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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Housing and
Friday, March 27, 2026
9:30 a.m.
Via Videoconference
Conference Room 430

On the following measure:
**H.C.R.182 / H.R.172, REQUESTING THE DEPARTMENT OF HEALTH TO
ESTABLISH A WORKING GROUP TO STUDY ACCESSIBILITY BARRIERS FOR
MULTI-FAMILY HOUSING NOT COVERED BY THE FEDERAL FAIR HOUSING ACT
AND GOVERNED BY CONDOMINIUM ASSOCIATIONS AND PLANNED
COMMUNITY ASSOCIATIONS.**

WRITTEN TESTIMONY ONLY

Chair Evslin and Members of the Committee:

My name is Nadine Ando and I am Director of the Department of Commerce and Consumer Affairs. The Department appreciates the intent of this resolution and offers comments.

The purpose of this resolution is to request that the Department of Health establish a working group to examine accessibility barriers in multi-family housing not covered by the federal Fair Housing Act and governed by condominium associations and planned community associations, including the prevalence and nature of accessibility-related disputes, the clarity of existing state law regarding association

responsibilities for accessibility modifications to common elements, the impact of these barriers on residents' ability to age in place, and the feasibility, costs, and potential long-term savings of state financial assistance mechanisms to support access modifications.

The resolution requests the Director of Commerce and Consumer Affairs to participate as a member of the working group. We request that the resolution be amended to allow the Director of Commerce and Consumer Affairs, or the Director's designee, to participate as a member of the working group.

Thank you for the opportunity to testify on this bill.



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Mar 27, 2026

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The Honorable Luke A. Evslin, Chair
House Committee on Housing
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HCR182 – Requesting the Department of Health to Establish a Working Group to Study Accessibility Barriers for Multi-Family Housing Not Covered by the Federal Fair Housing Act and Governed by Condominium Associations and Planned Community Associations

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a cross-disability Center for Independent Living (CIL) that supports people of all ages and all disability types to live in the community with dignity, choice, and control over their daily lives. AILH **strongly supports HCR182.**

Why this working group matters for independent living

The resolution recognizes that the ability of kupuna and residents with disabilities to remain in their homes and communities is essential to individual well-being and community stability, and that aging in place reduces reliance on institutional care and public costs. This aligns directly with the core Independent Living value that people with disabilities should be able to live in the least restrictive setting, with the supports and accessibility features they choose, rather than being forced into institutions because the built environment is accessible.

Many Hawaii condominiums and planned communities were built before modern accessibility standards, which means residents often confront stairs at building entrances, narrow doors, inaccessible mail areas, lack of grab bars or handrails, and steep or broken walkways. When associations



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later “upgrade” common areas without an accessibility lens, those changes can unintentionally make things worse, such as replacing level entries with steps, adding decorative barriers along walkways, or installing heavy self-closing doors that wheelchair users and kupuna with limited strength cannot open.

Local data on disability, housing cost, and accessibility

Hawaii already has one of the highest shares of older residents in the country; approximately 21 percent of residents are age 65 or older, and this population is projected to keep growing. People with disabilities here are more likely to be low-income and housing-cost burdened, which means they have fewer resources to move or pay out of pocket for accessibility modifications when associations deny or delay reasonable requests.

- A Hawaii “ALICE in Focus” report found that people with disabilities are more likely to struggle with stable housing and housing costs, with many paying a high share of their income toward rent or mortgages.
- A statewide needs assessment of individuals with access and functional needs reported that ground-floor units or elevators and features like ramps, grab bars, accessible walkways, and wider doorways were among the most frequently cited rental needs, especially on Oahu where the majority of the housing need was concentrated.

These findings match what Independent Living Specialists hear directly from consumers: residents who can no longer safely navigate stairs to their homes, wheelchair users boxed in by inaccessible parking lots or walkways, and people with sensory, cognitive, or mental health disabilities who face inflexible association rules that do not reasonably accommodate their needs.

Why the Fair Housing Act is not enough



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The federal Fair Housing Act (FHA) requires specific accessibility features in “covered multifamily dwellings” designed and constructed for first occupancy after March 13, 1991, such as an accessible building entrance on an accessible route, accessible public and common areas, usable doors, and accessible routes into and through units. However, HCR182 correctly points out that many condominiums and planned communities in Hawaii are not covered by these design and construction requirements, either because of their age, building type, or other exceptions.

For those older properties, residents often must rely on general reasonable accommodation and modification provisions under federal and state fair housing law, which can be confusing, slow, and expensive to enforce. This is especially challenging for cross-disability communities: a simple ramp or lift might help a wheelchair user but could be denied or delayed by an association board, while grab bars, visual alarms, or wayfinding signage for Deaf, Blind, neurodivergent, or cognitive-disabled residents may be dismissed as “optional” or “too specialized.”

The need for better data and clearer responsibility

HCR182 notes that the State lacks comprehensive data on the prevalence of these disputes, the financial impacts on residents, and the statewide implications of addressing accessibility gaps. AILH strongly agrees that a dedicated working group is necessary to:

- Map how often accessibility disputes occur, including disputes about ramps, lifts, handrails, door widening, path of travel, accessible mail or trash areas, parking, and communication access in common areas.
- Clarify how existing state law interacts with federal obligations regarding reasonable accommodations and reasonable modifications in multi-family housing that is not “covered” by FHA design and construction rules.
- Identify where state law is silent or ambiguous about who is responsible—individual owners versus associations—for



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modifications to common elements like lobbies, walkways, elevators, and shared amenities.

Without clear expectations, residents with disabilities and their families often bear significant personal costs for even minor accessibility modifications, or they simply go without, increasing the risk of falls, hospitalizations, and premature institutionalization.

Exploring a state matching fund and long-term savings

The resolution appropriately directs the working group to look at the feasibility of a state matching assistance fund or grant program to help offset the costs of access modifications, as well as different funding models and potential long-term savings from reduced institutionalization. National policy bodies like the National Council on Disability have highlighted that the nation cannot build a strong home- and community-based services (HCBS) system without significantly increasing the supply of affordable, accessible housing and supportive home modifications.

Other states provide instructive examples that Hawaii can build on:

- Some states and housing agencies operate home modification funds or voucher programs that assist low-income people with disabilities with accessibility improvements, often using income-based eligibility, cost-sharing, and per-household caps—similar to what HCR182 suggests studying.
- States such as Pennsylvania and Wisconsin have used home modification assistance and flexible financing tools to help people with disabilities purchase and modify homes, including in shared-ownership or association-governed contexts, showing that publicly supported accessibility modifications can be administered responsibly and cost-effectively.

Evidence from these programs and from HCBS research indicates that relatively modest investments in accessibility—such as ramps, bathroom modifications, or improved routes of travel—can prevent costly falls,



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hospital stays, and early admission to nursing facilities, generating long-term Medicaid and state savings while honoring individuals' preference to remain at home.

Independent Living recommendations for the working group

From a cross-disability Independent Living perspective, AILH respectfully offers the following recommendations for how the working group should be structured and what it should prioritize:

1. Ensure robust cross-disability representation.

The resolution already specifies that the Executive Director of the Disability and Communication Access Board will chair and include state agencies and the Hawaii Council of Associations of Apartment Owners, with authority to add other members. AILH urges that Centers for Independent Living, cross-disability organizations, and self-advocates who live in condominium and planned community housing be included as appointed members so that the full range of physical, sensory, cognitive, psychiatric, and chronic health disabilities is reflected.

2. Center lived experience in data collection.

In addition to gathering legal and financial information, the study should deliberately collect stories and examples from residents statewide, including Neighbor Islands and rural communities, about how accessibility barriers in multi-family housing have affected their safety, health, and ability to age in place. These narratives will help ensure that any policy recommendations are grounded in real-world experience rather than just theoretical compliance.

3. Address both physical and programmatic barriers.

The study should consider not only ramps, elevators, and door widths, but also communication access (visual alarms, signage, accessible communication with boards and managing agents), emergency egress for people with mobility or sensory disabilities,



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and association rules or practices that unintentionally discriminate against people with mental health, developmental, or cognitive disabilities.

4. **Prioritize solutions that keep people in integrated community housing.**

Any recommendations for funding or legal changes should be evaluated based on whether they help residents remain safely in their existing homes in integrated community settings, rather than pushing them toward segregated, congregate, or institutional environments. This is consistent with Independent Living philosophy and with national HCBS and Olmstead principles.

5. **Consider equity and cultural context.**

Native Hawaiian and Pacific Islander residents with disabilities in Hawaii are more likely to be renters and face higher housing cost burdens than some other groups, which intersects with historical and cultural ties to *aina* and place. The working group should consider how accessibility gaps in multi-family housing may compound existing inequities for these communities and design solutions that are culturally responsive.

Closing

HCR182 is a necessary step toward understanding and addressing the accessibility barriers that many residents with disabilities face in older multi-family housing governed by condominium and planned community associations. For AILH's consumers and for cross-disability communities statewide, these barriers are not theoretical: they determine whether someone can safely reach their own front door, shower without risking a fall, or attend a board meeting where decisions about their home are made.

AILH appreciates the Legislature's recognition that aging in place and community living are essential to Hawaii's *kupuna* and residents with disabilities, and that better data, clearer responsibilities, and targeted funding tools may be needed to close existing gaps.



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Thank you for the opportunity to testify.

Mahalo,

Roxanne Bolden
Executive Director