DISABILITY AND COMMUNICATION ACCESS BOARD

Ka ʻOihana Hoʻokaʻaʻike no ka Poʻe Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
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April 8, 2026

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

House Bill 1974 House Bill 1 Senate Draft 1 – Relating to Health

The Disability and Communication Access Board (DCAB) supports House Bill 1974 House Bill 1 Senate Draft 1 - Relating to Health. This bill requires and appropriates funds for the State Health Planning and Development Agency to develop and publish a state plan on hearing loss. It is effective 1/1/2050.

Tens of thousands of Hawaii residents experience loss of their hearing. Hawaii's aging demographic will result in a higher percentage of residents who will become hard of hearing. If left untreated there are risks of cognitive decline, dementia falls, and hospitalizations as it limits communication and early detection of health issues.

A comprehensive plan will allow for limited resources to be optimally deployed when providing programs, services, auxiliary aids, and treatments as appropriate.

Thank you for the opportunity to testify.

Respectfully submitted,

Kristine Pagano

KRISTINE PAGANO
Acting Executive Director

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

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GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

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DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

April 6, 2026

TO: SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

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

RE: **HB 1974-HD1-SD1 -- RELATING TO HEALTH**

HEARING: Wednesday, April 8, 2026 @ 10:02 am; Conference Room 211

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1974-HD1-SD1, 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.

There are several hearing related bills this year. This one came out of our Subarea Advisory Councils and makes the most sense, and is inexpensive (<$100,000 for a statewide accurate assessment of numbers of persons hearing loss among Keiki, middle-age adults, and kupuna along with their likely or presumed diagnosis).

This information will help develop a statewide plan for hearing loss remediation, and an estimate of where insurers and other providers are falling short.

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 cures 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 only $100,000 in resources and funding are needed to get this long-overdue assessment done.

Thank you for hearing HB 1974-HD1-SD1.

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

KENNETH FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

STATE OF HAWAIʻI
DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAIʻI 96813-2831

CAROLINE CADIRAO
DIRECTOR
Executive Office on Aging

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Testimony COMMENTING on HB1974HD1, SD1
RELATING TO Health

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

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

Hearing: Wednesday, April 8, 2026, 10:02 A.M. Conference Room: 211

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

Fiscal Implications: Funding would be needed for State Health Planning Development Agency (SHPDA) to implement the comprehensive state plan for hearing loss.

Purpose: This measure requires the SHPDA to develop a comprehensive state plan for hearing loss. Untreated hearing loss can lead to social isolation, loneliness, anxiety, and depression. For older adults, it may increase the risk of cognitive decline, dementia, and falls. Hearing loss also impacts emotional well-being and quality of life. A statewide approach to hearing screenings and treatment can improve public health and reduce the long-term social, emotional, and economic burdens of untreated hearing loss.

Recommendations: EOA supports the intent of this measure and defers to the SHPDA on its implementation.

Thank you for the opportunity to testify.

Be You. Be Heard.
HEAR 4 HOPE

April 6, 2026

Testimony in Support of HB 1974, SD1
Relating to a State Plan on Hearing Loss

Aloha Chair Donovan Dela Cruz, Vice Chair Sharon Moriwaki, 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, SD1 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,

Tori Carapelho
CEO, Founder
Hear 4 Hope

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LJ R. Duenas,
Executive Director
Alzheimer's Association

Testimony to the Senate Committee on Ways and Means
Wednesday, April 8, 10:02 AM Hawaii State Capitol
Conference Room 211, and Videoconference

RE: House Bill No. 1974 HD1 SD1 – RELATING TO HEALTH

Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee:

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 SD1 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. Hawaiʻi 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 SD1 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 Hawaiʻi residents. The Alzheimer's Association respectfully urges your support for HB1974 HD1 SD1.

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

Coby Chock

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

Alzheimer's Association - Hawaii
677 Ala Moana Boulevard, Suite 301
Honolulu, Hawaii 96813
alz.org/hawaii | 808.591.2771

HB-1974-SD-1
Submitted on: 4/6/2026 10:50:19 PM
Testimony for WAM on 4/8/2026 10:02:00 AM

Submitted By	Organization	Testifier Position	Testify
Lance Tanaka	Testifying for Hear 4 Hope	Support	Written Testimony Only

Comments:

Chair Dela Cruz, Vice Chair Moriwaki and Members of the Committee:

My name is Lance Tanaka. I am a volunteer Advisory Committee member of Hear 4 Hope, a Hawaii nonprofit organization that is dedicated to 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, Senate Draft 1, Relating to Health.

The bill's purpose is to require and appropriate funds for the State Health Planning and Development Agency to develop and publish a state plan on hearing loss that is 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 impacted. Should this measure be 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, SD 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

www.AlohaILHawaii.org

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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.

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Apr 8, 2026

The Honorable Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HB1974 HD1 SD1 — Relating to Health (State Plan on Hearing Loss; Appropriation)

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) respectfully submits testimony in **strong support of HB1974 HD1 SD1.**

HB1974 HD1 SD1 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, and appropriates funds to carry out this work. 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 SD1 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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- 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.

HB1974 HD1 SD1 further provides resources for the State Health Planning and Development Agency 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.

As the committee with jurisdiction over appropriations and effective dates, we respectfully ask the Committee on Ways and Means to (1) ensure that the appropriation for HB1974 HD1 SD1 is sufficient to support robust community engagement, data collection, and analysis, and (2) amend the bill's effective date so that this planning work can begin in the near term rather than being delayed by a distant placeholder date. Timely development of the state plan on hearing loss is essential to inform future policy and budget decisions that will improve access for Deaf, hard of hearing, late-deafened, and DeafBlind residents.

HB1974 HD1 SD1 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 with a meaningful appropriation and an earlier effective date.

Thank you for the opportunity to testify.

Mahalo,

Roxanne U Bolden

Roxanne Bolden

Executive Director

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Jelene Wong, AuD
Audiologist, Kapiolani
In Support of Establishing a Hawaii State Plan on Hearing Loss

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

My name is Jelene Wong, and I am an audiologist at Kapiolani. I am submitting testimony in strong support of establishing a Hawaii State Plan on Hearing Loss from a provider perspective.

From my professional experience, some of the most significant challenges related to hearing loss in Hawaii include low insurance reimbursement rates for services (Medicare/Medicaid), which leads to a lack of resources, provider shortages, and long wait times. In addition, hearing health education and inconsistent screening protocols across the lifespan are other challenges that we face. These challenges affect both children and adults. Low reimbursement rates for many audiology services limit the ability of providers to offer comprehensive care, including routine hearing evaluations, cochlear implant services, and necessary diagnostic testing.

For children, delays in identification and treatment can have lifelong consequences. Without early and consistent hearing screening and follow-up, children with hearing loss may experience delays in speech and language development, academic challenges, and social-emotional difficulties. Families are often left to navigate complex systems on their own, without clear guidance on referrals, services, or ongoing support.

For adults and older adults, delayed care is associated with increased risk of cognitive decline, dementia, social withdrawal, and reduced quality of life. Across all ages, hearing loss affects communication, safety, mental health, and family relationships.

There are also significant gaps in coordination and referral pathways. Many patients and families are unaware of how often hearing should be evaluated, and primary care providers are not consistently referring patients, particularly older adults, for hearing testing. At the same time, there is no standardized, statewide protocol to guide screening, referral, and follow-up.

Provider shortages, long wait times, and geographic barriers further limit access to care. Wait times for audiology services can be extremely long, and travel presents a major obstacle for families, older adults, and neighbor island residents. While telehealth could support certain aspects of care, it is currently limited, and workforce shortages remain a significant barrier to timely access.

A coordinated, statewide planning approach would help address these challenges by creating standardized pathways for education, screening, referral, and follow-up across the lifespan. A Hawaii State Plan on Hearing Loss could support early identification for children, clearer referral pathways for providers, and more efficient access to care for adults and seniors. Providing both providers and patients with a clear path forward would improve outcomes, reduce long-term costs, and ensure more equitable hearing health care throughout Hawaii.

Mahalo for the opportunity to share my perspective and for your consideration of this important issue.

Respectfully,
Jelene Wong, AuD
Audiologist, Kapiolani

HB-1974-SD-1
Submitted on: 4/6/2026 5:46:58 PM
Testimony for WAM on 4/8/2026 10:02:00 AM

Submitted By	Organization	Testifier Position	Testify
Raude Nagaishi	Individual	Support	Written Testimony Only

Comments:

I am writing in support of HB1974 HD1 SD1.

My father suffered hearing loss from an injury he sustained while serving in the military during the Korean War. Throughout his adult life, he struggled to hear and was often reluctant to ask people to repeat themselves. Over time, he spoke less and less, often limiting conversations to only a few seconds and responding with just one or two words.

This had a clear impact on his quality of life. He lived that way for decades. I saw firsthand how hearing loss can affect a person’s daily life, relationships, and sense of connection. It caused my father to withdraw and keep to himself.

Sadly, he passed away in 2023. His experience stayed with me and is one reason I strongly support this important bill, HB1974 HD1 SD1. Thank you.

Testimony on HB 1974 SD1

RELATING TO A HAWAII STATE PLAN ON HEARING LOSS

Apr 8, 2026
Conference Room 211 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 SD1

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-SD-1
Submitted on: 4/6/2026 7:29:29 PM
Testimony for WAM on 4/8/2026 10:02:00 AM

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

Comments:

H.B. 1974, SD1 – Testimony in Support

Senate Committee on Ways and Means

Chair Donovan Dela Cruz

Vice Chair Sharon Moriwaki

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and members of the Committee,

I strongly support H.B. 1974, SD1, which establishes a State Plan on Hearing Loss.

Untreated hearing loss is not just an inconvenience—it is a significant and often overlooked public health issue with real human and financial costs. Individuals with untreated hearing loss are more likely to experience depression, anxiety, social withdrawal, and isolation. Many of us have seen this in our own families—a once-engaged kūpuna gradually stepping back from conversations and gatherings because communication becomes too difficult and exhausting.

In Hawaiʻi, the need is substantial. According to the CDC National Health Interview Survey, approximately 14% of adults report some level of hearing difficulty—representing more than 160,000 people across our state. Despite how common hearing loss is, it remains underdiagnosed and undertreated.

The downstream impacts are also costly. Untreated hearing loss is associated with a higher risk of falls, increased emergency room visits, and a significantly greater likelihood of cognitive decline and dementia. These outcomes lead to higher healthcare utilization and long-term care costs, placing additional strain on families, caregivers, and publicly funded systems.

From a fiscal perspective, early detection and intervention can help avoid more expensive outcomes later. Supporting hearing health helps reduce preventable medical events, delays the need for long-term care, and allows individuals to remain independent longer. This translates into meaningful cost avoidance for the state over time.

H.B. 1974, SD1 takes a prudent and cost-effective approach by focusing on planning and coordination—not program expansion. By developing a statewide strategy to improve awareness, access, affordability, and early detection, the state can better align existing resources and identify the most efficient, high-impact interventions.

This is a modest investment that can help Hawai‘i avoid significantly higher healthcare and long-term care costs in the future.

I respectfully urge you to pass H.B. 1974, SD1.

Mahalo for the opportunity to testify.

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

Testimony on HB1974 SD1
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 going on 8 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-SD-1
Submitted on: 4/7/2026 9:04:04 AM
Testimony for WAM on 4/8/2026 10:02:00 AM

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

Comments:

Testimony on HB1974, SD1

RELATING TO A HAWAII STATE PLAN ON HEARING LOSS

Hearing Date: April 8, 2026 at 10:02am

Members of the Senate Ways & Means Committee, Chair-Donovan Dela Cruz, Vice Chair-Sharon Moriwaki:

My name is Kori Nishida. I am submitting testimony in support of this measure to establish a Hawaiʻi 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.

TESTIMONY IN SUPPORT OF HB 1974, SD1

To: Senate Ways & Means Committee
Date: April 7, 2026
Re: HB 1974, SD1 — 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 Hawaiʻi. I have practiced in Hawaiʻi 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 Hawaiʻi 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 Hawaiʻi'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 Hawaiʻi 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

HB-1974-SD-1
Submitted on: 4/7/2026 2:37:22 PM
Testimony for WAM on 4/8/2026 10:02:00 AM

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

Comments:

Support HB1974 HD1 SD1