



**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
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

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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: **HB 1974-HD1-- RELATING TO HEALTH**

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

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1974-HD1, with comments.

SHPDA understands the urgent need for a comprehensive state plan on hearing loss focused on improving access, affordability, awareness, and early detection of hearing loss in collaboration with community stakeholders to help address the serious issues related to and attributed to hearing loss.

Hawaii faces a growing number of hard-of-hearing residents amid its aging population with tens of thousands already affected statewide. Hearing loss significantly impacts health outcomes and quality of life, often exacerbating isolation and chronic conditions. But Keiki hearing loss and mid-life sudden hearing loss are also significant health threats in Hawai'i which need to be better assessed in order to develop a comprehensive hearing long-term strategy.

State data indicate tens of thousands of Hawaii residents experience some degree of hearing loss, including many with serious difficulties. This aligns with demographic projections showing Hawaii's population aged 65 + rising from 200,712 in 2020 to 215,570 by 2030 (24.4% of total population), driving higher prevalence as hearing impairment increases sharply with age. Untreated hearing loss raises risks of cognitive decline, dementia (up to 5x higher) falls, and hospitalizations as it limits communication and early detection of health issues. It correlates with depression, anxiety, and poorer management of comorbidities like diabetes or heart disease in

seniors. In Hawaii's island context, access barriers amplify these effects for rural populations.

Hawaii also has one of the highest rates of newborn hearing loss in the US, with about 55 infants born annually with permanent hearing loss, based on around 18,000 births per year. Data from 2015-17 shows 60-74 confirmed cases yearly among newborns screened, with 34-40 enrolling into early intervention programs. Among school age children, about 1.5 - 2% of special education students have hearing related issues.

Hearing difficulties lead to social isolation, reduced independence and lower life satisfaction, straining family caregivers and increasing long term care demands. Daily challenges include misunderstandings in conversations, missing safety cues or exclusion from community events, and worsening mental health. Early interventions like hearing aids can mitigate up to 90% of these impacts, yet affordability remains a hurdle.

These patients also have extreme difficulty navigating our complicated insurance prior authorization processes and in seeking appropriate diagnostic and therapeutic options.

A state plan would provide direction, identify current resources, and identify gaps. This will lead to better allocation of limited resources. There is a Senate measure SB 1865, which identifies the Department of Health as the lead. SHPDA is open to being the lead for development of a plan because the impetus for this legislation emerged from our SHPDA Advisory Councils. We estimate that \$100,000 in resources and funding are needed to get this long-overdue assessment done.

Thank you for hearing HB 1974-HD1, and for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

**STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
EXECUTIVE OFFICE ON AGING**
NO. 1 CAPITOL DISTRICT
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HONOLULU, HAWAII 96813-2831

CAROLINE CADIRAO
DIRECTOR
Executive Office on Aging

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**Testimony COMMENTING on HB1974HD1
RELATING TO Health**

[COMMITTEE ON HEALTH AND HUMAN SERVICES](#)
SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATOR ANGUS L.K. MCKELVEY, VICE CHAIR

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

Hearing: Friday, March 20, 2026 1:00 p.m.

Conference Room: 225

- 1 **EOA Position:** The Executive Office on Aging (EOA), an attached agency to the Department of
2 Health (DOH), supports the intent of this measure and offers comments. EOA requests that this
3 program and appropriation not conflict with, reduce, or replace priorities identified in the
4 executive budget.
- 5 **Fiscal Implications:** Funding would be needed for SHPDA to implement the comprehensive
6 state plan for hearing loss.
- 7 **Purpose:** This measure requires SHPDA to develop a comprehensive state plan for hearing loss.
8 Untreated hearing loss can lead to social isolation, loneliness, anxiety, and depression. For older
9 adults, it may increase the risk of cognitive decline, dementia, and falls. Hearing loss also
10 impacts emotional well-being and quality of life. A statewide approach to hearing screenings and

- 1 treatment can improve public health and reduce the long-term social, emotional, and economic
- 2 burdens of untreated hearing loss.
- 3 **Recommendations:** EOA supports the intent of this measure and defers to the SHPDA on its
- 4 implementation.
- 5 Thank you for the opportunity to testify.

HB-1974-HD-1

Submitted on: 3/17/2026 3:10:15 PM

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

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Testifying for PABEA	Support	Written Testimony Only

Comments:

Thank you for hearing Bill HB1974.

I'm Rick Tabor, a long time hearing aid champion. I strongly support Bill HB1974.

I testify as PABEA's (Policy Advisory Board for Wlderly Affair's) Legislative Chair. Our views do not represent EOA. However, as you'll read, I've dedicated a decade into the hope of helping those with hearing issues.

For the record, 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 kupauna nonprofits.

My past legislative session testimonies supported adequate coverage for hearing aids. I chair the Gift of Sound Rotary free hearing aid program. This bill proposal hopes to help explore Hawaii's hearing aid needs. Awareness, accessibility and affordability are three of the immediate concerns that need to be addressed. Your support would be extremely helpful and much appreciated.

Please allow me to share our family's hearing issues stories. Recently, my sister contacted me for help. She went to ENT Specialist for a hearing exam. They discovered she lost over 60 percent of her hearing in her left ear. She was diagnosed her with Cholesteatoma and they recommend surgery. Hopefully the surgery will help her recover her hearing. She lives in a rural part of Oregon. She reports, finding help was not an easy task.

Another family situation involved our mother. She passed two winters ago, after an arduous end of life journey. My sister, brothers, and loved ones have discussed and tried to understand the difficulties, with no solutions or resolutions. We're sad she passed, but know she's now in a better place now.

Our mother reported hearing loss issues early in her adult life. No one thought much of it, until many years later, maybe fifteen years later, it became clear, she was avoiding social gatherings, isolating, and developing cognitive and mental health issues. Eventually she asked for help.

My brothers thought hearing loss was the main issue. So, they ordered a set of hearing aids from a Sunday Parade advertisement. She then told us, she was wearing her mail-ordered hearing aids

while in a crosswalk, someone yelled hello, and honked their horn. She said the horn blast permanently damaged her left ear.

Eventually she stopped wearing her hearing aids. Next she was diagnosed Alzheimers.

From there, my mother and family dealt with several unfortunate incidents. Her Alzheimer's issues rapidly escalated to the point of needing nursing care. A month before she passed away, she fell and broke her neck and clavicle and passed away, a short time after her fall. When they cleaning her room, they found her hearing aids hidden under her fish aquarium.

The Hawaii Hearing Taskforce hopes to explore our Island's hearing needs with plans to recommend help where help is needed. Hopefully together, we can improve what's needed to improve Hawaii's hearing loss issues.

Thank you for your time and condideration on this important matter.

-Rick Tabor



March 17, 2026

**Testimony in Support of HB 1974, HD1
Relating to a State Plan on Hearing Loss**

Aloha Chair Joy A. San Buenaventura, Vice Chair Angus L.K. McKelvey, and Members of the Committee,

My name is Tori Carapelho. I am the founder of Hear 4 Hope, a Hawaii-based nonprofit organization supporting individuals and families living with hearing loss. I am submitting testimony in strong support of Bill 1974, HD1 to establish a Hawaii State Plan on Hearing Loss.

I come before you as a community advocate and as someone with lived experience.

In 2021, I experienced sudden hearing loss. I remember sitting in a doctor's office and being told there was nothing more that could be done – that this was something I would have to learn to live with. In that moment, my world felt like it collapsed. I was not just losing my hearing; I was losing my sense of independence, my confidence, and my ability to communicate in ways I always had.

What made the experience even harder was the absence of a clear path forward. The medical system addressed the diagnosis, but there was no guidance on what came next – no roadmap for support, no coordination between providers, and no clear place to turn for practical tools, emotional support, or community connection. I quickly learned that hearing devices alone are not enough. Access to assistive tools, education, and ongoing support made the difference between isolation and participation. Yet finding those resources required time, persistence, and financial means that many people do not have.

I was fortunate. Many are not.

After regaining some stability, I founded Hear 4 Hope because I never wanted anyone else to have to navigate hearing loss alone in such a fragmented system. Through our

work, we hear the same story over and over again from individuals: people do not know where to go for help, care pathways are confusing, wait times are long, providers are overstretched, and support services are often disconnected from one another. Even well-intentioned professionals are frequently working in silos, without the ability to guide people beyond their specific role.

Hearing loss affects more than hearing. It impacts communication, connection, employment, independence, and participation in daily life. When left unaddressed, it can place growing strain on families, caregivers, workplaces, and public systems. As Hawaii's population continues to age, these challenges will only increase.

This bill represents an important opportunity to take a proactive, coordinated approach. A statewide plan on hearing loss would allow Hawaii to better understand current gaps, strengthen education and early identification, improve coordination across systems, support workforce development, and ensure that community voices are part of the solution. Most importantly, it would move us away from reactive, crisis-driven responses and toward a more thoughtful, equitable, and sustainable approach to hearing health.

From both my personal experience and my work with Hear 4 Hope, I can say clearly: the need is real, the gaps are significant, and the cost of inaction is high – not just financially, but in quality of life for individuals and families across our state.

Mahalo for the opportunity to share my experience for your consideration of this important measure. I respectfully urge your support.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Tori Carapelho', written in a cursive style.

Tori Carapelho
CEO, Founder
Hear 4 Hope

2026 Hawaii
Leadership Board

**Testimony to the Senate Committee on Health and Human Services
Friday, March 20, 1:00 PM Hawaii State Capitol
Conference Room 225, and Videoconference**

RE: House Bill No. 1974 HD1 – RELATING TO HEALTH

Travis Kikuchi, *Chair*
Senior Vice President
Central Pacific Bank

Lori McCarney, *Immediate*
Past Chair Community
Advocate

Tricia Medeiros, *Past Chair*
Chief Operating Officer
The Plaza Assisted Living

Gina Fujikami, *MD*
The Queen's Medical
Center

Kai Ohashi,
Financial Advisor Edward
Jones

Michael Robinson,
Vice President Hawaii Pacific
Health

Kimberly Soares, *Vice*
President Atlas Insurance

Gino Soquena,
Executive Director
Hawaii Building and
Construction Trade Council

Gordon Takaki, *Past*
President Hawaii Island
Chamber of Commerce

Cary Tanaka,
Past President
Island Insurance
Companies

Caroline Witherspoon,
President Becker
Communications

LJ R. Duenas,
Executive Director
Alzheimer's Association

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committees:

My name is Coby Chock, and I am testifying on behalf of the Alzheimer's Association Hawaii Chapter. The Alzheimer's Association strongly supports HB1974 HD1 and appreciates the Legislature's focus on hearing loss as a critical public health issue with direct implications for brain health and dementia prevention.

Hearing loss is a significant and modifiable risk factors for dementia. Research consistently shows that untreated hearing loss is associated with increased risk of cognitive decline, social isolation, depression, falls, and earlier loss of independence. Hawai'i is home to more than 31,200 people living with Alzheimer's disease, and the number is expected to grow substantially as our population ages. Prevention and risk-reduction efforts are essential to addressing this growing crisis.

HB1974 HD1 takes an important, evidence-based approach by requiring a comprehensive statewide plan that emphasizes early detection, access to hearing care, workforce training, and public awareness. We especially appreciate that the bill explicitly recognizes the connection between hearing loss, cognitive decline, and dementia, ensuring that hearing health is addressed as part of a broader strategy to support healthy aging.

A coordinated state plan on hearing loss will help reduce dementia risk, support kupuna and caregivers, and improve long-term health outcomes for Hawai'i residents. The Alzheimer's Association respectfully urges your support for HB1974 HD1.

If you have questions, please contact me at 808-451-3410 or ckchock@alz.org



Coby Chock
Director of Public Policy and Advocacy
Alzheimer's Association - Hawaii



CATHOLIC CHARITIES HAWAII

SUPPORT HB 1974, HD1: RELATING TO HEALTH

TO: Senate Committee on Health and Human Services
FROM: Betty Lou Larson, Legislative Liaison, Catholic Charities Hawai'i
Hearing: Friday, 3/20/26; 1:00 PM; CR 225 & Videoconference

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee on Health and Human Services:

Catholic Charities Hawai'i **supports HB 1537 HD1**, which requires and appropriates funds for the State Health Planning and Development Agency (SHPDA) to develop and publish a state plan on hearing loss.

Catholic Charities Hawai'i (CCH) is a tax-exempt, community-based organization that has been providing social services in Hawai'i for 78 years, now serving over 40,000 individuals statewide. Catholic Charities Hawai'i serves individuals and families who are experiencing poverty, housing instability, trauma, and crisis. Our mission is to provide services and advocacy for Hawai'i's most vulnerable, including people facing the loss of their hearing who often do not know where to turn for help.

HB 1974 HD1 recognizes the growing problem of hearing loss. Nearly **216,000** Hawai'i residents are affected by hearing loss. For our kupuna, this is especially devastating. One in three adults in their 60s, two-thirds of those in their 70s, and more than 80% in their 80s experience some hearing loss. When unrecognized and untreated, hearing loss can lead to isolation, cognitive decline, dementia, depression and falls. **As Hawaii's elderly population rapidly increases, the State must proactively address these needs.** Hearing loss not only affects a kupuna's quality of life, but it can lead to costly social and healthcare impacts.

This bill would address hearing loss not only among our kupuna but also for youths and adults who face a very fragmented system of services. They are often left to navigate this system on their own. Hawai'i needs a comprehensive statewide framework for hearing health services. The bill directs SHPDA to coordinate the plan and engage stakeholders including state agencies, providers, educators, individuals with lived experience, and experts in hearing health to assess current services, identify gaps, etc. The development of this extensive Hawai'i State Plan on Hearing Loss would provide a much-needed long-term strategy for hearing health across the lifespan.

Catholic Charities Hawai'i respectfully urges your Committee to pass this bill. The strategies for better hearing will reduce social isolation and bring safety and dignity to residents of all ages. It will ensure that every resident, from keiki to kupuna, can hear, participate and thrive!

Mahalo for the opportunity to provide this testimony. If you have any questions, please contact our Legislative Liaison, Betty Lou Larson, at (808) 527-4813.



CLARENCE T. C. CHING CAMPUS • 1822 Ke'eaumoku Street, Honolulu, HI 96822
Phone (808) 527-4813 •



**TESTIMONY IN STRONG SUPPORT OF
HOUSE BILL 1974, HOUSE DRAFT 1, RELATING TO HEALTH
SENATE COMMITTEE ON HEALTH & HUMAN SERVICE**

**Friday, March 20, 2026
Hawaii State Capitol, Conference Room 225, 1:00 p.m.**

The Honorable Joy A. Buenaventura, Chair
The Honorable Angus L.K. McKelvey, Vice Chair

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

My name is Lance Tanaka, and I am a volunteer Advisory Committee member of the Hawaii nonprofit organization Hear 4 Hope. This organization is focused on empowering and supporting individuals living with hearing loss through resources, education, advocacy and other means of support, as needed.

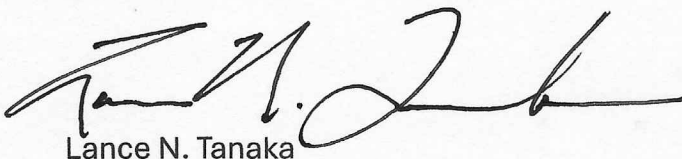
I stand in strong support of House Bill 1974, House Draft 1, Relating to Health.

The bill's purpose is to require the Hawaii Health Planning and Development Agency to develop a comprehensive State Plan on hearing loss focused on improving access, affordability, awareness, and early detection of hearing loss in collaboration with community stakeholders, relevant advisory boards, and state agencies.

Hawaii does not yet have a cohesive approach for educating the public about hearing loss and administering support to those who are affected. If this measure is approved, it will create an official process for addressing this disability in the Islands.

Thank you for the Committee's consideration of HB 1974, HD 1, Relating to Health. I can be reached at (808) 265-9690 to answer questions regarding my support for this measure.

Sincerely,



Lance N. Tanaka

TESTIMONY IN SUPPORT OF HB 1974, HD1

To: House Finance Committee

Date: March 18, 2026

Re: HB 1974, HD1 — Establishing a Statewide Plan on Hearing Loss

My name is Kevin S. Hadley, MD, and I am an Otolaryngology-Head and Neck surgeon who is sub-specialized in Otology, Neurotology, and Skull Base Surgery. I am an expert on the medical and surgical treatment of ear disorders, and I am the only specialist of this type for the civilian population of Hawai'i. I have practiced in Hawai'i for almost 20 years and provide advanced care for hearing loss, balance disorders, and skull base tumors. I treat patients of all ages and do surgeries to treat hearing loss including cochlear implants.

During my nearly two decades of practice involving hearing loss, I have encountered numerous hurdles and roadblocks that prevent patients from getting the care they need and prevent them from achieving the highest level of success after treatment.

I am submitting this testimony in strong support of HB 1974, HD1, which would require the State Health Planning and Development Agency (SHPDA) to develop and publish a comprehensive statewide plan on hearing loss.

Hearing loss is a highly prevalent and profoundly impactful condition affecting thousands of Hawai'i residents, including keiki, working adults, and kupuna. Despite its prevalence, our state currently lacks a coordinated framework for hearing screening, timely diagnosis, seamless referral pathways, follow-up care, and equitable access to treatment. This fragmentation results in delayed care, unmet needs, and preventable long-term consequences for individuals and families.

Without a statewide strategy:

- Children may experience delayed language and academic development when hearing concerns are not identified and addressed early.
- Adults and older adults often face unnecessary social isolation, cognitive decline, and reduced quality of life due to untreated hearing loss.
- Our current system lacks coordinated infrastructure and standardized pathways, which places unnecessary strain on providers and contributes to delays in care.

A well-designed statewide plan on hearing loss would set clear goals, evidence-based screening and referral standards, workforce planning measures, and strategies for improving access to affordable hearing technologies. Such a framework would align Hawai'i's efforts with national best practices and ensure that residents at every life stage can achieve optimal hearing health.

HB 1974, HD1 represents a fiscally responsible and humane approach to an issue that touches families across our islands. I respectfully urge the committee to pass this bill and help move Hawai'i toward a more coordinated, effective approach to hearing care.

Thank you for the opportunity to provide this testimony.

Sincerely,

Kevin S. Hadley, MD

Otolaryngology – Head and Neck Surgery

Otology, Neurotology, and Skull Base Surgery



www.AlohaLLHawaii.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

Roxanne U. Bolden

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Sheila Castaneda
Jennifer Hartssock

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: HB1974 HD1 – Relating to Health

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) respectfully submits testimony in **strong support of HB1974 HD1.**

HB1974 HD1 requires the State Health Planning and Development Agency to develop and publish a comprehensive state plan on hearing loss, focused on access, affordability, awareness, and early detection, in collaboration with community stakeholders and state agencies. The bill recognizes that hearing loss is a significant public health concern affecting tens of thousands of Hawaii residents, from keiki to kupuna, and that it remains widely underdiagnosed and undertreated.

From an Independent Living perspective, untreated hearing loss is a major barrier to communication access, community participation, and self-determination for Deaf, hard of hearing, late-deafened, and deafblind community members. HB1974 HD1 acknowledges that untreated hearing loss increases the risk of cognitive decline, falls, social isolation, mental health challenges, reduced workforce participation, caregiver burden, and costly institutional care. A coordinated statewide plan is essential to shift systems toward community-based, person-centered supports.

AILH especially supports the bill's requirements that the state plan:



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EXECUTIVE DIRECTOR

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Scott Suzuki
Sheila Castaneda
Jennifer Hartsock

- Assess existing policies and initiatives, identify gaps in screening and early detection across the lifespan, and examine access to hearing aids, cochlear implants, and audiological services.
- Address workforce development and training for primary care providers, educators, and hearing health professionals, and examine associated health and communication barriers.
- Include recommendations to improve access to services, affordability of assistive technologies, and availability of communication supports, including state policy suggestions and community-based pilot projects such as tele-audiology and outreach.

The bill also authorizes consultation with community-based organizations serving individuals with hearing loss and with individuals who experience hearing loss themselves. This stakeholder engagement is critical to ensure that the plan reflects lived experience, cultural context in Hawaii, cross-disability needs, and the Independent Living goal of full inclusion in all aspects of community life.

Finally, HB1974 HD1 provides resources for SHPDA to coordinate plan development, engage stakeholders statewide, consult experts in hearing health, aging, and disability services, and report regularly to the Legislature on progress and recommendations. This ongoing reporting structure creates a pathway for continuous improvement in communication access and community-based supports over time.

HB1974 HD1 is a foundational step toward a coordinated, cross-disability strategy that will improve communication access, reduce preventable institutionalization, and support Deaf and hard of hearing residents to live independently in the communities of their choice. AILH respectfully urges the Committee to pass this measure.

Thank you for the opportunity to testify.

Aloha,



www.AlohaILHawaii.org

Roxanne U. Bolden

Roxanne Bolden
Executive Director

MISSION

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EXECUTIVE DIRECTOR

Roxanne U. Bolden

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Sheila Castaneda
Jennifer Hartssock

Dear Chair Chris Todd and Members of the Committee,

My name is Pam Kutaka, and I am writing in strong support of HB 1974 as a daughter.

My father has lived with severe hearing loss for many years. At first, it seemed like something manageable — turning the television up louder, asking us to repeat ourselves, smiling and pretending he caught the joke when he hadn't. We adjusted. He adjusted. Or at least we thought he did.

But over time, I watched my strong, outgoing father grow quieter. Family dinners became harder for him. He stopped participating in conversations because it was exhausting to constantly try to piece together what everyone was saying. He withdrew little by little. What looked like aging was, in many ways, isolation.

We tried to get help, but navigating the system was overwhelming. Appointments were scattered. Information was unclear. Follow-up was inconsistent. There was no clear path, no coordinated guidance — just a series of disconnected steps that we were expected to figure out on our own. Somewhere along the way, he simply got lost in it.

Years later, he was diagnosed with dementia.

I cannot say hearing loss caused it. But I cannot ignore what I now know — that untreated or poorly managed hearing loss is associated with cognitive decline. I cannot help but wonder whether earlier intervention, clearer guidance, or a more coordinated approach could have made a difference. Could we have slowed it? Could we have preserved more time? More memories? More of him?

Now I sit across from my father and repeat myself not because he cannot hear me — but because he no longer understands. The silence feels heavier than it ever did before.

No family should have to look back and question whether gaps in awareness, coordination, or access contributed to the loss of someone they love.

HB 1974 matters because it acknowledges that hearing health is not a small issue. It is connected to dignity, connection, and long-term brain health. It calls for people and systems to work together so families are not left navigating this alone — and so fewer loved ones slip through the cracks.

If there is even a chance that better coordination and attention to hearing health can protect other families from this kind of heartbreak, then it is worth it.

I respectfully urge you to support HB 1974.

Thank you for your time and consideration.

Sincerely,
Pam Kutaka

March 17, 2026

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

My name is Kyle Osaki and I'm writing in strong support of HB 1974, HD1, which advances the Hawai'i State Plan on Hearing Loss. This measure represents an important step towards improving early detection, access to care, and long-term outcomes for individuals across our state who are affected by hearing loss.


Hearing health is often overlooked, yet it plays a critical role in communication, education, employment, and overall quality of life. Without timely screening and intervention, hearing loss can lead to delays in language development for children, social isolation and broader health disparities for Kupuna and working adults alike.

HB 1974, HD1 helps establish a more coordinated and comprehensive approach ensuring that families, healthcare providers, and community organizations are better equipped with the tools, resources, and guidance needed to address hearing loss at every stage of life. Investing in prevention and early intervention not only improves individual outcomes but also reduces long-term social and economic costs to our state.

I respectfully urge the Committee to pass HB 1974, HD1 and continue supporting efforts that strengthen Hawaii's commitment to public health and equity.

Mahalo for the opportunity to provide testimony and for your continued leadership in serving our communities.

Sincerely,

A handwritten signature in black ink that reads "Kyle M. Osaki". The signature is written in a cursive, slightly slanted style.

Kyle M. Osaki

HB-1974-HD-1

Submitted on: 3/18/2026 4:58:40 AM

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

Submitted By	Organization	Testifier Position	Testify
LON IBARAKI	Individual	Support	Written Testimony Only

Comments:

Aloha-Aloha-I support this bill because hearing loss has affected me/my family, and Hawaii needs a coordinated plan to improve access, education, and care.

My wife is completely deaf in one ear and has minimal hearing in the other ear. It has been a very devastating time in her life and a very lonely situation in group settings. She also supports this bill. Please help her and other hearing impaired people in Hawaii by passing this bill.

Testimony on HB 1974 HD1

RELATING TO A HAWAII STATE PLAN ON HEARING LOSS

Mar 20, 2026

Conference Room 225 via Videoconference

State Capitol – 415 South Beretania Street

Chair, Vice Chair, and Members of the Committee:

My name is Thomas Simon, and I am a resident of Honolulu. I am submitting testimony in support of this measure to establish a Hawaii State Plan on Hearing Loss. I am sharing this information based on my own experience living and working with hearing loss.

I have lived with hearing loss for over 27 years, starting in August of 1998, when I had sudden hearing loss in my right ear. My doctor immediately sent me to an ear specialist, an ENT. The ENT ran a number of tests and treated me with steroids, which he said helps restore hearing about 50% of the time. In my case, the medication did not help. Four years later, I had a follow up appointment with a different ENT, who ran tests and came to the same conclusion. I simply had to live with only one functioning ear. I do not recall either of these ENTs recommending a hearing aid for my right ear, so I assume my hearing was beyond the limits of the hearing aid technology at that time.

The first person I recall recommending a hearing aid was an Audiologist in 2008 when I began to struggle with hearing loss in my left ear. I have used hearing aids for my left ear from that time until today. As a state employee and later a state retiree, I have had excellent health insurance, but I still paid significant out-of-pocket costs for hearing aids and hearing aid related services.

Several years after my initial ENT visit, I recalled an incident that occurred before my sudden hearing loss, which may have been an early sign that I was losing my hearing. I have thought back to that time and wondered if I should have been getting regular hearing tests. I schedule annual doctor visits, dental checkups, and eye exams. Perhaps if I had annual hearing tests, my hearing may have been treated earlier and the outcome may have been different.

I first heard about a cochlear implant around 2002, but my understanding was that it was very expensive and my insurance would not cover it. The first time I spoke to a healthcare professional about a cochlear implant was in 2020. I feared that I was going to lose the remaining hearing in my left ear, and my Audiologist suggested that I look into a cochlear implant. In 2022, Medicare expanded its criteria, allowing me to become a candidate for a cochlear implant. In 2024, I received a cochlear implant in my right ear, restoring hearing that I had lost 26 years earlier.

Testimony on HB 1974 HD1

At the time of my initial hearing loss, I worked in the Telecom Branch of State Civil Defense and often struggled with hearing in meetings, interacting with colleagues while simultaneously speaking on a telephone, and numerous other situations. In addition to problems at work, I have struggled with hearing in everyday life, such as speaking with family, friends, or doctors, shopping, and making phone calls. The cochlear implant has returned my hearing to nearly normal, but I still struggle in certain situations, such as large gatherings, noisy environments, and in rooms with poor acoustics.

From my perspective, a statewide plan could make a significant difference by improving education for teachers, healthcare providers, employers, and the public, making it clearer when and how people should be screened. In addition, the plan could address cost and other barriers that cause people to delay care. Most importantly, a plan could give people a clear path to address their hearing loss instead of leaving them to figure it out on their own.

I believe this effort could help others avoid the lack of information and delays that I experienced and allow people with hearing loss to stay engaged in their work, families, and communities.

Thank you for the opportunity to share my experience and for considering this important issue.

Sincerely,

Thomas Simon

HB-1974-HD-1

Submitted on: 3/18/2026 8:03:50 AM

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

Submitted By	Organization	Testifier Position	Testify
Bradley Shin	Individual	Support	Written Testimony Only

Comments:

HB 1974, HD1 – Testimony in Support

I strongly support HB 1974, HD1 to develop a State Plan on Hearing Loss.

Untreated hearing loss is not just an inconvenience — it is a serious public health issue. Research shows that people with untreated hearing loss are more likely to experience depression, anxiety, loneliness, and social withdrawal. Many of us have seen this firsthand: a once-talkative kupuna who slowly stops participating in family gatherings because conversations become too difficult and exhausting. Over time, this leads to isolation and a reduced quality of life.

According to the CDC National Health Interview Survey, approximately 14% of adults in Hawaii report some level of hearing difficulty — that represents more than 160,000 adults in our state. Hearing loss is common, especially as people age, yet it remains underdiagnosed and undertreated.

Untreated hearing loss is also associated with higher risk of falls, increased emergency room visits, and significantly greater risk of cognitive decline and dementia. These outcomes affect not only individuals, but also families, caregivers, and our healthcare system. Early detection and treatment of hearing loss is a smart investment that can reduce long-term healthcare costs, help people remain independent longer, and improve overall well-being.

HB 1974, HD1 takes an important and practical step by creating a coordinated statewide plan to improve awareness, access, affordability, and early detection. This modest investment in planning can lead to meaningful improvements in health outcomes and cost savings for our state.

I respectfully urge you to pass HB 1974, HD1.

Mahalo for the opportunity to testify.

HB-1974-HD-1

Submitted on: 3/18/2026 12:46:26 PM

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

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

Comments:

Strongly Support HB1974 HD1

This is strongly needed.

I've noticed recently an associate that seems to be diminishing.

Knowing about hearing loss and it's relationship to cognitive decline, misunderstandings in conversations and again cognitive decline.

It was during a conversation she stated her daughter's urgent plea that she get her hearing checked and her daughter is aware of the associated issues with hearing loss.

I nicely stated to this associate that I agreed with her daughter and also urged her to get her hearing checked.

My twin sister has a hearing aid. Being a part of PABEA, I became aware that hearing loss and Alzheimer's can be related. I caregived for our Aunty with Dementia. Now, I have the task to prep her 3 children of what can happen and they need to be prepared when it does happen.

Please pass HB1974 HD1

Thank you for allowing me to share this personal experience.

Testimony on HB1974

Re: Hawaii State Plan on Hearing Loss

My name is Marilyn Naito, I live in Honolulu, HI and I am writing in support of this very important bill to establish a Hawaii State Plan on Hearing Loss.

My mother had profound hearing loss and early signs of dementia, and I watched our family struggle with her declining condition. I'm not proud to say, she'd often be shouted at, made fun of, even ignored by all of us who dearly loved her. As my own hearing began to decline, I started noticing the same things happening to me. My children and grandson would raise their voices. "Mom! Mom! Gramma! Can't you hear me?" they would shout. I could not recognize the direction of someone calling out my name. I avoided social interactions making excuses to not attend a luncheon or meeting. My desire to NOT become helpless like my mother, took me on my journey to having cochlear implant surgery.

Since my late fifties I have seen audiologists and ENTs for hearing difficulties. I am now 73 years old and thru the years have digressed from a "slight" hearing loss to 0% hearing in my right ear. I have worn hearing aids (spending thousands of dollars) until they no longer helped and in October of 2025 had a cochlear implant done (covered by medical insurance) which has turned my world around in the most positive way. But the journey itself was long, frustrating, confusing, and unnecessary. At no point was there a clear pathway or guidance on what steps came next, or who could help me navigate them. I was lucky that I already had an ENT who did cochlear implants, but scheduling each appointment took months of waiting due to lack of qualified doctors. Again, I waited over a year to get an appointment with a certified cochlear audiologist to be deemed "qualified" for an implant, and then my ENT had to fight to get surgery time at the hospital. I was lucky again, that I was able to have my surgery done a month before my doctor closed practice and moved to the mainland. Even with a referral, I have been on the waiting list for 5 months to be accepted by another ENT on Oahu and am still waiting.

Passing of this bill is important. My experience showed me that hearing care in Hawaii is fragmented, with no clear coordination between providers, referrals, and support. I struggled to find the right resources to make a life changing decision to have surgery vs accepting being disabled. I stumbled upon a support group which has brought me encouragement, knowledge, motivation and feeling of family. No one should have to rely on luck or personal persistence to find these resources. There needs to be a coordinated plan and effort to let keiki to kupuna know who, what, where, and when opportunities are available. Please support HB1974.

HB-1974-HD-1

Submitted on: 3/18/2026 4:15:35 PM

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

Submitted By	Organization	Testifier Position	Testify
Kori Nishida	Individual	Support	Written Testimony Only

Comments:

Testimony on HB1974, HD1

RELATING TO A HAWAII STATE PLAN ON HEARING LOSS

Hearing Date: March 20, 2026 at 1:00pm

Members of the Committee:

My name is Kori Nishida. I am submitting testimony in support of this measure to establish a Hawai'i State Plan on Hearing Loss.

I do not have hearing loss, but I am affected by hearing loss every day, both professionally as an Audiologist and personally as I have multiple family members with hearing loss. I have worked with a multitude of patients who are affected by hearing loss, unable to communicate well with their friends, family, and community. This can be a source of frustration for both the individual with hearing loss and their communication partners, especially as communication breakdowns occur repeatedly and frequently. At worst, it causes their partners to just give up trying to communicate with the patient and this can leave the patient to feel isolated, shameful that they are not able to hear better, and they may miss out on important information. This can further lead to patients withdrawing from situations that they know they will not be able to hear well, which can have ripple effects on their social, emotional, mental, and cognitive health.

Because hearing loss is “invisible” meaning there are no physical signs or indicators that someone has hearing loss and there typically is no pain involved, it is not something that is checked unless a concern is mentioned at an appointment with their primary care provider or other medical provider. Presbycusis, or age-related hearing loss, is a gradual process over time and our brains are very good at just adapting to our situation, especially if the changes are very minimal. Many of my patients are certain they do not have any problems hearing and are surprised when their results indicate hearing loss. Hearing loss, even losses in the mild range, can have negative effects on communication and it is easier to manage hearing losses when they are detected and managed earlier.

On a personal level, my father has a significant hearing loss, enough that if he did not wear his hearing aids, he would not be able to have everyday conversations with my mother. At our weekly family dinners or when he comes to support my children at their sporting events it would

be nearly impossible for him to hear without his aids. His ability to hear with his aids, not perfectly but better, enables him to stay connected with his family and enables him to continue to engage in the activities he chooses.

One of my mother's uncles also has a significant hearing loss but is not compliant with wearing his hearing aid. During family gatherings, he is often sitting on the side, unable to participate in the conversations around him. He can only engage if someone makes deliberate effort to go up to him and talk to him. He misses out on so much social connection and auditory stimulation to keep his brain working optimally.

Without clear guidance or coordination, many people experience long delays in diagnosis and treatment, struggle to navigate the system, or are unable to afford appropriate hearing care. Establishing a Hawai'i State Plan on Hearing Loss would provide an important framework to better align providers, agencies, educators, and community organizations. This coordinated approach would help improve access, reduce preventable delays, and promote better outcomes for individuals and families across our state.

I respectfully urge your support of this measure for the benefit of individuals in Hawai'i who are affected by hearing loss today and in the future.

Thank you for the opportunity to testify.

HB-1974-HD-1

Submitted on: 3/19/2026 7:47:44 AM

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

Submitted By	Organization	Testifier Position	Testify
Wesley Nakamura, BC-HIS	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Wesley Nakamura, and I have been a licensed hearing aid dispenser in the State of Hawai'i since 2008. I respectfully submit testimony in support of HB1974 H.D. 1.

In my years of practice, I have seen how untreated hearing loss leads to isolation, depression, and cognitive decline. Unfortunately, many individuals delay care due to cost, limited access—especially on neighbor islands—and unnecessary barriers to treatment.

This measure is an important step toward improving access, increasing awareness, and encouraging earlier intervention through a coordinated, community-based approach.

I strongly support HB1974 H.D. 1 and urge your consideration.

Mahalo for the opportunity to testify.

Respectfully submitted,

**Wesley Nakamura, BC-HIS
Licensed Hearing Aid Dispenser, State of Hawai'i Lic No. HA189
wes@familyhearingaidcenter.com**

HB-1974-HD-1

Submitted on: 3/19/2026 9:05:38 AM

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

Submitted By	Organization	Testifier Position	Testify
J Iwamoto	Individual	Support	Written Testimony Only

Comments:

Dear Chair Senator Joy A. San Buenaventura, Vice Chair Senator Angus L. K. McKelvey and Members of the Committee,

My name is Joy Iwamoto and I am a teacher with the Department of Education. Every day in my classroom, I see how critical communication is to a student’s ability to learn, participate, and feel confident.

When a student struggles to hear clearly, the impact is not always obvious at first. It can look like inattention, incomplete work, or hesitation to participate. Over time, however, those small gaps can grow into academic struggles, frustration, and withdrawal. Hearing challenges do not just affect one moment — they affect a student’s overall experience in school.

What I have also observed is that when concerns arise, families are often navigating multiple systems on their own — education, healthcare providers, specialists — without a clear, coordinated pathway. As educators, we do our best to support students, but we are only one piece of a much larger puzzle.

HB 1974 - HD 1 is important because it moves beyond simple awareness and toward a more unified approach. Addressing hearing health requires collaboration and shared solutions. When agencies, providers, and communities are aligned, we can identify concerns earlier, reduce confusion for families, and create more consistent support for students and individuals across the lifespan.

As someone who sees firsthand how communication affects learning and long-term opportunity, I believe a coordinated effort to address hearing health is both necessary and responsible.

For these reasons, I respectfully urge you to support HB 1974 - HD 1

Thank you for your time and consideration.

Sincerely,
Joy Iwamoto
Mililani, Hawaii

Dear Chair Chris Todd and Members of the Committee,

My name is Debbie Tsui and I am writing in support of HB 1974, HD1.

I do not personally have hearing loss, but I have seen how it affects people around me, and it is clear that it is a much bigger issue than many realize.

I have watched friends and family members struggle to follow conversations, smile and nod when they cannot fully hear, or slowly withdraw from social situations because it becomes exhausting to constantly ask others to repeat themselves. What may seem minor from the outside can quietly affect someone's confidence, independence, and overall quality of life.

What concerns me even more is learning about the connection between untreated hearing loss and dementia. Many people do not realize that hearing health is closely tied to brain health. When hearing loss goes unaddressed, it can increase cognitive strain and social isolation — both of which are associated with a higher risk of cognitive decline.

This is not just about hearing better. It is about protecting long-term health and supporting healthy aging in our communities. Greater awareness, earlier intervention, and better coordination around hearing care can make a meaningful difference.

HB 1974, HD1 moves us toward treating hearing health as a real public health issue, not just a minor inconvenience. I respectfully urge you to support this bill.

Thank you for your time and consideration.

Sincerely,
Debbie Tsui

LATE

HB-1974-HD-1

Submitted on: 3/19/2026 4:47:32 PM

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

Submitted By	Organization	Testifier Position	Testify
Craig Furuya	Individual	Support	Written Testimony Only

Comments:

Thank you for the opportunity to testify in strong support of HB 1974. Hearing loss is a significant public health concern in Hawai‘i, affecting residents from keiki to kupuna, with prevalence increasing dramatically with age. Despite its impact, hearing loss remains widely underdiagnosed and undertreated due to limited screening, high costs for hearing aids and assistive devices, and fragmented pathways to care. Untreated hearing loss leads to serious consequences, including cognitive decline, social isolation, and increased healthcare costs.

HB 1974 is a critical step forward, directing the State Health Planning and Development Agency to develop a comprehensive statewide plan to improve access, affordability, awareness, and early detection of hearing loss. By coordinating efforts among community stakeholders and state agencies, this bill will help ensure that all Hawai‘i residents have the opportunity to maintain their hearing health and quality of life. I respectfully urge the Committee to pass HB 1974.