

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



GOV. MSG. NO. 1378

EXECUTIVE CHAMBERS  
KE KE'ENA O KE KIA'ĀINA

July 2, 2025

The Honorable Ronald D. Kouchi  
President of the Senate,  
and Members of the Senate  
Thirty-Third State Legislature  
State Capitol, Room 409  
Honolulu, Hawai'i 96813

The Honorable Nadine Nakamura  
Speaker, and Members of the  
House of Representatives  
Thirty-Third State Legislature  
State Capitol, Room 431  
Honolulu, Hawai'i 96813

Aloha President Kouchi, Speaker Nakamura, and Members of the Legislature:

This is to inform you that on July 2, 2025, the following bill was signed into law:

S.B. NO. 850, S.D. 2,  
H.D. 1, C.D. 1

RELATING TO DISABILITY HEALTH DISPARITY.  
**ACT 275**

Mahalo,

A handwritten signature in black ink that reads "Josh Green M.D." in a cursive style.

Josh Green, M.D.  
Governor, State of Hawai'i

# A BILL FOR AN ACT

RELATING TO DISABILITY HEALTH DISPARITY.

## BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that adults with intellectual or developmental disabilities experience disproportionate health disparities compared to those without disabilities. Individuals with intellectual or developmental disabilities are more likely than their peers without disabilities to have fair or poor health, be considered obese, and be diagnosed with chronic diseases, such as diabetes. Intellectual and developmental disabilities are life-long differences that typically arise before adulthood and can uniquely influence the trajectory of an individual's life, including their physical, intellectual, behavioral, and emotional development. The state council on developmental disabilities was created to advocate for and improve and protect the lives of individuals with intellectual or developmental disabilities in the State.

Decades of research have clearly established that members of minority groups living in the United States receive poor



1 health care and have poor health outcomes resulting from social  
2 determinants of health. On a national level, racial and ethnic  
3 disparities in access to health care and health outcomes are a  
4 persistent, pervasive public health problem. In the State,  
5 underserved populations, such as Native Hawaiians and other  
6 Pacific Islanders, have been historically underrepresented in  
7 health care, as data does not accurately reflect the health  
8 disparities currently faced by this group. Additionally,  
9 individuals from the neighbor islands are also underrepresented  
10 and underserved, as access to health care resources and services  
11 are limited. However, even less is known about the extent of  
12 racial and ethnic health disparities among adults with  
13 intellectual or developmental disabilities. Accordingly, there  
14 is an urgent need to create an updated, accurate set of data  
15 that reflects the State's unique need to assist certain agencies  
16 to better understand the needs of individuals with intellectual  
17 or developmental disabilities in their communities.

18 The legislature further finds troubling gaps in the health  
19 disparities of people with intellectual or developmental  
20 disabilities and their social determinants of health in the  
21 State. Certain recent health surveys in the State and existing



1 related initiatives do not segregate data pertaining to  
2 individuals with intellectual or developmental disabilities, nor  
3 is the data publicly available. Presently, the State relies on  
4 prevalence rate data from the federal government published in  
5 1994-1995 that does not reflect the State's current population  
6 and its specific needs. The State's prevalence rate is 1.58 per  
7 cent, which equals approximately twenty-two thousand people who  
8 have an intellectual or developmental disability. Additionally,  
9 the only substantial data the state council on developmental  
10 disabilities collects on intellectual or developmental  
11 disabilities is through the medicaid waiver program, which  
12 serves approximately three thousand people. As there is a gap  
13 of approximately nineteen thousand people who may have an  
14 intellectual or developmental disability in the State, there is  
15 little information on quality of life, health care access, and  
16 health care outcomes for uncounted individuals with intellectual  
17 or developmental disabilities.

18 Accordingly, the legislature finds that further research is  
19 needed to understand the health disparities of people with  
20 intellectual or developmental disabilities and their social  
21 determinants of health. It is therefore imperative for the



1 State to establish fundamental baseline data for service  
2 evaluation, policy development, and research to serve the  
3 current and future needs of individuals with intellectual or  
4 developmental disabilities. Accurate, current data will also  
5 help the State to provide culturally appropriate health care,  
6 address barriers to health care access, reduce health  
7 disparities, increase employment opportunities, and support  
8 individuals with developmental or intellectual disabilities to  
9 live healthy lives in the community.

10 Therefore, the purpose of this Act is to require, and  
11 appropriate funds for, the state council on developmental  
12 disabilities to study the health disparities experienced by  
13 individuals with intellectual or developmental disabilities in  
14 the State to develop data to inform the State's public health  
15 policies and practices.

16 SECTION 2. (a) The state council on developmental  
17 disabilities shall collect comprehensive data to identify gaps  
18 in social determinants of health, especially in the areas of  
19 health care access and quality and economic stability, that  
20 affect health outcomes and health disparities experienced by  
21 individuals with intellectual or development disabilities in the



1 State and that can be addressed with policy, legislative, or  
2 stakeholder action.

3 (b) The state council on developmental disabilities shall  
4 submit a report to the legislature no later than twenty days  
5 prior to the convening of the regular session of 2027, which  
6 shall include a list of recommendations and proposals, based on  
7 the council's findings, on how state agencies and departments  
8 can implement legislation and policies to reduce health  
9 disparities experienced by individuals with intellectual or  
10 developmental disabilities. The report shall also include:

11 (1) A definition of the State's intellectual or  
12 developmental disability population for public health  
13 administration purposes, including the health  
14 conditions, duration, and level of severity required  
15 to qualify for disability status;

16 (2) A definition of the social determinants of health as  
17 used by the United States Department of Health and  
18 Human Services;

19 (3) Population-level differences in the State between  
20 individuals with and without intellectual or



1 developmental disabilities on health indicators and

2 social determinants of health, including:

3 (A) Access to necessary health care;

4 (B) Access to preventive health care, including  
5 wellness programs and emotional support services;

6 (C) Health behaviors, including the percentage of  
7 individuals who engage in physical activities or  
8 smoke cigarettes;

9 (D) Health status and outcomes, including the  
10 percentage of individuals who are considered  
11 obese or diagnosed with chronic diseases,  
12 including diabetes, hypertension, and  
13 cardiovascular diseases;

14 (E) Drivers of health outcomes, including the impetus  
15 to seek health care and how individuals seek  
16 health care;

17 (F) Emergency preparedness, including evacuation  
18 planning and ability;

19 (G) Health insurance coverage;

20 (H) Social determinants of health and health  
21 outcomes, including household income, employment



1 status, education level, access to health  
2 information technology tools and systems, access  
3 to transportation, and the social and community  
4 environment; and

5 (I) Other indicators and determinants that contribute  
6 to an individual's physical and mental health;

7 (4) Factors contributing to the population-level  
8 differences, including race, ethnicity, gender, age,  
9 county of residence, and economic and social  
10 disadvantages and discrimination;

11 (5) A determination of the population-level differences  
12 and contributing factors that are preventable or  
13 avoidable;

14 (6) Any other information that would assist the State in  
15 determining safe, equitable, and culturally  
16 appropriate public health actions that would improve  
17 health care and address the health disparities  
18 experienced by individuals in the State with  
19 intellectual or developmental disabilities; and

20 (7) Proposed legislation, including best practices, for  
21 the State to reduce the health disparities experienced





1 by individuals in the State with intellectual or  
2 developmental disabilities.

3 (c) In preparing the report, the state council on  
4 developmental disabilities may consult with community  
5 stakeholders on the following:

6 (1) Improvements to provider training about intellectual  
7 or developmental disabilities;

8 (2) Life experiences of individuals with intellectual or  
9 developmental disabilities;

10 (3) Accessibility mandates for health infrastructure that  
11 include the needs of individuals with intellectual or  
12 developmental disabilities;

13 (4) Communication guidelines and standards for health care  
14 providers to communicate with individuals with  
15 intellectual or developmental disabilities; and

16 (5) Other topics as deemed relevant by the state council  
17 on developmental disabilities.

18 (d) For the purposes of this Act:

19 "Health disparities" means population-level differences in  
20 health outcomes that are related to a history of social,  
21 economic, or environmental disadvantages that are avoidable and



1 not primarily caused by underlying health conditions that led to  
2 the disability.

3 "Intellectual or developmental disability" means a lifelong  
4 physical or mental disability, or both, that typically arises  
5 before adulthood that uniquely influences the trajectory of the  
6 individual's physical, intellectual, behavioral, and emotional  
7 development and impacts how individuals experience the world  
8 around them.

9 SECTION 3. There is appropriated out of the general  
10 revenues of the State of Hawaii the sum of \$550,000 or so much  
11 thereof as may be necessary for fiscal year 2025-2026 and the  
12 same sum or so much thereof as may be necessary for fiscal year  
13 2026-2027 for the state council on developmental disabilities to  
14 collect comprehensive data and compile and submit to the  
15 legislature a report pursuant to this Act.

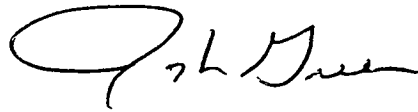
16 The sums appropriated shall be expended by the department  
17 of health for the purposes of this Act.

18 SECTION 4. This Act shall take effect on July 1, 2025.



S.B. NO. 850  
S.D. 2  
H.D. 1  
C.D. 1

APPROVED this 2nd day of July, 2025

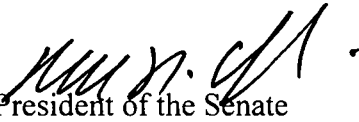
A handwritten signature in black ink, appearing to read "Josh Green". The signature is fluid and cursive, with a large loop at the beginning and a trailing flourish.


GOVERNOR OF THE STATE OF HAWAII

**THE SENATE OF THE STATE OF HAWAI‘I**

Date: April 30, 2025  
Honolulu, Hawai‘i 96813

We hereby certify that the foregoing Bill this day passed Final Reading in the Senate  
of the Thirty-Third Legislature of the State of Hawai‘i, Regular Session of 2025.

  
President of the Senate

  
Clerk of the Senate

SB No. 850, SD 2, HD 1, CD 1

THE HOUSE OF REPRESENTATIVES OF THE STATE OF HAWAII

Date: April 30, 2025  
Honolulu, Hawaii

We hereby certify that the above-referenced Bill on this day passed Final Reading in the House of Representatives of the Thirty-Third Legislature of the State of Hawaii, Regular Session of 2025.



Nadine K. Nakamura  
Speaker  
House of Representatives



Brian L. Takeshita  
Chief Clerk  
House of Representatives