

**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

March 2, 2026

TO: SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

SENATE COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

RE: **SB 2080-SD1 -- RELATING TO PSYCHOLOGY
INTERJURISDICTIONAL COMPACT**

HEARING: Wednesday, March 4, 2026 @ 10:35 am; Conference Room 211

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB 2080-SD1, with comments.

This bill is intended to expand access to timely psychological services in Hawai'i by adopting the Psychology Interjurisdictional Compact (PSYPACT), which allows qualified, licensed psychologists in other compact states to provide telepsychology and limited temporary in-person services to Hawai'i residents. By creating a consistent, multi-state framework with shared standards and coordinated oversight, the bill reduces cross-state licensing barriers while maintaining public protection and supporting care access for rural and underserved communities.

This bill would expand timely access to high-quality behavioral health care and increase the pool of qualified psychologists available to serve Hawai'i residents. The bill is especially beneficial for neighbor islands and underserved communities, and it helps ensure kama'āina who travel or return home can maintain continuity with long-time providers without unnecessary disruption. At the same time, PSYPACT strengthens public protection by promoting shared standards, information-sharing, and accountability across compact states. Finally, requiring Department of Commerce

SB 2080-SD1: testimony of SHPDA (2026), continued.

and Consumer Affairs to adopt implementing rules helps ensure these access improvements are carried out with clear safeguards and consistent oversight.

Our support is contingent on assuring in the implementation of this measure that consideration of using locally based and licensed providers when available for these types of clinical services is strongly preferred, and this service should not replace or bypass local providers.

For these aforementioned reasons, including the last caveat, SHPDA supports this bill and its goal of responsibly expanding access to behavioral health services through the PSYPACT, particularly for neighbor island and underserved communities. By reducing unnecessary cross-state barriers while preserving strong consumer protections and coordinated oversight, the bill will help improve timely access and continuity of care for Hawai'i residents

Thank you for hearing SB 2080-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

March 4, 2026

TESTIMONY TO THE SENATE COMMITTEES ON WAYS AND MEANS AND ON JUDICIARY

Senate Bill 2080 Senate Draft 1 – Relating to the Psychology Interjurisdictional Compact

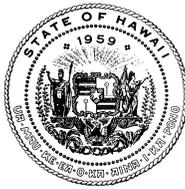
The Disability and Communication Access Board (DCAB) supports Senate Bill 2080 Senate Draft 1 – Relating to the Psychology Interjurisdictional Compact. This bill adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact. It states implementation effective January 1, 2028 and is effective 1/30/205

Hawaii's psychologists shortage is acute, especially for our neighbor islands and underserved communities. DCAB encourages finding long term solutions to increase the number of psychologists who are licensed directly by the State of Hawaii.

Thank you for the opportunity to testify.

Respectfully submitted,

KRISTINE PAGANO
Acting Executive Director



**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH**
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Ways and Means
and the Senate Committee on Judiciary
IN SUPPORT OF S.B. 2080 SD1
RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT
March 4, 2026 10:35 a.m., Room 211 and Video**

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Marian Tsuji, Deputy Director
Behavioral Health Administration

WEBSITE:

scmh.hawaii.gov

EMAIL ADDRESS:

[doh.scmhchairperson@
doh.hawaii.gov](mailto:doh.scmhchairperson@doh.hawaii.gov)

Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and members of the Committees:

HRS §334-10 established the State Council on Mental Health (SCMH) as a 21-member body. It advises on resource allocation, statewide needs, and programs affecting more than one county. It advocates for adults with serious mental illness, children with emotional disturbances, and individuals with co-occurring substance abuse disorders. Members represent mental health providers and recipients, students, youth, parents, and family members. State agency representatives from mental health, judiciary, housing, Medicaid, social services, vocational rehabilitation, and education serve the Council. Members also include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards.

Most Council members support the intent of SB 2080, SD 1, which seeks to expand access to psychological services through Hawai'i's participation in the Psychology Interjurisdictional Compact (PSYPACT). Increasing access to licensed psychologists, particularly through telehealth, may help address workforce shortages and improve continuity of care across the state.

The Council respectfully raises the following considerations:

Clinical Integrity and Patient Outcomes

If psychologists are permitted to practice across state lines, maintaining high professional standards and safeguarding treatment quality is essential. Effective psychological care depends

on evidence-based, recovery-oriented practices that account for cultural context, family systems, and community dynamics. Expanding access must not compromise clinical effectiveness, ethical standards, or patient safety, particularly in Hawai'i's culturally diverse and geographically unique setting.

Local Workforce Capacity

While the Compact may increase access to out-of-state providers, it may also create incentives for Hawai'i-licensed psychologists to provide services to clients in other jurisdictions. Differences in reimbursement models, including greater availability of direct-pay arrangements elsewhere, could affect local provider availability. Policymakers should consider strategies to monitor and protect Hawai'i's in-state workforce capacity.

Reimbursement and Administrative Pressures

Access challenges in Hawai'i are closely tied to reimbursement rates, insurance coverage limitations, and administrative burdens. Without improvements in these areas, provider mobility under PSYPACT could unintentionally exacerbate existing workforce shortages. Ensuring competitive reimbursement and streamlined credentialing processes will be critical to maximizing the benefits of Compact participation.

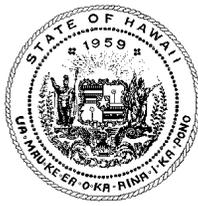
Credentialing Coordination

Clear coordination between Compact authorization and insurance credentialing processes is necessary to prevent delays, duplication, or new administrative barriers that could limit patient access.

SB 2080, SD 1 has the potential to improve access to care. Careful implementation, strong oversight, and ongoing workforce monitoring will be essential to ensure that increased provider mobility strengthens, rather than diminishes, Hawai'i's behavioral health system.

Thank you for the opportunity to provide testimony.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
**DEPARTMENT OF CORRECTIONS
AND REHABILITATION**
*Ka 'Oihana Ho'omalua Kalaima
a Ho'oponopono Ola*
1177 Alakea Street
Honolulu, Hawaii 96813

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Vacant
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

TESTIMONY ON SENATE BILL 2080, SENATE DRAFT 1
RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

by
Tommy Johnson, Director
Department of Corrections and Rehabilitation

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

AND

Senate Committee on Judiciary
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Wednesday, March 4, 2026; 10:35 a.m.
State Capitol, Conference Room 211 & via Videoconference

Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of both Committees:

The Department of Corrections and Rehabilitation (DCR) **supports** Senate Bill (SB) 2080, Senate Draft (SD) 1, which proposes to adopt the Psychology Interjurisdictional Compact (PsyPact/Compact) to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It also requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact.

A disproportionate number of individuals in DCR's custody have a diagnosed mental health illness. Among these individuals, the primary request from inmate patients is access to counseling and ongoing therapeutic relationships.

Over the past three years DCR has been unable to retain a significant number of our clinical psychologists due to cost of living, salary ratio, budgetary constraints and licensure mandated timeframes. Even with robust recruitment efforts, we encounter difficulties recruiting staff as we are also competing with other departments who can offer less challenging environments to work in and reduced caseloads.

The DCR has twenty-three (23) clinical psychologist positions with nineteen (19) of those positions currently vacant. Of the four (4) positions filled, two (2) are unlicensed. The current critical shortage of licensed psychologists impacts DCR's ability to retain invaluable mental health professionals who serve our inmate-residents suffering from severe mental illness as well as those in acute crisis. A significant number of residents facing court hearings are unable to participate due to their mental illness.

Since the inception of the PsyPact in 2020, 42 states have successfully enacted this legislature. PsyPact facilitates the practice of psychology across state boundaries while maintaining professional standards and regulatory oversight thereby exponentially increasing access to needed mental health care with licensed psychologists. The Compact also creates a streamlined system that eliminates the bureaucratic burden of multiple licenses while preserving the integrity of professional standards. Adopting PsyPact to increase mental health care expansion is particularly crucial for addressing critical shortages of licensed mental health professionals.

The Compact has significant implications for forensic psychology, a field in which specialized expertise is often in high demand yet geographically limited. Forensic psychologists who conduct risk assessments, provide expert testimony, or provide specialized evaluations may now extend their services across state lines, improving access to critical expertise in legal proceedings, such as fitness to proceed, and other specialized diagnostic evaluations. Expanded access to forensic psychological services through PsyPact supports DCR's policies and National Commission on Correctional Health Care standards, helping ensure that the mental health needs of incarcerated individuals are adequately addressed through a forensic lens.

Thank you for the opportunity to provide testimony in **support** of SB 2080, SD 1.

Hawai‘i State Association of Counties (HSAC)

Counties of Kaua‘i, Maui, Hawai‘i, and City & County of Honolulu

Website: hawaiicounties.org | Email: hsac@hawaiicounties.org



Testimony of the Hawai‘i State Association of Counties

S.B. No. 2080 SD1 - Support

Relating to the Psychology Interjurisdictional Compact
Committee on Ways & Means and Committee on Judiciary

Wednesday, March 4, 2026, 10:35 a.m.

The Hawai‘i State Association of Counties (HSAC) is a non-profit organization that represents the collective interests of Hawai‘i’s four counties: the County of Kaua‘i, County of Maui, County of Hawai‘i, and the City and County of Honolulu. HSAC’s membership includes the elected members of each county council, who advocate for policies and programs that strengthen county government, improve public safety, and enhance the quality of life for residents statewide. Through this work, HSAC helps ensure that counties are better positioned to address shared challenges and that statewide policies reflect county-level realities, an important outcome that helps make all counties stronger.

HSAC submits this testimony in **support** of S.B. 2080 SD1, which adopts the Psychology Interjurisdictional Compact (PSYPACT) and authorizes the Department of Commerce and Consumer Affairs to implement and administer the compact .

Counties across Hawai‘i continue to experience the impacts of limited access to mental health services, particularly in rural areas and on the neighbor islands. These challenges are often reflected in increased demands on county services, including emergency response, homelessness outreach, corrections, and community-based support programs. Expanding access to licensed psychological services is therefore critically important to county governments and the communities they serve.

S.B. 2080 SD1 will help address workforce shortages by allowing licensed psychologists in participating states to provide telepsychology services and limited temporary in-person services across state lines, while maintaining professional standards and public safety protections. Participation in PSYPACT will expand access to care, support continuity of treatment, and improve mental health service delivery statewide.

For these reasons, HSAC strongly supports S.B. 2080 SD1 and respectfully urges the Committee to pass this measure.

Nahelani Parsons

Executive Director, Hawai‘i State Association of Counties

March 4, 2026, 10:35 a.m.
Hawaii State Capitol
Conference Room 211 and Videoconference

To: House Committee on Ways and Means

Sen. Donovan M. Dela Cruz, Chair
Sen. Sharon Y. Moriwaki, Vice Chair

Senate Committee on Judiciary

Sen. Karl Rhoads, Chair
Sen. Mike Gabbard, Vice Chair

From: Grassroot Institute of Hawaii

Ted Kefalas, Director of Strategic Campaigns

RE: TESTIMONY IN SUPPORT OF SB2080 SD1 — RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Aloha chairs, vice chairs and other members of the committees,

The Grassroot Institute of Hawaii **supports** [SB2080 SD1](#), which would allow Hawaii to join the Psychology Interjurisdictional Compact.

The interstate compact approach outlined in this bill would increase access to mental health professionals for Hawaii residents by allowing for the practice of telepsychology and temporary in-person, face-to-face practice of psychology across state boundaries.

Hawaii patients are in great need of mental health services. According to the National Alliance on Mental Illness, approximately 234,000 adults in Hawaii have a mental health condition, and nearly half a million Hawaii residents live in a community that lacks sufficient mental health professionals.¹

¹ "[Mental Health in Hawaii](#)," National Alliance on Mental Illness, accessed Feb. 2, 2026.

According to the Physician Workforce 2026 annual report, Hawaii has a 67% shortage of adult psychiatrists and a 64% shortage of child and adolescent psychiatrists.²

This shortage has caused burnout among Hawaii’s existing mental health practitioners.

One provider told Hawaii News Now in 2021: “There are moments where I feel a little bit helpless, like I’m putting every joule of energy that I have in my body towards trying to make an impact on a problem that feels so insurmountable.”³

Encouraging more counselors to practice in Hawaii requires a multipronged strategy that addresses the state’s high cost of living, its regulatory scheme for healthcare facilities and more. An important part of this approach should include reforming licensing regulations for healthcare professionals.

At present, PSYPACT comprises [43 states](#), the District of Columbia and the Commonwealth of the Northern Mariana Islands. Several other states have introduced legislation to join the compact. Years of successful implementation testify to the safety and effectiveness of this approach to license reciprocity.

Joining PSYPACT would be an important step toward improving patients’ access to mental and behavioral health professionals, thereby helping address mental health needs and shortages in our state.

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii

² [“Annual Report on Findings from the Hawai’i Physician Workforce Assessment Project,”](#) University of Hawaii System, Dec. 2025, p. 22.

³ Jolanie Martinez, [“As Hawaii faces a mental health crisis, psychologists struggle to keep up with patient demand,”](#) Hawaii News Now, May 5, 2021.



To: The Honorable, Sen. Donovan M. Dela Cruz, Chair
The Honorable, Sen. Sharon Y. Moriwaki, Vice Chair
Senate Committee on Ways and Means

The Honorable Sen. Karl Rhoads, Chair
The Honorable, Sen. Mike Gabbard, Vice Chair
Senate Committee on Judiciary

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Director of Public Policy
Maria Rallojey, Public Policy Specialist

Hearing: Wednesday, March 4, 2026, 10:34am, Conference Room 211

RE: **SB2080 SD1 Relating to the Psychological Interjurisdictional Compact**

AlohaCare appreciates the opportunity to provide testimony in **support** of **SB2080 SD1**. This measure (1) adopts the Psychological Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice, and (2) requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact.

AlohaCare is a community-rooted, non-profit health plan founded by Hawai'i's Community Health Centers and the Queen Emma Clinics. We serve over 66,000 Medicaid and Medicaid-Medicare dual-eligible residents on all islands. Since 1994, AlohaCare has partnered with providers, government entities, and community-based organizations to meet the evolving needs of our safety net community as Hawai'i's only health plan focused solely on Medicaid-eligible individuals. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for equitable access to quality, whole-person care for all.

AlohaCare's commitment to whole-person care includes providing timely access to behavioral health services. We see firsthand the growing demand for behavioral health services, especially in neighbor islands and rural communities. Workforce shortages in behavioral health are one of the most significant barriers to timely, appropriate care. For these reasons, AlohaCare supports this measure to allow qualified, licensed psychologists in other compact states to deliver telepsychology services to Hawai'i residents and provide short-term in-person services when clinically appropriate.

Mahalo for this opportunity to testify in **support** of **SB2080 SD1**.

March 4, 2026

To: Chair Dela Cruz, Chair Rhoads, Vice Chair Moriwaki, Vice Chair Gabbard, and Members of the Senate Committees on Ways and Means (WAM) and Judiciary (JDC)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Mar. 4, 2026; 10:35 a.m./Conference Room 211 & Videoconference

Re: Testimony in support of SB 2080 SD1 – Relating to the Psychology Interjurisdictional Compact

The Hawaii Association of Health Plans (HAHP) offers this testimony in support of SB 2080 SD1. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

Hawaii continues to face a significant shortage of mental health professionals, particularly in Neighbor Island and rural communities. HAHP appreciates the compact's ability to increase access to needed mental health services statewide. Workforce support and expansion are important to strengthening Hawaii's health care network. We support the inclusion of the psychology interjurisdictional compact to expand Hawaii's "toolkit" for providing essential care for our members and our community.

Thank you for the opportunity to testify in **support** of SB 2080 SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

SB-2080-SD-1

Submitted on: 3/2/2026 1:45:30 PM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Judith White	Individual	Support	Written Testimony Only

Comments:

As a psychologist licensed in 2 states, including Hawaii, this is an important measure to increase access. It's a challenge for continuity of care when our clients move to another state and want to continue therapy with us, but certain state laws interfere. Please pass!

Judith C. White, Psychologist

Kapaa

SB-2080-SD-1

Submitted on: 3/2/2026 2:48:16 PM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Noelani Rodrigues	Individual	Oppose	Written Testimony Only

Comments:

As a Hawaii licensed psychologist who has also obtained psychology licensure in 7 additional states my concerns are 1) Hawaii has the most rigid requirements of psychologist licensing so why would we consider allowing access to our citizens in need of mental health treatment to be seen by a psychologist who did not have to meet Hawaii's standards. For example, to become a licensed psychologist in Hawaii one must complete 1900 supervised hours pre-doctoral as well as 1900 post-doctoral for a total of 3800 hours whereas, for example, in California only 3000 hours are required and obtaining those hours pre-doctoral is not even a requirement. I believe if we want psychologists to practice across all state lines then there should be national licensing instead. PSYPACT is not the answer.

Therefore, in protection of Hawaii citizens I oppose SB2080.

SB-2080-SD-1

Submitted on: 3/2/2026 4:22:08 PM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Mary Navarro	Individual	Support	Written Testimony Only

Comments:

Aloha.... I am a Marriage and Family Therapist licensed in Hawai`i and California. I live on Kaua`i and my clients experience great difficulty trying to find a professional who understands mental health issues and knows what medications will benefit them. Primary Care Physicians (PCPs) are often reluctant to prescribe mental health medications. My clients report that their PCPs usually direct them to find a psychiatrist and have them prescribe the medication needed. BUT finding a psychiatrist to see is often impossible, even for online Telehealth sessions. One psychiatrist comes from Oahu 2 times per month and most of the few who used to live and practice on Kaua`i have moved off island. Allowing licensed Clinical Psychologists trained specifically in mental health medication prescribing would greatly reduce the gap and allow much better oversight of these many cases. PCPs will be relieved as they often say that they do not feel comfortable prescribing and monitoring mental health medications. Mahalo for considering this solution.

SB-2080-SD-1

Submitted on: 3/2/2026 7:19:10 PM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Kayttie Nakamura	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Kayttie Nakamura, and I am writing in opposition to HB1704 relating to PSYPACT. I am currently a third-year clinical psychology doctoral student at the Hawai'i School of Professional Psychology.

As a doctoral student preparing to enter the profession in Hawai'i, I am concerned about how joining PSYPACT could affect both the future psychology workforce and the communities we serve.

Hawai'i has a small and distinct professional landscape. Allowing large numbers of out-of-state psychologists to practice here through an interstate compact could significantly increase competition in an already limited market. For students like myself who are investing years of training with the intention of serving Hawai'i's communities, the possibility of market oversaturation is concerning.

I am also mindful of the cultural context in which mental health care is delivered in Hawai'i. Our training emphasizes cultural humility and responsiveness to the unique values, histories, and lived experiences of local communities. Providers practicing remotely from other states may not have the same depth of familiarity with Hawai'i's cultural nuances. I worry that this could unintentionally impact the quality and cultural relevance of care.

Additionally, PSYPACT is administered by a national organization rather than directly by the Hawai'i Board of Psychology. This raises concerns about local oversight. Hawai'i regulators would have limited authority over credentialing standards, continuing education requirements, and disciplinary processes for out-of-state providers practicing under the compact. Maintaining strong local control over professional standards is important for protecting the public.

Finally, once Hawai'i enters an interstate compact, it may be difficult to reverse course if unintended consequences arise. Given the long-term implications for both emerging professionals and residents seeking care, I believe this decision warrants careful consideration.

For these reasons, I respectfully urge you to oppose HB1704.

Mahalo for your time and consideration,

Kayttie Nakamura

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Committee Members,

My name is Sean Scanlan, Ph.D., and I am writing as a clinical psychologist who has a unique perspective as a practicing psychologist born and raised in Hawai'i, former Hawai'i Psychological Association President, and the current Program Director of the PsyD Program at Chaminade University (HSPP; the largest doctoral psychology program in the State). I strongly **OPPOSE SB2080** because it may **harm the residents of Hawai'i**.

PSYPACT's position holds two assumptions that are not applicable to the realities of clinical psychology in Hawai'i:

1. The current number of clinical psychologists in the State is insufficient to meet current mental health needs, and
2. Their company can help fulfill that need.

Regarding the insufficiency of clinical psychologists:

- The number of *psychologists* is only a fraction of the thousands of *mental health providers* (which include psychiatrists, LMHCPs, SBBHs, LCSWs, MFTs, psychiatric nurses, etc.), and therefore the perceived lack of mental health services shouldn't only fall on one specialty;
- There are several data sets, but the one available on the APA website has Hawai'i ranking 3rd for the number of psychologists per capita, behind only Vermont and Massachusetts; and
- There are other data that show Hawai'i ranking 27th in *mental health providers*, suggesting that any deficit in the communities may actually be due to the other professions (not the high per-capita psychologists).

Regarding Hawai'i's clinical psychology training programs (those training future psychologists):

- Hawai'i ranks 6th in clinical psychology training programs per capita;
- Student enrollment at HSPP (the largest program in the State) has increased steadily by 30% in the last 3 years (graduating about 25 potential psychologists per year); and
- The population growth of Hawai'i is expected to increase by less than 1% over the next 10 years, so there will be a point where programs are producing more psychologists than needed.

The suggestion that Hawai'i being part of PSYPACT will help meet the mental health needs of the State is unfounded.

- This law would cede regulatory power to an out-of-state business, not the Hawai'i State Board of Psychology;
- PSYPACT is part of a larger company that makes more money the more providers enroll in their program, so they are incentivized to increase membership states; and
- Once written into law, this company would be free to change rules, requirements, and costs at any time and without guardrails. This is the same company that tried to force states to mandate the invalid EPPP-2.

Regarding the State economy:

- The payments for these psychotherapy sessions will leave Hawai'i and go to the states of those PSYPACT providers.
- There will be no regulation on how many out-of-state providers, corporations, etc. solicit and service Hawai'i residents, potentially limiting Hawai'i psychologists from treating their own community.

Cultural sensitivities are critical in our state, especially to those marginalized populations. Allowing an influx of out-of-state providers (likely unaware of our cultures) will be detrimental to those already challenged;

- We are ignoring how critical cultural awareness is in mental health treatment, and we must acknowledge that someone from Tennessee will likely have significant deficits in this awareness, yet will have no oversight by our state agencies. As an example, let's say there's a Native Hawaiian family who has been having increased difficulty with their teenager and has finally sought to see a psychologist. If that provider is some online provider who is in a different time zone, has never been here, is unaware of the culture and family customs, and will likely have difficulty even pronouncing family names, how effective will they be? Moreover, if that provider suddenly quits because they aren't interested in the case anymore, how likely is that family to ever see another psychologist? How likely are they to recommend loved ones to seek help in the future? Multiply that family times 100, and we'll definitely have a mental health crisis on our hands. In sum, cultural sensitivities are critical in our state, especially to those marginalized populations.

There are other options to increase psychologists in the field, all of which do not involve Hawai'i ceding control to out-of-state psychologists practicing in Hawai'i:

- Hawai'i already has a temporary licensing for out-of-state psychologists (as do 35+ other states). In times of crisis, the Board of Psychology could expedite the temporary license process, a process already in existence but not discussed in this bill;
- To start, there is associate licensing which passed last year and has not yet had the opportunity to affect communities;
- State agencies could incentivize mental health practitioners to support rural communities;
- For child mental health, the Department of Education can increase school mental health services, especially because of their daily access to that child in need; and
- The EPPP licensing exam (which has cultural biases and questionable validity) is a major hurdle for doctoral graduates. The Board of Psychology could lower cutoff score to get more local graduates licensed and even attract continent providers with subthreshold scores to be permanent in-state psychologists. The test is not considered a valid measure of practice ability, so using it as a barrier to practice is nonsensical.

For years the Georgia-based PSYPACT company has held countless presentations in Hawai'i pitch themselves, as they have greater financial resources than the local practitioner. However, for the reasons stated above, local practitioners like myself can see how an outside company like PSYPACT could cause more harm to our community than good. Please listen to local practitioners and vote to **OPPOSE SB2080** today.

Mahalo for the opportunity to testify on this important issue.

Ke aloha nui,



Sean W. Scanlan, Ph.D.

SB-2080-SD-1

Submitted on: 3/2/2026 9:48:44 PM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Apato	Individual	Oppose	Written Testimony Only

Comments:

Joining PSYPACT would open the door to **out-of-state providers** practicing in Hawaii, but it would come at the cost of **local control** over mental health services. Rather than signing on to a compact that may harm the quality of care and reduce local accountability, Hawaii should invest in **solutions that expand access while maintaining the integrity** of our mental health system.

By **streamlining insurance paneling, expanding local provider recruitment, and building on our telehealth infrastructure**, we can improve access to care without compromising the **high standards** of service that our residents deserve.

I strongly urge you to **oppose** HI SB2080 and reject Hawaii's involvement in PSYPACT. Let us ensure that Hawaii's mental health system remains strong, culturally competent, and responsive to the needs of its residents.

Thank you for your time and consideration of this critical issue.

SB-2080-SD-1

Submitted on: 3/2/2026 10:02:48 PM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Apato	Testifying for Jennifer (Dr. Hamada) Apato, Psy.D., LLC	Oppose	Written Testimony Only

Comments:

I strongly oppose SB2080 and Hawai'i's entry into PSYPACT.

This compact shifts meaningful regulatory authority away from Hawai'i and places primary disciplinary control in a provider's home state. Hawai'i must retain full oversight and accountability over professionals serving our residents.

Access to care is important, but importing out-of-state telehealth providers does not address the root causes of access barriers, including insurance credentialing delays and reimbursement issues. Instead, it risks weakening local workforce stability and reducing direct state control.

Hawai'i's mental health system should be strengthened from within — not outsourced through a multistate compact.

I also emailed members regarding this matter on 03/02/26 at approximately 9:50 PM, with more points. There is a character limit here.

For ALL these reasons, I respectfully urge a NO vote on SB2080.



March 3, 2026

Ways and Means and Judiciary Committees

Dear Chair Dela Cruz, Chair Rhoads and all distinguished members of the Ways and Means and Judiciary Committees:

I appreciate the opportunity to comment on HB 2080, the Psychology Interjurisdictional Compact. My name is Alicia Plemmons, PhD, and I am an assistant professor and director of the Knee Regulatory Research Center at West Virginia University. This comment is not submitted on behalf of any party or interest group.

My research studies patient outcomes in terms of safety, quality, cost, and access under different practice agreements. Compacts are a unique solution to workforce mobility problems, and in fact my team has found evidence of beneficial outcomes for similar compacts, such as the interstate medical licensure compact for the physicians¹, and the enhanced nurse licensure compact for nurses².

While beneficial, piecemeal solutions through compacts have led to several logistical problems attempting to modernize healthcare legislation, develop continuing education programs, and in developing differential licensure systems for each profession.

I would like to draw your attention to a policy already used by several states, which allows psychologists from outside the state to come in and work without additional hurdles. **Universal licensing recognition**³ has had great success in attracting skilled workers, where all licenses in good standing from other states are recognized. States with universal licensing recognition addressing all professions at once, instead of through piecemeal legislation, have been more flexible and responsive, bolstering their state workforce and access to safe, high quality, cost effective medical care.

Compacts are a useful and critical tool for improving healthcare, but it is continuing a cycle of expensive, one-profession policies rather than systematic change. Data and research support considering the policy alternative of universal licensing recognition to improve efficiency of attracting skilled care workers.

Best regards,

¹ https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4755497

² <https://link.springer.com/article/10.1007/s12122-022-09333-2>

³ <https://www.sciencedirect.com/science/article/abs/pii/S0165176522002920>

Dr. Alicia Plemmons, Assistant Professor, General Business
Director, Knee Regulatory Research Center
West Virginia University

SB-2080-SD-1

Submitted on: 3/3/2026 7:12:48 AM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Amber Daniel	Individual	Oppose	Written Testimony Only

Comments:

- PSYPACT could further saturate our protected practice, allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. Ultimately, there is a chance of oversaturation, leaving Hawai'i psychologists without enough clients. There will be no mechanism to stop it.

- Hawai'i is culturally different from the continental United States. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, may negatively affect our residents.

- The false assumption of this bill is that PSYPACT will help somehow alleviate mental health needs of the State, that changes to our in-state institutions and practices are not sufficient.

- The entity that manages PSYPACT and collects the annual fees is ASPBB (Association of State and Provincial Psychology Boards), which is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company associated with the now-abandoned EPPP-2. All practice rules and fees will be determined by that private company, independent of any Hawai'i entity.

- The Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is one of their primary functions.

- Once a bill is signed into law, it is very difficult to monitor or prevent it's negative impact, so it is critical not to underestimate the permanence of this.

To Whom It May Concern,

My name is Taylor Doherty, and I am a fourth-year PsyD student at Hawai'i School of Professional Psychology at Chaminade University. I am deeply aware of what PSYPACT could mean for our profession and the potential long-term consequences for psychologists and residents in Hawai'i. With these considerations in mind, I respectfully oppose this bill.

PSYPACT could further saturate our protected practice by allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. This creates a serious risk of oversaturation, leaving local psychologists without sufficient clients. There is no mechanism in the bill to limit or regulate this influx.

Hawai'i is culturally distinct from the continental United States. Local psychologists have made significant strides in culturally responsive assessment and treatment. An influx of out-of-state PSYPACT providers, who may lack training and familiarity with Hawai'i's unique cultural context, could negatively impact the quality and appropriateness of care for our residents.

The bill also rests on a questionable assumption that PSYPACT will alleviate Hawai'i's mental health needs, rather than investing in and improving in-state training, workforce development, and institutional supports.

Additionally, PSYPACT is managed by the Association of State and Provincial Psychology Boards (ASPPB), a private out-of-state entity that would collect fees and determine practice rules. ASPPB is the same organization associated with the now-abandoned EPPP-2. This raises concerns about privatization, accountability, and Hawai'i's loss of regulatory control.

Under PSYPACT, the Hawai'i Board of Psychology would be unable to manage credentialing or continuing education requirements for out-of-state providers, even if they do not meet Hawai'i's licensing standards. This could effectively lower standards, while limiting the Board's ability to protect the public, one of its primary responsibilities.

Finally, once this bill is signed into law, it will be extremely difficult to monitor or reverse unintended negative consequences. The permanence of this decision should not be underestimated.

For these reasons, I urge you to oppose PSYPACT and instead prioritize strengthening Hawai'i's local mental health workforce and regulatory protections.

Thank you for the opportunity to provide testimony.

Mahalo,

Taylor Doherty



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirty-Third Legislature, State of Hawaii
The Senate Committee on Ways and Means
The Senate Committee on the Judiciary

Testimony by
Hawaii Government Employees Association

March 4, 2026

S.B. 2080 S.D. 1 – RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO **opposes S.B. 2080 S.D. 1, which seeks to bring the State of Hawaii into the multistate Psychology Interjurisdictional Compact.**

Broadly speaking, the Psychology Interjurisdictional Compact allows out-of-state psychologists to work in the State of Hawaii, and it allows Hawaii-based psychologists to work out-of-state in other states that are party to the Psychology Interjurisdictional Compact.

In effect, the passage of this bill into law would reduce the agency of local licensing bodies, lead to practice of psychologists of unknown quality in the State of Hawaii, and increase the likelihood that Hawaii-based talent in the public sector will leave the public section and choose to work out-of-state in another state that is a party to the Psychology Interjurisdictional Compact. The likely unintended consequence of this is diminished quality of care in our community and exacerbation of existing recruitment and retention issues in the public sector. This is not the best possible solution to the existing recruitment and retention issue and it will not solve the issue as envisioned.

Rather than entering into a complex and binding multistate compact that places the destiny of our community outside of its own hands, we suggest that the State of Hawaii simply reprice civil service psychologists to aid in both retention of those already in its service and recruitment of qualified applicants who might otherwise be deterred by the wages presently offered.

Accordingly, the **Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes S.B. 2080 S.D. 1.**

We appreciate your consideration of our testimony in opposition to S.B. 2080 S.D. 1.

Respectfully submitted,

Randy Perreira
Executive Director

SB-2080-SD-1

Submitted on: 3/3/2026 8:33:42 AM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Samantha Meyer	Individual	Oppose	Written Testimony Only

Comments:

This bill will not protect our Psychologists nor the residents of Hawai'i.

SB-2080-SD-1

Submitted on: 3/3/2026 8:34:26 AM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Kaleiilima Holt	Individual	Oppose	Written Testimony Only

Comments:

As an upcoming PsyD student from Hawai'i and hoping to practice in Hawai'i, this legislature could prevent me from remaining in my home and giving back to my community.

SB-2080-SD-1

Submitted on: 3/3/2026 8:35:05 AM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Madeline Robinson	Individual	Oppose	Written Testimony Only

Comments:

This does not protect psychologists in Hawai'i

SB-2080-SD-1

Submitted on: 3/3/2026 8:36:09 AM

Testimony for WAM on 3/4/2026 10:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Jazmyn Defrancia	Individual	Oppose	Written Testimony Only

Comments:

This does not protect psychologists!!!

Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Wednesday, March 4, 2026, 10:35 AM
Conference Room 211 & Videoconference

Comments on SB2080 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

SB2080 would adopt the Psychology Interjurisdictional Compact (PSYPACT) to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact, effective 1/1/2027.

The membership of the Hawai'i Psychological Association (HPA) is divided on whether or not Hawai'i should join PSYPACT. Given the lack of consensus, HPA takes no position on the issue at this time. In a recent survey of our members, 58% supported PSYPACT while 32% are opposed. Nationally, the majority of state associations of the American Psychological Association are in favor of joining PSYPACT.

Supporters stress the need for access, choice and flexibility as PSYPACT would allow Hawai'i psychologists to see clients who are on the mainland and would, at least temporarily, help address the provider shortage. Opponents focus on cultural concerns, fears of an influx of mainland for-profit platforms and lack of local oversight. Hawai'i's native population is culturally unique and significantly different from mainland states. Mainland psychologists may be unfamiliar with Hawaii's diverse culture.

Thank you for the opportunity to provide input into this important bill.

Sincerely,



Alex Lichton, Ph.D.
Chair, HPA Legislative Action Committee

Testimony of the Board of Psychology

**Before the
Senate Committee on Ways and Means
and**

Senate Committee on Judiciary

Wednesday, March 4, 2026

10:35 a.m.

Conference Room 211 & Via Videoconference

On the following measure:

**S.B. 2080, S.D. 1, RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL
COMPACT**

Chair Rhoads, Chair Dela Cruz, and Members of the Committees:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board respectfully opposes this measure and offers the following comments for your consideration.

The purpose of this bill is to adopt the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. Requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact. Implementation effective January 1, 2028. Effective 1/30/2050. (SD1).

Since PSYPACT was first introduced in 2020, the Board has consistently raised the following concerns:

- (1) While it is often asserted that PSYPACT would reduce mental health disparities by increasing access, Hawaii licensees could face significant changes to their practices as out-of-state compact privilege holders, with substantially lower overhead entering the market. Hawaii already has a relatively high number of licensed psychologists per capita, and the Board is concerned that in-person practice may be eroded in favor of predominantly remote care. This shift could undermine evidence-based, in-person treatment and make safe access less certain. If most consumers receive services from compact providers who may only practice physically in the state for up to thirty days per year, many patients could be forced to rely on providers located thousands of miles away who may

have little to no familiarity with Hawaii's emergency systems, particularly in rural areas. The compact also provides no clear guidance for crisis response.

- (2) Several large states, including California, Oregon, Alaska, Massachusetts, New York, New Mexico, and Louisiana, have chosen not to join the compact, which further underscores the need for careful consideration before Hawaii cedes regulatory authority.
- (3) The Board has been unable to get clear information regarding the costs of enforcement under the compact and understands that the Professional and Vocational Licensing (PVL) staff would be required to administer two parallel systems: in-state licensees and compact privilege holders. The Board is also concerned about potential uncompensated costs associated with investigations or hearings may require interjurisdictional coordination or travel.
- (4) The Board does not currently perform FBI background checks for licensure, as this is not required under HRS Chapter 465. Adoption of the compact would require the Board to establish this capability for compact users and for applicants designating Hawaii as their home state. Until such a process is in place, Hawaii-based psychologists would be unable to participate in the compact in other states, while out-of-state providers would gain access to patients in Hawaii.
- (5) Under the compact, the Board would have no authority over the minimum degree or specialization requirements for practice in Hawaii. The Board believes this would disadvantage in-state licensees, who must meet more rigorous standards under HRS Chapter 465, and would effectively allow the compact to circumvent Hawaii's established requirements. The bill's reference to a "graduate degree" as the minimum qualification also raises concerns that this could open the door to master's-level practice in Hawaii under compact terms rather than state law.
- (6) Current Hawaii law requires a qualifying doctoral degree in clinical, counseling, school psychology, or combinations thereof. By contrast, the bill would require only a graduate degree in psychology, a far broader standard that could allow degree types currently excluded from licensure to qualify.

- (7) While the Board is aware of access challenges, it is equally concerned that compact providers may never physically practice in Hawaii and may lack familiarity with the unique socio-cultural contexts affecting the mental health of Hawaii residents, and particularly the Native Hawaiian community.
- (8) The Board is also concerned about the impact on loss of licensure fee revenue, which funds PVL's administrative and enforcement functions. Compact privilege fees are generally much lower than state licensure fees, which could reduce available resources for enforcement and public protection.
- (9) Finally, the Board believes there are alternatives that remain unexplored. These include updating Hawaii's temporary practice provisions to reflect contemporary practices, including telehealth standards not currently addressed in HRS Chapter 465, and establishing further expedited licensure process to grow Hawaii's own pool of actively licensed psychologists.

Thank you for the opportunity to testify on this bill.

LATE

To: Senate Committees on Ways and Means and Judiciary

RE: S.B. 2080 S.D.1 – Relating to the Psychology Interjurisdictional Compact (PSYPACT)

Position: Strong Support

Chair Dela Cruz, Chair Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of the Committees,

My name is Dr. Charlotte Savage, a licensed psychologist practicing in Hawai‘i. I see patients in person on O‘ahu and via telehealth across all islands. I am writing in **strong support** of SB2080 (SD1) to adopt the Psychology Interjurisdictional Compact (PSYPACT).

Continuity of care is the most urgent issue. In my practice, I regularly treat patients who must travel to the mainland for work, education, family emergencies, or medical crises. When they leave Hawai‘i, I often must tell them I cannot legally continue to provide care via telehealth while they are away. During already stressful situations, patients are forced to search for a new provider, navigate complex insurance systems, and establish care with a stranger—sometimes in the middle of a crisis. This disruption is preventable.

Hawai‘i faces well-documented statewide mental health provider shortages, especially among specialized psychologists. On neighbor islands and in rural communities, patients seeking care encounter longer waitlists and limited local availability as a result. PSYPACT would expand the available pool of qualified psychologists. It increases access without requiring state infrastructure expansion.

PSYPACT has been adopted by more than 40 states and jurisdictions and continues to expand nationwide. Research shows that telepsychology supports consistent care, reduces access barriers, and improves continuity of treatment.

Allowing interjurisdictional practice strengthens—not weakens—access and stability of care.

For Hawai‘i residents, this means more people getting the help they need, shorter waitlists, and fewer individuals going without care when local options are limited.

Opponents have expressed concern that out-of-state providers may not be culturally competent or understand Hawai‘i’s unique communities and diversity needs. Clients retain the right to choose local providers when desired, and psychologists remain ethically bound to practice only within their areas of competence. Psychologists are trained and required by our Code of Ethics to develop and maintain cultural competence and to seek ongoing education regarding the diverse populations we serve. PSYPACT does not remove these obligations; it maintains professional accountability while expanding access to care.

Importantly, some Hawai‘i residents who are temporarily on or have relocated to the mainland may wish to continue care with a Hawai‘i-based provider for reasons of cultural familiarity, language, established therapeutic relationship, or personal preference. Others may prioritize specialty expertise. PSYPACT preserves these options for patients both on and off island, rather than limiting continuity based solely on state lines.

PSYPACT is not deregulation. It is a structured interstate regulatory agreement that preserves state authority while expanding access.

Under PSYPACT:

- Psychologists treating Hawai‘i patients remain subject to Hawai‘i’s laws and regulations governing psychological practice.
- Receiving states may limit or revoke a psychologist’s privilege to practice.
- Disciplinary actions and significant investigatory information are shared across member states through a coordinated database.
- Psychologists in PSYPACT must hold active credentials (E.Passport or IPC) and meet uniform eligibility standards.

PSYPACT includes clear safeguards and accountability measures:

- Psychologists practicing under PSYPACT must maintain an active home-state license and remain accountable to both their home state licensing board and the receiving state where services are provided.
- Requires coordinated disciplinary reporting across compact states, strengthening information-sharing and oversight.
- Requires additional background check safeguards, including FBI fingerprinting for psychologists who voluntarily apply for compact privileges, further enhancing public protection.
- Does not create “unknown quality” providers; it applies to fully licensed professionals subject to dual accountability.
- PSYPACT supplements—not replaces—local providers. It expands options for patients while preserving oversight and professional accountability.
- Participation is voluntary for individual psychologists and does not alter Hawai‘i’s licensing standards for full licensure in this State. Hawai‘i retains full authority over licensure requirements and enforcement; PSYPACT does not diminish the Board’s regulatory oversight.
- PSYPACT does not cause Hawai‘i to “lose” psychologists because compact practice privileges are tied to residency and home-state accountability.
- Psychologists who obtain compact privileges must maintain an active home-state license while complying with both home and receiving state regulations. If a psychologist moves out of Hawai‘i, Hawai‘i can no longer serve as their home state for compact privileges; they would need to obtain licensure in the new state of residence and re-establish compact eligibility there.

This structure preserves regulatory oversight while expanding access for Hawai‘i residents.

Without PSYPACT, I must withhold telehealth care even when it is clinically appropriate, potentially putting patients at risk of going without care. I have had to decline to directly assist a patient in crisis while she was temporarily on the mainland, instead spending time helping her navigate unfamiliar local resources across time zones rather than providing the care myself—even though I had the ability and established relationship to do so. This is not clinically ideal, and it is preventable. Hawai‘i residents in need are turned away despite having a qualified provider ready to help, and many psychologists practicing in Hawai‘i have encountered similar disruptions in care.

Hawai‘i’s participation would align us with national standards while preserving state oversight and ensuring our residents have the same access to care available in most other states.

For these reasons, I urge passage of SB2080 (SD1).

Mahalo for your consideration,

Charlotte Savage, PSYD
Licensed Clinical Psychologist
O‘ahu - Ewa Beach, HI