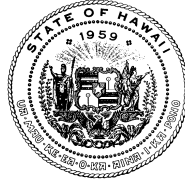


# HB467 HD1

Measure Title:	RELATING TO THE KUPUNA CAREGIVERS PROGRAM.
Report Title:	Kupuna Caucus; Kupuna Caregivers Program; Appropriation (\$)
Description:	Requires the Executive Office on Aging to include details on outcomes of the Kupuna Caregivers Program in its annual report. Requires Office on Aging to create a plan to maximize number of participants in the program and offer core services, requires plan submission to Legislature. Changes the kupuna caregivers program allocation cap from \$70 per day to an unspecified amount per week. Appropriates funds. (HB467 HD1)
Companion:	<a href="#">SB1025</a>
Package:	Kupuna Caucus
Current Referral:	CPH, WAM
Introducer(s):	TAKAYAMA, AQUINO, CACHOLA, CREAGAN, DECOITE, ELI, GATES, HAR, HASHEM, HASHIMOTO, HOLT, ICHIYAMA, KITAGAWA, C. LEE, LOWEN, MATAYOSHI, MATSUMOTO, MCKELVEY, MIZUNO, MORIKAWA, NAKAMURA, NISHIMOTO, OKIMOTO, PERRUSO, SAY, TARNAS, THIELEN, WARD, WILDBERGER, WOODSON, YAMASHITA

DAVID Y. IGE  
GOVERNOR OF HAWAII



CAROLINE CADIRAO  
PSM MANAGER

BRUCE ANDERSON  
DIRECTOR OF HEALTH

**STATE OF HAWAII**  
**EXECUTIVE OFFICE ON AGING**  
NO. 1 CAPITOL DISTRICT  
250 SOUTH HOTEL STREET, SUITE 406  
HONOLULU, HAWAII 96813-2831  
eoa@doh.hawaii.gov

**Testimony COMMENTING on HB0467 HD1**  
**Relating to Kupuna Caregivers Program**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
SENATOR ROSALYN H. BAKER, CHAIR  
SENATOR STANLEY CHANG, VICE CHAIR

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

Hearing Date: March 13, 2019  
9:00 am

Room Number: 229

- 1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department  
2 of Health, supports this measure provided that its enactment does not reduce or replace priorities  
3 within the Administration's base budget.
- 4 **Fiscal Implications:** This measure appropriates an unspecified amount in FY2020 and in  
5 FY2021 for the Kupuna Caregivers Program. Governor Ige's budget request maintains a total  
6 base budget of \$1.2 million from SFY2019 through SFY2021.
- 7 **Purpose and Justification:** The purpose of this bill is to provide assistance to caregivers to  
8 allow them to remain in the workforce while their loved ones are provided with necessary  
9 support services. Hawaii's aging population continues to grow, and caregiver assistance is  
10 critical to supporting caregivers' own health as well as the health of Hawaii's kupuna. Act 102,  
11 HSL2017 appropriated \$600,000 for kupuna caregiver support services in SFY2018. In  
12 SFY2019, the Legislature appropriated \$1.2 million which will only maintain funding for those

1 being served. The Kupuna Caregiver Program is in its infancy as this month marks the one-year  
2 anniversary of the program serving caregivers. The program served 110 caregivers statewide as  
3 of the end of December 2018.

4 The current language for the Kupuna Caregivers Program Statute, HRS 349-18, specifies a  
5 maximum amount of \$70 a day for services which limits the number of individuals who received  
6 Kupuna Caregiver services. If the language was amended to a weekly amount such as \$350 per  
7 week, this would give the Area Agencies on Aging more flexibility on how the funds are used.

8 EOA is very concerned over the suggested language on page 6, line 3 to limit the benefit to one  
9 day a week as it would not support working caregivers to maintain employment. We recommend  
10 that the benefit for each qualified recipient is limited on a weekly basis at \$350 a week. We  
11 agree that we need to strengthen the program. We support the recommendation to develop a plan  
12 to maximize the number of participants served by the program. We suggest that the plan include  
13 developing procedures to target those with greatest economic needs.

14 The bill also requires the Executive Office on Aging to include in its annual report to the  
15 legislature a section detailing outcomes of the Kupuna Caregivers program. EOA's current 2018  
16 Annual Report to the Legislature included a section on Kupuna Caregivers and will continue to  
17 highlight this program in our annual report taking in to consideration the elements outlined in  
18 this bill.

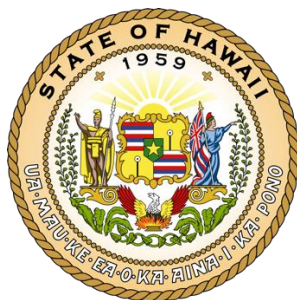
19 Finally, as outlined on page 3, this measure seeks to expand services as item 3 states "Include  
20 additional services to be provided by the kupuna caregivers program". Additionally, services  
21 proposed on page 5, line 14 are "activities of daily living (ADLs)". ADLs are not a service, it is

1 a term used to refer to people’s self-care activities, and EOA uses the measurement of these  
2 deficits as criteria for eligibility.

3 **Recommendations:** The Kupuna Caregivers Program is a part of the Administration’s base  
4 budget request. 1) We support advancing this measure provided that its enactment does not  
5 reduce or replace priorities in the Administration’s base budget. 2) We recommend continued  
6 discussions with stakeholders interested in this pilot program and need more time to gather and  
7 analyze the data from the first year of implementation. 3) We support the idea of a plan to work  
8 on assisting more working caregivers. We will need to continue funding this program so the  
9 current caregivers who are receiving services are not abandoned. The plan could include a  
10 process to target those who are economically needy, and we will be able to keep them employed  
11 so they will not end up on Medicaid. 4) We recommend a weekly amount of \$350 to provide  
12 flexibility in addressing the caregivers’ needs. 5) EOA recommends two language amendments  
13 to the bill; delete Page 3, lines 7 and 8 which states, “Include additional services to be provided  
14 by the kupuna caregivers program” and delete Page 5, line 14, “(1) activities of daily living”.

15

16 Thank you for the opportunity to testify.



Testimony on behalf of the  
Hawai'i State Commission on the Status of Women  
**Khara Jabola-Carolus, Executive Director**

Prepared for the S. Cmtee. on CPH

Comments re: HB467 HD1  
Wednesday, March 13, 2019, at 9:00 a.m. in Room 229

Dear Chair Luke, Vice Chair Cullen, and Honorable Members,

The Hawai'i State Commission on the Status of Women wishes to mahalo you for the opportunity to provide comments on HB467 HD1, which would appropriate funds for the kupuna caregivers program.

More seniors in Hawai'i live past the age of 65 compared to anywhere else in the United States. Women over 65 and older are much more likely to be poor than men, regardless of race, educational background, and marital status. Thus, women face greater financial pressure to rely on friends and family care as they age. The soaring demand for affordable or free caregiving is predominantly met by women, who do not have the basic supports to allow them to take care of their families while they work. The value of the informal care that women in the United States provide ranges from \$148 billion to \$188 billion annually.<sup>1</sup> The quiet heroism of unpaid women caregivers alone cannot be the primary countervailing factor to our caregiving crisis.

A care agenda should be funded and normalized into Hawai'i's economic plan. Accordingly, the Commission requests that the Committees pass HB467 HD1.

Sincerely,

Khara Jabola-Carolus

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<sup>1</sup> Family Caregiver Alliance, *Women and Caregiving: Facts and Figures*, 2003, <https://www.caregiver.org/women-and-caregiving-facts-and-figures>.



**ACOG**  
The American College of  
Obstetricians and Gynecologists

*American College of  
Obstetricians and Gynecologists  
District VIII, Hawai'i (Guam & American  
Samoa) Section*

TO: Senate Committee on Commerce, Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

DATE: Wednesday, March 13, 2019  
PLACE: State Capitol Conference Room 229

FROM: Hawaii Section, ACOG  
Dr. Chrystie Fujimoto, MD, FACOG, Chair  
Dr. Reni Soon, MD, MPH, FACOG, Vice Chair  
Lauren Zirbel, Community and Government Relations

**RE: HB467\_HD1 – Relating to the Kūpuna Caregivers Program**  
**Position: COMMENTS**

The Hawai'i Section of the American College of Obstetricians and Gynecologists (HI ACOG) supports the intent behind HB 467\_HD1, which would continue the needed funding for the Kūpuna Caregivers program, however we are not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed.

In 2017, the Hawai'i State Legislature honored our tradition in Hawai'i of caring for our kūpuna by establishing the Kūpuna Caregivers Program. Within just a few weeks of launch, the Executive Office on Aging documented over 500 requests for services. By 2020, nearly 300,000 people will be age 65 or older in Hawai'i.<sup>1</sup> Many of our diverse cultures in Hawai'i honor our elders who wish to age at home, but the burden on caregivers can be significant and can include financial and emotional stress. Much of that burden disproportionately falls on women. According to AARP, the average caregiver is a 62-year old married woman who cares for an elderly parent or husband while still working. Working women may neglect their own health while caring for their children and their parents. Many women may leave the workforce altogether, which can affect their insurance and access to health care.

Our organization calls for access to quality health care appropriate to every woman's needs throughout her life and for assuring that a full array of clinical services be available to women without costly delays or the imposition of cultural, geographic, financial or legal barriers.<sup>2</sup> Kūpuna Caregivers provides critical support to families so that caregivers do not have to choose between caring for a loved one and stable employment and healthcare access. HI ACOG is committed to both facilitating access to and supporting high quality women's health care, including for caregivers and our kūpuna.

Each year the Hawai'i Legislature has shown leadership on this issue by creating and continuing to fund the Kūpuna Caregivers program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for the opportunity to testify.

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<sup>1</sup> Department of Business, Economic Development, and Tourism, Population and Economic Projections for the State of Hawaii to 2040.

<sup>2</sup> The American College of Obstetricians and Gynecologists, Access to Women's Health Care, Statement of Policy, Reaffirmed July 2016

**HB-467-HD-1**

Submitted on: 3/10/2019 10:16:53 PM

Testimony for CPH on 3/13/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katrina Obleada	Testifying for Hawaii Psychological Association (HPA)	Support	Yes

Comments:

Hawai'i Psychological Association (HPA) supports this measure which would provide additional funding to expand the Kupuna Caregiver program. It would increase the number of recipients who would benefit from the Kupuna Caregiver program and also allow for program flexibility in the use of the funds to address the needs of the caregivers.



**Evelyn Hao**  
President

Chair Rosalyn H. Baker  
Vice Chair Stanley Chang  
Committee on Commerce, Consumer Protection, and Health

**Rev. Won-Seok Yuh**  
Vice President-  
Clergy

Wednesday, March 13, 2019

**William Bekemeier**  
Vice President-  
Laity

**TESTIMONY FOR HB 467 HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM**

Dear Chair Baker, Vice Chair Chang and Members of the Committee,

**Jon Davidann**  
Treasurer

My name is Evelyn Aczon Hao and I am the President of Faith Action for Community Equity. Faith Action (*formerly known as FACE*) has been working on long-term care issues since 1996. As an organization that really pushed for the passage of the Kupuna Caregivers Program, we want to see the funding for this critical program continue. We would like to provide a COMMENT on House Bill 467 HD1:

**Deanna Espinas**  
Secretary

**Christy MacPherson**  
Executive  
Director

We **strongly** urge you to amend this measure by removing the once per week limit on services so that the Executive Office on Aging is able to negotiate more freely with vendors and be able to provide effective services that will have more of a supportive impact on caregiving families.

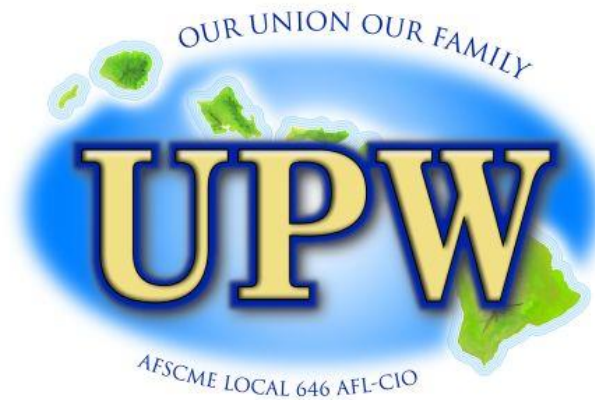
**Soo San Schake**  
Organizing  
Assistant

Thank you for considering my testimony.

Sincerely,

Evelyn Aczon Hao  
President  
Faith Action for Community Equity





THE HAWAII STATE SENATE

The Thirtieth Legislature  
Regular Session of 2019

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

Date of Hearing: Wednesday, March 13, 2019  
Time of Hearing: 9:00 a.m.  
Place of Hearing: Conference Room 229

**TESTIMONY ON HB467, HD1 RELATING TO THE KUPUNA CAREGIVERS  
PROGRAM**

By DAYTON M. NAKANELUA,  
State Director of the United Public Workers,  
AFSCME Local 646, AFL-CIO ("UPW")

My name is Dayton M. Nakanelua, State Director of the United Public Workers, AFSCME, Local 646, AFL-CIO (UPW). The UPW is the exclusive bargaining representative for approximately 14,000 public employees, which include blue collar, non-supervisory employees in Bargaining Unit 01 and institutional, health and correctional employees in Bargaining Unit 10, in the State of Hawaii and four counties. The UPW also represents about 1,500 members in the private sector.

HB467, HD1 requires the Executive Office on Aging to provide an annual report of the outcomes of the Kupuna Caregivers Program and to create a plan to maximize the number of participants. The bill also changes the program allocation to an unspecified amount.

The UPW **strongly supports** this measure.

Thank you for the opportunity to submit this testimony.



Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on  
Commerce, Consumer  
Protection, and Health

Wednesday, March 13, 2019



**CARING  
ACROSS  
GENERATIONS**

### COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Pedro Haro, and I wish to testify on behalf of Caring Across Generations providing comments on House Bill 467, HD1..

In general, we support the majority of the content of the bill. We appreciate the well thought out report on the program's efficacy and financial structure, which will give the legislature and the public a transparent view of the management of the program. We also wholeheartedly agree mandating a plan to reach more people. We particularly believe that community organizations and stakeholders should be engaged in the creation of this plan and would support an amendment that would state as such.

However, we do not support the cap in services to once per week. There are several issues that we believe would create havoc on the young program:

1. **Capping the frequency of services diminishes the bill's intent to have the Executive Office on Aging (EOA) create a plan to reach more people.** By binding the program to a specific service delivery schedule, it completely takes away the possible innovation that can take place as EOA engages stakeholders.
2. **It diminishes the bill's intent to diversify services and creates inequality.** By mandating a specific frequency of services, it would put into a disadvantage those who opt for less costly services, such as meal services, against those who choose more expensive services. One day of service of meal delivery or transportation does not equal to one day of service of adult day care in cost nor quantity of services.
3. **It diminishes the patient-centered approach that the Adult Disability and Resource Centers take to working with families.** By mandating how the services are to be delivered, assessments no longer would focus on meeting the specific needs of working caregivers and their families on a case-by-case basis. This patient-centered-care practice is what is recommended by the Centers for Disease Control and Prevention and has empirical evidence showing better health outcomes than a one-size-fits-all model.
4. **Capping services to once a week raises concerns of the program's future efficacy.** We recommend that if capping of services occurs, it is done using the program's first year of data analysis and with input from key stakeholders, including legislative representatives, service providers, advocates, and consumers.

There is little disagreement that the lack of long-term care coverage is a critical issue facing our country. For the vast majority of families without private long-term care insurance, the only choices available are to either spend down their life savings in order to qualify for Medicaid, or to rely on unpaid family caregivers. Neither choice is sustainable. In Hawai'i, the issue is even more devastating as our cost of home health care is on average \$10,000 more than on the continental U.S. To adequately meet the care needs of families, and of the direct care workforce, we need to support the caregiving infrastructure that the Kupuna Caregivers provides.

The Kupuna Caregivers program is a prevention program helping people before crisis has struck. It also helps

reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Care is a universal issue, and anyone in this room who is not currently providing some form of care to a family member has almost certainly done so in the past...or will do so in the future. Caring Across Generations urges this committee to support House Bill 1445 and help ensure that all families have the support they need to provide the care our kūpuna deserve.

Thank you for considering my testimony.

Sincerely,

**Pedro Haro**  
**Advocacy Director, Hawaii**  
**Caring Across Generations**  
**[pedro@caringacross.org](mailto:pedro@caringacross.org)**

**HB-467-HD-1**

Submitted on: 3/8/2019 2:39:31 PM

Testimony for CPH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
GARY SIMON	Testifying for Policy Advisory Board for Elder Affairs (PABEA)	Comments	No

Comments:

Dear Chair Baker and Honorable Members of the Senate Committee on Commerce, Consumer Affairs, and Health:

I am Gary Simon, Chairperson of the Policy Advisory Board for Elder Affairs (PABEA), which is an appointed board tasked with advising the Executive Office on Aging (EOA).

I am testifying as an individual who has worked in healthcare for over thirty years, and I am offering testimony on behalf of PABEA.

My testimony does not represent the views of the EOA but of PABEA.

PABEA strongly supports the KÅ«puna Caregivers Program.

The intent of the Program is to provide enough labor assistance to allow full-time working caregivers to remain in the labor force by subsidizing services, such as, but not limited to, adult day care and bathing services.

By subsidizing these services, the working caregiver would minimize absences and time-off from work.

The goal is to prevent caregivers from retiring prematurely or leaving the labor force with impaired retirement benefits.

***PABEA opposes limiting benefits to once per week for qualified working caregivers. Limiting benefits to once per week would be ineffective for most qualified full-time working caregivers in assisting them with remaining employed.***

PABEA supports changing the KÅ«puna Caregivers Program limitation from \$70 per day to \$350 per week to allow the Area Agencies on Aging greater flexibility in using the funds to meet the needs of the working family caregivers and their care recipients.

Thank you for considering my testimony.

Very sincerely,

Gary Simon

Chairperson, Policy Advisory Board for Elder Affairs (PABEA)

**Testimony in Support by Zonta Club Of Hilo for Kupuna Caucus Bills (HB 465, HD 1; HB 466, HD1; HB 467, HD 1; HB 468, HD1**

Hearings Before the Committee On Commerce, Consumer Protection and Health

**March 13, 2019, 9:00 a.m; State Capitol Conference Room 229**

Senator Rosalyn Baker, Senator Stanley Chang Vice-Chair, and Committee Members

**The Zonta Club of Hilo supports** the requested appropriation to fund fully the Kupuna Care, Aging and Disability Resource Centers Network, Kupuna Caregivers without the daily cap, Healthy Aging, and the Alzheimer's Disease and Related Dementias Coordinator. Zonta is an international organization of business and professional women whose mission is to advance the status of women and girls worldwide.

The Zonta Club **voted recently to support Kupuna Caucus bills relating to Aging**, including Kupuna Care, a "one-stop resource center" for aging and disability services (ADRC), Kupuna Caregivers Support, Alzheimer and Dementia Coordinator, and Healthy Aging. As an organization, we realize that aging issues disproportionately impact women for two main reasons; 1) greater social, medical and economic costs associated with longer life-expectancies for women; and 2) women still bear most of the responsibilities of elder caregiving. Many Zontians are "Baby Boomers" who understand the challenges of being an "elder."

To reduce economic and social costs facing the elders, disabled, and their caregivers, we need collaborative, comprehensive implementation of "best practices." The practices must include a government and community "support net" through adequate funding and user-friendly access.

The Kupuna Caucus funding proposals would reduce the overall societal and economic costs by allowing the elders to age-in-place, surrounded by social supports, and avoiding costly institutional care and caregivers' burnout.

The funding will be helpful for Hawaii County, which has the challenge of being the largest county with strained infrastructure. Our super-rurality makes any delivery of services for elders and disabled more challenging. We continue to have the unfortunate status of being the county with the most "challenging" economic and social negative social indicators, including inadequate public transportation and insufficient primary health care services. Hawaii County's growing elder and disabled population is outpacing the current resources. Over 21% of the population is over 60. The Kupuna Caucus funding bills give us hope.

Thank you for your expected support and opportunity to testify. Charlene Iboshi

**TO :** **SENATE COMMITTEE ON FCOMMEERCE, CONSUMER PROTECTION AND HEALTH**  
**Senator Rosalyn H. Baker, Chair**  
**Senator Stanley Chang, Vice Chair**

**FROM:** Eldon L. Wegner, Ph.D.  
Hawaii Family Caregiver Coalition

**SUBJECT: HB 467 HD1 Relating to the Kupuna Caregivers Program**

**HEARING:** Wednesday, March 13, 2019, 9:00 am  
Conference Room 229, Hawaii State Capitol

**POSITION:** The Hawaii Family Caregiver Coalition supports the intent of HB 467 HD1 to continue to fund the Kupuna Caregiver Program. However, we cannot support the current provision of HD 1 which caps services to one day per week. We believe that this restriction seriously undermines the intent of the program to offer support to employed caregivers to remain in the workforce.

The Executive Office on Aging has worked with the ADRC's to develop assessments of client and caregiver needs and resources and that the level of services should be appropriate to the results of these assessments.

**THE NEED:**

The Hawaii Kupuna Caregivers Program was established by the 2017 Legislative Session and is an important step in creating needed supports to family caregivers. The number of persons needing some assistance with everyday activities continues to increase. There are 154,000 unpaid family caregivers in Hawaii who are taking care of their parents, spouse, or other relatives who need extra care. The majority are able to manage without any assistance, but research in Hawaii as well as nationally has shown that employed caregivers suffer an extraordinary level of stress in trying to balance the obligations of work and eldercare. Consequently, many employed caregivers have reduced productivity at work and many have to limit their hours or drop out of the workforce due the demands of caring.

The Kupuna Caregivers Program is designed to enable family caregivers to continue to participate in the labor force by providing assistance with care for their elder family member. The program offers in-home and community-based services, such as day care, transportation, homemaker services, meals, and personal care services, up to 5 days a week. Elder persons needing assistance with at least 2 activities of daily living may qualify for the program.

Within a few weeks of when the program was launched, over 500 persons submitted an inquiry for the program. The program budget (\$600,000), however, limited the services to a relatively small number of clients. As of the end of December 2018, a total of 110 caregivers and 112 care recipients have been served by the program.

Legislators as well as persons in the community have expressed a strong desire to see this program expand the number of persons being served.



## **PROPOSED BILL HB 467 HD1**

Unfortunately, the current level of funding is woefully inadequate to serve the existing need. An earlier draft of **HB 467 proposed to increase the funding to \$2 million per year, which will allow the program to serve a more significant and meaningful number of employed caregivers. HD 1 removed the amount of the appropriation. We request that the Senate restore the requested appropriation to \$2 million along with a provision that the program offer a benefit to up to \$350 per week.**

We urge restoring the original plan of the program to use the County Offices of Aging to offer sufficient support to employed caregivers to remain in the labor force based on a comprehensive assessment of client and caregiver needs and resources.

Since its passage, the Hawaii Kupuna Caregiver program has received much national attention in the media and many other states are now considering similar legislation. We believe this program is a very significant step in meeting the serious needs faced by families needing to provide long-term care for their frail members

Thank you  
Eldon L. Wegner, Ph.D



CATHOLIC CHARITIES HAWAII

TO: Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee on Commerce, Consumer Protection, and Health

FROM: Betty Lou Larson, Legislative Liaison

DATE: Wednesday, March 13, 2019 (9:00 a.m., Room 229)

RE: **COMMENTS on HB 467, HD1 Relating to the Kupuna Caregivers Program**

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing supportive home and community based services to elders since 1973 and currently serves over 4,000 older persons each year.

**CCH provides the following COMMENTS in regard to HB 467, HD1:**

- **PAGE 5**: Lines 5-7 indicate intent to “(1) Maximize the number of participants served by the program; and (2) Offer the core services listed in subsection (c).”

**We fully support this intent to provide relief to more working caregivers and to provide a wider range of services since this acknowledges the diverse needs of working caregivers.**

- **PAGE 5**: Line 10 indicates a maximum **daily rate** of funding for Kupuna Caregiver services. **This daily restriction does not take into account the diverse needs of working caregivers.** For example:
  - A working caregiver who may be planning for surgery and unable to provide caregiving for an intensive but short period of time.
  - A working caregiver who may have an emergency, such as illness or death of a family member on the mainland, and may need a few days or weeks of intensive caregiving support while the caregiver is off island.
  - A working caregiver who may have a 4 day work week, working 10 hours per shift, who may want to have the kupuna go to adult day care 4 days a week but would need to pay for additional hours of care on those 4 days.

**By allowing more flexibility in how the funding may be used, the program can likely serve more working caregivers since some may need short term assistance rather than ongoing assistance.** Limiting the program to a daily rate is extremely restrictive and does not allow sufficient flexibility to meet the diverse needs of working caregivers.

Please note that in order to be eligible for the Kupuna Caregiver program, a caregiver already must reveal personal information and allow access to an employer to verify employment status of 30 hours per week. Providing relief to caregivers should be a system that ENCOURAGES working caregivers to apply, giving them hope of relief. It should not to cause working caregivers to screen themselves OUT because the benefit is too restrictive to support them in meeting their significant caregiver responsibilities.

- **RECOMMENDATIONS:**

- Consider having a **monthly** limit on authorized services per kupuna, consistent with the system already used by Kupuna Care's existing Participant Directed Services.
- Consider adding a core service of **Emergency Financial Assistance**, to address the needs of a working caregiver that may not be met within the existing network of contracted providers and who may need immediate assistance due to an unanticipated emergency in the working caregiver's situation.

For more information or questions, please feel free to email Diane Terada, Division Administrator, at [diane.terada@catholiccharitieshawaii.org](mailto:diane.terada@catholiccharitieshawaii.org) or call her via phone at 527-4702.

Thank you for this opportunity to provide testimony.



March 10, 2019

To: Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Re: COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Hrg: March 13, 2019 9:00AM in conference room 229

The Hawaii Public Health Association is a group of over 600 community members, public health professionals and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public health professionals and as a repository for information about public health in the Pacific.

Regarding House Bill 467, HD1, relating to the Kupuna Caregivers program, this bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

HPHA is supportive of the program, but not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for the opportunity to provide testimony on important health issues affecting people in Hawai'i.

Respectfully submitted,

A handwritten signature in black ink that reads 'Holly Kessler'.

Holly Kessler  
Executive Director  
Hawaii Public Health Association



Testimony of Church of the Crossroads  
Supporting HB 467 HD1 with amendments  
Senate Committee on Commerce, Consumer Protection, and Health  
March 13, 2019 at 9:00 a.m. in Conference Room 229

*The Church of the Crossroads was founded in 1922 and is Hawaii's first intentionally multicultural church.*

The Church of the Crossroads supports the bill, with amendments. The Hawaii Kupuna Caregivers Program was established by the Hawaii Legislature in 2017 and is an important step in creating needed supports to family caregivers. By 2020, nearly 300,000 people in Hawaii will be 65 years of age or older, and the number persons needing some assistance with everyday activities continues to increase.

Family caregivers provide 70% of the care for frail elderly persons and thus bear the major burden and expense of care. The majority of family caregivers are also in the workforce and their employment is necessary to support the needs of their families as well as to assure that they will have sufficient Social Security benefits and savings to support themselves in retirement.

Research in Hawaii as well as nationally has shown that employed caregivers suffer an extraordinary level of stress in trying to balance the obligations of work and eldercare. Consequently, many employed caregivers have reduced productivity at work and many have to limit their hours or drop out of the workforce due the demands of caring.

The Kupuna Caregivers Program is designed to enable family caregivers to continue to participate in the labor force by providing assistance with care for their elder family member. The program offers in-home and community-based services, such as day care, transportation, homemaker services, meals, and personal care services, up to \$70 per day for 5 days a week. Elder persons needing assistance with at least 2 activities of daily living may qualify for the program.

Within a few weeks of the launch of the program, more than 500 persons inquired about it. The program's relatively small budget, however, limited the services to a relatively small number of clients. The current level of funding, unfortunately, is still woefully inadequate to serve the existing need. Legislators, as well as persons in the community, have expressed a strong desire to expand the number of persons being served.

The bill should be amended to appropriate \$2 million to the program, which will allow the program to serve a more significant and meaningful number of employed caregivers. The bill should also be amended to allow \$350 to be spent per case per week to increase flexibility.

With those amendments the Church of the Crossroads supports the bill and urges the committee to pass it.



**CGPTA**  
**Chinatown Gateway Plaza**  
**Tenant Association**  
**Since 2006**

**To: Committee on Commerce, Consumer Protection, and Health (CPH)**

**From: Chinatown Gateway Plaza Tenant Association (CGPTA)**

Date: Wednesday, March 13, 2019, 9:00 AM

Place: Conference Room 229, State Capitol, 415 South Beretania Street

**Re: Comments on HB467 HD1**, Relating to the Kupuna Caregivers Program.

Aloha e Chair Baker, Vice Chair Chang, and Members of the Committee on CPH,

My name is Steve Lohse, I'm a resident of Chinatown Gateway Plaza (CGP) and chair of the CGP Tenant Association (CGPTA), organized by residents in 2006 to keep ourselves informed and engaged in matters of concern to our community. On behalf of the CGPTA, thank you for this opportunity to submit written **Comments on HB467 HD1**.

The CGPTA strongly supports the Kupuna Caregivers Program and reaching more people with funds, but **we strongly disagree that funding should be limited to only one day per week for caregiver services**. This defeats the Program's original intent to help working caregivers to make ends meet while caring for kupuna daily needs.

We know that daily needs for this Program exist! Doesn't it make sense to allow the Executive Office on Aging to create a plan to reach more people before we arbitrarily drastically reduce funding per week per caregiver?

**Please, pass HB467 HD1 with no drastic reduction in weekly services** and with a mandate for the Executive Office on Aging to create a plan. Please, generously fund the Kupuna Caregivers Program to help provide both the quality *and quantity* of care that our kupuna need. How can we justify less in Hawaii Nei? Thank you!

Aloha no,  
Steve Lohse, Chair  
Chinatown Gateway Plaza Tenant Association (CGPTA)  
[CGP.Tenant.Association@gmail.com](mailto:CGP.Tenant.Association@gmail.com)

**VALERIE T. POINDEXTER**

*Council Member  
Chair, Committee on Parks and Recreation  
Council District 1*



Phone: (808) 961-8018  
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Email: [valerie.poindexter@hawaiicounty.gov](mailto:valerie.poindexter@hawaiicounty.gov)

## HAWAI'I COUNTY COUNCIL

*County of Hawai'i  
Hawai'i County Building  
25 Aupuni Street, Suite 1402  
Hilo, Hawai'i 96720*

March 11, 2019

Senate Committee on Commerce,  
Consumer Protection, and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

Email: [senbaker@capitol.hawaii.gov](mailto:senbaker@capitol.hawaii.gov)  
Email: [senchang@capitol.hawaii.gov](mailto:senchang@capitol.hawaii.gov)

Subject: Testimony Supporting HB467 HD1, Relating to the Kupuna Caregivers Program

Hearing: March 13, 2019, 9:00 a.m., Conference Room 229

Dear Chair Baker and Vice Chair Chang:

On behalf of myself and the constituents of Council District 1, Hāmākua, County of Hawai'i, I would like to express our support of HB467 HD1, and submit a brief testimony as follows:

This bill requires the Executive Office on Aging to include details on outcomes of the Kupuna Caregivers Program in its annual report and requires the Office on Aging to create a plan to maximize the number of participants in the program and offer core services and requires plan submission to the Legislature. HB467 HD1 changes the Kupuna Caregivers Program allocation cap from \$70 per day to an unspecified amount per week as well as appropriate funds.

Hawai'i's elderly population of sixty five years old and older has steadily increased over the last several years and is projected to increase by an additional 19.4% by the year 2020. Many of them live with their families who are their caregivers. Most family caregivers are unpaid, but play a vital role in the State's health care system. The Kupuna Caregivers Program aims to support caregivers with additional resources such as adult daycare, assisted transportation, homemaker services, and other beneficial services.

I strongly support and urge the enactment of HB467 HD1. Thank you for your time and consideration.

Sincerely,

Valerie T. Poindexter

## Helping Hawai'i Live Well

**To:** Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair, Members, Senate Committee on Consumer Protection and Health

**From:** Trisha Kajimura, Executive Director

**Re: TESTIMONY PROVIDING COMMENTS ON HB 467 HD1 RELATING TO THE KUPUNA CAREGIVERS PROGRAM**

**Hearing: March 13, 2019, 9:00 am, CR 229**

Thank you for hearing **House Bill 467 HD1**, which will provide funds to continue the Kupuna Caregivers program. Through the Kupuna Caregivers program, our dedicated family caregivers will receive the support that they need to help keep kupuna safe at home and their family stress level from becoming unmanageable.

We know that the need for the Kupuna Caregivers program is very high for families across Hawaii. Within just a few weeks of launch, the Executive Office on Aging documented over 500 requests for services. Each of those requests represents friends and neighbors who have few other resources to turn to for caregiving support. Kupuna Caregivers is intended to support those caregiving families who are not eligible for Medicaid but are still struggling to pay for the care services they need. They are working full time, sometimes working multiple jobs, and often taking care of young children and an aging kupuna at the same time.

**While we support the program, we do not support capping services to once per week.** This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawai'i 77 years ago, that serves the community by promoting mental health through advocacy, education and service. Kupuna and caregivers are both at-risk for mental health issues due to aging and high levels of stress. The Kupuna Caregivers program supports the mental health of our working and caregiving families.

Thank you for considering my **testimony on HB 467 HD1**. Please contact me at [trisha.kajimura@mentalhealthhawaii.org](mailto:trisha.kajimura@mentalhealthhawaii.org) or (808)521-1846 if you have any questions.





# HAWAII APPLESEED

## CENTER FOR LAW & ECONOMIC JUSTICE

Hawai'i Appleseed Center for Law and Economic Justice  
Comments on HB 467 HD1 – Relating to the Kūpuna Caregivers Program  
Senate Committee on Commerce, Consumer Protection, and Health  
Wednesday, March 13, 2019, 9:00 AM, conference room 229

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Dear Chair Baker, Vice Chair Chang, and members of the Committee:

Thank you for the opportunity to provide **COMMENTS** on **HB 467 HD1**, which would continue funding for the Kūpuna Caregivers Program and require the Executive Office on Aging to report on the outcomes of the program and create a plan to maximize the number of program participants.

We are concerned that capping services to once a week defeats the original purpose of this program, which is to help caregivers stay in the workforce. Therefore, **we respectfully request that your committee amend this bill by removing the once-per-week limit on services.**

We thank you for your leadership in creating the Kūpuna Caregivers Program, the first of its kind in the nation. This groundbreaking program is a crucial way to both provide a safety net for Hawai'i's family caregivers and invest in our paid care workforce.

When the caregiver is working full-time, adding care duties adds significant personal strain for the caregiver. As a result, many caregivers make the difficult decision to leave their job or reduce their work hours to care for an aging family member.

It is essential that the program continue to be funded adequately, and the services not be limited to only once per week, in order to help many of our working families, who are in desperate need of the support that the program can provide.

Preserving the original intent of this program means Hawai'i can honor the wishes of our seniors, improve their health outcomes, and reduce the cost of long-term care for both family caregivers and the state.

We appreciate your consideration of these comments.

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*The Hawai'i Appleseed Center for Law and Economic Justice is committed to a more socially just Hawai'i, where everyone has genuine opportunities to achieve economic security and fulfill their potential. We change systems that perpetuate inequality and injustice through policy development, advocacy, and coalition building.*

THE SENATE

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

State Capitol, Conference Room 229

Wednesday, March 13, 2019; 9:00 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON H.B. 467, HD1  
RELATING TO THE KUPUNA CAREGIVERS PROGRAM**

The ILWU Local 142 **supports the intent** of H.B. 467, HD1, which requires the Executive Office on Aging (EOA) to include details on outcomes of the Kupuna Caregivers Program in its annual report; requires the EOA to create a plan, submitted to the Legislature, to maximize the number of participants in the program and offer core services; changes the allocation cap from \$70 per day to an unspecified amount per week; and requires the EOA to create administrative rules to implement and administer the Kupuna Caregivers Program by 2022.

We applaud the Legislature for establishing the Kupuna Caregivers Program in 2017 as the first of its kind in the nation. While services are provided to the kupuna, the real “client” is the kupuna’s family caregiver, who, with services provided to a loved one, is able to retain his or her own employment, thereby protecting the caregiver’s own financial security now and into the future. Another beneficiary of this program is the caregiver’s employer, who is spared having to replace employees resulting from premature retirement or resignation due to an employee’s caregiving responsibilities.

The program currently allows for payment of up to \$70 a day for services like adult day care, which has been determined to be the most cost-effective, providing respite to the caregiver for the entire day to allow the caregiver to go to work. Other services are available but may not be promoted as much as adult day care.

H.B. 467, HD1 proposes to continue the Kupuna Caregiver Program but with some **significant changes**. We offer comments on each of these changes.

**First**, the benefit in the bill is currently an unspecified amount, which could be more or less than \$70 a day, and is limited to one benefit a week. Although we understand the Legislature’s intent to ensure that more people are served with the limited appropriation, **reducing the amount of money available to assist a kupuna will likely mean reducing the effectiveness of the funds**. Allowing a kupuna to go to adult day care only once a week may not be enough respite for a family caregiver to continue working at his/her job.

Adult day care is not the only Kupuna Care service that can help kupuna remain in their own homes. These other, less costly services should be carefully explored with the family by a case manager. For example, home-delivered meals may be a way for the kupuna to receive not only a meal each day but direct daily contact to ensure the safety and well-being of the kupuna.

**Second**, H.B. 467, HD1 requires a report detailing outcomes of the Kupuna Caregiver Program with evaluation metrics, a cost breakdown and analysis of individuals served by county and type of service received, data on the existing waiting list by county, and recommendations to support the implementation and execution of the program. **We fully support the requirement for data, which we are fairly certain will demonstrate the need for even more appropriations to support the growing need for services.**

In our view, data should also include demographic information (including caregiver's job and salary) and how the caregiver or kupuna learned about the program. The data may also include tracking what happened to those on the waitlist not served—e.g., did the kupuna pass away, did the applicant just give up trying to get services, was the paperwork requirement an impediment, did the kupuna end up in an institution.

Public service announcements in English and other languages will help to reach a wider audience to publicize the program. We should reach the most needy (e.g., working caregivers in low-wage jobs), not just those who already know about the program. **Right now, access to services is on a first-come, first-served basis but should be based on need.**

**Third**, the bill requires the Executive Office on Aging to develop a Kupuna Caregivers Program plan, which, we believe, should include the following basic information: (1) outreach to the “most needy” working caregivers; (2) implementation, if possible, of a means test to ensure that services are provided to those unable to pay for them; (3) a benefit that will result in meaningful respite to allow a working caregiver to retain employment; (4) counseling for caregivers about the range of Kupuna Care services available; (5) tracking of waitlisted clients to determine what happened to them; and (6) hands-on assistance and/or streamlining paperwork requirements to ensure that clients are not denied because paperwork could not be provided.

**Finally**, the bill requires the Executive Office on Aging to create administrative rules by 2022 to implement and administer the Kupuna Caregivers Program. Although some may consider administrative rules as an impediment and restrictive, we believe the **rules can allow for more transparency in the application and implementation process, which, in turn, will help to strengthen the program.**

**The ILWU strongly supports the Kupuna Caregivers Program, but our only concern with H.B. 467, HD1 is that capping the allocation to one benefit per week may not help to achieve the goal of keeping the family caregiver in the workforce.** That said, we support the other proposed changes to the law and have offered suggestions to further strengthen these changes.

Thank you for the opportunity to provide testimony on this measure.

**HB-467-HD-1**

Submitted on: 3/12/2019 11:33:57 AM

Testimony for CPH on 3/13/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ann S Freed	Testifying for Hawaii Women's Coalition	Support	No

Comments:



Aloha Chair Baker, Vice Chair Chang and members,

The Coalition supports robust funding and creatives solutions to the aging tsunami in Hawaii. The caregivers program is most promising, but will not reach enough families if funding is lacking.

Mahalo,

Ann S. Freed

Co-Chair, Hawaii Women's Coalition



State of Hawaii Senate Committee on Commerce, Consumer Protection, and Health  
The Honorable Senator Rosalyn Baker, Chair  
The Honorable Senator Stanley Chang, Vice Chair

Hawaii State Legislature  
Wednesday, March 13, 2019, 9:00 am  
Room 229

**HB 467, HD1, Relating to the Kupuna Caregivers Program**

Good morning Chair Baker, Vice Chair Chang and Members of the Committee:

Lanakila Meals on Wheels is in support of HB 467, HD1 which funds and also establishes greater oversight for the Kupuna Caregivers program. As Hawaii’s largest and only island-wide home delivered meal provider to kupuna, we see the great need in the kupuna community and the increased demand on working caregivers. The Kupuna Caregivers program provides needed support to caregivers and kupuna and we are pleased HB 467, HD1 seeks to ensure all core services, including Home Delivered Meals, are utilized under Kupuna Caregivers so caregivers and kupuna have all available options to meet their family’s needs.

As the committee considers how to implement or limit core services such as Home Delivered Meals, Transportation, or Personal Assistance, please consider how these services are delivered so they can make a significant enough impact to allow a caregiver to remain in the workforce. Instead we propose allowing the Executive Office on Aging to create a plan to reach more people and to maximize the number of recipients served perhaps by capping the dollar amount available to each household on a needs-based sliding scale or implementing different caps for each core service.

The Kupuna Caregivers program is a prevention program, seeking to provide relief to working caregivers who are supporting their kupuna in aging in-place. Working caregivers will continue to provide revenue to the State of Hawaii in taxes related to their work productivity and keeping kupuna at home potentially helps reduce costs to the State by delaying the time when the kupuna would draw on Medicaid.

Please support Hawaii’s working caregivers and kupuna by passing HD 467, HD1 and ensuring the core services it seeks to provide will serve those most in need.

Respectfully submitted,

Lori Lau  
Director, Lanakila Meals on Wheels

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Senate  
Committee on Commerce, Consumer Protection and Health  
Wednesday, March 13, 2019  
9:00 a.m.  
Conference Room 229

To: Senator Baker, Chair;  
RE: Support with Amendments for HB467, HD1

My name is Jessica Wooley and I am the Advocacy Director for AARP Hawaii. AARP is a membership-based organization of people age fifty and over with about 150,000 members in Hawaii. AARP advocates for issues that matter to Hawaii families, including the high cost of long-term care, access to affordable, quality health care for all generations and serving as a reliable information source on issues critical to people over the age of fifty.

AARP HI supports full funding for the Kupuna Caregivers Program, a nationally recognized program operating for just over a year to help vulnerable kupuna and the working caregivers struggling to care for them can use critical services (e.g., adult day care, assisted transportation, attendant care, house-keeping/homemaker, respite and home-delivered meals).

Please note the following words were added improperly to the latest version of the bill: " provided that the daily benefit for each qualified recipient is limited to once per week". This added language should be removed. A once per week limitation would defeat the purpose of the program and eliminate the ability of implementing agencies to help those in need. To qualify, caregivers of the most vulnerable *kupuna* must work 5 days a week, at work, and 7 days a week caregiving. If these caregivers are going to keep their jobs and care for a loved one who needs their help, they need help.

If there is a concern that the funding is limited and needs to be distributed more evenly over time to the maximum number of caregivers in need, then guidance or language

can be provided to ensure there are application deadlines and all applicants are considered, for example. However, limiting funding to one time per week would do very little to address the working caregiver crisis and would undermine the purpose of the program itself.

Please provide full funding for this critically-needed Kupuna Caregivers program, which is in its infancy, full of potential, can save the state money and benefits the most vulnerable.

Mahalo for your work to create and maintain this critically necessary program and for providing the opportunity to testify on HB467, HD1.

MICHAEL P. VICTORINO  
Mayor

WILLIAM R. SPENCE  
Acting Director  
Housing & Human Concerns

LORI TSUHAKO  
Deputy Director  
Housing & Human Concerns



DEBORAH STONE-WALLS  
Executive on Aging

PHONE (808) 270-7755

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**COUNTY OF MAUI**  
DEPARTMENT OF HOUSING AND HUMAN CONCERNS  
**MAUI COUNTY OFFICE ON AGING**  
*AN AREA AGENCY ON AGING*

J. WALTER CAMERON CENTER  
95 MAHALANI STREET, ROOM 20  
WAILUKU, HAWAII 96793



**Committee on Commerce, Consumer Protection, and Health**  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair

**HB 467 HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM**

Testimony of Deborah Stone-Walls  
Executive on Aging, Maui County Office on Aging (MCOA)

**Hearing Date: Wednesday, March 13, 2019 at 9:00 a.m.**  
**Room Number: Conf. Room 229**

**MCOA's Position:** Maui County Office on Aging (MCOA) is in **support** of **HB 467 HD1 Relating to Kupuna Caregivers Program** with the exception of lines that state, "provided that the daily benefit for each qualified recipient is limited to once per week;..." MCOA requests an amendment to these lines of the bill.

**Purpose and Justification:** The State of Hawaii has long demonstrated commitment to supporting caregivers and recognizing the critical ways family and informal caregivers contribute to allowing those most frail and vulnerable to remain living in the community as long as is desired and possible.

A past Director of the State of Hawaii Executive Office on Aging (EOA), Jeanette Takamura, PhD, served as the second Assistant Secretary for Aging at the Administration on Aging within the U.S. Department of Health and Human Services. As Assistant Secretary, Dr. Takamura built upon Hawaii's cultural values of Ohana and



respect for Kupuna to lead the effort to establish the National Family Caregiver Support Program (NFCSP). Established in 2000 in the Older Americans Act (OAA) during Dr. Takamura's tenure as Assistant Secretary, the NFCSP provides funding for a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. *(Note: Authorizing legislation is Section 371 of the Older Americans Act of 1965, as amended, Title III E)*

Since that time, the Area Agencies on Aging (AAAs) throughout the state have served family and informal caregivers with the following five types of services:

- Information to caregivers about available services and community resources
- Assistance to caregivers in accessing those services
- Counseling, Support Groups, and Caregiver Training
- Respite Care that can include services such as Adult Day Care, Personal Care, Homemaker; and
- Supplemental services that can include home modifications, assistive technology, emergency alarm response systems, consumable supplies, or any service or service option as defined by EOA

In addition to the services listed above, the Older Americans Act of 1965, as amended in 2016 allows caregivers that meet eligibility requirements to receive a home delivered meal. Funding provided for caregiver services through the OAA has been limited; therefore, MCOA employees have worked diligently to ensure that assistance is provided to those caregivers **most in need and most at risk** for burnout. Our goal has been to support caregivers in such a way that helps them avoid burnout so that they can function longer in the caregiver role in order to **help delay or mitigate the need for costly institutional care**. Please see the chart below for estimated monthly costs of institutional care in Maui.

Monthly Costs: Kahului Area <sup>1</sup> , HI (2017) <sup>2</sup>			
Home Health Care ⓘ	Adult Day Health Care <sup>1</sup> ⓘ	Assisted Living Facility <sup>2</sup> ⓘ	Nursing Home Care ⓘ
<b>Homemaker Services<sup>1</sup></b>	<b>Adult Day Health Care<sup>1</sup></b>	<b>Assisted Living Facility<sup>2</sup></b>	<b>Semi-Private Room<sup>1</sup></b>
2017 Cost <b>\$5,148</b>	2017 Cost <b>\$1,300</b>	2017 Cost <b>\$3,500</b>	2017 Cost <b>\$10,266</b>
<b>Home Health Aide<sup>1</sup></b>			<b>Private Room<sup>1</sup></b>
2017 Cost <b>\$5,148</b>			2017 Cost <b>\$10,874</b>
<small>Genworth 2017 Cost of Care Survey, conducted by CareScout®, June 2017                      1 Based on annual rate divided by 12 months                      2 As reported, private, one bedroom</small>			<a href="#">Key findings and methodology</a>

The Kupuna Caregivers Program (KCG) has allowed MCOA to provide an additional level of support that not only helps caregivers reduce the daily stress of providing care but also helps caregivers to **remain employed**. The caregivers enrolled in KCG have demonstrated the need for such assistance.

In considering the full continuum of care available through current service delivery options, KCG meets a critical need. The AAAs offer a spectrum of services to caregivers including:

- Level One\*—Newsletters, informational publications, outreach events, and information and referral
- Level Two\*—Support Groups, caregiver training, options counseling
- Level Three\*—Counseling, Case Management, Caregiver Meals
- Level Four\*—In-Home Respite, Adult Day Care Respite, Personal Care, Homemaker

***\*\*These are NOT formal levels; they are labeled as such in this testimony to demonstrate a progressive continuum. Caregivers may receive services from any or all levels simultaneously as they need.***

Funding for these services has allowed MCOA to provide relief from the daily burden of caregiving for MOST caregivers. There remained, however, a group of caregivers that needed an added level of support that was not feasible with the available level of funding.

Services provided to caregivers could be compared to general categories of hospital services. MCOA provides “outpatient services” through levels One and Two above and “acute care” through levels Three and Four above. However, prior to the implementation of Kupuna Caregivers Program, MCOA had no service option that would resemble the Intensive Care Unit of a hospital. This is the level of care at which intervention is critical and more costly per person. It is also the unit of the hospital that has the fewest beds because the level of care needs of most individuals simply do not rise to this level of need. It therefore, makes sense that Kupuna Caregivers serves fewer individuals at a higher cost. The level of service to help caregivers in danger of losing employment is higher than the level required by 95% of our caregivers who are not facing the loss of employment due to caregiving responsibilities.

***Caregivers enrolled in Kupuna Caregivers Program accounted for only 5% of MCOA’s total number of caregivers served in FY18. 95% of all caregivers received an adequate level of services through less intense service provision levels.***

If we limit the scope of service provision of Kupuna Caregivers Program to only one day per week, we will be, in effect, denying assistance to those caregivers who truly require this higher level of help. By providing assistance that substantiates a caregiver’s ability to remain in the workforce, we still remain able to meet the needs of the other 95% of caregivers.

MCOA therefore suggests to eliminate lines that state, “provided that the daily benefit for each qualified recipient is limited to once per week;...” The elimination of this restriction allows the AAAs to provide varying levels of service according to verified individual caregiver needs as determined by standardized assessment tools, targeting criteria, and documentation of caregiver burden. As is evidenced by service delivery patterns throughout the initial calendar year of the Kupuna Caregiver pilot demonstration, on average caregivers received an average of **three days per week**.

Please note that this level of service occurred without an external restriction that limited the number of days of service available.

In FY2018 MCOA provided a wide service array to **537** unduplicated caregivers. Of those, **410** caregivers received direct services such as caregiver meals, counseling, and respite. Another **23** caregivers received a substantially higher level of assistance through the KCG Program. (Please see the charts below.)

Services Provided to **410** Unduplicated Caregivers **Not** Enrolled in Kupuna Caregivers Program:

<b>Service</b>	<b># of Caregivers Served</b>	<b>FY18 Total Units</b>	<b>Average per year</b>	<b>Average Investment/year/ Caregiver</b>
Home Delivered Meals	226	29,202 meals	130 meals (2.5 per week)	\$910
Family Caregiver Counseling	60	135.75 hours	2.25 hours	\$90
Adult Day Care Respite	109	1518 days	14 days	\$700
In-Home Respite	89	3,667 hours	41 hours	\$1,025
<b>Average Investment per year per Caregiver</b>			<b>\$915</b>	
<b>Approximate MCOA Caregiver Expenditures</b>			<b>\$375,150</b>	

Services Provided to **23** Caregivers Enrolled in the Kupuna Caregivers Program (KCG):

**Note:** Services indicated occurred in the calendar year of 2018 during the first full year of the program. Calendar year totals were chosen rather than fiscal year totals as in the table above in order to have a full twelve months for comparison with the general caregiver services provided to those not enrolled in KCG.

<b>Service</b>	<b># of Caregivers Served</b>	<b>Calendar Year 2018 Total Units</b>	<b>Average per year</b>	<b>Average Investment/year/ Caregiver</b>
Home Delivered Meals	1*	313 meals	313 meals	\$4,930
Personal Care	8*	958 hours	120 hours	\$2,284
Adult Day Care Respite	23	3,124 days	135 days	\$6,750
In-Home Respite	3	159 hours	53 hours	\$1,325
<b>Average Investment per year per Caregiver</b>			<b>\$8,058**</b>	
<b>Approximate MCOA KCG Program Expenditures</b>			<b>\$185,334</b>	

Notes: \*The frail elder receives the meal and personal care as a respite function for the caregiver.

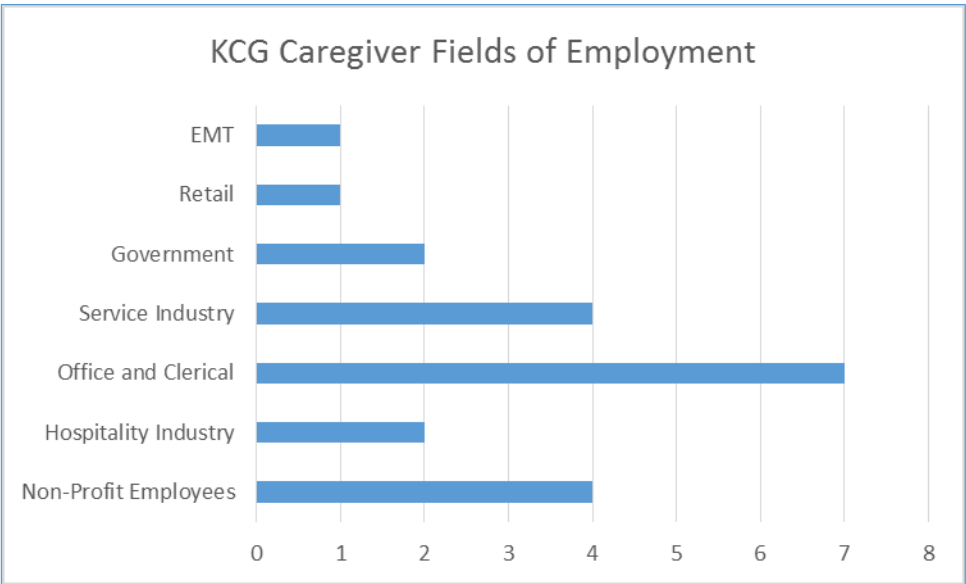
\*\*Average of three (3) days/week of service

So, while only a small number of caregivers are enrolled in the KCG Program, 95% of all caregivers served by MCOA are, nonetheless, receiving services. 226 of those caregivers received a meal on average 2.5 times each week.

While the MCOA provider contracts allow for all services to be accessed through KCG, most caregivers have chosen to access Adult Day Care Respite due to the \$70/day cap

currently on the service. Rather than choosing only 2.25 hours of In-Home Respite or Homemaker services, for example, the families chose to receive 8 hours of Adult Day Care.

MCOA consistently targets services to those most economically needy. In fact, this is the daily practice of MCOA. While KCG currently does not require verification of income of caregivers, the Employment Verification that occurs demonstrates, in fact, that caregivers participating in the KCG program largely represent lower income occupations. Please see the chart below as an illustration of this assertion.



It is likely that without a level of Kupuna Caregiver service delivery that is sufficient enough to assist caregivers to maintain employment, likely consequences will include that caregivers may need to either quit their jobs or place their loved ones in more costly institutional settings. As evidenced by the array of employment positions held by participating caregivers, the likelihood of subsequent enrollment into the Medicaid program to support institutional care is high. Caregivers will not only lose immediate income, but also are likely to suffer reduced retirement financial security thereby continuing a dependence on social assistance for themselves.

Potential loss of employment not only negatively impacts caregivers in the short- and long-terms, it also impacts consumer spending, State tax revenue, and total State costs of entitlement programs such as Medicaid.

MCOA supports the efforts of the legislature to ensure that this pilot program moves forward in such a manner that is transparent, accountable and effective. In order to ensure that current needs are met by KCG program, we request that \$2,000,000 be appropriated in the base budget for the biennium of FY20-21 and FY21-22. We also request that the number of days each caregiver receives would be determined by the comprehensive assessment measures rather than by the actual law itself. The fact that the average participant receives fewer than three days per week demonstrates that the ADRCs have authorized services according to assessment results and individual unmet need rather than according to a pre-set formula.

Thank you for the opportunity to provide testimony regarding this matter.

TESTIMONY OF  
MARLENE Q. F. YOUNG, J.D.  
STUDENT, MYRON B. THOMPSON SCHOOL OF SOCIAL WORK  
UNIVERSITY OF HAWAI'I AT MANOA  
TO THE  
SENATE COMMITTEES ON COMMERCE, CONSUMER PROTECTION, AND HEALTH,  
AND WAYS AND MEANS.

March 13, 2019

Chair Baker and Members of the Committee:

**MEASURE:** H. B. No. 467 (HD 1)

**TITLE:** RELATING TO THE KUPUNA CAREGIVERS PROGRAM

**DESCRIPTION:** CHANGES THE KUPUNA CAREGIVERS PROGRAM ALLOCATION CAP FROM \$70 PER DAY TO \$350 PER WEEK. APPROPRIATES FUNDS FOR IMPLEMENTATION OF THE KUPUNA CAREGIVERS PROGRAM.

**POSITION:**

As a Masters in Social Work student at the Myron B. Thompson School of Social Work, University of Hawai'i at Manoa, and as a private citizen, and kupuna caregiver, I am in support of this measure and offer the following comments for consideration.

**COMMENTS:**

I am in support of this measure, primarily as a kupuna caregiver. As a Masters in Social Work student at the Myron B. Thompson School of Social Work, University of Hawai'i at Manoa,

I also serve, along with my spouse, as a live-in caregiver for my father of ninety-seven (97) years.



I respectfully recommend the passage of this bill in order to provide deserving caregivers of kupuna the ability to work while engaging the help of experienced workers to assist in caring for their kupuna. The “job” of caregiving for kupuna has long been overlooked, although it plays a critical role in our society in Hawai‘i. The appropriation will serve to provide much needed funding to qualified workers for kupuna, thus enabling caregivers to earn money to support their families.

According to United States Census estimates, the population of people aged sixty-five (65)+ is the fastest growing in the nation. By the State of Hawai‘i’s Department of Business, Economic Development and Tourism records, this particular population (65+) has grown from 14.3 per cent in 2010 to 17.1 per cent in 2016. Given the aging of baby boomers (born 1946-1964), this “silver tsunami” will only grow much larger in the next few decades. Based on the foregoing, the need for this long-term appropriation is urgent.

Thank you for the opportunity to testify on the measure.

HB467(HD1)

Testimony for CPH on 3/8/19.

TO: Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee on Commerce, Consumer Protection, and Health

DATE: Wednesday, March 13, 2019

TIME: 9:00 AM

PLACE: Conference Room 229

**Re: HB 467, HD1 Relating to the Kupuna Caregivers Program**

**Position: Comments**

Dear Senator Baker, Senator Chang, and Committee Members,

HB 467, HD1 provides continued funding for the Kupuna Caregivers program. The need for this program is demonstrated by those currently receiving services as well as the long waiting list of families who need the assistance.

This bill needs to provide the flexibility for the program to get the services to those who in need. Every family is unique in its needs for their kupuna, and removing the once per week limitation of services would maximize the flexibility needed to address every family.

As a physician, there are times when patients delay their own health care and needs because they are too busy taking care of their elders or family to come in for their own care. Working mothers put aside their own needs to care for their children and their parents.

As a caregiver for my parents, I experienced the emotional and physical stresses placed on families who are doing their best to provide the love and support our parents deserve. Please help us, the caregivers, by providing a little more support, so we can create and enjoy our final moments of joy with our loved ones.

Thank you for the opportunity to testify.

Sincerely,

Cynthia J. Goto, M.D.

**From:** [Wade Hayama](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony/Comments regarding HB 467, HD1 for the CPH hearing on March 13, 2019 at 9 A.M., Room 229.  
**Date:** Monday, March 11, 2019 5:55:08 AM

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**Chair Rosalyn Baker**  
**Vice Chair Stanley Chang**  
**Senate Committee on Commerce, Consumer Protection, and Health**

**Wednesday, March 13, 2019**

**COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM**

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Wade Hayama and I am writing to express my comments for **House Bill 467, HD1, relating to the Kupuna Caregivers program**. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our Kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

**While I am supportive of the program, I am not supportive of capping services to once per week.**

This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

I speak first hand as a caregiver of my 96 year-old mother-in-law. I depend on Maluhia Adult Day Health Center to care for her 5 days a week when I am at work. My mother-in-law does not qualify for Medicaid since she falls in the gap group. Capping services to once per week will hurt my mother-in-law and me. If services are capped I could lose my full-time job, as well as my health benefits. In addition, I will not be able to pay for our home, utilities, food, and health care expenses. In addition, if I lose my full-time job, I will not be contributing to social security thus affecting my benefits in the future.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for listening to my testimony.

Sincerely,

Wade Hayama  
45-656 Apapane Street  
Kaneohe, HI 96744

**From:** [Robert H Stiver](#)  
**To:** [CPH Testimony](#)  
**Subject:** Testimony/Comments: HB 467, HD1: CPH hearing March 13, 9 am, Room 229  
**Date:** Monday, March 11, 2019 2:00:01 AM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 467, HD1, Relating to the Kupuna Caregivers Program

I am Robert H. Stiver of Pearl City. Although increasing physical immobility makes me unable to attend the hearing, these are my comments for House Bill 467, HD1, relating to the Kupuna Caregivers Assistance program.

While I am supportive of the program and the bill's continuation of needed funding, I am very concerned about capping services to once per week. To do so would defeat the intent of the original program: helping caregivers who are working outside the home to stay employed. Instead, I support directing the Executive Office on Aging (EOA) to create a proposed plan to reach more people and allowing those people the flexibility to create a plan that works best for their families.

By now we know that the need is for the program is there. The EOA reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are so great. This reduces the income earning power of the caregivers, their social security benefits, may put their insurance coverage at risk, and places them closer and closer to a poverty level. (There is also an obvious emotional factor: an excess of external stress can have untold, even ugly, effects on the quality of the tender loving care provided by the caregiver to his or her loved one.)

The Kupuna Caregivers Assistance program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people who age at home with family are more likely to have better health outcomes while reducing hospitalization and ER visits--factors that save

our state  
expensive medical procedures that could have been prevented with adequate care.

The Hawaii Legislature has commendably shown leadership on this issue by creating and continuing to fund the program. I hope that this year you will once again step up and continue to fund this crucial program without a cap on days of service.

I was an increasingly full-time and desperate caregiver until my wife passed away in August 2016.

I cannot take advantage of the Kupuna Caregivers program at this stage of my life, but I want passionately that those following me will find a measure of respite at both the giving and receiving ends of the caregiving cycle. Please legislate accordingly!

Thank you for considering my testimony.

Sincerely, with aloha,

Robert H. Stiver  
98-434 Hoomailani Street  
Pearl City 96782

**Chair Rosalyn Baker**  
**Vice Chair Stanley Chang**  
**Senate Committee on Commerce, Consumer Protection, and Health**

**Wednesday, March 13, 2019**

**COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM**

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Alison Hayama and I am writing to express my comments for **House Bill 467, HD1, relating to the Kupuna Caregivers program**. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

**While I am supportive of the program, I am not supportive of capping services to once per week.** This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

I speak first hand as a caregiver of my 96 year-old mother. I depend on Maluhia Adult Day Health Center to care for her 5 days a week when I am at work. My mother does not qualify for Medicaid since she falls in the gap group. Capping services to once per week will hurt my mother and me. If services are capped I could lose my full-time job, as well as my health benefits. In addition, I will not be able to pay for our home, utilities, food, and health care expenses. In addition, if I lose my full-time job, I will not be contributing to social security thus affecting my benefits in the future.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for listening to my testimony.

Sincerely,

Alison Hayama  
45-656 Apapane Street  
Kaneohe, HI 96744

**From:** [Shannon Rudolph](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1: 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Saturday, March 9, 2019 3:51:54 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

We need to take care of our people.

My name is Shannon Rudolph, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and

continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Shannon Rudolph  
P. O. Box 243  
Holualoa, HI 96725  
United States

[shannonkona@gmail.com](mailto:shannonkona@gmail.com)



**From:** [Jan Pappas](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1: 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 10:44:06 AM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Comments on HB 467, HD1 (the Kupuna Caregivers Program)

Dear Chair Baker, Vice Chair Chang, and committee members

I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

However, the current bill caps services at once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging to create a plan to reach more people and allows them the flexibility to create a plan that works best for families.

By now we know that the need for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling: the cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state the cost of expensive medical procedures that might have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Jan Pappas  
Aiea, Hawaii

jpappas60@gmail.com

**HB-467-HD-1**

Submitted on: 3/12/2019 8:43:34 AM

Testimony for CPH on 3/13/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ellen Godbey Carson	Individual	Support	No

Comments:

I write in SUPPORT of this bill, to assist Hawaii's caregivers for our Kupuna. Many of our Kupuna need of long-term care in one form or another. Most people cannot afford the cost of institutional care and they prefer to remain in their own homes.

Caregivers provide 70% of the care for frail elderly persons and thus bear the major burden and expense of care. The majority of family caregivers are also in the workforce because their employment is necessary to support their families and to assure that they will have enough to support themselves in retirement. Many employed caregivers have reduced productivity at work, and many must limit their work hours or drop out of the workforce due the demands of caring.

In 2017, Hawaii created the Kupuna Caregivers Program, which helps family caregivers who work at jobs outside the home by providing a \$70/day benefit in services to care for disabled elderly people. These services include adult day care, chore services, personal care, respite care, and transportation. The goal of Kupuna Caregivers is twofold: to support families in Hawaii in their desire to care for their loved ones, and to do it in an innovative, systematic manner that saves the State money in the long run. Without Kupuna Caregivers, the disabled elderly may have to be institutionalized, and the average cost of nursing home care in Hawaii exceeds \$130,000 per year. As a result, many nursing home residents deplete their savings and qualify for Medicaid, which is a State program.

The Kupuna Caregivers program has proven to be effective. However, the need is much greater than the current funding. I urge the committee to pass the bill, to help support this vital program that allows our Kupuna to be cared for in their own homes.

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Wednesday, March 13  
9:00 am  
Room 229

COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

Thank you for the opportunity to submit my comments regarding HB467 Relating to The Kupuna Caregivers Program. My name is Linda Dorset and I am a concerned aging resident and live in the Wailuku area.

I am in strong support of the program, but I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

Thousands of calls have flooded the Executive Office on Aging to enroll in the Kupuna Caregivers Program. Additional funds will be needed to provide services to the families on this wait list. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The passage of this bill is important to me because my husband, who has lung cancer, is going to need a caregiver when he undergoes radiation treatment. I might need to leave my job to make sure that he is fed, bathed, supervised, transported to his doctor or for any other activities of daily living. This appropriation would allow me to get services to help with these activities so I could continue to work to support us. I am concerned, not just with salary, but if I need to drop below full-time work, I will lose my employer sponsored health insurance plan which covers both of us, and may have to rely on Medicaid, which also involves State funding.

We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

**HB-467-HD-1**

Submitted on: 3/12/2019 12:44:02 AM

Testimony for CPH on 3/13/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jean Ishikawa	Individual	Support	No

Comments:

I fully support HB467 HD1 for Caregivers who care for our Kupunas. The Office of Aging must do a better job in setting the parameters for the \$70/day which doesn't have to be for 5 days a week.

**HB-467-HD-1**

Submitted on: 3/12/2019 9:00:14 AM

Testimony for CPH on 3/13/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Barbara J. Service	Individual	Comments	No

Comments:

Kupuna Caregivers helps keep working caregivers in the workforce. For most of those caregivers, being offered a service only once per week would not be enough for them to keep their jobs.

Please support full funding for the Kupuna Caregivers program in the amount of \$2M for both FY20 and in FY21 and change the allowance to \$350 per week, instead of \$70 per day.

**From:** [Margaret Perkinson](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 5:58:05 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Margaret Perkinson, and I am writing as an individual to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Margaret A. Perkinson  
Honolulu, HI 96814  
perkinson.p@gmail.com



**From:** [Troy Siruno](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 4:45:05 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Troy Siruno, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Troy Siruno  
4300 WAIALAE AVE APT B1101  
Honolulu, HI 96816  
United States

[tsiruno@gmail.com](mailto:tsiruno@gmail.com)

**From:** [Jonathan Boyne](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 5:01:59 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Jonathan Boyne, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Jonathan Boyne  
2013 Kakela Drive  
Honolulu, HI 96822  
United States

boyne@hawaii.edu

**From:** [Jim Cisler](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 5:44:30 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Jim Cisler. Please accept my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. Help our kupuna and their caregivers by amending the present bill and remove the once per week limit of support for services.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging working with our counties Area Agencies on Aging to create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for our caregivers.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Jim Cisler  
Kupuna and caregiver  
jdkahu9@gmail.com

**From:** [Rev Samuel L Domingo](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1: 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 10:05:02 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Rev Samuel L Domingo, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Rev Samuel L Domingo  
Clergy Leader - Faith Action for Community Equity  
revsandom@gmail.com

**From:** [Sharon DePauw](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 8:43:12 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Sharon DePauw, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.



My grandson works 30 or more hours per week, as he is gone from the house during work, it leaves his grandfather 93, at home alone at times when he needs assistance, I am 65 and his daughter and on disability income, I also could use help here at the home, but have not been able to get assistance yet, so far, just found out about this program, we hope it can help us. Please don't limit the program to only one day....thank you.

Thank you for considering my testimony.

Sincerely,  
Sharon DePauw  
Kailua Kona HI 96740  
sharonadepauw@gmail.com

**From:** [Robert Nehmad](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 5:59:31 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Robert Nehmad, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Robert Nehmad  
935 Kauku Place  
Honolulu, HI 96825  
United States

[rnehmad@hawaii.rr.com](mailto:rnehmad@hawaii.rr.com)

**From:** [William Power](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1: 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 6:11:29 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is William Power, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
William Power  
16-428 Pualani Street  
Hilo, HI 96720  
United States

[punacrat0@gmail.com](mailto:punacrat0@gmail.com)

**From:** [Michele Nihipali](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 5:53:35 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Michele Nihipali, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Michele Nihipali  
54-074 Kamehameha Hwy # A  
Hauula, HI 96717  
United States

[nihipalim001@hawaii.rr.com](mailto:nihipalim001@hawaii.rr.com)

**From:** [Tia Pearson](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 7:18:25 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Tia Pearson, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. I know because I was one that was in this position when my husband became bedridden and I had 2 small children to also take care of. I had to stop working because I couldn't pay someone enough to take care of him while I worked. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.



Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Tia Pearson  
PO Box 861697  
Wahiawa, HI 96786-8563  
United States

[tia.pearson@gmail.com](mailto:tia.pearson@gmail.com)

**From:** [Phyllis Ida](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 6:00:50 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Phyllis Ida, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Phyllis Ida  
District 49  
phyllis.ida@gmail.com

**From:** [Kathleen Jaycox](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1: 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Monday, March 11, 2019 9:47:42 PM

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Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Kathleen Jaycox, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Kathleen Jaycox  
559 Pauku St  
Kailua, HI 96734  
United States

[jaycox@hawaii.edu](mailto:jaycox@hawaii.edu)

**From:** [jamie design](#)  
**To:** [CPH Testimony](#)  
**Subject:** Comments re: HB467, HD1; 3/13/19 CPH Hearing, 9:00am, Rm 229  
**Date:** Tuesday, March 12, 2019 1:29:54 PM

**LATE**

Chair Rosalyn Baker  
Vice Chair Stanley Chang  
Senate Committee on Commerce, Consumer Protection, and Health

Wednesday, March 13, 2019

## COMMENTS ON HB 467, HD1, RELATING TO THE KUPUNA CAREGIVERS PROGRAM

Dear Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

My name is Jamie Jackson, and I am writing to express my comments for House Bill 467, HD1, relating to the Kupuna Caregivers program. This bill continues the needed funding for the Kupuna Caregivers program, a critical part of the infrastructure to help our kupuna and their caregivers, and it also mandates that the Executive Office on Aging create a report on the outcomes of the program and a plan as to how to reach more people.

While I am supportive of the program, I am not supportive of capping services to once per week. This defeats the intent of the original program to help caregivers who are working outside the home to stay employed. Instead, I support allowing the Executive Office on Aging create a proposed plan to reach more people and allowing them the flexibility to create a plan that works best for families.

By now we know that the need is for the program is there. The Executive Office on Aging reported that thousands of new calls came into its lines when the program was first launched. And we know why they are calling. The cost of professional caregiving continues to rise and our families simply cannot afford to take care of a loved one and remain fully employed. This program helps those in the gap group who are not eligible for Medicaid or Medicare to help with the costs, but are still barely making it, at times at risk of losing their jobs or having to reduce hours at work because the duties at home are too great. This reduces the income earning power of the caregivers, their social security benefits, at times risking their insurance coverage, and placing them closer and closer into poverty.

The Kupuna Caregivers program is a prevention program, helping people before crisis has struck. It also helps reduce costs to the state by possibly delaying the time that a family may become eligible for Medicaid. Studies have also shown that people that age at home with family are more likely to have better health outcomes, reducing hospitalization and ER visits, which ends up saving our state of expensive medical procedures that could have been prevented with adequate care.

Each year the Hawaii Legislature has shown leadership on this issue by creating and continuing to fund the program. We hope this year you will once again step up and continue to fund this critical program without a cap on days of service.

Thank you for considering my testimony.

Sincerely,  
Jamie Jackson  
19 Makaweli st  
[jamie@jamiejacksondesign.com](mailto:jamie@jamiejacksondesign.com)