
HOUSE CONCURRENT 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

5
6 WHEREAS, in 1983, the Medicare Hospice Benefit was
7 established by the Centers for Medicare and Medicaid Services;
8 and

9
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

15
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

21
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

26
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 nonprofit entities; and
31



1 WHEREAS, by 2022, the total number of hospices had grown to
2 close to six thousand; and

3
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

12
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

25
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

29
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

33
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,

38
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, the Senate concurring, that the Department of Health is



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

3
4 BE IT FURTHER RESOLVED that the working group is requested
5 to consist of the following members:

- 6
7 (1) The Chair of the House of Representatives Standing
8 Committee with jurisdiction over health, or their
9 designee, who shall serve as co-chair of the working
10 group;
- 11
12 (2) The Chair of the Senate Standing Committee with
13 jurisdiction over health, or their designee, who shall
14 serve as co-chair of the working group;
- 15
16 (3) The Director of Health, or the Director's designee;
- 17
18 (4) The Administrator of the State Health Planning and
19 Development Agency, or the Administrator's designee;
- 20
21 (5) The Administrator for the Med-QUEST Division of the
22 Department of Human Services, or the Administrator's
23 designee;
- 24
25 (6) The Director of the Executive Office on Aging, or the
26 Director's designee; and
- 27
28 (7) Five members from hospices in operation in Hawaii, to
29 be selected and invited to participate by the co-
30 chairs, as follows:
- 31
32 (A) Two organizations serving the City and County of
33 Honolulu;
- 34
35 (B) One organization serving the County of Kauai;
- 36
37 (C) One organization serving the County of Maui; and
- 38
39 (D) One organization serving the County of Hawaii;
40 and
41



1 BE IT FURTHER RESOLVED that the Hospice Working Group is
2 requested to, at a minimum:

- 3
- 4 (1) Study trends in the hospice industry nationally and in
5 Hawaii;
- 6
- 7 (2) Examine the existing statutory and administrative
8 rules and regulations for Hawaii's hospice industry;
9 and
- 10
- 11 (3) Provide recommendations on regulatory changes to
12 ensure a continued high quality of care while meeting
13 demand as demographics change, including in rural and
14 underserved communities; and
- 15

16 BE IT FURTHER RESOLVED that the Hospice Working Group is
17 requested to submit a report of its findings and
18 recommendations, including any proposed legislation, to the
19 Legislature no later than twenty days prior to the convening of
20 the Regular Session of 2027; and

21

22 BE IT FURTHER RESOLVED that the working group is requested
23 to dissolve on June 30, 2027; and

24

25 BE IT FURTHER RESOLVED that certified copies of this
26 Concurrent Resolution be transmitted to the President of the
27 Senate, Speaker of the House of Representatives, Director of
28 Health, Administrator of the State Health Planning and
29 Development Agency, Administrator of the Med-QUEST Division of
30 the Department of Human Services, and Director of the Executive
31 Office on Aging.

