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

JOSH GREEN, MD
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
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KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

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February 25, 2026

TO: HOUSE COMMITTEE ON FINANCE
Representative Chris Todd, Chair:
Representative Jenna Takenouchi, Vice Chair: and
Honorable Members

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

RE: **HB 1973-HD1 -- RELATING TO HEALTH (KupunAloha)**

HEARING: Friday, February 27, 2026 @ 10:00 am; Conference Room 308

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

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 KupunaAloha. 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

JOSH GREEN, M.D.
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

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Testimony COMMENTING on HB1973 HD1
RELATING TO HEALTH

COMMITTEE ON FINANCE
REP. CHRIS TODD, CHAIR
REP. JENNA TAKENOUCHI, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing: Friday, February 27, 2026, 10:00 A.M. Conference Room: 308

Position: The Executive Office on Aging (EOA), an attached agency to the Department of Health (DOH), appreciates the intent of HB1973 and offers comments. EOA requests that this program and appropriation not conflict with, reduce, or replace priorities identified in the executive budget.

Fiscal Implications: An appropriation is needed to support the KupunAloha Program.

Purpose: This measure establishes the KupunAloha Program within the Department of Health (DOH) to provide essential in-home care and support services for roughly 25,000 older adults who do not qualify for government assistance programs yet cannot afford private-pay home care. EOA will work closely with DOH and the State Health Planning and Development Agency

(SHPDA) to ensure the new program doesn't overlap with current existing programs, such as State Kupuna Care.

Consistent with its mandate under the Older Americans Act of 1965 and HRS §349-6, EOA notes that the new program needs to be integrated within the current system of long-term services and supports. EOA is committed to working with DOH and SHPDA to clarify alignment. These services are essential for helping older adults age in place and supporting caregivers.

Recommendation: EOA appreciates the intent of this measure and defers to the Department of Health and SHPDA regarding planning and implementation.

Thank you for the opportunity to testify.

DISABILITY AND COMMUNICATION ACCESS BOARD

Ka ʻOihana Hoʻokaʻaʻike no ka Poʻe Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

February 27, 2026

TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

House Bill 1973 House Draft 1 – Relating to Health

The Disability and Communication Access Board (DCAB) supports House Bill 1973 House Draft 1 - Relating to Health. This bill 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. It appropriates funds for the program. This pilot program sunsets 6/30/27. It is effective 7/1/3000.

This bill will provide an affordable option for Hawaii seniors to obtain in-home health care and support services, allowing them to age in place. This reduces the likelihood of costly nursing home placement, which often falls on Medicaid and state resources that is more costly per person.

Thank you for the opportunity to testify.

Respectfully submitted,

Kristine Pagano

KRISTINE PAGANO
Acting Executive Director

Home Care Association of America
HAWAII

HCAOA
Hawaii Chapter Board

Dew-Anne Langcaon
Chair
Vivia by Ho'okele Home Care

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Advocacy Chair
Griswold Home Care for Oahu

Cory Kataoka
Education Co-Chair
Bayada Home Health Care

Alison Lee
Education Co-Chair
BrightStar Care of Honolulu

TO: Representative Todd, Chair
Representative Takenouchi, Vice Chair
Members of the House Committee on Finance

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

HEARING DATE: February 27, 2026, 10:00 AM

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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Education Co-Chair
BrightStar Care of Honolulu

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.

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

PROJECT DANA

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Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair
Members of the House Committee on Finance

RE: HB 1973 - RELATING TO HEALTH (KupunAloha Program)

HEARING DATE: February 27, 2026

POSITION: STRONG SUPPORT

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

As the Executive Director of Project Dāna, I respectfully submit testimony in **STRONG SUPPORT** of HB 1973, 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.

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.

We also encourage careful attention to the eligibility criteria to ensure that kupuna 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 kupuna.

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. It also preserves volunteer engagement by ensuring volunteers are properly supported by licensed professionals and not asked to operate beyond their training.

Every month that a kupuna safely remains at home represents meaningful cost avoidance compared to institutional long-term care. Even a modest reduction in nursing home admissions yields significant Medicaid savings to the State.

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

- Test a coordinated statewide model
- 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 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: 2/25/2026 4:42:07 PM
Testimony for FIN on 2/27/2026 10:00:00 AM

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.

To: Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair
Committee on Finance

From: Veronica Moore, Individual Citizen

Date: February 25, 2026

RE: House Bill 1973 HD1
Measure Title: RELATING TO HEALTH.
Report Title: DOH; KupunAloha Pilot Program; In-Home Care Services; Appropriation ($)

To All Concerned,

My name is Veronica Moore and I support House Bill 1973 HD1. Thank you for your consideration.

Sincerely,

Veronica M. Moore

HB-1973-HD-1
Submitted on: 2/25/2026 10:23:57 AM
Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Raelene Tenno	Individual	Support	Written Testimony Only

Comments:

support HB1973

LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

Written Testimony

House Committee on Finance

February 27, 2026, at 10:00a.m.
By
Limweidihwen Santos; Student at UH Manoa

HB1973 HD1 RELATING TO HEALTH.

Chair Todd, Vice Takenouchi and members of the committee.

Aloha Chair and members of the committee. My name is Limweidihwen Santos, I am a social work student at UH Manoa, but I am not representing the interest of UH for this testimony. I am submitting this testimony in support to *Establishing within the Department of Health the KupunAloha program to providing home health care and support services to eligible participants who do not otherwise qualify for government assistance*.

Hawaii is in need for greater accessibility and affordable care for its residents including Kanaka ʻŌiwi (Native Hawaiian), and most especially our kupuna. The counties of Hawaii consistently face a high cost of living, resulting in many families being required to work multiple jobs in order to meet their needs. This often challenges individuals to maintain a balance between employment, caregiving responsibilities, and simply making ends meet. There are also significant gaps in coverage for many residents, including our kupuna, individuals with disabilities, and those affected by other health conditions. Likewise, differences in income levels may cause certain individuals to earn either too much or too little to meet the eligibility criteria for Medicare or other services. As a result, certain individuals may be unable to afford alternative insurance options or emergency services, which can cost thousands of dollars per month.

Some of our Kupunas and residents are also forced to live in even harsher conditions, such as homelessness because they do not qualify for or cannot navigate Medicare and other government assistance programs that could further reduce their struggles. Establishing this program and providing home health care to our residents will make huge differences to our people who are struggling quietly. This initiative will reduce the need for institutional care, facilitate meaningful connections among individuals, and prevent social isolations. These outcomes could positively impact healthcare challenges such as mental health concerns and loneliness, particularly for older adults, and may also help address transportation barriers for residents who are unable to reach hospitals. This bill will promote well-being, dignity, and honor our local value of "malama kekahi i kekahi" —caring for one another. We need more community-based services to keep our people safe, support preventive care, and build stronger, more resilient communities.

As a student preparing to serve the Hawaii's social and health services, I am confident that this investment will demonstrate our dedication to equity, compassion, and community resilience. Hawaii is recognized as a community that prioritizes health and well-being for everyone. Collective approaches, deeply rooted in traditional beliefs, help shape the practices and values observed throughout the islands. Therefore, It is our kuleana (responsibility) as a community to address these significant gaps in healthcare access. I respectfully request your support in helping

us ensure that everyone receives the care they need, regardless of income, so that our community can be properly supported.

Thank You for the opportunity to testify in support of HB1973 HD1.