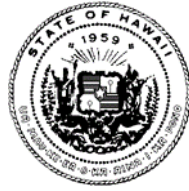


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February 3, 2026

TO: The Honorable Representative Lisa Marten, Chair  
House Committee on Human Services and Homelessness

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1706 – RELATING TO MENTAL HEALTH.**

Hearing: February 5, 2026, Time 9:30 a.m.  
Conference Room 329 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of the measure, offers comments, and identifies a technical amendment. DHS requests additional time to research the feasibility of extending Prospective Payment System (PPS) payments to services provided by unlicensed mental health professionals under the supervision of licensed mental health professionals in Federal Qualified Health Center (FQHC) or Rural Health Care (RHC) settings, as well as the feasibility of allowing unlicensed mental health professionals to bill for Medicaid services.

DHS respectfully requests that language be added indicating that, if passed, the bill is contingent upon and enforceable only to the extent approved by the Centers for Medicare & Medicaid Services (CMS). For the committee's information, administrative rules will only be drafted and adopted after CMS approval is received.

DHS appreciates the bill's intent to address the shortage of mental health professionals, promote mental health equity, and expand training opportunities for early-career mental health professionals.

Currently, unlicensed mental health professionals cannot directly bill Medicare or Medicaid. Also, currently, the Hawaii Medicaid State Plan generally limits coverage for services, including PPS coverage in FQHCs and RHCs, to services provided by licensed professionals. DHS is willing to submit a State Plan Amendment request to CMS, but cautions that there is limited precedent in current regulations for the requested flexibilities.

We have been informed of a technical amendment on page 4, line 5: that "(A)" should be underscored as new material "(A)."

Thank you for the opportunity to provide testimony on this measure.



**TESTIMONY IN SUPPORT OF HOUSE BILL 1706**  
RELATING TO MENTAL HEALTH

House Committee on Human Services & Homelessness  
Hawai'i State Capitol

February 5, 2026

9:30 AM

Room 329

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Aloha e Chair Marten, Vice Chair Olds, and Members of the House Committee on Human Services and Homelessness:

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB1706**, which expands Medicaid prospective payment system reimbursement to include mental health services provided by unlicensed or pre-licensed mental health professionals under clinical supervision. OHA appreciates measures such as these which are ultimately aimed at ensuring continuum of care for Hawai'i residents in rural communities. OHA's comments are provided to ensure that Native Hawaiians, as OHA beneficiaries, receive the care that is needed, as many reside in rural, underserved communities.

OHA recognizes the significant and pressing mental health needs within Native Hawaiian communities. Research<sup>1</sup> shows that Native Hawaiians experience disproportionately high rates of adverse mental health outcomes, including higher rates of youth suicidal ideation and attempts, elevated self-harm, and greater prevalence of depressive disorders among kūpuna compared to state averages. Despite these disparities, Native Hawaiians often underutilize existing mental health services due to barriers including limited provider availability, cultural mismatch of services, and workforce shortages.

Compounding these challenges, the State faces a severe shortage of licensed mental health professionals, resulting in long waitlists and significant barriers to care for Medicaid beneficiaries and other low-income individuals. This disproportionately affects Native Hawaiians, nearly 25 percent of whom under age 65 are covered by Medicaid or other public insurance.<sup>2</sup> By allowing supervised, pre-licensed mental health professionals to provide reimbursable services, HB1706 will expand the workforce available to meet community needs, reduce delays in care,

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<sup>1</sup> Office of Hawaiian Affairs, *OHA-4 Mental Health Council External White Paper* (2024), <https://www.oha.org/wp-content/uploads/OHA-4-Mental-Health-Council-External-White-Paper-Final.pdf>

<sup>2</sup> Kaiser Family Foundation (KFF), "Key Data on Health and Health Care for Native Hawaiian and Pacific Islander People," <https://www.kff.org/racial-equity-and-health-policy/key-data-health-and-health-care-for-native-hawaiian-pacific-islander-people/#coverage>

and strengthen Hawai'i's behavioral health system, particularly within safety-net settings such as federally qualified health centers and rural health clinics.

Medicaid reimbursement for supervised providers also supports workforce development by enabling early-career clinicians to gain valuable clinical experience while serving Medicaid populations. This creates career pathways that can improve retention in the behavioral health field, contributing to a more robust, culturally responsive workforce over time.

For Native Hawaiian communities which have experienced systemic under-resourcing of culturally grounded mental health supports, expanding provider capacity through this bill represents a concrete step toward equitable access to care. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB1706**.

Mahalo nui for the opportunity to provide testimony on this important measure.

**HB-1706**

Submitted on: 2/3/2026 8:36:18 PM

Testimony for HSH on 2/5/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sonni Rodriguez-Shumski	Individual	Support	Written Testimony Only

Comments:

To Representative Lisa Marten, Chair of the Committee on Human Services and Homelessness, and other committee members, **I am writing to express my support for HB 1706 relating to mental health, prelicensed professionals, and Medicaid recipients.**

I am in support of allowing Medicaid reimbursements for mental health services provided by a pre-licensed professional who is under clinical supervision, affiliated with a federally qualified health center (FQHC) or rural health clinic.

I am writing as a social work student and someone who has worked in the rural communities of Hawaii Island as a behavioral health and medical case manager. I have witnessed firsthand the difficulties that Medicaid recipients have with regards to accessing mental health care. Barriers include limited Medicaid providers, clinics located far from clients' homes, waiting lists for mental health care, and lack of providers with experience in serious mental illness such as schizophrenia.

These barriers speak to the statewide shortage of mental health professionals that we have in Hawaii. Passing this bill would not only enable Medicaid recipients (who are diagnosed with serious mental illness at a high rate) to get the behavioral health care they deserve. It would also serve as an important element in workforce development for up and coming social work professionals in the State.

This year I will be pursuing licensure as an LCSW and would greatly appreciate the opportunity to serve Medicaid beneficiaries in this capacity, gaining essential clinical skills in areas like serious mental illness.

I am a close follower of NAMI Hawaii and one of their legislative priorities is to provide more opportunities for workforce development, prioritizing “the funding, expansion and improvement of recruitment, training, certification, and licensure of mental health professionals.”  
<https://namihawaii.org/wp-content/uploads/2025/02/Policy-Priorities.pdf>

This Bill would certainly contribute to workforce development in social work and behavioral health which I think is a worthwhile pursuit.

**Again, I am writing to express my strong support of HB 1706.**

Mahalo,

Sonni Rodriguez-Shumski, Kailua-Kona Hawaii 96740