bill directly responds to findings that an estimated twenty-five thousand elderly individuals in Hawaii need in-home care or support but are currently left without options.

From an Independent Living perspective, this measure is critical because it targets kupuna who are at risk of falling into an “eligibility gap” and being pushed toward institutional settings simply because they cannot access basic supports in their own homes. By creating individualized plans of care and authorizing contracts with health care providers, the KupunAloha pilot helps people receive services where they live, rather than requiring them to move into facilities to get help.

The program’s focus on in-home health care and support services—such as assistance with daily activities and coordination with providers—aligns with the disability community’s long-standing goal of ensuring that services follow the person into the community. Keeping kupuna in their homes



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preserves cultural connections, ohana relationships, and personal autonomy, all of which are core to Independent Living values in Hawaii.

AILH also appreciates that the bill requires the Department of Health to report back on the effectiveness of the pilot and whether it should be made permanent. This evaluation component creates an opportunity to incorporate feedback from older adults, people with disabilities, caregivers, and community-based organizations so that future programs can better support community living across islands.

HD1973 HD1 is a practical, time-limited step that fills a critical gap in access to in-home supports, helps prevent unnecessary institutionalization, and advances Hawaii's commitment to kupuna and people with disabilities living with dignity in their own homes and communities. AILH respectfully urges the Committee to pass this measure.

Thank you for the opportunity to testify.

Aloha,

Roxanne Bolden

Executive Director



902 University Avenue, Honolulu, Hawaii 96826 • (808) 945-3736 • info@projectdana.org • www.projectdana.org

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Members of the Senate Committee on Health and Human Services

RE: HB 1973, HD1 – RELATING TO HEALTH (KupunAloha Program)
HEARING DATE: March 20, 2026
POSITION: STRONG SUPPORT

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

As the Executive Director of Project Dāna, I respectfully submit testimony in STRONG SUPPORT of HB 1973, HD1, which establishes and funds the KupunAloha Program within the Department of Health to provide coordinated in-home support to gap-group kūpuna.

This measure addresses a gap affecting approximately 25,000 kūpuna in Hawai'i who do not qualify for Medicaid and cannot afford private-pay care, yet require assistance to safely remain at home. Without intervention, many face preventable health decline, caregiver burnout, emergency department utilization, and premature institutionalization—outcomes that are far more costly to families and to the State.

As currently structured, this pilot will focus on urban Honolulu as the State's matching component to complementary federal rural health transformation efforts. This coordinated approach allows Hawai'i to test a comprehensive model across both urban and rural communities.

A Critical Gap in the Continuum of Care

For 37 years, Project Dāna has organized volunteers to provide compassionate, non-clinical support to kūpuna and caregivers across Hawai'i. Our volunteers provide friendly visiting, transportation, errands, light housekeeping, and respite—services that reduce isolation and help seniors remain stable at home.

However, as kūpuna become more medically fragile, their needs can exceed what volunteers alone can safely provide. At that point, families face only two options:

- Pay privately for home care they cannot afford, or
- Wait for a health crisis that results in hospitalization or institutional placement

KupunAloha creates a third option: a coordinated, state-supported in-home care model that blends licensed caregivers, family members, and trained volunteers into a unified team before crisis occurs.

Importantly, this model provides early, preventive support—helping kūpuna remain stable at home and addressing needs before they escalate into avoidable crises.

We also encourage careful attention to the eligibility criteria to ensure that kūpuna who have Medicare coverage—but no coverage for long-term in-home support services—are not inadvertently excluded from this program. Medicare generally does not cover ongoing non-medical in-home support, and many seniors with Medicare remain financially unable to access needed services.

The Volunteer Infrastructure is Central to Affordability

The innovation of KupunAloha is not simply expanded home care—the model anticipates that many non-clinical tasks within a unified plan of care can be completed by trained volunteers, while licensed caregivers focus on higher-acuity needs.

By design, a substantial portion of plan-of-care tasks may be fulfilled by volunteers at no cost, significantly lowering the average monthly expenditure per kūpuna.

This structured volunteer integration—combined with professional oversight—is what makes the model financially viable for the “gap group.” By integrating volunteer management infrastructure into a unified plan of care with licensed caregivers, KupunAloha leverages one of Hawai‘i’s strongest community assets—neighbors caring for neighbors—in a structured, accountable, and fiscally responsible way.

A Cost-Effective, Coordinated Model

The bill requires a unified plan of care, which is essential. Coordinated oversight reduces duplication, fragmentation, and inefficiency. It avoids the creation of siloed service structures that can unintentionally increase complexity for families.

Every month that a kūpuna safely remains at home represents meaningful cost avoidance compared to institutional long-term care. By stabilizing kūpuna earlier, this model can help delay or avoid higher-cost care and reduce long-term strain on Medicaid and the broader health system.

An appropriation of \$2,000,000 for a one-year pilot represents a prudent investment to:

- Test a coordinated statewide model across urban and rural communities
- Measure reductions in hospitalizations and institutional placements
- Demonstrate cost avoidance potential
- Strengthen Hawai‘i’s home- and community-based care infrastructure

Growing Urgency

Federal uncertainty around Medicaid home- and community-based services makes state-level innovation even more important. If eligibility tightens, more seniors will fall into the “gap group,” increasing strain on families, emergency systems, and volunteer organizations.

We are already seeing increased demand and rising complexity among the kūpuna we serve. This coordinated model provides the structure necessary to stabilize seniors earlier—before crises occur.

Project Dāna stands ready not only to participate in this collaboration, but to operationalize the volunteer infrastructure necessary for this model to succeed statewide.

KupunAloha represents a thoughtful, fiscally responsible way to align community compassion with clinical care. For these reasons, I respectfully urge the Committee to pass HB 1973, HD1 and appropriate funding for the KupunAloha Program.

Mahalo for the opportunity to testify.

Respectfully,



Maria Raiza D. Morales
Executive Director
Project Dāna

HB-1973-HD-1

Submitted on: 3/17/2026 3:46:45 PM

Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Individual	Support	Written Testimony Only

Comments:

Thank you, Chair and Members of the Committee for hearing HB1973, HD1 Establishes within the Department of Health a one-year KupunAloha pilot program.

My name is Rick Tabor.

I strongly support of SB2387, SD1

I humbly serve in a few nonprofit leadership roles. I'm a retired mental health clinician, past in-home care operation manager, veteran Field Medical Navy Hospital Corpsman who was stationed at Kaneohe Marine Corps Air Station in the mid to late 1970's. In my retirement I'm active in several kūpuna nonprofits.

As a member of several Kūpuna nonprofits, I thank you for your support and all you do for Hawaii. I appreciated it.

HB1973, HD1 Establishes within the Department of Health a one-year KupunAloha pilot program to provide in-home health care and support services to eligible participants who do not otherwise qualify for government assistance for these services. Appropriates funds for the program.

My question and suggestion would be to fund HB1973, HD1 KupunAloha program for more than one year. We know our Island needs the ongoing funding. By the way, that silver tsunami is onshore. Soon those over 65 will outnumber teenagers.

Thank you for your time, consideration and all you do for Hawaii. There's no greater service than to care for those who once cared for us.

Mahalo Nui Loa,

-Rick Tabor

Honolulu, Hawaii

HB-1973-HD-1

Submitted on: 3/17/2026 10:38:53 PM

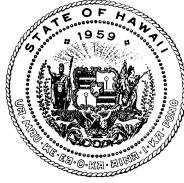
Testimony for HHS on 3/20/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Support

1973 HB RELATING TO HEALTH.



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DEPARTMENT OF HEALTH
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LATE

**Testimony in SUPPORT of HB1973 HD2
RELATING TO HEALTH.**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SEANTE COMMITTEE ON HEALTH AND HUMAN SERVICES

March 20, 2026

Room 229

- 1 **Fiscal Implications:** \$2,000,000 general fund appropriation to the Department of Health (DOH).
- 2 **Department Testimony:** The Department of Health supports the intent of this measure and
- 3 notes that KupunAloha was part of the proposal from the State of Hawaii's recently announced
- 4 Rural Health Transformation Program (RHTP) award from the U.S. Centers for Medicare and
- 5 Medicaid Services (CMS). The Executive Branch continues to implement the administrative and
- 6 financial infrastructure for RHTP and looks forward to line-item approval for KupunAloha from
- 7 CMS in the near future.
- 8 As progress is made on RHTP, the general fund appropriation in this measure may complement
- 9 future federal funds to benefit urban areas, since by design RHTP is intended for rural
- 10 communities.
- 11 Furthermore, the involvement of the Executive Office on Aging is critical given their statutory
- 12 responsibility to coordinate comprehensive programs which include a full range of health,
- 13 education, and social services to kupuna, and to assure alignment with the State master plan
- 14 for elders, pursuant to section 349-6, Hawaii Revised Statutes.

- 1 Should this measure continue to advance, DOH will apprise the Legislature of progress in
- 2 receiving final CMS approval to implement a rural-focused KupunAloha program.
- 3 Thank you for the opportunity to testify.