



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

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GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

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April 2, 2026

TO: HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Representative Lisa Marten, Chair
Representative Ikaika Olds, Vice Chair

HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Loy, Vice Chair
Honorable Members

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

**RE: HCR 67 -- RELATING TO DISABILITY AND COMMUNICATION
ACCESS BOARD**

HEARING: Tuesday, April 7, 2026 @ 11:15 am; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA agrees that patients who are deaf, hard-of-hearing, or deaf-blind should be provided with auxiliary aids and services, including qualified sign language interpreters, to ensure effective communication. Identifying those needs to include patient preference, site specific needs, legal duties and other work, health, and living requirements.

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.

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,

HCR 67: testimony of SHPDA (2026), continued

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.

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.

A study of the communication needs of deaf, hard-of-hearing and deaf-blind would provide direction, identify current resources and identify gaps. This would lead to better care. SHPDA defers to the Disability and Communication Access Board on the specifics, details and costs.

Finally, we also strongly support HB1974 to provide an accurate and needed statewide assessment of the *numbers of citizens* affected by hearing loss, and an assessment of diagnostic and therapeutic health services available to improve hearing loss where feasible.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
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April 7, 2026

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH AND ON HUMAN SERVICES AND HOMELESSNESS

House Concurrent Resolution 67/House Resolution 61 – Requesting the Disability and Communication Access Board to Study the Health Care Setting Communication Needs of, and Develop Guidelines for, Individuals who are Deaf, Hard of Hearing, or Deaf-Blind

The Disability and Communication Access Board (DCAB) supports House Concurrent Resolution 67/House Resolution 61 – Requesting the Disability and Communication Access Board to Study the Health Care Setting Communication Needs of, and Develop Guidelines for, Individuals who are Deaf, Hard of Hearing, or Deaf-Blind.

Patients who are deaf, hard of hearing, or deaf-blind often encounter significant communication challenges in health care settings, especially at the hospital or when transitioning to a skilled nursing facility. It is the communication that can lead to misunderstandings about treatment plans, delayed care, and even safety risks during transitions between facilities.

The study will identify communication needs, evaluate current practices, and provide recommendations to improve guidance for health care providers to ensure effective communication.

Thank you for the opportunity to testify.

Respectfully submitted,

KRISTINE PAGANO
Acting Executive Director



www.AlohaILHawaii.org

Apr 7, 2026

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The Honorable Lisa Marten, Chair
House Committee on Human Services & Homelessness
The Honorable Gregg Takayama, Chair
House Committee on Health
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HCR67 – Requesting the Disability and Communication Access Board to Study the Health Care Setting Communication Needs of, and Develop Guidelines for, Individuals who are Deaf, Hard of Hearing, or Deaf-Blind.

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a Center for Independent Living that provides cross-disability, consumer-controlled services statewide to support people with disabilities to live in their own homes and communities, rather than in institutions. From this Independent Living (IL) perspective, AILH **strongly supports HCR67**, which requests the Disability and Communication Access Board (DCAB) to study the communication needs of individuals who are Deaf, hard of hearing, or Deaf-blind in health care settings and to develop improved guidance for health care providers.

Independent Living is based on the principles of self-determination, consumer control, and full participation in community life. For disabled people, effective communication in health care is not just a service issue; it is a core civil rights and community living issue. When a person cannot understand or be understood in a health care setting, that person cannot truly direct their own care, give informed consent, or safely return to and remain in the community. This resolution correctly acknowledges that federal law requires effective communication by health care facilities and



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that Hawaii law prohibits disability discrimination in places of public accommodation, including health care settings.

AILH appreciates that the resolution reiterates the legal duty of health care providers to offer auxiliary aids and services, including qualified sign language interpreters, to Deaf, hard of hearing, and Deaf-blind patients, and to give primary consideration to the patient's preferred method of communication. From an IL standpoint, honoring the individual's choice about how to communicate is central to self-determination.

Communication access is not an "extra" benefit; it is a prerequisite for equal participation, meaningful consent to treatment, and dignity in care.

The cross-disability reality is that communication barriers rarely happen in isolation. A Deaf patient may also have mobility disabilities, intellectual or developmental disabilities, mental health disabilities, chronic illness, or age-related disabilities. A Deaf-blind person may rely on tactile interpretation while also needing support for orientation, mobility, or cognitive processing. Many people use multiple communication supports such as American Sign Language, tactile signing, captioning, plain language, assistive listening devices, speech-to-text tools, or picture-based communication. A cross-disability IL lens requires the State to understand these overlapping needs, rather than treating communication access as a narrowly defined issue or limiting the focus to one disability category.

HCR67 directs DCAB to consider interpreter availability, the range of patient preferences, the specific needs of those who are hospitalized or in skilled nursing facilities, and the legal duty of providers to ensure effective communication. These are important areas for study. However, the study will be strongest if it centers the lived experience of disabled people who have postponed care, relied on family to interpret, struggled to understand discharge instructions, or avoided health settings altogether because communication was not accessible. Independent Living philosophy teaches that systems work best when consumers define the problems and help design the solutions.

From an IL perspective, the most important question is not whether a facility has a written policy, but whether disabled people can actually



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control decisions about their own bodies, health, and lives. When communication fails, a person may be unable to describe symptoms, ask clarifying questions, understand risks and benefits, review medications, report pain, consent or refuse procedures, or participate in discharge planning. In those moments, the risk of medical errors, preventable complications, avoidable hospital readmissions, and trauma increases, and the person's trust in the health and human services systems is damaged.

For the Committee on Human Services & Homelessness, this issue is deeply connected to social determinants of health, poverty, and risk of institutionalization or homelessness. If communication barriers cause a person with disabilities to be misdiagnosed, prematurely discharged, or unable to understand follow-up instructions, that person may lose employment, housing, or natural supports, or need unnecessary placement in institutions. From an IL perspective, communication access in health care is part of preventing unnecessary institutionalization and supporting people to remain safely housed and integrated in their communities.

For the Committee on Health, communication access is fundamental to quality of care, patient safety, and equity in health outcomes. The resolution notes that patients who are Deaf, hard of hearing, or Deaf-blind may have additional communication needs when hospitalized or receiving in-patient care in skilled nursing facilities. AILH urges that the study look across the full continuum of care: emergency rooms, inpatient units, outpatient clinics, primary care, speciality care, rehabilitation services, home- and community-based services, dental care, behavioral health, and transitions back to the community. IL values require that discharge planning, home instructions, and follow-up care be communicated in ways the person can understand and use in their everyday life.

Geographic equity is also an IL concern. Interpreter shortages and communication access barriers are often more severe in rural and neighbor island communities. People may already be traveling long distances and facing limited provider options. Telehealth, while useful in some situations, is not a complete solution, particularly when a person has complex communication needs, multiple disabilities, limited broadband, or requires



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physical examination and hands-on care. The study requested by HCR67 should examine differences between Oahu and the neighbor islands and recommend strategies that work in real-world conditions across the state.

The resolution notes that an accompanying adult may interpret only in limited circumstances and should not be relied upon where impartiality or effectiveness is in doubt. In practice, however, many disabled patients feel pressured to accept family members or friends as interpreters because providers have not arranged qualified services in a timely manner. From an IL and civil rights perspective, this practice undermines autonomy, privacy, and self-direction. Family members should not be placed in the role of interpreter unless the patient freely chooses this option, it is legally permissible in that context, and there are safeguards for accuracy and confidentiality.

AILH encourages DCAB and the Legislature to design the study in a way that reflects core Independent Living principles:

- Disabled people, including Deaf, hard of hearing, and Deaf-blind community members, should have leadership roles in shaping the study questions, identifying priority issues, and reviewing draft recommendations.
- Input should be collected from a broad cross-section of consumers, including those who use different communication methods, live on neighbor islands, or have experienced hospitalization, long-term care, behavioral health care, or emergency services.
- The study should explicitly consider how communication barriers intersect with other factors such as poverty, limited transportation, limited natural supports, and existing health disparities.

Finally, AILH urges that any revised guidance for health care providers be concrete and implementation-focused. Providers will benefit from clear expectations regarding: timely access to qualified interpreters and other auxiliary aids; documentation of a patient's preferred communication methods; procedures for both routine and urgent situations;



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communication during admission, informed consent, treatment, and discharge; staff training requirements; and mechanisms for patients to raise concerns without fear of retaliation. Patients and families will benefit from plain language information about their communication rights, available in accessible formats and languages common in Hawaii's communities.

Independent Living is fundamentally about ensuring that people with disabilities can make their own choices, live in the settings they choose, and participate fully in community life. Effective communication in health care directly influences whether individuals can manage chronic conditions, avoid unnecessary institutionalization, maintain housing and employment, and remain connected to family and culture. HCR67 is an important step toward aligning Hawaii's health and human services systems with these values.

For these reasons, Aloha Independent Living Hawaii respectfully supports HCR67 and asks the Committees on Human Services & Homelessness and on Health to move this measure forward, with an emphasis on consumer-driven, cross-disability, and community-based solutions.

Thank you for the opportunity to testify.

Mahalo,

Roxanne Bolden

Executive Director

HR-61

Submitted on: 4/3/2026 1:41:03 PM

Testimony for HSH on 4/7/2026 11:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Lila Mower	Individual	Support	Written Testimony Only

Comments:

In strong support of this resolution.