

ACT 214

S.B. NO. 106

A Bill for an Act Relating to Aging.

Be It Enacted by the Legislature of the State of Hawaii:

PART I

SECTION 1. Chapter 349, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

“§349- Alzheimer’s disease and related dementia services coordinator.

There is established within the executive office on aging an Alzheimer’s disease and related dementia services coordinator to coordinate the provision of public and private Alzheimer’s disease and related dementia services. The coordinator shall be appointed by the director in accordance with chapters 76 and 89.”

SECTION 2. There is appropriated out of the general revenues of the State of Hawaii the sum of \$70,000 or so much thereof as may be necessary for fiscal year 2013-2014 to establish and fill an Alzheimer’s disease and related dementia services coordinator position.

The sum appropriated shall be expended by the department of health for the purposes of this section.

SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the sum of \$3,600,000 or so much thereof as may be necessary for fiscal year 2013-2014 for the kupuna care program; provided that the sum appropriated shall be in addition to the base budget of the executive office on aging.

The sum appropriated shall be expended by the department of health for the purposes of this section.

SECTION 4. There is appropriated out of the general revenues of the State of Hawaii the sum of \$300,000 or so much thereof as may be necessary for fiscal year 2013-2014 for the healthy aging partnership program of the department of health’s executive office on aging.

The sum appropriated shall be expended by the department of health for the purposes of this section.

PART II

SECTION 5. The legislature finds that Hawaii’s residents, including elders and individuals with disabilities, should be able to live at home with the supports they need so that they can participate in communities that value their contributions. A goal of the executive office on aging is to increase access to community supports and full participation, while focusing attention and resources on the unique needs of older adults and individuals with disabilities. For example, the executive office on aging, in partnership with the county agencies on aging, is transforming Hawaii’s home- and community-based services system through the establishment of aging and disability resource centers. This is testimony to their commitment to promote community living and to find new mechanisms to help ensure that the supports that elders and individuals with disabilities need to live in the community are accessible.

The legislature also finds that statewide, especially in rural communities, many residents are without family members nearby to provide transportation and are too frail or disabled to access public transit. Transportation services are often fragmented, underutilized, or difficult to navigate, and can be costly because of inconsistent, duplicative, and often restrictive federal and state program rules and regulations. Due to these circumstances, there is a need for a policy on mobility management, a concept in which a single entity in a geographical area is charged with knowing and deploying the entire array of transportation resources available. This system would focus on the individual and identify the best transportation options, both public and private, for an individual’s travel needs.

The legislature further finds that mobility management services help to maximize the use of intelligent transportation systems and other technology

to enhance mobility and create one-call systems that allow greater ease-of-use for customers. Consequently, the legislature believes that a task force is needed to analyze and make recommendations on state-level policy on mobility management.

The purpose of this part is to establish a task force on mobility management.

SECTION 6. (a) There is established within the department of health a task force on mobility management. The task force shall make recommendations on establishing a transportation framework to assist elders and individuals with disabilities with transportation needs in each county, including recommendations relating to the state budget and program development.

(b) The task force on mobility management shall consider:

- (1) Developing and establishing a program in which a single entity in a geographical area is charged with administering an array of transportation resources;
- (2) The cost and qualifications of transportation coordinators or operators and the logistics of the arrangements and delivery of transportation services, including cost reimbursements, insurance, and liability; and
- (3) Developing a mobility management master plan for each county to:
 - (A) Address the growing demands for transportation services;
 - (B) Encourage living at home;
 - (C) Improve efficiencies in the use of public and private sector vehicles;
 - (D) Use modern technology in the management of transportation services; and
 - (E) Include a transportation service component that utilizes the transportation resources of nonprofit organizations that are willing to participate in a vehicle-sharing network to provide on-call transportation services to elders and individuals with disabilities residing in each county.

(c) The task force shall consist of the following members, or their designees:

- (1) The director of the executive office on aging, who shall serve as chairperson of the task force;
- (2) The chairperson of the public utilities commission;
- (3) The executive director of the disability and communication access board;
- (4) Two administrators of a federally qualified health center or rural health clinic, of which one representative shall be from a rural community and one representative shall be from an urban community, to be appointed by the director of the executive office on aging;
- (5) The directors of transportation services from each of the four counties;
- (6) One member of the house of representatives, to be designated by the speaker of the house of representatives;
- (7) One member of the senate, to be designated by the president of the senate;
- (8) One representative from the agency on aging of each of the four counties, to be appointed by the mayor of the respective county;
- (9) The director of health;
- (10) Service providers from two counties;

(11) Consumer representatives from counties not represented by service providers; and

(12) Representatives from the business community.

(d) The department of health, through the executive office on aging, shall submit an interim report of the task force's findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2014, and a final report of the task force's findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2015.

(e) The members of the task force shall not be compensated for their service on the task force but may be reimbursed for reasonable expenses, including travel expenses, incurred for serving on the task force. No member shall be made subject to chapter 84, Hawaii Revised Statutes, solely because of that member's participation as a member of the task force.

(f) The task force shall be dissolved on June 30, 2015.

SECTION 7. There is appropriated out of the general revenues of the State of Hawaii the sum of \$30,000 or so much thereof as may be necessary for fiscal year 2013-2014 for the staffing, operations, and convening of the task force on mobility management.

The sum appropriated shall be expended by the department of health for the purposes of this part.

PART III

SECTION 8. New statutory material is underscored.¹

SECTION 9. This Act shall take effect on July 1, 2013.

(Approved June 27, 2013.)

Note

1. Edited pursuant to HRS §23G-16.5.