



Aging & Disability Issues 2011

A Guide for Hawai'i's Legislators, Organizations & Citizens

Hawai'i
Family
Caregiver
Coalition

hpgs
hawaii pacific gerontological society



hawaii pacific gerontological society

THE HAWAII FAMILY CAREGIVER COALITION was formed to develop new partnerships at local and state levels to advance a coordinated approach to address the needs of Hawai'i's family caregivers. As caregiving touches everyone, the mission of the Hawai'i Family Caregiver Coalition is to improve the quality of life of those who give and receive care by increasing community awareness of caregiver issues through continuing advocacy, education, and training.

Over the years, the Hawai'i Family Caregiver Coalition has supported our community by sponsoring the following projects:

- Holo Imua Kakou Legislative Reception
- Family Caregiver Awards Program – a joint venture with KHON-2 Elderhood Project
- Aging and Disability Issues Report
- Family Caregiver Awareness Day and Resource Fair
- Family Caregivers Speakers' Bureau
- Family Caregiver's Kit for Businesses

For more information, please contact:

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Organized in 1979, the Hawai'i Pacific Gerontological Society (HPGS) is a not-for-profit organization whose mission is "to provide professionals and students in the field of aging with vital information, workshops, networking, and scholarships to enhance the gerontology workforce, to support the creation of needed policies and programs, and to deliver excellent service to the aging population in Hawai'i and the Pacific."

If you are a professional or non-professional, actively retired or still employed, young or not so young, if you are engaged by the idea of creating a better Hawai'i for our elders, please accept this invitation to join the Hawai'i Pacific Gerontological Society now!

Visit the HPGS online at www.hpgs.org or mail your inquiry to:

Hawai'i Pacific Gerontological Society
P.O. Box 3714
Honolulu, Hawai'i 968120

Aging & Disability Issues 2011

The Hawai'i Family Caregiver Coalition and the Hawai'i Pacific Gerontological Society..... i

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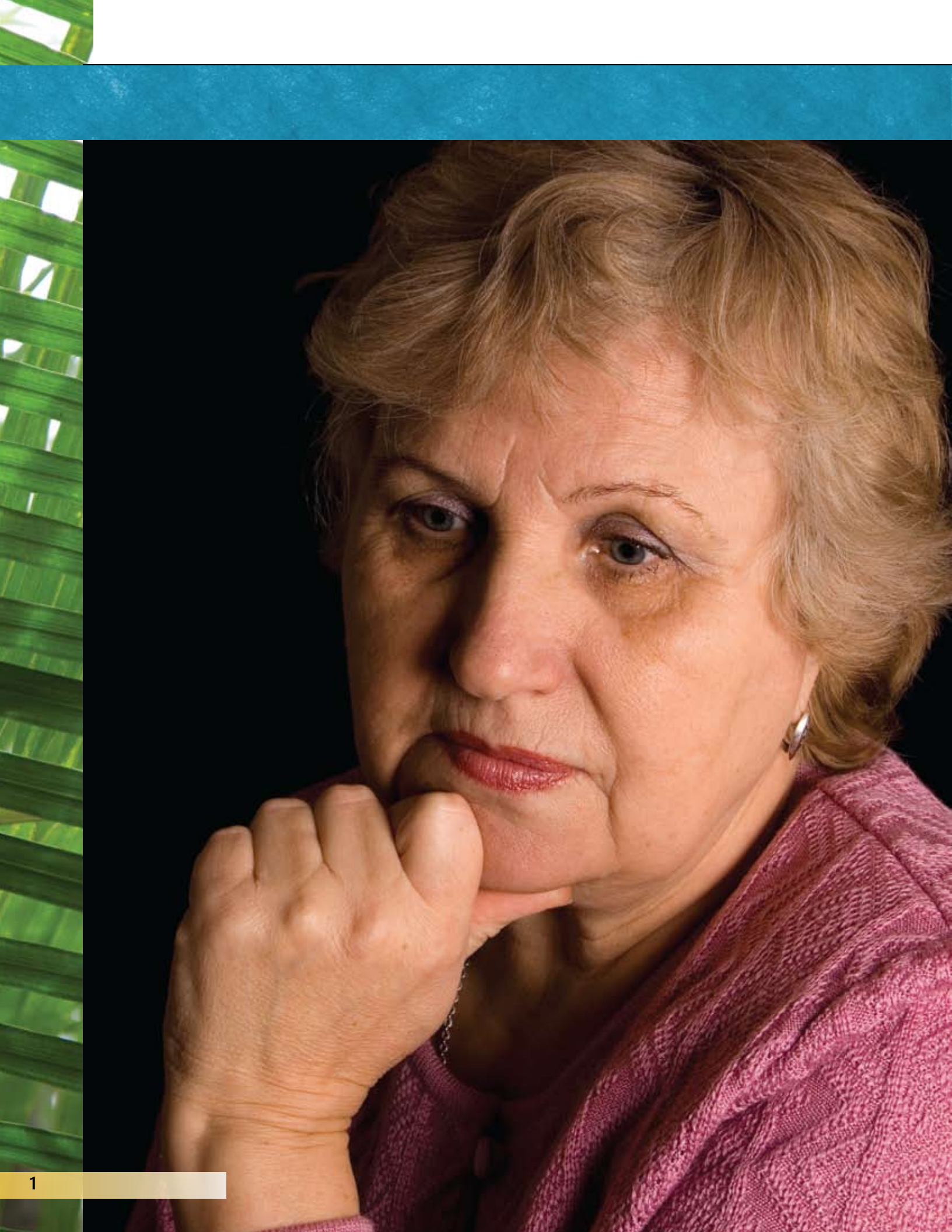
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THE 2010 ELECTION resulted in a change in state administration. Governor Neil Abercrombie highlighted senior issues in his campaign for “A New Day in Hawai‘i.” He indicated his personal commitment to these issues and outlined some directions for his administration. Dr. Wesley Lum has been appointed as Director of the Executive Office of Aging and has assurances from the Governor that the Executive Office of Aging will be able to exercise increased leadership, to move on a number of issues, and to coordinate across departments on aging and long-term care issues. The immediate fiscal crisis, of course, is a constraint; but there is reason for optimism that the vision of “A New Day in Hawai‘i” will provide positive direction in addressing the needs and issues of our elderly and disabled citizens.

Aging & Disability Issues 2011 is the sixth annual publication that offers an overview of legislative issues dealing with aging, caregiving, and long-term care. The purpose is to highlight important measures before the 2011 Legislative Session with the intention that interested persons and organizations will express their views on these issues in the final weeks of the session. The publication is a joint project of the Hawai‘i Family Caregiver Coalition (HFCC) and the Hawai‘i Pacific Gerontological Society (HPGS). In addition, several other organizations have contributed funds, which have made possible the publication of this report. Their support is gratefully acknowledged.

Thousands of studies and reports have been written about the problems frail elders and persons with disabilities face in dealing with health, finances, and other issues. Statistics indicate that Hawai‘i, the nation, and the world face an “aging tsunami,” for which we are ill prepared. Yet, this overwhelming mass of evidence has not significantly af-

I Didn't Know What I Didn't Know!



Take care of my Mom during her final months? Sure! It was my privilege. It was the most important gift I have ever had to give! It was unquestionably the hardest thing I have ever done. Why? It wasn't because of Mom – she was a sweetheart. It was because I did not know what I was doing. And I didn't have a clue about the toll caregiving was taking on my mental and physical health. But maybe the most important thing I didn't know was that there was anyone who could help me learn what I needed to know.

So being the Lone Ranger, I jumped off the highboard only to find that I couldn't swim all that well. I searched and studied and badgered anyone I thought might be able to help. Mostly, I made up my own rules. Some were really good, like if Mom wanted to eat quesadillas with extra jalapeños or chocolate crème pie for breakfast it was good for me. My basic rule was, if Mom wanted it, Mom got it! Some were not so good...I need not tell you about my failures.

Mom passed away almost 12 years ago. I think I managed relatively well. Not perfectly, but maybe a B+. I've spent the following years working and learning how to help other people not have to learn on their own. There are important services available. The ADRCs now in place in every county are an important example. Family Caregiver Awareness Day is another. Very important is the family training that is now available at Kapi'olani Community College. These services are available both for those who can afford to pay and for those who cannot afford it. People in both groups need help finding the right agency or person or bit of information that can preclude drowning and actually help you finish your swim in the Olympic-sized swimming pool called family caregiving.



— Anne, Nu‘uanu

fecting public policy at local, state, or national levels. People are often motivated to act when they perceive that a problem may affect them personally. For this reason, **Aging & Disability Issues 2011** includes personal stories which describe the difficulties any of us could experience if faced with aging or disability.

Three critical realities set the stage for **Aging & Disability Issues 2011**. The first issue is that the older population is rapidly growing at both ends. On the one hand, enormous numbers of baby boomers are enter-

ing old age; these are the so-called “young old.” On the other hand, the “old old,” those 85 and older, are also increasing very rapidly. In Hawai‘i, the 85+ population numbered less than 18,000 in the year 2000. By 2010, this group was estimated to be nearly 30,000, and by 2030, over 40,000 of our citizens will be in this age group.¹ Persons over 85 offer the more immediate challenge to state government because they experience more illness and disability, and place greater demands on public and private resources.

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Section 1. (continued)



The second reality is that there is a national effort to consolidate aging and disability programs. The more inclusive title of this 2011 booklet reflects this development—***Aging & Disability Issues 2011***. Disability is not simply a problem for the old. Disabled persons are found throughout the population, as more people with serious disabilities survive and live on into old age. Disability rates do increase with age. In 2008, for example, about 15% of Americans aged 5 to 64 had one or more type of disability, compared with 38% of those 65 and over. However, the numbers tell a different story. Of the nearly 53 million Americans aged 5 and older with some form of disability, 30 million were between 5 and 64, and 23 million were over 65.²

Over the years, separate bureaucratic programs and funding streams have developed for elders and for persons in various categories of disability. Nevertheless, older adults and other persons with disabilities have similar problems and require many of the same services. Currently, efforts are un-

derway to restructure funding and services. For example, the U.S. Administration on Aging and Centers for Medicare and Medicaid Services are providing funding for state and county offices on aging to create Aging and Disability Resource Centers (ADRC's), which are designed to provide both older citizens and other disabled adults a single access to the myriad of available programs. The Executive Office on Aging, along with their partners in the aging and disability networks, are undergoing a systems change to implement the ADRC, the Community Living Program, and person-centered Hospital Discharge Planning initiatives. These initiatives are a significant change from the traditional way of providing services for people who need long-term care.

The third reality is the financial crisis affecting both the nation and almost every state. This crisis has two parts. The first is the immediate budget deficits facing federal and state governments. In Hawai'i, the state government is constitutionally required to have a balanced budget every year. However, declin-

ing state revenues have left the state with a budget deficit of over \$800 million for the next two-year period. The state administration and legislature are struggling to find ways to reduce expenses and raise revenues. Cutting the health insurance benefits of state retirees and taxing pension income are two of the more controversial ideas under consideration.

The financial crisis has another, even more difficult component. This is the government's long-term obligation to pay for the retirement and health care benefits of public workers and retirees into the future. This would not be a problem if governments put aside sufficient money to pay for these future obligations on a year-by-year basis. However, very few have done so. In Hawai'i, the state government has two such "unfunded liabilities." The first is the obligation to pay pension benefits to those now covered under the Employee Retirement System. In 2008, Hawai'i had an unfunded pension liability of approximately \$5.2 billion. The second is the need to put aside money to pay for retiree health care and any other non-pension benefits. Hawai'i's unfunded obligations for future health care was approximately \$10.8 billion. Unfortunately, Hawai'i is among the states with the worst records regarding unfunded liabilities.³

Citations:

¹Hawai'i State Plan on Aging 2008-2011, Executive Office on Aging, Hawai'i State Department of Health, October 2007.

²Matthew W. Brault, Review of Changes in the Measurement of Disability in the 2008 American Community Survey. Washington, DC: U.S. Census Bureau, September 22, 2009.

³The Trillion Dollar Gap: Underfunded State Retirement Systems and the Roads to Reform. The Pew Center on the States. Washington, DC and Philadelphia, PA: The Pew Charitable Trusts, February, 2010.

Section 2. Meeting the Needs of Hawai'i's Elderly & Disabled

HAWAI'I, along with many states, has undergone dramatic reductions in revenues available for health and social programs. This means that maintaining funds for current programs is threatened, and there are few, if any, resources for new endeavors. As a consequence, most proposals being advanced this year have minimal or no funding requirements.

Recognizing the seriousness of the situation, senior advocacy organizations (Hawai'i Family Caregiver Coalition, AARP, Policy Advisory Board for Elder Affairs, Kokua Council, Hawai'i Alliance for Retired Americans) met in the Fall of 2010 and decided to unite around the priority of preserving Kupuna Care services for frail elder adults for the 2011 Legislative Session. The individuals receiving these services are in immediate need of assistance; and even then, most of these services have significant wait-lists. The need for these services, furthermore, is growing and will continue to grow.

Although not a long-range solution, during this session, senior advocacy organizations believe that in order for the state to meet its minimum obligations to preserve the well-being of citizens, the Rainy Day Fund should be tapped for its original purpose of providing health and human services, including funding services for the frail elderly and disabled.

Looking to the future, there is reason for cautious optimism. There is strong evidence that an economic recovery is underway. This should improve the financial situation of the state over the next few years. In addition, the Governor has indicated his intention to restructure the tax system in order to achieve long-term sustainability for the state to fulfill its necessary functions, including care for the vulnerable members of our com-



Grandma & Me

At the age of 37, a decision was made to leave the working world after 12 years with one employer. Grandma was 95 years old and I had lived with her for 18 years at that point, so my decision was rather easy as I just wanted to spend more time with her.

We both shared in daily routines with the heavier workloads left for myself. After a couple years and a medical condition, grandma needed more assistance with her daily routines and I started providing more assistance. It was then that Project Dana was introduced to me and I can now say it's been three plus years since I've been attending.

Through education, support, and recreation, Project Dana has helped me grow as a person so grandma and I can continue to live together with the necessary care provided to us both. The following lists some details of what has helped me:

- **Education.** Listening to speakers from social, medical, legal, and public safety professions has increased my awareness on many areas facing our elders and caregivers. What I take from the education is what to look for, what to do, and how to do it, and if I need to look outside, then it's "where to go."
- **Support.** Receiving the monthly caregiver award provided some financial assistance in the form of a Long's gift card. With everything so expensive, this was very much appreciated. More importantly, the talk sessions among the group provide a necessary support channel for all members. It is here where we share our individual experiences and lean on others for support. The support can be advice, and at times it is emotional.
- **Recreation.** We are constantly reminded at Project Dana to take time for ourselves. Project Dana provides a recreational activity once a month to take a break from the routine.

We need to remind ourselves that our elders are still an important part of our lives. Providing the necessary care so they are not bored, helpless, and lonely is something they have earned. Project Dana opened my eyes to the aging process and the many different issues facing our elders and caregivers daily. With the high cost of professional care and families making sacrifices to take on the responsibility of caregiver, support groups such as Project Dana are very helpful for education and support for caregivers. Personally, I feel that I have learned more about providing care thru Project Dana than any other source could have provided.

— Peter, Nu'uano

munity. We support the Legislature's efforts to explore alternatives for raising additional revenue and to not undertake further rollbacks in state services. In addition, the State Long-Term Commission has just completed its first year report

and will be making policy recommendations to the 2012 Legislative Session regarding the funding and delivery of long-term care services. The research reports and first year report can be found at www.publicpolicycenter.hawaii.edu/ltrc.html.

Section 3. Principles Underlying Aging Policy & Legislative Decisions

In the face of the current fiscal crisis, we believe it is essential that funding and policy decisions respect fundamental principles. We propose the following as fundamental policy principles:



FISCAL MEASURES SHOULD SPREAD THE BURDEN ACROSS THE ENTIRE POPULATION. In times of economic downturn, the easiest response is to reduce public services to the most vulnerable citizens who depend upon these services for meeting their basic needs. We believe that such measures typically generate further social and health problems and are lacking in fairness. Instead, we applaud the current efforts to examine possibilities which restructure priorities and revenues. The current tax system provides



many examples of exemptions and credits that privilege certain groups and industries. The system needs

reform to achieve greater equity in our tax system and increase available revenue by spreading the burden to support essential state services across the entire population.

Caring for My Papa

"Would you like some water?" My grandpa was very ill with cancer, so my family and I had to care for him at home. We helped by cooking his meals, by getting him to drink more water, and by playing cards with him. But, we were very scared.



At the hospital, we always helped him walk to his bed and to the restroom. We made his life as comfortable as possible and talked to him in his bed.

Lastly, my family and I tried hard to give him all the love and care he needed. We were glad that he felt secure and that everything would be OK. If something went wrong, we'd be with him.

— K.C., Kaneohe

PRESERVE THE SAFETY NET OF HOME AND COMMUNITY-BASED SERVICES. Unpaid family caregivers provide approximately 80% of the care of disabled and frail elderly individuals. Patients cared for in their homes have higher life satisfaction and higher levels of functioning than those placed in institutional environments. The public interest is best served by maintaining those programs that provide services to frail and disabled persons in their homes and assist families in continuing to provide informal care. Reductions of such services would likely result in greater dependence on expensive institutional care.

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Raising My Grandson

In 2001, recently widowed, I also lost my daughter and became sole guardian for her six year-old son. Like other caregivers, I began this new phase of my life with a mixture of feelings. What an awesome responsibility! What a privilege! What an unexpected change in my life!



One thing was clear to me from the very first day: if I was the one to do this, I would do it to the best of my ability. Was I concerned about how I would do this? Definitely! Fortunately, I became aware that the Na Tutu support group was available to people like me. I eagerly went to the first meeting that I could attend, and now, knowing what I have gained from the association with others who are in the same situation, I have become an advocate for the group. Here's what I have gained:

- A circle of friends to whom I can tell my story, people with whom I know that I am not alone. I come away from every meeting feeling supported.
- A growing awareness of the wider issue that there are MANY that are like me. We all have needs; some have far greater needs than I have. I learn from them.
- Practical ideas from others who have "been there" on the various things that grandparents are faced with as they go forward as primary caregivers to children—legal issues, social/emotional concerns, an age spread of many decades. Our situations are unique, even as we share a common bond.
- The reassurance, through our shared stories and experiences, our friendships, and our times together, that we can help each other simply by sharing.
- A sense that others need to know that many in our community are in similar situations. While other retirees are enjoying some freedom in choosing what they will do next, we are driving children to school, entertaining our grandchildren's friends, planning outings to "kid" places. We know what is next, and sometimes we DO worry about it.

As we continue to do what we do, individually and collectively, we welcome others with similar needs to join us. Our learning is never finished, and we gain from every new person who comes to our group.

— Anonymous, Kane'ohe

When resources become available, government should expand the infrastructure of home and community-based services, such as developing single-access Aging and Disability Resource Centers for information and referral; creating paid family leave for employed caregivers; providing resources for home modification; offering finan-

cial assistance to family caregivers; and expanding respite services.

ASSURE CONSUMER-CHOICE AND QUALITY CARE. A certain proportion of the disabled and frail elderly have circumstances or health conditions that require placement in a foster home, adult residential care home, or nursing facility. Patients

often experience resistance to being removed from their familiar home environments, and families face concerns about selecting an appropriate care environment and being assured that their loved one will receive quality care. Several measures propose protections related to the quality of care, and also help in assisting families in making placement decisions.

Develop Essential Public-Private Partnerships. Traditionally, the Aging Network has drawn most heavily on federal and state resources. Many of these came into existence as a result of the federal Older Americans Act of 1965. Forty-six years later, it is abundantly clear that, even under good economic conditions, existing public programs cannot begin to meet the needs of today's older population. These can be met only if and when the immense resources of the private sector are fully engaged in this effort. Legislators and public officials must make creation of working relationships with businesses, industry, and philanthropy a major priority.



Section 4. High Priority Issues for the 2011 Legislative Session

Pat & Alice Aging in Place

When Pat Park and Alice Martin met on O'ahu, Hawai'i had only been a state for three years. Much has changed in the world in the past 49 years. What has not changed is the deep friendship the two share.

This friendship has sustained the two women in the past year through Alice's overcoming fight with breast cancer and Pat's life-altering surgery to remove a brain tumor. After Pat's surgery in December 2010, she spent several weeks in rehabilitation before having to return to the women's home when Medicare funding ended.

In spite of what the friends refer to as a "catastrophic and unexpected" event in their lives for which they were financially unprepared, they are managing to find ways to see the best in each day. Both women acknowledge that caregiving is probably one of the hardest things in the world.

Pat insists that Alice's consistent support allows her to make daily improvements. "When you have someone encouraging you as much as Alice has encouraged me, you have no choice—there's NO alternative but to improve," she asserted.

Without Alice, Pat would not be able to live at home. Without help, Alice could not provide enough support to give the necessary caregiving to keep Pat at home.

The women benefit from a customized mix of services, including Kupuna Care home delivered meals and transportation, Home Health provided by Medicare, personal care that the women pay for themselves, and extensive support from superb neighbors and caring friends.

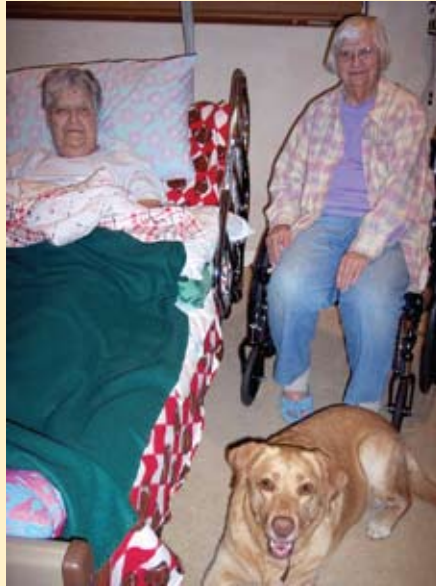
Pat and Alice describe the assistance from the Maui County Office on Aging and Kupuna Care services they receive as a "life support system." Alice is especially grateful for the home delivered meals. She said, "Receiving home delivered meals relieves me of having to think about planning, shopping, and preparing food. I don't have the time now to even plan, let alone any time to cook."

Pat described how the transportation service has been a lifesaver. Prior to receiving this Kupuna Care service, the women had to pay \$100 per one-way trip PLUS mileage for the specialized transportation Pat requires.

Both women agree that caregiving is not for the faint of heart. "You don't understand how hard it is until you try to do it," Alice stated. Yet, given the choice, Alice would much rather have Pat at home than see her having to live in a facility.

Pat and Alice credit the in-home services for preserving dignity and improving daily life and believe that every senior in Hawai'i should have the opportunity to benefit from such assistance when necessary. Because of the help the women receive, Pat is able to focus on recovery. "The prognosis is encouraging, my improvement is slow," according to Pat, "but at least I know that getting better is possible."

— Kula, Maui



EACH YEAR, hundreds of bills are introduced into the legislative session. Below, we identify the bills which address the high priority issues of senior advocacy groups. The list is by no means exhaustive of important measures. A few bills listed have already been "deferred," but we list them because the issues are important and such bills are still alive and can be heard in the 2012 Legislative Session. Furthermore, the legislative process is still continuing, and so bills are not in their final form, some will not survive the process, and important details will no doubt be decided in conference committees in the final days of the session.

Funding Kupuna Care

Enabling elders to remain at home with family caregivers and supportive services is essential in reducing expensive institutional care. Keeping loved ones at home is also preferred by families. Kupuna Care services are at the heart of national, statewide, and local efforts to rebalance long-term care towards home and community-based care. Kupuna Care services also can delay or prevent having to enroll in Medicaid. The highest priority issue is to maintain Kupuna Care funding for the 2011 fiscal year.

Kupuna Care is funded by \$4.85 million in the base budget. An additional \$3.5 million was appropriated by the 2010 Legislature, \$0.5 million for meals and \$3 million to expand access to services and reduce wait lists. The additional \$3.5 million was released by Gov. Abercrombie in January. Some bills extend the deadline for spending the allocation until June 30, 2012; other bills allocate new funds for fiscal years 2012 and 2013. Efforts are being made to have the \$3.5 million added to EOA's base budget so that it will be unnecessary to fight for this allocation in future years.

SB 935 SDI appropriates funds
(Continued on next page.)



from the Emergency Budget and Research Fund (Rainy Day) for Kupuna Care and other health and social service programs for the elderly, children, and the disabled for fiscal year 2012.

SB 1508, HB160 HD1 appropriate \$3.5 million from General Funds to be added to the base budget of \$4.85 million for Kupuna Care services for fiscal years 2012 and 2013.

HB 516, SB 1288 extend the lapse date for funds allocated in 2010 Act 191 from the Rainy Day Fund for Kupuna Care and other health and social services programs and specific agencies.

Preventive Services & Improving Care

Several bills designed to ensure the safety of dementia patients and help prevent falls are under review. One bill would help the Alzheimer's Association create a "wanderers' registry." This would facilitate early identification of dementia patients and hopefully prevent harm to those who have left home without notice. Falls are a leading cause of accidental injury, hospitalization, and death among the elderly, and two bills address this issue. Hospitalized patients who are waiting for nursing

home beds frequently need Medicaid funding to pay for long-term care. Delays in processing Medicaid applications keep patients in expensive hospital beds longer than necessary. Legislation to correct this problem is being considered.

SB 940, SD 1 appropriate funds to the Alzheimer's Association for a registry of patients with Alzheimer's disease and other dementias.

HB 507 HD 1, SB 939 create a statewide position for a fall prevention and early detection coordinator in the Department of Health, and appropriate funds for the position.

HB 596, SB 788 SD 1 pre-qualify hospital patients to be eligible for Medicaid when waiting for placement in long-term care facilities.

Consumer Information & Protection

A major function of state government is to regulate the operations



of agencies and businesses which serve the public to assure quality of care and to protect clients and customers from fraud and abuse. Two of the bills introduced this year deal with the licensing of home health agencies and home care agencies. Another aims at assisting families

in choosing a care facility for a loved one by requiring that inspection reports for such facilities be posted on the Internet. Low-income elders whose health care is funded by Medicaid are required to enroll in one of two health insurance managed care plans under contract with the state. This is called the Quest Expanded Access Program. Legislation has been introduced to conduct an external evaluation of this program by the UH Public Policy Center. The final bill listed in this section is included because of concerns that the proposed law would not allow use of Hawai'i's current external review procedures which have frequently benefited patients whose claims were denied by their insurance carriers.

HB 657 HD 1 requires the Department of Health and the Department of Human Services to post the results of inspections of care facilities on their websites.

HB 411 HD 1 requires the Department of Health to license as Home Health Agencies all agencies offering only skilled nursing care or therapeutic services.

HB 1141 HD 1 limits the circumstances under which complaints submitted to state agencies shall be made available to the public.

SB 795 SD 1 provides the Department of Health with funding to begin licensing home care agencies for one year; future costs would be covered through fees from licensees.

SB 799 SD 1 provides funds for the UHM Public Policy Center to conduct a social audit of the Quest
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Section 4. (continued)

Expanded Access program for low-income persons who are aged, blind, or disabled.

SB 1274 SD 1 requires patients whose claims have been denied by their health insurance carrier to follow the external review procedures developed by the National Association of Insurance Commissioners rather than the procedures contained in current Hawai'i law.

Palliative & End-of-Life Care

Significant increases in the number of frail elders and persons with serious disabilities has created widespread interest in ways to control



pain and provide “comfort care.” Many hospitals now offer palliative care programs and health care professionals are specializing in this field. Bills to require insurance coverage for palliative care and to encourage professional education were on the legislative agenda this year. In addition, the Hawai'i Legislature again considered – but did not pass – “death with dignity” bills to allow physicians to prescribe lethal medications for terminally ill patients who meet rigorous requirements. This legislation is highly controversial in Hawai'i and other states where it has been introduced.

HB 512 HD 1, SB 941 require accident and health insurance policies to cover palliative care.

HB 752 requires practicing physicians to obtain 12 hours of continuing medical education in pallia-

tive care every four years.

HB 1165, HB 1383, and SB 803 allow a competent, terminally ill adult to obtain a lethal dose of medication to end life.

Disability Issues

For the first time, this annual publication includes specific information about disability issues and lists several bills dealing with this subject. We do so in recognition of the fact that disability affects persons of all ages, a reality now recognized by planners and service providers. Parking is one area of concern to persons with disabilities. Reserved parking slots adjacent to buildings and other facilities help people perform everyday tasks, such as shopping, doctor visits, etc. The disabled parking program is administered by the state's Disability Communica-



tion and Access Board (DCAB). A bill under consideration would increase the vehicle registration fee by \$1 to pay for the parking program, now covered by the state's general fund. Other legislation requires health insurance policies to cover the cost of hearing aids, as well as the repair and servicing of motor-

ized wheel chairs. Another measure is designed to enable blind and visually impaired persons to access print media information through a telephone-based system.

HB 916 increases the state vehicle registration fee by \$1 to create a fund to be used by DCAB to administer the statewide Parking Program for persons with disabilities.

SB 894 SD 1 requires health insurance policies and contracts to cover the cost of hearing aids in their base plans.

HB 421 HD 1 requires health insurers to provide coverage for the repair and servicing of motorized wheelchairs and electronic convenience vehicles, and makes it an unfair practice for vendors to not make emergency repairs or not to provide loaners or rentals during servicing.

SB 893 SD 1 directs the Public Utilities Commission to establish and maintain a telephone-based information access service to daily newspapers and other periodicals.

Retiree Income and Benefits

In order to address the unfunded liabilities of state pensions and benefits, and to provide for sustainability into the future, several bills propose to increase revenues by taxing the pensions of higher earning retirees and eliminating reimbursements of Part B Medicare premiums for retirees.

There is no consensus among the senior advocacy groups on these measures. Many oppose them, since these benefits have been understood to be important compensation to public employees who typically earn lower incomes than employees in the private sector. Furthermore, retirees have carefully considered their finances when making the decision to retire. Changing the rules when one is near retirement or already retired appears unfair, as is expecting public em-

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ployees to bear more than their fair share of the burden of balancing the budget. Many middle class retirees continue to have mortgages or must pay rent, and many face increasing health care costs as they age.

Others support the intent that retirees with relatively high incomes should be taxed on at least a portion of their pensions. Retirees continue to benefit from public services and programs, and at least those with higher incomes should have an obligation to support programs for all Hawai'i residents. However, a new tax should be modest, keeping in mind the reservations noted above, and that retirees are on fixed incomes. Discussion continues as to whether to tax pensions only above a certain ceiling.

SB 162 SD 1 proposes to tax the pension income of persons earning above a ceiling of federal gross adjusted income, based on tax filing status.

HB 1092 HD 1 proposes to eliminate several deductions and exemptions from payment of state income tax, and would tax all pension income above a ceiling of federal gross adjusted income, based on tax filing status.

HB 1041 HDI proposes that employees and beneficiaries will be entitled to up to 90% of Medicare Part B reimbursements depending upon year of hire and years of service as of June 30, 2011.

Deferred Elder Care Agenda

The Joint Legislative Committee on Aging in Place (Co-chairs: Rep. Marilyn Lee and Sen. Les Ihara) and the Kupuna Caucus (Co-chairs: Rep. Marilyn Lee and Sen. Suzanne-Chun Oakland) have been working over several years on a comprehensive set of measures to increase the infrastructure of home- and community-based services. These measures are critical in anticipating the future challenges of a rap-



idly growing elder population and enabling individuals to age in place. Task forces, studies, and proposals have resulted from these efforts, but until there is an economic recovery, there are no state funds for their implementation. However, these measures should continue to have attention, and in some instances, securing private or federal

funds may allow progress to continue. The measures include: Aging and Disability Resource Centers; the University of Hawai'i Center on Aging; new funding for respite care and a respite care directory; caregiver assistance and home modification tax credits; and a funding mechanism for wage replacement benefits for employed caregivers.

Section 5. Information, Education & Resources

Public and Nonprofit Agencies

HAWAII' AGING AND DISABILITY RESOURCE CENTER

A one-stop source for information, assistance, and access to services and care for older adults, people with disabilities, and family caregivers.
Website: www.hawaiiadr.org

EXECUTIVE OFFICE ON AGING

Wesley Lum, Director
Phone: (808) 586-0100
Fax: (808) 586-0185
Email: wesley.lum@doh.hawaii.gov
Website: www.hawaii.gov/health/eoa/

Kaua'i Agency on Elderly Affairs

Kealoha Takahashi,
County Executive on Aging
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Email: ktakahashi@kauai.gov
Website: www.kauai.gov/OCA/Elderly

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