

HR-99

Submitted on: 3/30/2026 10:50:59 AM

Testimony for EDN on 3/31/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

In support.



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Mar 31, 2026

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The Honorable Justin H. Woodson, Chair
House Committee on Education
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HCR107 – Urging the Department of Education to Support Academic Flexibility and Equity for Students with Chronic and Autoimmune Illnesses.

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a statewide cross-disability organization grounded in the Independent Living (IL) philosophy. We serve individuals with all types of disabilities across Hawaii. Our mission is to assist people with disabilities to live independently in the community, achieve their self-determined goals, and have equal access to all aspects of community life.

AILH **supports HCR107** and urges the Department of Education (DOE) to adopt academic flexibility and equity measures that reflect the lived realities of students with chronic and autoimmune illnesses, as well as the broader cross-disability student population in Hawaii.

Cross-Disability Relevance: Beyond Chronic and Autoimmune Illness

While HCR107 rightfully highlights students with chronic and autoimmune illnesses—including systemic lupus erythematosus, rheumatoid arthritis, and type I diabetes—AILH emphasizes that many other disability groups experience similar episodic, unpredictable, and fluctuating health patterns that require the same academic flexibility.



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Students navigating the following conditions share many of the same barriers identified in this resolution:

- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)
- Postural Orthostatic Tachycardia Syndrome (POTS)
- Long COVID and post-viral conditions
- Epilepsy and seizure disorders
- Chronic pain conditions (fibromyalgia, complex regional pain syndrome)
- Mental health disabilities (depression, anxiety, PTSD, bipolar disorder)
- Cancer treatment and recovery
- Sickle cell disease
- Crohn's disease, ulcerative colitis, and other gastrointestinal conditions
- Neurodivergence (ADHD, autism) when co-occurring with health challenges

These students, like those with autoimmune conditions, face periods of severe fatigue, pain, hospitalization, cognitive impacts, and medical absences that disrupt academic continuity and well-being. A cross-disability approach ensures that flexible academic pathways are available to all students whose health conditions fluctuate over time, not limited to specific diagnostic categories.

Independent Living Philosophy and Student Self-Determination

The Independent Living philosophy is built on five core principles: **consumer control, peer support, self-help, cross-disability perspective, and equal access.** These principles are directly relevant to creating equitable educational environments for students with episodic health conditions.

Consumer control means that students and their families—not schools alone—should lead the design of flexible academic pathways. Students with chronic illnesses are experts in their own bodies and know when they are experiencing flare-ups, fatigue, or medical crises. Academic flexibility must



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be **student-directed and family-informed**, with accommodations that respond to real-time health status rather than rigid timelines.

Peer support is a cornerstone of the IL movement and is particularly vital for students managing chronic illness. Many students with invisible or episodic disabilities face isolation, stigma, and misunderstanding from peers and school staff. Peer mentoring programs that connect students with chronic illnesses to others who share similar experiences can reduce loneliness, build resilience, and provide practical strategies for navigating school during health challenges. AILH urges DOE to integrate peer support models into academic flexibility planning.

Self-help and self-advocacy skills are critical for students to successfully navigate Section 504 plans, communicate their needs, and transition to postsecondary education, employment, and community living. Academic flexibility policies should explicitly include opportunities for students to develop self-advocacy skills, understand their rights, and participate meaningfully in their own accommodation planning.

A **cross-disability perspective** ensures that policies are inclusive and do not inadvertently exclude students whose conditions do not fit narrow definitions. Flexible academic pathways must be available based on functional impact and documented need, not solely on diagnosis.

Equal access requires removing systemic barriers so that students with chronic illnesses have the same opportunities for rigorous learning, extracurricular participation, social connection, and postsecondary preparation as their non-disabled peers.

Disparities Facing Native Hawaiian, Pacific Islander, and Asian Students

HCR107 correctly notes that Asian, Native Hawaiian, and Pacific Islander populations experience higher rates and more severe forms of certain autoimmune diseases. This is a critical health equity issue that must be centered in DOE policy.

Research shows that Native Hawaiian and Pacific Islander communities face disproportionate rates of systemic lupus erythematosus (SLE), type 2



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diabetes (which can lead to autoimmune complications), and other chronic conditions, often compounded by social determinants of health such as poverty, housing instability, and limited access to preventative care. Filipino, Japanese, and other Asian populations in Hawaii also experience higher prevalence of certain autoimmune and chronic conditions.

When students from these communities face rigid attendance policies, inflexible assignment deadlines, and punitive responses to medically documented absences, they are doubly penalized—first by their health condition, and second by systemic inequities in school policy implementation. Academic flexibility is not a “special flavor” —it is an equity measure that levels the playing field for students whose bodies and life circumstances require different pathways to the same educational outcomes.

Neighbor Island and Rural Barriers

AILH strongly supports the resolution’s recognition that students on neighbor islands face additional barriers due to limited access to medical specialists and the need for off-island travel. Students on Molokai, Lanai, rural Hawaii Island, and outer Kauai often must travel to Honolulu or the mainland for specialized care related to autoimmune and chronic conditions. This results in extended absences, family financial strain, and significant social and academic disruption.

For these students, academic flexibility is not optional—it is essential to their ability to stay enrolled, maintain academic progress, and avoid being pushed out of school entirely. Schools must provide:

- Proactive planning for extended medical travel, including advance assignments, virtual instruction options, and home/hospital teaching when appropriate
- Non-punitive attendance policies that recognize medically documented off-island travel as excused and do not trigger truancy or credit denial



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- Coordination with families to ensure continuity of learning, including clear communication about assignments, timelines, and re-entry support

Students in rural and neighbor island communities deserve equitable access to learning regardless of where they receive medical care.

Section 504 Implementation Gaps

HCR107 rightly points out that while Section 504 of the Rehabilitation Act of 1973 provides important individual accommodations for students with disabilities, important individual accommodations for students with disabilities, implementation and awareness vary widely across schools, particularly for students with episodic chronic illnesses whose needs fluctuate over time.

AILH has heard directly from families across the state that:

- Some schools are unfamiliar with Section 504 or confuse it with IDEA special education eligibility
- Students with invisible or episodic conditions are told they “don’t look sick” and face disbelief or minimization of their needs
- 504 plans are often written narrowly (e.g., “extra time on tests”) and do not include flexibility for attendance, assignment deadlines, or remote learning options during flare-ups
- School lack clear protocols for responding when a student’s condition worsens unexpectedly, leading to academic penalties during the exact moments when students are most vulnerable

DOE must provide statewide guidance, training, and model policies to ensure that Section 504 accommodations for students with chronic and autoimmune illnesses include:

- Flexible attendance policies that do not penalize medically documented absences
- Flexible assignment deadlines during documented flare-ups or hospitalizations



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- Access to multiple learning modalities (in-person, virtual, asynchronous, home/hospital instruction) based on student need and choice
- Protection from being labeled “truant,” “non-compliant,” or academically deficient when absences are beyond the student’s control
- Clear re-entry protocols after extended absences, including academic and social support to ease transitions back to school

Guidance alone is not sufficient. Schools need concrete tools, checklists, case examples, and professional development to translate policy into practice.

Mental Health and Academic Stress

Students managing chronic illness frequently experience heightened academic stress, burnout, and mental health challenges when attendance policies and assignment deadlines are applied without flexibility during medically documented flare-ups. This is not a separate issue—it is an integral part of the disability experience for many students.

When students are forced to choose between attending school while experiencing severe pain, exhaustion, or other symptoms, or staying home and risking academic failure, they are placed in an impossible bind. This creates:

- Chronic stress and anxiety about falling behind
- Burnout from trying to “push through” symptoms to meet rigid deadlines
- Depression and hopelessness when school systems feel unsupportive or punitive
- Social isolation when students miss extended periods and lose connection to peers
- Long-term disengagement from education when students feel the system is not designed for them



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Academic flexibility is a mental health intervention. When students know that their school will work with them during flare-ups, they experience reduced anxiety, greater engagement, and stronger long-term academic outcomes.

Long-Term Outcomes: Postsecondary and Community Living

AILH's work focuses on helping individuals with disabilities live independently in the community, access employment, and achieve self-determined goals. Academic flexibility in K-12 education is directly tied to these long-term outcomes.

Students who receive flexible, non-punitive support during chronic illness learn to:

- Advocate for themselves and communicate their needs effectively
- Navigate accommodations system (504, ADA, workplace accommodations)
- Balance health management with academic and work responsibilities
- Build resilience and problem-solving skills
- Envision futures that include postsecondary education, employment, and community participation

Students who are penalized, pushed out, or denied flexibility are more likely to:

- Drop out of school or receive limited diplomas
- Avoid postsecondary education due to negative school experiences
- Face unemployment or underemployment
- Experience poverty, housing instability, and long-term dependence on systems

Academic flexibility is not just about getting through high school—it is about preparing students with chronic illnesses to live full, independent lives in their communities.

Recommendations



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AILH respectfully urges the Committee to pass HCR107 and recommends that DOE implement the following measures:

1. Develop and disseminate **statewide guidance on academic flexibility** for students with chronic, autoimmune, and episodic health conditions, applicable across all disability categories with similar functional needs.
2. Provide **comprehensive training** for school administrators, teachers, counselors, and attendance staff on Section 504 implementation, episodic disabilities, and non-punitive flexibility practices.
3. Create **model 504 plan templates** that include specific accommodations for attendance flexibility, assignment deadline extensions, access to virtual/asynchronous learning, and re-entry support.
4. Establish **clear protocols for medical absences and off-island travel**, ensuring students are not penalized when absences are documented and health-related.
5. Integrate **peer support and self-advocacy programs** that connect students with chronic illnesses to mentors and teach students to lead their own accommodation planning.
6. Center **student and family voice** in the design of flexible pathways, ensuring accommodations are individualized, responsive, and student-directed.
7. Monitor **implementation equity** across schools, with particular attention to neighbor island, rural, and underserved communities where access to medical care and school supports may be limited.



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8. Ensure **coordination between schools, families, and healthcare providers** to support continuity of learning during extended absences, hospitalizations, and treatment.

Conclusion

Students with chronic and autoimmune illnesses—and the broader cross-disability student population with episodic health conditions—deserve educational environments that recognize their full humanity, honor their health realities, and provide pathways to academic success that do not require them to sacrifice their well-being.

HCR107 is an important step toward educational equity. AILH urges the Committee to pass this resolution and to ensure that DOE's implementation reflects Independent Living principles of self-determination, peer support, cross-disability inclusion, and equal access.

Thank you for the opportunity to testify.

Mahalo,

Roxanne Bolden
Executive Director

HR-99

Submitted on: 3/29/2026 2:42:35 PM

Testimony for EDN on 3/31/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
sarah Adler-Rephan	Individual	Support	Remotely Via Zoom

Comments:

I am Writing in strong support of 107 HCR URGING THE DEPARTMENT OF EDUCATION TO SUPPORT ACADEMIC FLEXIBILITY AND EQUITY FOR STUDENTS WITH CHRONIC AND AUTOIMMUNE ILLNESSES. As someone who lives with a chronic autoimmune illness I have personally experienced the challenges of trying to complete an education with a chronic illness. Chronic illness is disabling and should receive accommodations to make education equitably accessible for those with chronic illnesses, especially children, and especially when in regards to an education. Children with chronic illnesses deserve the same opportunities to succeed as any other child. For this reason I strongly urge you to vote yes on HCR 107/HR 99.

HR-99

Submitted on: 3/28/2026 1:29:49 PM

Testimony for EDN on 3/31/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna Crawford	Individual	Support	Written Testimony Only

Comments:

Dear Committee Members,

I support HCR107 and HR99 to strengthen support for students with chronic and autoimmune conditions in Hawai'i schools. Many students face barriers to consistent attendance and learning due to health conditions, and clearer guidance under Section 504 is needed to ensure fair support for these students consistently. This is an important step toward improving educational accessibility, and we need to keep pushing for support.

I am a teacher in Public High School and was asked by a student with an autoimmune condition and a 504 Plan to support this bill.

Thank you in advance for your support,

Anna Crawford

King Kekaulike High School, Maui

HR-99

Submitted on: 3/29/2026 10:40:54 PM

Testimony for EDN on 3/31/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
An Vo	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is An and I support HCR107 and HR99. With Section 504 being challenged, this resolution makes sure that all students have access to education and the accommodations they need in schools.

For more background: students with episodic / flare-up conditions experience random flare-ups that impact their day-to-day experience in schools, e.g. attendance, performance, learning, pain, etc. Support through Section 504 is not always consistent or implemented to help these students. This resolution gives clearer guidance and greater consistency to help them overcome these challenges in schools.

Mahalo for your consideration.

An Vo

HR-99

Submitted on: 3/30/2026 1:28:09 PM

Testimony for EDN on 3/31/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsey	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Chelsey Miguel, and I am a student living with lupus, a chronic autoimmune condition. I am in strong support of HCR107 and HR99.

Through both my personal experience and research, I have seen how students with chronic and episodic conditions face unique / "invisible" challenges in school. Flare-ups can be unpredictable, affecting attendance, deadlines, and the ability to fully participate in learning. While Section 504 plans exist to provide support, implementation is inconsistent for me, especially for flares that may occur while learning in school. I experience brain fog, and sometimes my finger joints are dislocated while I'm taking notes or learning.

This resolution is important because it encourages clearer guidance and more consistent support across schools, ensuring that students are not academically disadvantaged due to health conditions outside of their control.

I have also had the opportunity to meet with Department of Education leadership to discuss these gaps, and this resolution reflects a collaborative effort to strengthen support within the existing framework.

Mahalo for your time and consideration.