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**BRENN A H. HASHIMOTO**  
DIRECTOR  
KA LUNA HO'OKELE

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DEPUTY DIRECTOR  
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**STATE OF HAWAII | KA MOKU'ĀINA O HAWAII**  
**DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT**  
**KA 'OIHANA HO'OMŌHALA LIMAHANA**  
235 S. BERETANIA STREET  
HONOLULU, HAWAII 96813-2437

WRITTEN ONLY

Statement of  
**BRENN A H. HASHIMOTO**  
Director, Department of Human Resources Development

Before the  
**SENATE COMMITTEE ON JUDICIARY**  
**SENATE COMMITTEE ON WAYS AND MEANS**  
Wednesday, April 8, 2026  
10:15AM  
State Capitol, Conference Room 211

In consideration of  
**HB1509 HD2 SD1, RELATING TO WORKERS' COMPENSATION**

Chair Rhoads, Chair Dela Cruz, and members of the Committee on Judiciary and Committee on Ways and Means:

The Department of Human Resources Development (HRD) offers the following comments for HB1509 HD2 SD1.

The purpose of HB1509 HD2 SD1 is to:

- Repeal the authorization of a physician to transmit a treatment plan by mail or facsimile to an address or facsimile number provider by the employer.
- Require employers denying a treatment plan to file a written denial with the Director of Labor and Industrial Relations within seven days of receipt.
- Place the burden of proof on the employer to establish a preponderance of medical evidence that the denial of the treatment plan is justified.
- Establish a presumption that a denial of a treatment plan not supported by a medical opinion or relevant medical records existing at the time of the denial shall be without reasonable grounds.
- Clarify that a treatment plan is deemed accepted if an employer fails to file a written denial within seven-day period.
- Require employers to pay the appropriate health care provider for any medical care set forth in a treatment plan that is accepted or deemed accepted.
- Establish penalties for employers whom the Director found to have denied a treatment plan without reasonable grounds, frivolously, or primarily for purposes of delay, or to have failed to pay for an injured employee's medical care under an accepted treatment plan.

HRD appreciates the amendments made by the Labor and Technology Committee and Commerce and Consumer Protection Committee in HD2 SD1. The reinstatement of language to identify treatment plans are to be responded to within 7 days realigns better with Sections 12-15-40, 12-15-42, and 15-15-51 of the Hawai'i Administrative Rules (HAR). The revised measure also resolves prior concerns regarding the proposed penalties of \$500.00 for failing to file timely responses to treatment requests.

However, we find that the newly proposed language providing fines and fees of not less than \$5,000 for treatment denials not supported by a medical opinion or relevant medical records to be excessive and concerning. The DLIR should be permitted to determine fines based on the severity of the infraction. We recommend this language be stricken.

Should this bill move forward, HRD recommends the following amendments to be consistent with the HAR:

Add language on page 2, line 8, to read:

**“(d) Withstanding the Workers’ Compensation Medical Fee Schedule, an employer shall have the burden of proof to establish a preponderance of medical evidence that a treatment plan is unreasonable, unnecessary, or inappropriate to justify a denial under this section; provided that denial of a treatment plan that is no supported by a medical opinion, relevant medical records or administrative rules existing at the time of the denial shall be presumed to be without reasonable grounds.”**

Add language on page 3, line 3, to read:

**“(f) After acceptance of the treatment plan, or the treatment plan is deemed accepted pursuant to subsection (e), an employer shall pay the appropriate health care provider for any medical care set forth in the treatment plan. Payment shall be in accordance with the Workers’ Compensation Medical Fee Schedule and Section 386-21.”**

HRD respectfully requests the removal of subsection (g) beginning on page 3, line 9:

~~“(g) — Any employer found by the director to have denied a treatment plan without reasonable grounds, frivolously, or primarily for purposes of delay, or to have violated subsection (f), shall be subject to:~~

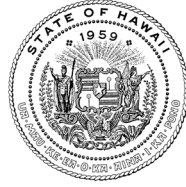
- ~~(1) — A fine of not less than \$5,000; and~~
- ~~(2) — Payment of costs, including reasonable attorneys’ fees, incurred by the injured employee in contesting the denial of treatment plan or enforcing payment pursuant to the treatment plan.~~

~~The department may enforce the penalties imposed by this section in accordance with section 386-92.”~~

We are available to answer any questions or provide further information as needed.

JOSH GREEN, M.D.  
GOVERNOR

SYLVIA LUKE  
LIEUTENANT GOVERNOR



JADE T. BUTAY  
DIRECTOR

WILLIAM G. KUNSTMAN  
DEPUTY DIRECTOR

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
KA 'OIHANA PONO LIMAHANA

April 8, 2026

To: The Honorable Karl Rhoads, Chair,  
The Honorable Mike Gabbard, Vice Chair, and  
Members of the Senate Committee on Judiciary

The Honorable Donovan M. Dela Cruz, Chair,  
The Honorable Sharon Y. Moriwaki, Vice Chair, and  
Members of the Senate Committee on Ways and Means

Date: Wednesday, April 8, 2026  
Time: 10:15 a.m.  
Place: Conference Room 211, State Capitol

From: Jade T. Butay, Director  
Department of Labor and Industrial Relations (DLIR)

**Re: H.B. 1509 HD2 SD1 RELATING TO WORKERS' COMPENSATION**

**I. OVERVIEW OF PROPOSED LEGISLATION**

The **DLIR supports** this measure and **requests amendments** by inserting content from HB2323 as described in detail below. HB1509 seeks to ensure timely approval or denial of workers' compensation treatment plans, thereby reducing avoidable delays in medical care for injured workers.

The Department prefers the HD2 version of the bill, which promotes consistency by establishing a uniform 10-day response period for treatment plans and by setting clear consequences for noncompliance. In contrast, the SD1 version shortens the employer response period to seven days and introduces additional substantive changes that may unintentionally create administrative and legal challenges. These changes could increase disputes, resulting in more hearings and appeals, which may further delay treatment.

HB1509 HD2 SD1 proposes to amend HRS §386-21.2 by:

- Repealing the authorization of the physician to transmit a treatment plan by mail or facsimile and the requirement that the physician submit it to an address or facsimile number provided by the employer,
- Requiring employers denying a treatment plan to file a written denial with the

Director of Labor and Industrial Relations within seven days of receipt,

- Placing the burden of proof on the employer to establish by a preponderance of medical evidence that the denial of the treatment plan is justified,
- Establishing a presumption that a denial of a treatment plan not supported by a medical opinion or relevant medical records existing at the time of denial shall be without reasonable grounds,
- Clarifying that a treatment plan is deemed accepted if an employer fails to file certain documents within the seven-day period,
- Requiring employers to pay the appropriate health care provider for any medical care set forth in the accepted treatment plan; and
- Imposing a fine of not less than \$5,000 to employers whom the Director finds to have denied a treatment plan without reasonable grounds, frivolously, or primarily for purposes of delay, or to have failed to pay for an injured employee's medical care under an accepted treatment plan.

## **II. CURRENT LAW**

§386-21.2 provides that a physician may transmit a treatment plan to an employer and it is considered received when there is reasonable evidence of delivery. If the employer does not file an objection, supporting documents, and a copy of the denied plan with the director within the required timeframe, the treatment plan is deemed accepted. After acceptance, the employer may still object if new supporting evidence becomes available.

§12-15-32(b) specifies in part that the physician shall transmit a treatment plan to the employer at least seven calendar days prior to the start of the additional treatments.

§12-15-32(d) specifies in part the employer may file an objection to the treatment plan with documentary evidence supporting the denial. The employer shall be responsible for payment for treatments provided under a complete treatment plan until the date the objection is filed with the director.

§12-15-34(b) specifies in part that if the attending physician believes additional treatments are required, the provider of service other than a physician, in lieu of the attending physician, may transmit a treatment plan for review and approval to the attending physician who shall, after approval, transmit the treatment plan at least seven calendar days prior to the start of the additional treatments.

§12-15-34(d) specifies in part that the employer shall be responsible for payment for treatments provided under a complete treatment plan until the date the objection is filed with the director.

§12-15-40(d) specifies in part that whenever a request for concurrent treatment is

received, the employer shall respond within seven calendar days, giving authorization, or stating in writing the reason for refusal to the attending physician, the injured employee, and the director. Failure by the employer to respond within seven calendar days shall constitute approval of the request.

§12-15-42(c) specifies in part whenever a request for consultation is received, the employer shall respond within seven calendar days...failure by the employer to respond within seven calendar days shall constitute approval of the request.

§12-15-51(b) specifies in part whenever a request for elective surgery is received, the employer shall respond within seven calendar days, failure by the employer to respond within seven calendar days shall constitute approval of the request.

### **III. COMMENTS ON THE HOUSE BILL**

The DLIR supports this measure and acknowledges that the absence of clear written approval or denial of a treatment plan can cause reluctance among physicians to begin treatment and ultimately delay the provision of essential care to injured employees. This measure addresses that concern by establishing a uniform deadline for employers to approve or deny treatment plans.

While current law provides that a failure to respond within seven calendar days constitutes approval, many providers remain hesitant to proceed without an explicit acceptance, resulting in continued delays in treatment. Although the broader statute allows the Director to impose penalties in certain contexts, that authority is not specific to an employer's non-response to a treatment plan, creating ambiguity for all parties. HB1509 HD2 resolves this by clearly identifying the conduct subject to penalty and explicitly authorizing enforcement. Importantly, the HD2 version also preserves the Director's discretion to waive the penalty upon a finding of good cause, ensuring fairness while promoting compliance.

The SD1 version presumes that any denial lacking pre-existing medical opinion or documentary support is "without reasonable grounds" creates expectations that are not feasible in real practice. Treatment plans may be incomplete, unclear, or submitted without supporting medical records. In many cases, employers must obtain clarification from the treating physician or request diagnostic reports before they can reasonably determine whether the plan is appropriate. These circumstances are common and occur even when all parties are acting in good faith. Imposing a presumption against the employer during this information-gathering period may effectively penalize routine and necessary due diligence.

Additionally, complex claims often involve multiple providers, multiple body parts, or conflicting treatment recommendations. Developing a medically supported position may require additional consultation, review of past records, or coordination among providers.

Moreover, the SD1's minimum \$5,000 penalty for denials later determined to be unsupported may inadvertently punish employers who are diligently attempting to understand the treatment recommendation or gather necessary records.

Lastly, to fully support DCD's modernization effort and ensure the statutory framework is consistent, cohesive, and aligned with DCD's electronic system, the Department respectfully requests incorporating the remaining key provisions originally included in HB2323 H.D. 2:

### **1. HRS §386-21(d) – Removal of Standardized Forms in Triplicate**

Current statutory language proposed to be amended:

“The director, with input from stakeholders in the workers' compensation system, including but not limited to insurers, health care providers, employers, and employees, shall establish standardized forms for health care providers to use when reporting on and billing for injuries compensable under this chapter. ~~[The forms may be in triplicate, or in any other configuration so as to minimize, to the extent practicable, the need for a health care provider to fill out multiple forms describing the same workers' compensation case to the department, the injured employee's employer, and the employer's insurer.]~~”

Justification: DCD no longer uses paper forms. Eliminating outdated paper-based requirements aligns the statute with current electronic reporting practices and removes unnecessary administrative burdens on providers and insurers.

### **2. HRS §386-25(g) – Vocational Rehabilitation (VR) Updates**

Current statutory language proposed to be amended:

“The employer shall have ten calendar days from ~~[the postmark date on which the plan was mailed]~~ the receipt of the vocational rehabilitation plan to submit in writing to the director any objections to the plan. A vocational rehabilitation plan shall be deemed received by an employer when the plan is transmitted with reasonable evidence showing that the plan was received.”

Justification: Modernizing VR provisions, particularly timelines and electronic transmission processes, helps ensure workers have timely access to services that support recovery and return to work.

### **3. HRS §386-95 – Injury Reporting Requirements**

Current statutory language proposed to be amended:

“The reports required by this section shall be ~~[made on forms to be~~

~~obtained from the director pursuant to section 386-71 and deposit of reports in the United States mail or~~ submitted by electronic means as approved by the director~~[, addressed to the director,]~~ . Reports submitted within the time specified shall be deemed in compliance with the requirements of this section.

Justification: Updating reporting requirements to explicitly support electronic submission improves accuracy, transparency, and timeliness in the workers' compensation system.

#### 4. **HRS §386-96(e) – Physician Reporting Requirements**

Current statutory language proposed to be amended:

~~“[Deposit] Submission~~ of the records required by subsection (a) (1) ~~[in the United States mail or]~~ by electronic means as approved by the director, ~~[addressed to the director and to the employer,]~~ within the time limit specified, shall be deemed in compliance with the requirements of this section.”

Justification: Aligning physician-reporting requirements with electronic submission ensures consistency across all reporting provisions and supports a fully modernized system.

Together with the amendments to HRS §386-21.2 already included in HB1509, these additional updates complete the statutory foundation needed for DCD's modernization framework. Collectively, they strengthen DCD's ability to ensure injured workers receive prompt, effective care while reducing administrative delays and supporting a streamlined, fully electronic workers' compensation system.



## UNITED PUBLIC WORKERS

AFSCME Local 646, AFL-CIO

**THE SENATE  
KA 'AHA KENEKOA  
THE THIRTY-THIRD LEGISLATURE  
REGULAR SESSION OF 2026**

**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, April 8, 2026, 10:15 AM  
Conference Room 211 & Videoconference

**Re: Testimony on HB1509, HD2, SD1 – RELATING TO WORKERS' COMPENSATION**

Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of the Committee:

The United Public Workers, AFSCME Local 646, AFL-CIO ("UPW") is the exclusive bargaining representative for approximately 14,000 public employees, which includes blue collar, non-supervisory employees in Bargaining Unit 1 and institutional, health, and correctional employees in Bargaining Unit 10, in the State of Hawaii and various counties.

UPW **supports** HB1509, HD2, SD1, which requires employers denying a treatment plan to file a written denial with the Director of Labor and Industrial Relations ("DLIR") within seven days of receipt and places the burden of proof on the employer to establish by a preponderance of medical evidence that the denial of the treatment plan is justified. This bill also clarifies that a treatment plan is deemed accepted if an employer fails to file a written denial within the seven-day period and requires employers to pay the appropriate health care provider for any medical care set forth in a treatment plan that is accepted or deemed accepted. Furthermore, this measure establishes penalties for employers whom the Director found to have denied a treatment plan without reasonable grounds, frivolously, or primarily for purposes of delay, or to have failed to pay for an injured employee's medical care under an accepted treatment plan.

As one of the few labor unions with a workers' compensation program for our members, UPW strongly believes this bill would help limit an unnecessary delay our members often encounter when they are injured on the job and direct them to the medical care they desperately need in a timelier manner.

Mahalo for the opportunity to testify in support of this measure.

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**HEADQUARTERS**

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Toll Free - Molokai/Lanai only

## TESTIMONY OF MILIA LEONG

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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, April 8, 2026  
10:15 a.m.

### **HB 1509, HD2, SD1**

Chair Dela Cruz, Vice Chair Moriwaki, and members of the Committee on Ways and Means, and Chair Rhoads, Vice Chair Gabbard, and members of the Committee on Judiciary, my name is Milia Leong, Executive Claims Administrator for HEMIC Insurance Managers, Inc., and Chair of the Workers' Compensation Policy Committee for Hawaii Insurers Council. The Hawaii Insurers Council is a non-profit trade association of property and casualty insurance companies licensed to do business in Hawaii. Member companies underwrite approximately forty percent of all property and casualty insurance premiums in the state.

Hawaii Insurers Council submits **comments** on this bill. While we take no position on the provisions to codify a long-time administrative rule for a 7-day response time for a treatment plan, we object to a fine of not less than \$5,000 as being excessive.

Instead, we ask that line 13 on Page 3 be replaced with, "a fine up to \$500".

Thank you for the opportunity to testify.



The Senate Committees on Ways and Means and Judiciary  
April 8, 2026  
Room 211  
10:15 AM

RE: **HB 1509 HD2 SD1, Relating to Workers' Compensation**

Attention: Chairs Donovan M. Dela Cruz and Karl Rhoads, Vice Chairs Sharon Y. Moriwaki  
And Mike Gabbard, Members of the Committees

The University of Hawaii Professional Assembly (UHPA), the exclusive bargaining representative for all University of Hawai'i faculty members across Hawai'i's statewide 10-campus system, **supports HB 1509 HD2 SD1.**

We view this measure as a critical step toward eliminating administrative bottlenecks that frequently delay necessary medical care for injured faculty members. Timely treatment is the most important factor in ensuring a full recovery and a swift return to the workplace.

**Appreciation for Strict Timelines and Accountability** This bill strengthens the accountability of the workers' compensation system by enforcing a strict seven-day timeline for employers to file a written denial to a treatment plan. By clarifying that a treatment plan is "deemed accepted" if an employer fails to file a proper denial within this window, the legislation ensures that bureaucratic inaction or silence does not result in the denial of essential medical services.

**Support for Burden of Proof and Anti-Delay Penalties** Furthermore, UHPA supports the amendments made in the HD2 SD1 draft to protect workers from bad-faith delays. By explicitly placing the burden of proof on the employer to establish by a preponderance of medical evidence that a treatment plan is unreasonable, this measure prevents employers from issuing baseless denials simply to stall treatment. We also appreciate the HD2 SD1 draft's inclusion of robust penalties, including fines of not less than \$5,000 and the payment of the injured employee's attorney's fees, for employers who deny treatment plans frivolously, without reasonable grounds, or primarily for purposes of delay. These strong deterrents are necessary to streamline the approval process and protect injured workers from avoidable and harmful delays in their recovery.

**UHPA supports the passage of HB 1509 HD2 SD1.**

Respectfully submitted,

Christian L. Fern  
Executive Director  
University of Hawaii Professional Assembly



April 7, 2026

Senator Donovan Dela Cruz, Chair  
Committee on Ways and Means  
Senator Karl Rhoads, Chair  
Committee on the Judiciary  
Hawaii State Legislature

### **Comments on HB1509 HD2 SD1 Related to Workers' Compensation**

Dear Chari Dela Cruz, Chair Rhoads and Members of the Committees on Ways and Means and the Judiciary.

On behalf of the Kohala Coast Resort Association, our 5,500 employees, and the nearly 20,000 Hawaii Island residents they support, thank you for the opportunity to provide comments on this important legislation.

We continue to see rising healthcare costs, inconsistent treatment guidelines, inefficient claims processing, prolonged litigation, and significant delays in medical care. In addition, many providers face long reimbursement timelines, which discourages participation in the system. These systemic barriers often result in delayed treatment, longer recovery periods, and increased costs for both employers and insurers.

These impacts are felt across all stakeholders:

- **Employees:** Delays in care can worsen injuries, increase mental health strain, and create financial hardship. Temporary Total Disability benefits replace only 67% of wages, leaving many families struggling to meet basic needs during recovery.
- **Employers:** Rising premiums and extended employee absences affect productivity, morale, and retention, particularly in roles that are difficult to backfill.
- **Medical Providers:** Delays in authorization and reimbursement disrupt care delivery and clinic operations, further limiting access for injured workers.

We appreciated the prior amendments to this bill that allow treatment plans to be authorized through secure electronic means and extend the response period from seven to ten days. These changes are practical and support more timely coordination of care.

However, we remain concerned that the proposed fine for failing to respond to a treatment plan is excessive and unnecessary. The bill already deems a treatment plan accepted if an employer does not respond within the required timeframe. Adding a monetary penalty on top of automatic acceptance would create additional administrative burden for employers, insurers, and third-party administrators, with potential downstream impacts on premiums and access to care. From the perspective of administering workers' compensation at scale, this type of penalty is unlikely to improve responsiveness, but it may increase administrative complexity and costs across the system.

For these reasons we oppose this bill.

Sincerely,



Stephanie Donoho, Administrative Director  
Kohala Coast Resort Association

Craig Anderson, VP Operations, Mauna Kea Resort –President  
Charlie Parker, General Manager, Four Seasons Hualalai – Vice President  
Mark Goldrup, General Manager, Waikoloa Beach Marriott – Secretary  
Pete Alles, Regional VP and GM, Mauna Lani, Auberge Resorts Collection – Treasurer  
Pat Fitzgerald, CEO, Hualalai Investors – Board of Directors  
Daniel Scott, Managing Director Rosewood Kona Village – Board of Directors  
Samantha Jones, DOSM, Fairmont Orchid – Board of Directors  
Scott Head, VP Resort Operations, Waikoloa Land Company – Board of Directors  
Jim Russell, Director of Rooms, Hilton Waikoloa Village – Board of Directors  
Rob Gunthner, Area VP Resort Operations, Hilton Grand Vacations – Board of Directors

**LATE**

**HB-1509-SD-1**

Submitted on: 4/8/2026 9:09:55 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Workers' Comp Physicians	Testifying for WIMAH - Work Injury Medical Association of Hawaii	Support	Written Testimony Only

Comments:

Chair Rhoads, Vice Chair Gabbard, and Members of the Judiciary Committee;  
Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Ways and Means Committee:

**RE: HB1509 HD2 SD1 — SUPPORT**

On behalf of injured workers, treating physicians, and stakeholders working to improve Hawai'i's workers' compensation system, strong support is offered for HB1509 HD2 SD1.

HB1509 HD2 SD1 is a practical, process-improvement measure that helps address delays in treatment authorization and payment that too often leave injured workers waiting for medically necessary care. By establishing clearer timelines, requiring meaningful explanations when treatment is denied, and providing consequences for unjustified delays, the bill promotes greater accountability and a more efficient workers' compensation process.

The measure is important because delays and non-responses can prolong pain, extend disability, interfere with recovery, and ultimately increase costs across the system. Timely access to treatment improves outcomes for injured workers and supports earlier return to work, which benefits workers, employers, and the broader community.

The amendments made by the Department of Labor and Industrial Relations are reasonable and should help improve implementation of the bill. Those amendments appear to preserve the bill's core purpose while helping ensure the process is workable, balanced, and administratively clear for all parties involved.

HB1509 HD2 SD1 does not impose unnecessary burdens on responsible payers; rather, it sets clearer expectations and addresses the kinds of unreasonable delays that undermine confidence in the workers' compensation system. For these reasons, favorable consideration of this measure is respectfully urged.

Thank you for the opportunity to submit testimony in support of HB1509 HD2 SD1.

Gary Okamura, MD  
Work Injury Medical Association of Hawaii  
President

**HB-1509-SD-1**

Submitted on: 4/6/2026 1:07:51 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Amira Abuelfarag	Individual	Support	Written Testimony Only

Comments:

TESTIMONY IN SUPPORT OF H.B. 1509 HD2 SD1

Dear Chair and Committee Members,

My name is Amira AbuElfarg and I am an injured worker currently receiving care under workers' compensation under the treatment of Dr. Scott J. Miscovich. I am writing in strong support of this bill.

Since my injury, I have been waiting for over a year for approval of the medical treatment my doctor has recommended. Despite clear medical need, my care has been delayed, leaving me without proper treatment for an extended period of time.

My injury affects my neck, my back, and my chest/heart area. I live with ongoing pain and discomfort every day. Instead of focusing on healing, I have been forced to wait, worry, and struggle while my condition continues or worsens.

This experience has impacted every part of my life. The physical pain is constant, but the emotional toll is just as heavy—stress, anxiety, and uncertainty about when or if I will receive the care I need. Being left without clear answers or timely decisions has made me feel powerless.

No injured worker should have to wait over a year for necessary medical treatment. Delays like this are not just inconvenient—they are harmful. They prolong suffering, delay recovery, and can lead to more serious health problems.

H.B. 1509 HD2 SD1 is critically important because it would require timely responses to treatment requests, ensure transparency when care is denied, and hold insurance companies accountable for unreasonable delays. These protections are essential to prevent others from going through what I have experienced.

Timely medical care is not optional—it is necessary for recovery, dignity, and quality of life.

I respectfully urge you to support this bill so that injured workers like me can receive the care we need without unnecessary delays and suffering.

Thank you for your time, your consideration, and your commitment to protecting patients in Hawaii.

Sincerely,

Amira AbuElfarag

**HB-1509-SD-1**

Submitted on: 4/6/2026 1:55:14 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Robert I Nehmad	Individual	Support	Written Testimony Only

Comments:

I am a resident of the State of Hawaii and support Bill HB1509. I hope that you also support this Bill.

Mahalo

**HB-1509-SD-1**

Submitted on: 4/6/2026 3:19:38 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Matthew Somoba	Individual	Support	Written Testimony Only

Comments:

Hello,

My name is Matthew Somoba and I support this bill. because I got hurt at work 2020 and DHRD has been delaying and denying treatment plans, specialist. I have breathing injury that has taken a lot away from my family, time, and I have not been able to enjoy the things I used to do. It has been 5 years since the injury, and I am still waiting for care. It has been causing me stress, depression and frustration. I cannot spend anytime with my only son. I know other co-workers that are going through what I go through.

Thank you for the opportunity to testify to this measure. I am hoping for a brighter future.

Aloha,

Matt

**HB-1509-SD-1**

Submitted on: 4/6/2026 5:12:04 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lisa Hamura	Individual	Support	Written Testimony Only

Comments:

Testimony In Support of HB1509 HD2 SD1

Dear Chair and Committee Members,

My name is Lisa Hamura, and I support this bill.

I was injured at work and need medical treatment. My doctor recommended care, but it was delayed or denied. I had to wait for a while and my condition got worse.

During these times:

\*I was in pain

\*My recovery was delayed

\*I felt very anxious, stressed and frustrated

This bill is very important because it makes sure the insurance companies respond quickly and give a real reason if they deny care.

It also adds penalties when treatment is denied without good reason. This helps stop delays and makes sure patients get the care they need in a timely manner.

No one should have to wait or fight to get medical treatment after being injured at work.

Please support this bill.

Thank you very much for time.

Sincerely,

Lisa Hamura

**HB-1509-SD-1**

Submitted on: 4/6/2026 7:22:16 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Raymond Maae	Individual	Support	Written Testimony Only

Comments:

TESTIMONY IN SUPPORT OF H.B. 1509 HD2 SD1

Dear Chair and Committee Members,

My name is Raymond Maae, and I support this bill. I was injured at work and needed medical treatment. My doctor recommended care, but it was delayed or denied. I had to wait while my condition got worse. During this time:

- I was in pain
- My recovery was delayed
- I felt stressed and frustrated

My Experience

I am an injured worker who has relied on the workers' compensation system for medical care and recovery. Unfortunately, my experience has been marked by delays, denials, and repeated administrative hurdles that made it difficult to receive timely treatment and necessary medications.

My original work injury (left heel) occurred on July 16, 2018. While participating in required physical therapy (PT), I sustained additional injuries to my left shoulder on February 27, 2019, and then to both my neck and left shoulder on October 23, 2019.

Treatment and Medications:

I underwent left heel surgery on July 17, 2019. I required ongoing treatment for my left shoulder and neck injuries, which was formally approved on May 10, 2021 following an Independent Medical Examination on April 14, 2021. Vocational Rehabilitation and return-to-work efforts began in March 2024.

Delays, Denials, and Barriers:

The workers' compensation (WC) insurance carrier denied the treatment plan for my shoulder injury on April 22, 2019. I was forced to retain an attorney on April 24, 2019. Despite the denial, I continued to suffer additional injuries during PT. The claim required a formal WC hearing on January 14, 2020, and was not approved until February 14, 2020—nearly 19 months after the original injury and almost a full year after the shoulder injury. Further delays continued until the shoulder and neck treatment plan was finally approved in May 2021.

#### Impact on Health, Recovery, Work, and Daily Life:

The injuries and prolonged delays significantly slowed my recovery. The additional injuries during physical therapy worsened my condition. I was unable to return to my regular job, which led to the need for vocational rehabilitation starting in March 2024. Daily activities, mobility, and overall physical function have been limited for years.

#### Emotional, Financial, and Family Impacts:

The extended battle with the insurance carrier caused substantial emotional stress and financial strain due to delayed income and medical care. This situation also placed a burden on my family during the multi-year period of uncertainty and reduced earning capacity.

This experience reflects a pattern of initial denial, additional injuries caused during treatment, and prolonged delays before receiving necessary medical care and benefits.

My experience reflects the concerns raised in this bill—that injured workers may face barriers to care due to delays or denials of legitimate claims. These issues can disrupt continuity of care, prolong pain, and make recovery more difficult.

This bill is important because it makes sure insurance companies respond quickly and give a real reason if they deny care. It also adds penalties when treatment is denied without a good reason. This helps stop delays and makes sure patients get the care they need. No one should have to wait or fight to get medical treatment after being injured at work.

Please support this bill. Thank you for your time.

Sincerely,

Raymond Maae

maae@icloud.com

Oahu, Kapolei

**HB-1509-SD-1**

Submitted on: 4/6/2026 7:55:15 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Deborah Saggars	Individual	Support	Written Testimony Only

Comments:

**TO: The Honorable Senator Karl Rhoads, Chair; The Honorable Senator Mike Gabbard, Vice Chair; and members of the Senate Committee on Judiciary (JDC).**

**AND TO: The Honorable Senator Donovan M. Dela Cruz, Chair; The Honorable Senator Sharon Y. Moriwaki, Vice Chair; and members of the Senate Committee on Ways and Means (WAM).**

**RE: Testimony URGING THE PASSAGE of HB1509 HD2 SD1**

**Aloha Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard and Moriwaki, and members of the committees,**

**My name is Deborah Saggars, and I am an elementary educator from Kailua, Hawai'i. I am writing to you today not just as a teacher, but as an injured worker who has experienced firsthand the exhaustion of navigating Hawaii's workers' compensation system. I urge your support for HB1509 HD2 SD1, as it addresses the critical gaps that leave injured employees struggling to access the care they need to return to work.**

**My journey began with a fall on a wet cement floor that injured my entire right side. As an educator serving over 800 students, I am used to a fast-paced environment, but I was suddenly met with a wall of silence. I was repeatedly denied access to care providers without any specific explanation, a delay that allowed my injuries to worsen. Even after massage therapy was finally approved, the bills went unpaid for over a year. I was forced to personally intervene and fight to cover thousands of dollars in pre-approved care simply to avoid paying out of pocket and to ensure my treatment didn't stop.**

**The delays in this system carry severe consequences. I am acutely aware that medical timing is critical, yet I have been waiting over three months for an MRI approval and an orthopedic referral. The administrative burden of constant self-advocacy is exhausting; instead of focusing on recovery or my students, I am forced to spend my time navigating systemic delays that prioritize bureaucracy over healing.**

**HB1509 HD2 SD1 is essential because it addresses these specific failures. By ensuring more transparent communication and holding insurers accountable for the timely payment of authorized care, this bill protects the dignity and health of Hawaii's workforce. No**

**employee should have to spend their recovery time acting as their own insurance adjuster while their health declines.**

**We work hard for our communities, and when we are injured, we deserve a system that facilitates our return to health rather than one that serves as an obstacle to it. I ask you to pass this measure to ensure that no other worker has to endure these unnecessary delays.**

**Mahalo for the opportunity to testify.**

**Sincerely,**

**Deborah Sagers**

**Kailua, Hawai'i**

**HB-1509-SD-1**

Submitted on: 4/6/2026 8:23:15 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
greg sagers	Individual	Support	Written Testimony Only

Comments:

## Testimony in Strong Support of HB1509 HD2 SD1

### Relating to Workers' Compensation Medical Care

**To:** Chair, Vice Chair, and Members of the Senate Committees on Judiciary (JDC) and Ways and Means (WAM) **From:** Greg Sagers, DOE Elementary PE Teacher **Location:** Kaneohe, HI

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

My name is **Greg Sagers**. I am a DOE elementary PE teacher from Kaneohe, and I am writing in **strong support of HB1509 HD2 SD1**. My experience proves that the current workers' compensation system is not just slow—it is dangerous.

**My Experience: A Year on the Brink of Paralysis** After a work-related neck and spine injury, I waited months for an MRI approval. During that time, I received no updates from insurance adjusters despite repeated calls. Because I had no diagnosis, I continued my duties as a PE teacher—lifting equipment and demonstrating activities for my students—while living with constant, radiating pain (level 5–8).

When I finally received an MRI a year later, the results were terrifying: **a ruptured disc was pushing against my spinal cord**. My specialist told me that any fall or jarring movement during that year of teaching could have left me **permanently paralyzed**. I broke down in his office, realizing I had been risking my life every day because an adjuster wouldn't approve a simple scan.

**Systemic Failures** The administrative process has been a nightmare:

- **Inconsistency:** I am currently on my **fourth adjuster**; I was informed two previous adjusters were suspended or required retraining. This turnover causes constant delays and lost information.
- **Lack of Guidance:** I was never explained the rules and was "verbally slapped" for seeking the wrong specialist, forcing me to hire a lawyer just to navigate the system.

- **Physical & Mental Toll:** I eventually required disc replacement surgery and missed significant time from the job and students I love.

**Why HB1509 HD2 SD1 is Necessary** This bill would prevent others from facing the life-altering risks I endured by:

- **Mandating fast responses** to treatment requests to end the "black hole" of silence.
- **Ensuring accountability** with a \$5,000 penalty for denials made without valid reasons.
- **Prioritizing health** by requiring timely payment for approved care.

No worker should be "one wrong step" away from paralysis because of administrative neglect. Please pass HB1509 HD2 SD1 to ensure Hawaii's workers receive the timely care and respect they deserve.

Mahalo for your time and consideration.

**Sincerely,**

**Greg Sagers** Kaneohe, HI

**HB-1509-SD-1**

Submitted on: 4/7/2026 3:16:54 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Debra Bringman	Individual	Support	Written Testimony Only

Comments:

**Relating to Workers' Compensation – Treatment Plans**

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

My name is Debra Bringman, and I submit this testimony in support of HB1509.

I am a Hawai'i worker who filed a **stress-related workers' compensation claim**. My experience highlights why clearer timelines and accountability for treatment plans are essential. After my injury, my authorized workers' compensation physician submitted treatment plans for mental-health care. These requests were denied because the claim was described as "pending investigation" and cited statutory provisions, **without a clear medical explanation identifying why the treatment itself was unreasonable or inappropriate**.

As a result, I did not receive treatment through workers' compensation during that period. I sought care through my personal medical insurance because I could not remain untreated. However, because my provider does not participate in workers' compensation, **I will not be able to seek reimbursement** for that care, even though appropriate workers' compensation treatment had been requested by my treating physician.

Despite complying with all required procedures, including medical evaluations, access to care remained delayed without clear timelines requiring action. For stress-related injuries, delays in treatment can worsen health outcomes and place unnecessary financial and emotional strain on injured workers.

HB1509 would help ensure that treatment plans are addressed promptly and based on medical evidence rather than procedural status. I support this bill because it promotes fairness, transparency, and timely access to medical care within Hawai'i's workers' compensation system.

Thank you for the opportunity to submit this testimony.

**Respectfully,  
Debra Bringman**

**HB-1509-SD-1**

Submitted on: 4/7/2026 5:37:06 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jensen Llacuna	Individual	Support	Written Testimony Only

Comments:

Treatment Plan denials/delays of Injuries to your health are crucial. Life is already short, livelihoods change, and socialism affected by trolling is unhealthy. An independent Medical Evaluation from a foot specialist could delay a spine injury treatment plan. Certain injuries need immediate attention. I believe, IME's are used for the delay. So they should also reimburse their fee toward a honest treatment plan.

**HB-1509-SD-1**

Submitted on: 4/7/2026 7:33:46 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kapiolani Spencer	Individual	Support	Written Testimony Only

Comments: In Strong Support of HB1509 HD2 Aloha Chair, Vice Chair, and Members of the Committee, My name is Yvette Kapi'olani Martin Spencer. I am a retired Surgical Technologist and an injured healthcare worker who has experienced firsthand the consequences of delayed and denied medical care under workers compensation. I am writing in strong support of HB1509 HD2 SD1. In May 2009, while assisting in an operating room during a major surgical procedure, I prevented a patient from falling off the operating table during extubation. The patient, approximately 147 pounds, began thrashing and was about 12 inches from hitting the ground when I caught him and safely returned him to the bed. In doing so, I sustained serious injuries to my spine: Herniated discs at L4-L5 and L5-S1 Annular tears That was 18 years ago. Since that time: I have attended multiple workers compensation hearings and won every case. The insurance company was ordered to provide medical care. They have failed to follow through to this day. For nearly two decades, I have lived in pain without receiving the treatment I was legally awarded. Because of these delays and failures, I have been forced to use my personal medical insurance to seek care and obtain necessary medications. I am still relying on my personal insurance for some treatment. However, there are procedures and treatments I cannot access because of the high cost, and I simply cannot afford them on my own. Due to the neglect of the workers&rs compensation insurance carrier to provide me with the proper care I needed to recover, my condition has worsened over time. Many of my symptoms have progressed and spread into other areas of my lower extremities, significantly impacting my mobility, daily function, and quality of life. I strongly believe that if I had received the proper care at the time of my injury, I would have fully recovered and continued working in a profession I loved and spent years training for. Instead, I am now disabled and living on a fixed monthly income. Where is the justice in that? Despite my injury, I continued working until 2018 because I needed to support myself. Eventually, the pain became so severe that I could no longer safely care for my patients. I made the difficult decision to stop working because I could not risk patient safety. This situation reflects a larger systemic problem: Treatment requests are delayed or ignored. Approved care is not provided. Injured workers are forced to pay out of pocket. There is little accountability for insurance companies who fail to comply. HB1509 HD2 SD1 directly addresses these issues by: Requiring timely responses to treatment requests. Requiring clear explanations for denials. Mandating payment for approved care. Imposing meaningful penalties for unjustified denials. The \$5,000 penalty is necessary. Without real consequences, delay and non-compliance will continue. No injured worker should have to spend years for proper care; let alone decades;fighting for care that has already been approved, or be forced to use their own insurance and finances to cover what should be provided. I did everything I was supposed to do: I reported my injury. I followed medical recommendations. I complied with the process. Yet I have been left without proper care due to neglect and non-payment by the insurance company. Please pass this bill to ensure that other injured workers do not have to endure what I have

experienced. Mahalo for the opportunity to testify. Respectfully, Yvette Kapi'olani Martin  
Spencer

**HB-1509-SD-1**

Submitted on: 4/7/2026 8:48:07 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shentel Hanson	Individual	Support	Written Testimony Only

Comments:

Aloha

I wanted to submit my testimony of support to this bill because I have been an individual that has experienced a long haul of suffering and pain in result of waiting for treatment and procedures to be approved!!!

It is and has been detrimental to my progress in getting better, the result of waiting has made my situation with my injuries worse. I'm hoping that this bill can be implemented and passed so we can be assured to get an efficient and effective solution to get us better in a timely manner.

Mahalo So Very Much,

Shentel Hanson

**Dear Chair Sayama, Vice Chair Lee, and Members of the House Committee on Labor,**

Thank you for the opportunity to testify on this important legislation. My name is Andrew Branchflower, and I am a Doctor of Physical Therapy and a subject matter expert in Hawai'i's workers' compensation system. I have lived and practiced full-time on Hawai'i Island since 2013, and I welcome any questions or additional insight I may be able to provide.

Over the past decade, I have witnessed growing challenges within Hawai'i's workers' compensation system—challenges that affect injured employees, employers, and medical providers alike. These issues are especially acute on Hawai'i Island, where access to care is already limited.

The island continues to face rising healthcare costs, inconsistent treatment guidelines, inefficient claims processing, prolonged litigation, and significant delays in medical care. Many medical providers experience long reimbursement timelines, which discourages them from accepting workers' compensation patients. These systemic problems keep injured employees out of work longer and increase costs for employers and insurers.

These impacts are felt across all stakeholders:

- **Employees:** Delays in care worsen injuries, increase mental health strain, and create financial hardship, particularly because Temporary Total Disability benefits replace only 67% of wages—an unsustainable gap for many island families.
- **Employers:** Rising premiums and extended employee absences reduce productivity, morale, and retention.
- **Physicians:** Slow approvals and reimbursement delays disrupt patient care and clinic operations.

I appreciate the prior amendments to this bill that allow treatment plans to be authorized through secure electronic means and extend the response period from 7 to 10 days. However, I remain concerned that the proposed fine for failing to respond to a treatment plan is excessive and unnecessary. The bill already deems a treatment plan accepted if an employer does not respond within the required timeframe. Adding a monetary penalty on top of automatic acceptance would create additional administrative burden for employers, insurers, and third-party administrators, with potential downstream impacts on premiums and care delivery.

**For these reasons, I respectfully oppose this bill.**

Mahalo for the opportunity to share my perspective and for your consideration.

Sincerely,

Dr. Andrew Branchflower PT, DPT

**HB-1509-SD-1**

Submitted on: 4/7/2026 9:30:36 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
suzanne braun	Individual	Support	Written Testimony Only

Comments:

SAMPLE TESTIMONY

TESTIMONY IN SUPPORT OF H.B. 1509 HD2 SD1

Dear Chair and Committee Members,

My name is Suzanne Braun, and I support this bill.

I was injured at work and need medical treatment. My doctor recommends care, but it is continually delayed or denied. Usually, I have to wait months while my condition gets worse. I have been on disability for almost 8 years at this point! I feel that if there weren't constant gaps in care due to the treatment plans being ignored by my adjustor, I would probably be better and back to work by now. Each time this happens, it's like taking one step forward, two steps back in my recovery. I need consistent treatment. This has caused me great physical and emotional pain, as well as financial difficulty.

During this time:

- I am in pain
- My recovery is delayed
- I feel stressed and frustrated

This bill is important because it makes sure insurance companies respond quickly and give a real reason if they deny care.

It also adds penalties when treatment is denied without a good reason. This helps stop delays and makes sure patients get the care they need.

No one should have to wait or fight to get medical treatment after being injured at work. Please support this bill.

Thank you for your time.

Sincerely,

Suzanne Braun, MSCP

**HB-1509-SD-1**

Submitted on: 4/7/2026 9:43:01 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Emily Holthaus	Individual	Oppose	Written Testimony Only

Comments:

Dear Chair Greggor Ilagan Sayama, Vice Chair Scott Y. Lee, and Members of the House Committee on Labor,

Thank you for the opportunity to testify on this important legislation. My name is Emily Holthaus and I am a Hawai‘i Island constituent and human resources professional who administers workers’ compensation programs for a large employee population. Each year, I support over 100 employees navigating the workers’ compensation system, working closely with injured workers, managers, insurers, and medical providers. I welcome any questions or additional insight I may be able to provide.

Through this work, I have witnessed ongoing and increasing challenges within Hawai‘i’s workers’ compensation system—challenges that impact employees, employers, and medical providers alike. These issues are especially pronounced on Hawai‘i Island, where access to care is already limited.

We continue to see rising healthcare costs, inconsistent treatment guidelines, inefficient claims processing, prolonged litigation, and significant delays in medical care. In addition, many providers face long reimbursement timelines, which discourages participation in the system. These systemic barriers often result in delayed treatment, longer recovery periods, and increased costs for both employers and insurers.

These impacts are felt across all stakeholders:

- **Employees:** Delays in care can worsen injuries, increase mental health strain, and create financial hardship. Temporary Total Disability benefits replace only 67% of wages, leaving many families struggling to meet basic needs during recovery.
- **Employers:** Rising premiums and extended employee absences affect productivity, morale, and retention, particularly in roles that are difficult to backfill.
- **Medical Providers:** Delays in authorization and reimbursement disrupt care delivery and clinic operations, further limiting access for injured workers.

I appreciate the prior amendments to this bill that allow treatment plans to be authorized through secure electronic means and extend the response period from seven to ten days. These changes are practical and support more timely coordination of care.

However, I remain concerned that the proposed fine for failing to respond to a treatment plan is excessive and unnecessary. The bill already deems a treatment plan accepted if an employer does not respond within the required timeframe. Adding a monetary penalty on top of automatic acceptance would create additional administrative burden for employers, insurers, and third-party administrators, with potential downstream impacts on premiums and access to care.

From the perspective of administering workers' compensation at scale, this type of penalty is unlikely to improve responsiveness, but it may increase administrative complexity and costs across the system.

For these reasons, I respectfully oppose this bill.

Mahalo for the opportunity to share my perspective and for your consideration.

Sincerely,

Emily Holthaus

**TESTIMONY IN SUPPORT OF H.B. 1509 HD2 SD1**

**LATE**

Dear Chair and Committee Members,

My name is Herbert Kaniaupio, and I support this bill.

I was injured at work in March 2010 and needed medical treatment. I fell off a rig and had 3 surgeries. I am permanently injured.

It is now April 2026, and I am still under worker's comp because of multiple delays and denied treatments. My injury is permanent and is now more complicated because of the insurance failure to continue the correct care necessary.

My doctor's continuously recommended care, but it was delayed or denied multiple times. The insurance had failed to treat for 3 years and I had to get treatment on my own and through my own expense. I continued treatment monthly without the help of the insurance because of their denials and my case is now at the Labor Board. This has been extremely costly for me and my entire family and had caused additional stress. My case will now be going through Circuit Court.

This has affected my Social Security Disability Payments, TTDI, has caused additional stress and hurt my everyday daily living condition, as well as my family.

During this time, I was and continue to be in pain. My recovery was delayed for many years. I felt stressed and frustrated throughout all these years.

Many other workers and I, who got hurt on the job must get treatment immediately. This bill is important because it makes sure insurance companies respond quickly and give a real and immediate reason if they deny care. If not, cases like my case will continue and be more difficult to move forward and costly.

Insurance companies should be held liable for treatment. Denied treatment without a good reason by insurance carriers should be penalized. This helps stop delays and make sure patients get the care they need, immediately.

No one should have to wait or fight to get medical treatment after being injured at work. It is unfair. Please support this bill! Thank you for your time.

Sincerely,  
Herbert Kaniaupio



Dear Chair and Committee Members,

My name is G Kaniaupio and I support this bill.

My spouse was injured at work in 2010 and needed medical treatment. His worker's comp is still on going and his case has become very difficult. It is now at the Labor's Board for a decision to move forward and has also been denied medical set aside by Medicare because the insurance is not answering their questions. They seem to have difficulties answering the questions because they have failed to treat my husband for 3 years. Now they are stuck without answering valid questions and the entire case is difficult to close.

The insurance continued to delayed or denied treatment. This has caused our family additional stress and affected our entire family both financially and mentally.

During this time, we had to pay many treatments out of pocket. We had to cancel many other treatments and was unable to pay other bills to ensure his treatments was being able to pay for by our own finances. This is very unfair. 3 years they did not pay for treatment. Our family doctor continued treatment because it was necessary. This is unacceptable. We endured so many pain from the insurance failure to pay for treatment all these years.

Although my husband was the person living with the physical and mental pain, my children, our grandchildren and myself was tremendously affected because of the financial constraints we endured and having to live with dealing with my husband's physical pain and mental effects.

This bill is important because it makes sure insurance companies respond quickly and give a real reason if they deny care. This bill should make the insurance companies responsible for treatment that is necessary and be penalized if they deny treatment without a good cause. This helps stop delays and help eliminate additional stress that is not necessary because the insurance failure to treat.

No one should have to wait or fight to get medical treatment after being injured at work. Please support this bill. Thank you for your time.

Sincerely,  
G Kaniaupio

**LATE**

TESTIMONY IN SUPPORT OF H.B. 1509 HD2 SD1

Dear Chair and Committee Members,

My name is Matthew Gumapac, and I support this bill.

I was injured at work and needed medical treatment. My doctor recommended care, but it was delayed or denied. I had to wait while my condition got worse. During this time:

- I was in pain
- My recovery was delayed
- I felt stressed and frustrated

This bill is important because it makes sure insurance companies respond quickly and give a real reason if they deny care. It also adds penalties when treatment is denied without a good reason. This helps stop delays and makes sure patients get the care they need.

No one should have to wait or fight to get medical treatment after being injured at work. Please support this bill.

Thank you for your time.

Sincerely,

Matthew Gumapac

**LATE**

**HB-1509-SD-1**

Submitted on: 4/7/2026 1:34:29 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Nancy Monden	Individual	Support	Written Testimony Only

Comments:

**Subject:** Request for Hearing on HB1509 – Timely Approvals in Workers’ Compensation

Dear chairmen and members of Judiciary and ways and means

My name is Nancy Monden. I am a nurse case manager with over 30 years of experience advocating for injured workers in the workers’ compensation system. I am also an injured worker. I am writing to request a hearing on HB1509, which addresses timely approvals for medically necessary treatment.

After a back injury, I requested a simple diagnostic test. My requests received no approval, no denial—only silence. Despite repeated submissions, care was delayed for **two to three years**, leaving me in constant pain. On many days, I could not even walk my dogs. Only after an independent medical exam was the test and subsequent surgery approved.

Even as an educated professional with decades of experience navigating this system, I could not obtain timely care. This demonstrates that the issue is **not personal inexperience—it is systemic**. Low- and middle-income workers, who often have fewer resources, face even greater barriers.

The current seven-day response requirement was designed for a paper-based era. With modern technology, electronic records, and AI, approvals could be processed in hours, not years. Expanding the response window to ten days normalizes delays and further weakens worker protections.

**Consequences of Delayed Care:**

- Lost income and retirement benefits
- Risk of losing medical insurance; families may face high COBRA premiums or go uninsured
- Prolonged pain and delayed recovery
- Additional hearings and administrative costs for employers, insurers, and the state

**Silent approvals**—when insurers do not approve or deny a request—block care, prolong suffering, and can unfairly penalize workers. Workers need clear, enforceable timelines to ensure medically necessary treatment is received promptly.

**Recommendations:**

1. Require insurers to respond within **seven days**.
2. Protect workers from penalties caused by insurer delays.
3. Enforce timely approvals to reduce disputes, costs, and prolonged suffering.

**LATE**

**HB-1509-SD-1**

Submitted on: 4/7/2026 1:39:07 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Jana	Individual	Support	Written Testimony Only

Comments:

I support **HB1509 HD2 SD1** due to seeing some family and friends go through hard times because of the insurance delays and denying treatments. Mahalo!

## TESTIMONY IN STRONG SUPPORT OF HB 1509 HD2 — RELATING TO WORKERS' COMPENSATION

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Before the Senate Committee on Labor and Technology and the Senate Committee on Commerce and Consumer Protection

Monday, March 23, 2026 | 3:00 PM | Conference Room 225, State Capitol

**Submitted by: Christopher Niu Smith Salanoa | Kaneohe, Oahu, Hawaii 96744**

Former Substation Electrician, Hawaiian Electric Company (1993-2011) | U.S. Army Veteran Family | Pro Se Claimant, DCD Case No. 2-12-00702

Chair Elefante, Chair Keohokalole, Vice Chairs Lamosao and Fukunaga, and Members of the Committees:

My name is Christopher Salanoa. I am a Kaneohe resident, a father, and a husband. I served Hawaiian Electric Company as a Substation Electrician for eighteen years — from 1993 until 2011 — building a strong professional record documented through certifications and employer awards. My sons are United States Army veterans who wanted to follow in my footsteps and work at Hawaiian Electric Company. I am writing today not only as someone who supports HB 1509 HD2 — I am writing as living proof of exactly what this bill is designed to prevent.

### **What Silence and Delay Did to My Family**

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In 2011, I was the victim of workplace harassment, threats, and physical violence at Hawaiian Electric Company. I did not instigate it. I reported it. I was the one who was attacked. My treating physician, Dr. Matthew Littlefield, MD, confirmed my resulting diagnosis — Major Depressive Disorder and PTSD — in a signed medical report on June 16, 2011, stating clearly that the workplace incident was the sole cause of my condition and that I was disabled from work.

What happened next is the reason I am before you today. Hawaiian Electric Company, as a self-insured, self-administered employer, filed their Employer's Report of Industrial Injury eight months past the statutory deadline. They characterized my physician-confirmed injury as a mere allegation. They denied my claim on the same document they used to report it — simultaneously. They ignored their own Return to Work Program, which their own policy manual states exists specifically for employees with occupational injuries. They concealed corroborating evidence for nine years, producing it only after a LIRAB order compelled them to do so.

For fifteen years — fifteen years — my family has lived with the consequences of an employer that used silence, delay, and denial as weapons. My sons, who served this country in the United States Army and wanted to work at Hawaiian Electric, were banned from that company by name. Not because of anything they did. Because of who their father is. Because I reported what was done to me.

*"Delays in care lead to worsening injuries, mental health strain, and financial hardship. Workers then face a brutal choice... No injured worker should spend years in pain waiting for a decision that should take days."*

That testimony, submitted to this committee by a nurse case manager with thirty years of experience, describes my life precisely. I spent years in the workers' compensation system without proper medical coverage, without wage replacement, and without a single employer response that was given in good faith or on time. PTSD does not pause while an employer decides whether to respond. A family does not stop

needing to eat.

### **Why HB 1509 HD2 Must Pass — And Must Have Teeth**

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This bill proposes what should have protected me: a mandatory response deadline, clear consequences for silence, and a presumption of acceptance when an employer fails to act. Every one of those provisions addresses a specific tactic that was used against me.

I have read the testimony of those who oppose the penalty provision. They argue that automatic acceptance is already sufficient — that a fine on top of acceptance is unnecessary. With respect, that argument could only be made by someone who has never been on my side of this system. Automatic acceptance means nothing when the employer has already denied payment, already delayed your hearing, already concealed the evidence that would have resolved your claim years earlier. Without a financial consequence, silence is free. And when silence is free, silence becomes strategy.

The IBEW Local 1186 testimony before this committee captures the reality precisely: providers refuse to treat patients based on employer silence because insurers have used that ambiguity to deny payment after care is provided. I know this firsthand. My treating physicians documented my condition. My claim was denied anyway. The system allowed it because there was no real cost to denial.

I support the IBEW's proposed amendments — restore the seven-day timeline, require medical evidence to support any denial, and impose meaningful penalties of no less than \$5,000 for bad-faith denials and failures to pay on accepted plans. A \$500 fine is not a deterrent to a self-insured company managing millions of dollars in claims. It is a rounding error. It will not change behavior. What changes behavior is accountability that actually hurts.

### **What I Am Asking This Committee to Understand**

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My doctors — more than one — have prescribed exposure therapy with the explicit goal of returning me to work at Hawaiian Electric Company. That is my treatment plan. That is my goal. It has been my goal from the day I was forced to leave. I did nothing wrong. I was attacked. I reported it. And for fifteen years, my family has paid the price for my honesty while the company that employed me for eighteen years faced no meaningful consequence for its conduct.

HB 1509 HD2 will not undo what was done to us. But it will protect the next injured worker — the next substation electrician, the next nurse, the next construction worker, the next Army veteran trying to build a life — from experiencing what my family has experienced. It will make silence costly. It will make delay accountable. It will make the system work the way the law always intended it to work.

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**I urge this committee to pass HB 1509 HD2 with strong penalty provisions intact. The workers of Hawaii have waited long enough. My family has waited fifteen years. That is long enough for anyone.**

Respectfully submitted,



**Christopher Niu Smith Salanoa**

**LATE**

**HB-1509-SD-1**

Submitted on: 4/7/2026 4:21:54 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Brito Jr.	Individual	Support	Written Testimony Only

Comments:

I stand in support of this bill. I have experienced such delays in medical service. Many times, insurance adjusters will not even approve treatments that may benefit the patient because of the cost. These delays in treatments prolong the patients recovery and become burdensome physically, mentally, and financially. Please consider passing this bill. Mahalo.

04/07/2026

**LATE**

RE: Support of **HB1509 HD2 SD1**

**To the Honorable Senate Judiciary & Means Committees,**

**I have worked for the state for over 22 years. I am submitting testimony of my support of the HB1509 HD2 SD1 bill proposed for injured workers.**

**I have been an injured worker since December of 2021. After I was injured and could not go back to work in December of 2021, I had to wait a month to be evaluated by a doctor who became my qualifying Worker's Compensation doctor. I was not paid during that first month and most physicians were already for the Winter Break so I had to settle with a chiropractor who could not even adequately help me begin to resolve my issues. During this initial stag, I was in an extreme amount of pain, and all I could do was go to the ER and be evaluated for medication, until assigned to an Adjustor who communicated with treating doctor, chiropractor. This first doctor could not see me until mid January of 2022, and since he was a chiropractor, who could not treat the injured specific parts of my body, because of his specialty to only work on train body parts. I was finally able to establish care with Premier Medical Group and Dr. Scott Miscovich, who team has taken good care of me since.**

**At the onset of my injury, I was on an outer island, my injuries could not be completely evaluated and therefore, my therapeutic care did not begin until mid- March of 2022, and seeing Dr. Miscovich through Telehealth visits for very 3 and then the 4th, I would have to fly to O'ahu to be seen in person. Then whatever was recommended had to be approved by the state adjustor, who, at the most part would take 2-2.5 months to approve, thus extending my healing time even further. Also. None of the the school SASAS or admin did not have any sort of guide to direct next steps, It it was just trial and error on my part.. My life activities were severely limited and I became depressed and desperate to get the proper help. When I reached out to, the State Adjustor assigned to my case, they didn't return my calls, nor approve what was needed. They would just say to go to the ER who would just give me more medication.**

**It was not until I relocated back to O'ahu & secured counsel and begin to get guidance through treatment plans through Dr. Scott Miscovich and Premier Medical, that I truly started on the very long road to recovery. If the steps were more efficient with the State Adjustor's behalf, everything would have would have been targeted faster, and progress and success at daily functioning would have definitely improved.**

**Since I have been on TDD, there have been other instances where I have fallen, had accidents or surgeries. This would mean 2-3 months ain which I did not receive any care, setting me back further. This was due to the fact that the State Adjustor would not approve the treatment plans in a timely manner and the not only did I regress in therapy, but it would be like starting at day 1, upon return.**

I would graciously like to ask for your support of bill HB1509 HD2 SD1, to ensure that the state workers receive what therapies they need in order to improve and rejoin the workforce. I would also like to ask if it's possible to create a state universal guidebook that injured workers and their supervisors are given in order to navigate the process and follow state directives in a timely manner. There is nothing of this sort now, so the injured worknalready is dealing with the pain, has an idea how navigate a fair and considerate system. At this point, no state team or adjustor gives the injured person a set of guidelines so that they know how to what to do and when; it would be consistent with every SASA or supervisor, because even though they try, they also, do not have sufficient direction by the state and it is sort of everyone working from the hip with many discrepancies and/or inconsistencies across offices.

Thank you kindly for your time and consideration of this matter.

With appreciation,

Tara McCraw

HB1509 Supporting Testimony **LATE**  
for Injured Workers' and their sto  
(Please fill in the sections below with your  
own experience.)

To: Senate Judiciary Committee (JDC) and  
Senate Ways and Means Committee  
(WAM)

Re: HB1509 HD2 SD1 – SUPPORT

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

My name is Thomas Ho, and I am an  
injured worker from Oahu. I am writing in  
strong support of HB1509 HD2  
SD1.

This bill is important to me because  
injured workers need timely medical care  
to heal and return to work. Delays in  
treatment approvals cause real harm, and  
this bill helps ensure that insurance

companies respond quickly, explain their decisions, and are held accountable when they do not.

## My Experience

I was a successful Engineer/Manager for about 10 years. On September 19 2014 I sustained a low back injury while at work and my life has never been the same since. What would seem to most as a pretty straightforward injury and recovery has turned into an 11 year ongoing atrocity. I have had to endure denial after denial, or sometimes just simply no response at all. Then to add salt to the wound, I have to get my medication authorized by an insurance adjuster EVERY TIME I GO TO THE PHARMACY. What should be one trip takes several days...while in pain...

The adjuster should have no business denying treatment plans with no medical background esp when it comes to medications that CANNOT be stopped suddenly without SIGNIFICANT adverse effects. In my case the adjusters will approve plans for 2 months then deny the next 2 to 3 months creating significant gaps between treatments causing progress to stop and sometimes regress...

I.E. From 2024 to 2026 I've spent literally 365 days out of 2 years waiting for treatment plans... This is simply and grotesquely unacceptable.

Delays don't just affect the patient, they affect everyone around them. What should have been a somewhat quick recovery has ended up being 11 years and counting of back and forth denials and

delays by the insurance company. I now have a list of conditions that I now suffer from due to these denials and delays.

- Visions issues from medication reactions
- Sleep issues insomnia
- anxiety and adjustment disorder
- Severe gastrointestinal issues
- Severe urological conditions
- Skin issues
- Teeth issues

All associated with being on medications for extended periods of time. So as you can see, what was one issue, has snowballed to 8...all the while the insurance companies continue to try and say that none of it is related...which is simply BS as I've gone to numerous IME doctors and they have confirmed everything. My back injury is now the least

of my worries...I can't even sleep more than 3 hours now...and then to make matters worse they hire spies to follow you around...yet at the same time can't approve your prescription medication in a timely matter....make it make sense...

The only sense that can be made is that the system is working exactly the way the insurance companies want it to, not the injured workers. And that is the problem. If you don't enforce rules they pretty much don't exist...enforcement and penalty need to be the focus along with VALID reasons for denials etc...

As an engineer my focus was on strength of materials, fracture and fatigue. If you compare what goes on with workmans comp cases to material science you will understand. Every material( injured

worker) is strong up until it start to hit its cycles to failure...i.e. it starts to fatigue. Once fatigued, the material can be treated i.e. heat/cold to change how the material reacts (Treatment). If you bend a material forward it will want to move the material forwards. If you pull the material (Worker) back, it will want to move backwards. If you want to break the material (Worker), you push forward, and pull backwards as many times until the material (worker) fatigues, and eventually fails or breaks. When metal is fatigued it becomes brittle,...but to make it softer so that it won't break you temperature treat(treatment) it and the material (worker) can still be able to be brought back to life. This is called annealing.

Insurance companies have one intent, and that is to break you. That is the only

scientifically backed and supported argument for approving and denying in the fashion that they do. This needs to change.

\$5k penalties are not enough in my eyes as what is 5k to the insurance could equate to \$50k in damage to the injured workers via all the residual effects that are never talked about.

Why I Support HB1509 HD2 SD1

This bill would help injured workers by:

- Requiring fast responses to treatment requests
- Requiring clear explanations when care is denied
- Requiring payment for approved treatment
- Adding a \$5,000 penalty when treatment is denied without a valid reason

These changes would prevent the kinds of delays that harmed me and many others. Please pass HB1509 HD2 SD1. Injured workers deserve timely medical care and a fair process.

Mahalo for the opportunity to testify.

Sincerely,

Thomas Ho

Thomasikaikaho@gmail.com



**LATE**

**HB-1509-SD-1**

Submitted on: 4/8/2026 9:14:09 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cathy Wilson	Individual	Support	Written Testimony Only

Comments:

Chair Rhoads, Vice Chair Gabbard, and Members of the Judiciary Committee;  
Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Ways and Means Committee:

**RE: HB1509 HD2 SD1 — SUPPORT**

I am submitting testimony on behalf of injured workers, treating providers, and others committed to strengthening Hawai'i's workers' compensation system, to express strong support for HB1509 HD2 SD1.

This measure represents a practical improvement to existing processes by addressing one of the most persistent challenges in workers' compensation: delays in treatment authorization and payment. When requests for care go unanswered or are denied without adequate explanation, injured workers are left waiting for treatment that their physicians deem medically necessary. HB1509 HD2 SD1 helps reduce these delays by establishing clearer timelines, requiring substantive justification for denials, and creating accountability when deadlines are not met.

These changes matter because untimely responses can worsen pain, prolong disability, slow recovery, and ultimately increase costs for everyone involved. Ensuring that injured workers receive prompt access to appropriate care supports better health outcomes and facilitates earlier return to work, which benefits employees, employers, and the broader community.

The amendments proposed by the Department of Labor and Industrial Relations appear reasonable and should assist with practical implementation. They maintain the bill's core intent while helping ensure that the process remains balanced, workable, and clear for all parties. Importantly, HB1509 HD2 SD1 does not impose unnecessary burdens on payers who already act responsibly. Instead, it sets fair expectations and addresses the types of avoidable delays that erode trust in the system.

For these reasons, support for this measure is respectfully urged.

Thank you for considering this testimony in support of HB1509 HD2 SD1.

Cathy Wilson

Co-Founder WIMAH



**LATE**

**HB-1509-SD-1**

Submitted on: 4/8/2026 9:16:09 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Marianna Fernie	Individual	Support	Written Testimony Only

Comments:

HB1509 Supporting Testimony for Injured Workers' and their story

To: Senate Judiciary Committee (JDC) and Senate Ways and Means Committee (WAM)

Re: HB1509 HD2 SD1 – SUPPORT

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

My name is Marianna Fernie and I am an injured worker from Kaneohe, Oahu. I am writing in strong support of HB1509 HD2

SD1.

This bill is important to me because injured workers need timely medical care to heal and return to work. Delays in treatment approvals cause real harm, and this bill helps ensure that insurance companies respond quickly, explain their decisions, and are held accountable when they do not.

I was injured in 2015 while at work at Office Depot. I was working full time as a Customer Service Manager when the injury occurred while loading outgoing orders onto the delivery truck. I started having problems with work comp almost immediately. I realized that hiring a lawyer was going to be unavoidable as I couldn't even get a prescription filled. For over 10 years we have lived a nightmare of trying to get treatment. For years, every single month I had to call my lawyer to get my prescriptions approved. It was always complicated and stressful in a way that took it's toll on me. I just signed the paperwork to end my work comp claim. I found out that it cost me thousands of dollars in legal fees because work comp couldn't do the job in a timely manner. I am not the same person anymore. I am totally disabled and require assistance with most things. What started as a tear in my hip and a disc injury spiraled into much larger problems. Those then caused more problems and injuries until I can no longer even care for myself. I'm so glad that I am coming to the end of my involvement with work comp even though walking away from it is not the smartest move financially. The lasting damage that is caused when getting treatment delayed or denied is now visible on me. The mix of physical and psychological trauma has left me permanently damaged. What should have been a few months of physical therapy and treatment ended up rendering me permanently disabled. It has caused life long damage to me and my family affecting every facet of how we live.

I Support HB1509 HD2 SD1 because

This bill would help injured workers by:

- Requiring fast responses to treatment requests
- Requiring clear explanations when care is denied
- Requiring payment for approved treatment
- Adding a \$5,000 penalty when treatment is denied without a valid reason

These changes would prevent the kinds of delays that harmed me and many others.

Please pass HB1509 HD2 SD1. Injured workers deserve timely medical care and a fair process.

Mahalo for the opportunity to testify.

Sincerely,

Marianna Fernie

808-782-0062

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

Wichita Falls, Texas (we were unable to afford living in Hawaii any more)