OFFICE OF THE ASSISTANT SECRETARY OF WAR
1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

MANPOWER AND RESERVE AFFAIRS

March 17, 2026

Honorable Representative Gregg Takayama, Chair
Honorable Representative Keohokapu-Lee Loy, Vice Chair
Committee on Health

Honorable Representative Lisa Marten, Chair
Honorable Representative Ikaika Olds, Vice Chair
Committee on Human Services and Homelessness

Hawai'i House of Representatives
415 S Beretania Street
Honolulu, HI 96813

Subj: SUPPORT – Senate Bill 2080, SD 1 (Relating to the Psychology Interjurisdictional Compact.)

Dear Chairs Takayama and Marten, Vice Chairs Keohokapu-Lee Loy and Olds, and esteemed Committee members,

On behalf of military families stationed in the State of Hawai'i, I would like to provide comments in strong support of the provisions reflected within Senate Bill (SB) 2080 SD 1, which would enter the State into the Psychology Interjurisdictional Compact, or PsyPact. The purpose of this licensure compact is to facilitate interstate practice of psychology using tele-communication technologies (telepsychology) and/or temporary in-person, face-to-face psychology practices while preserving the regulatory authority of states to protect public health and safety through the current system of state licensure.

Supporting military family readiness and economic stability is a top priority of the Department. There are many unique requirements that come with a life of service in the military, to include frequent moves across state lines. For military spouses particularly, these cross-state relocations, compounded with varied state professional licensing requirements, cause enduring challenges contributing to their high rate of unemployment and underemployment. To further expand employment opportunities for military spouses, the Department has been directed to accelerate the establishment of interstate licensure compacts to ease a burden for spouses who must go through the often challenging and frustrating process of transferring their professional licenses with each move.

In addition to relieving licensure and employment barriers for military spouses, interstate licensing compacts, such as PsyPact, also benefit other professionals within the military community to include active-duty members, members of the guard and reserve, veterans, and the civilian community. Broadly, enacting PsyPact in Hawai'i would benefit the state and local communities in the following ways:

- Increasing client/patient access to care
- Facilitating continuity of care when client/patient relocates, travels, etc.

- Certifying that psychologists have met acceptable standards of practice
- Promoting cooperation between PsyPact states in the areas of licensure and regulation
- Offering a higher degree of consumer protection across state lines

Finally, the Rural Health Transformation (RHT) Program[1], a $50 billion initiative (2026–2030) established by 2025 federal legislation, empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. Specifically, the Centers for Medicare and Medicaid Services (CMS) assigns a greater share of the 50% "workload funding" scoring to states that participate in, or pledge to adopt, interstate licensure compacts for key professions, to include psychology.

In fiscal year 2026, Hawai'i secured an initial $189 million from the RHT Program to bolster its healthcare infrastructure and workforce. [2] As part of the grant application that secured these funds, the State made a commitment to pursue the enactment of PsyPact, alongside the Nurse Licensure and Physician Assistant Compacts. Passing this legislation will not only fulfill that commitment but also position Hawai'i to receive additional federal dollars in the coming years, further strengthening our healthcare system and improving access to care for all residents.[3]

On behalf of the Department and nearly 58,000 service members and 21,000 military spouses stationed in Hawai'i, we appreciate the opportunity to express our support for this important measure.

Respectfully,

DOUGLAS.KELLI.MAY.1143289490

Digitally signed by DOUGLAS.KELLI.MAY.1143289490
Date: 2026.03.17 10:47:16 -07'00'

Kelli May Douglas
Defense-State Liaison Office
Pacific Southwest Region
Kelli.M.Douglas.civ@mail.mil
571-265-0075

[1] Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, *Rural Health Transformation (RHT) Program*, https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview
[2] Centers for Medicare and Medicaid Services, *CMS Announces $50 Billion in Awards to Strengthen Rural Health in All 50 States*, https://www.cms.gov/newsroom/press-releases/cms-announces-50-billion-awards-strengthen-rural-health-all-50-states
[3] Centers for Medicare and Medicaid Services, *Rural Health Transformation 50 State Spotlights*, https://www.cms.gov/files/document/rural-health-transformation-50-state-spotlights.pdf

JOSH GREEN, M.D.
GOVERNOR
KE KIAʻĀINA

STATE OF HAWAIʻI | KA MOKUʻĀINA ʻO HAWAIʻI
DEPARTMENT OF CORRECTIONS AND REHABILITATION
Ka ʻOihana Hoʻomalu Kalaima a Hoʻoponopono Ola
1177 Alakea Street
Honolulu, Hawaiʻi 96813

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Vacant
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services and Programs

No. _____

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

by
Tommy Johnson, Director
Department of Corrections and Rehabilitation

House Committee on Health
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

AND

House Committee on Human Services and Homelessness
Representative Lisa Marten, Chair
Representive Ikaika Olds, Vice Chair

Wednesday, March 18, 2026; 9:00 a.m.
State Capitol, Conference Room 329 & via Videoconference

Chairs Takayama and Marten, Vice Chairs Keohokapu-Lee Loy and Olds, and Members of both Committees:

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

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

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

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

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

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

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

DISABILITY AND COMMUNICATION ACCESS BOARD

Ka ʻOihana Hoʻokaʻaʻike no ka Poʻe Kīnānā

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

March 18, 2026

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

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

The Disability and Communication Access Board (DCAB) supports Senate Bill 2080 Senate Draft 1 – Relating to the Psychology Interjurisdictional Compact. This bill adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact. It states implementation effective January 1, 2028 and is effective 1/30/2050.

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

Thank you for the opportunity to testify.

Respectfully submitted,

Kristine Pagano

KRISTINE PAGANO
Acting Executive Director

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

JOSH GREEN, MD
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

March 16, 2026

TO: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Representative Lisa Marten, Chair
Representative Ikaika Olds, Vice Chair
Honorable Members

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

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

HEARING: Wednesday, March 18, 2026 @ 09:00 am; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB2080-SD1, with comments.

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

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

and accountability across compact states. Finally, requiring Department of Commerce and Consumer Affairs to adopt implementing rules helps ensure these access improvements are carried out with clear safeguards and consistent oversight.

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

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

Thank you for hearing SB2080-SD1.

Mahalo for the opportunity to testify.

- -- Jack Lewin, MD, Administrator, SHPDA

Testimony of the Board of Psychology

Before the
House Committee on Health
Wednesday, March 18, 2026
9:00 a.m.
Conference Room 329 & Via Videoconference

On the following measure:
S.B. 2080, S.D. 1, RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Chair Takayama and Members of the Committee:

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

The purpose of this bill is to adopt the Psychology Interjurisdictional Compact (PSYPACT) to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice and requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact.

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

(1) While it is often asserted that PSYPACT would reduce mental health disparities by increasing access to care, Hawaii licensees could face significant changes to their practices as out-of-state compact privilege holders, with substantially lower overhead entering the market. Hawaii already has a relatively high number of licensed psychologists per capita, and the Board is concerned that in-person practice may be eroded in favor of predominantly remote care. This shift could undermine evidence-based, in-person treatment and make safe access less certain. If most consumers receive services from compact providers who may only practice physically in the state for up to thirty days per year, many patients could be forced to rely on providers located thousands of miles away who may have little to no familiarity with Hawaii's emergency systems, particularly in rural areas. The compact also provides no clear guidance for crisis response.

(2) Several large states, including California, Oregon, Alaska, Massachusetts, New York, New Mexico, and Louisiana, have chosen not to join the compact, which further underscores the need for careful consideration before Hawaii cedes regulatory authority.

(3) The Board has been unable to get clear information regarding the costs of enforcement under the compact and understands that the Professional and Vocational Licensing (PVL) staff would be required to administer two parallel systems: in-state licensees and compact privilege holders. The Board is also concerned about potential uncompensated costs associated with investigations or hearings may require interjurisdictional coordination or travel.

(4) The Board does not currently perform FBI background checks for licensure, as this is not required under HRS Chapter 465. Adoption of the compact would require the Board to establish this capability for compact users and for applicants designating Hawaii as their home state. Until such a process is in place, Hawaii-based psychologists would be unable to participate in the compact in other states, while out-of-state providers would gain access to patients in Hawaii.

(5) Under the compact, the Board would have no authority over the minimum degree or specialization requirements for practice in Hawaii. The Board believes this would disadvantage in-state licensees, who must meet more rigorous standards under HRS Chapter 465, and would effectively allow the compact to circumvent Hawaii's established requirements. The bill's reference to a "graduate degree" as the minimum qualification also raises concerns that this could open the door to master's-level practice in Hawaii under compact terms rather than state law.

(6) Current Hawaii law requires a qualifying doctoral degree in clinical, counseling, school psychology, or combinations thereof. By contrast, the bill would require only a graduate degree in psychology, a far broader standard that could allow degree types currently excluded from licensure to qualify.

(7) While the Board is aware of access challenges, it is equally concerned that compact providers may never physically practice in Hawaii and may lack

familiarity with the unique socio-cultural contexts affecting the mental health of Hawaii residents, and particularly the Native Hawaiian community.

(8) The Board is also concerned about the impact on loss of licensure fee revenue, which funds PVL's administrative and enforcement functions. Compact privilege fees are generally much lower than state licensure fees, which could reduce available resources for enforcement and public protection.

(9) Finally, the Board believes there are alternatives that remain unexplored. These include updating Hawaii's temporary practice provisions to reflect contemporary practices, including telehealth standards not currently addressed in HRS Chapter 465, and establishing further expedited licensure process to grow Hawaii's own pool of actively licensed psychologists.

Thank you for the opportunity to testify on this bill.

Hawai‘i Psychological Association

For a Healthy Hawai‘i

P.O. Box 833
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www.hawaiipsychology.org
Phone: (808) 521 -8995

COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Wednesday, March 18, 2026, 9:00 AM
Conference Room 329 & Videoconference

Comments on SB2080 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

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

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

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

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

Sincerely,

Alex Lichton, Ph.D.

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

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIAʻĀINA O KA
MOKUʻĀINA ʻO HAWAIʻI

KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HOʻOMALU O KA PAPA

STATE OF HAWAIʻI
DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Health and the House Committee on Human Services and Homelessness in SUPPORT of S.B. 2080 SD1 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT
March 18, 2026 9 a.m., Room 329 and Video

Chairs Takayama and Marten, Vice Chair Keohokapu-Lee Loy, and members of the Committees:

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

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

The Council respectfully raises the following considerations:

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

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

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

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

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

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

Thank you for the opportunity to provide testimony.

Chaminade University OF HONOLULU
HAWAI'I SCHOOL *of* PROFESSIONAL PSYCHOLOGY

3/16/2026

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Committee Members,

My name is Sean Scanlan, Ph.D., and I am writing as a clinical psychologist who has a unique perspective as a practicing psychologist born and raised in Hawai'i, former Hawai'i Psychological Association President, and the current Program Director of the PsyD Program at Chaminade University (HSPP; the largest doctoral psychology program in the State). I strongly **OPPOSE SB2080 SD1** because it may **harm the residents of Hawai'i.**

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

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

Regarding the insufficiency of clinical psychologists:

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

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

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

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

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

Chaminade University OF HONOLULU
HAWAI'I SCHOOL *of* PROFESSIONAL PSYCHOLOGY

Regarding the State economy:

- There will be no regulation on how many out-of-state providers, corporations, etc. solicit and service Hawai'i residents, potentially limiting Hawai'i psychologists from treating their own community.
- The payments for these psychotherapy sessions will leave Hawai'i and go to the states of those PSYPACT providers.
- There are about 200 students in local clinical psychology programs (i.e., Chaminade, UH, HPU). These students are intensively trained in 5-year graduate programs and are committing to work with local families. This bill gives their potential work to mainland telehealth workers.

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

- We are ignoring how critical cultural awareness is in mental health treatment, and we must acknowledge that someone from Tennessee will likely have significant deficits in this awareness, yet will have no oversight by our state agencies. As an example, let's say a Native Hawaiian family has been having increased difficulty with their teenager and has finally sought to see a psychologist. If that provider is some online provider who is in a different time zone, has never been here, is unaware of the culture and family customs, and will likely have difficulty even pronouncing family names, how effective will they be? Moreover, if that provider suddenly quits because the cultural differences are too great, how likely is that family to ever see another psychologist? How likely are they to recommend loved ones to seek help in the future? Multiply that scenario by 100 year over year, and we'll definitely have a mental health crisis on our hands. In sum, cultural sensitivities are critical in our state, *especially to those marginalized populations*.

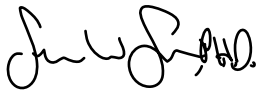
There are other options to increase psychologists in the field, none of which involves Hawai'i ceding control to out-of-state psychologists practicing in Hawai'i:

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

For years the Georgia-based PSYPACT company has held countless presentations in Hawai'i to push for these bills, as they have greater financial resources than the local practitioner. However, for the reasons stated above, local practitioners like myself can see how an outside company like PSYPACT could cause more harm to our community than good. Please listen to local practitioners and vote to **OPPOSE SB2080 SD1** today.

Chaminade University OF HONOLULU
HAWAI'I SCHOOL *of* PROFESSIONAL PSYCHOLOGY

Mahalo for the opportunity to testify on this important issue.



Sean W. Scanlan, Ph.D.
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HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

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

The Thirty-Third Legislature, State of Hawaii

The House Committee on Health

Testimony by

Hawaii Government Employees Association

March 18, 2026

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

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

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

In effect, the passage of this bill into law would reduce the agency of local licensing bodies, lead to practice of psychologists of unknown quality in the State of Hawaii, and increase the likelihood that Hawaii-based talent in the public sector will leave the public section and choose to work out-of-state in another state that is a party to the Psychology Interjurisdictional Compact. The likely unintended consequence of this is diminished quality of care in our community and exacerbation of existing recruitment and retention issues in the public sector.

This is not the best possible solution to the existing recruitment and retention issue and it will not solve the issue as envisioned.

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

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

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

Respectfully,

Randy Perreira
Executive Director

888 MILILANI STREET, SUITE 401 HONOLULU, HAWAII 96813-2991

Hawai'i Psychological Association

For a Healthy Hawai'i

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COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair
Wednesday, March 18, 2026, 9:00 AM
Conference Room 329 & Videoconference

Comments on SB2080 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

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

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

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

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

Sincerely,

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

Hawai‘i State Association of Counties (HSAC)

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

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

Testimony of the Hawai‘i State Association of Counties

S.B. No. 2080 SD1 - Support

Relating to the Psychology Interjurisdictional Compact

Committees on Health, Human Services & Homelessness

Wednesday, March 18, 2026, 9:00 a.m.

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

HSAC appreciates the ongoing discussion around strengthening Hawai‘i’s healthcare workforce, particularly in behavioral health. Across the state, especially in rural areas and on the neighbor islands, communities continue to face challenges in accessing timely and consistent care.

These challenges are reflected in increased demand on county programs, including emergency response, homelessness outreach, corrections, and other community based services. Counties continue to work alongside state and community partners to respond to these needs and support residents in accessing care.

HSAC recognizes the intent of S.B. 2080 SD1 to expand access to licensed psychological services and address workforce shortages. More broadly, continued efforts to strengthen and support Hawai‘i’s healthcare workforce will be critical to all of us in improving access to care across all communities.

Nahelani Parsons

Executive Director, Hawai‘i State Association of Counties

Hawaii Association of Health Plans

March 18, 2026

To: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the House Committee on Health (HLT)

From: Hawaii Association of Health Plans Public Policy Committee
Date/Location: Mar. 18, 2026; 9:00 a.m./Conference Room 329 & Videoconference

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

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

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

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

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

GRASSROOT INSTITUTE OF HAWAII

1050 Bishop St. #508
Honolulu, HI 96813
808-864-1776
info@grassrootinstitute.org

Removing barriers to Hawaii's prosperity

March 18, 2026, 9 a.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

To: House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

House Committee on Human Services & Homelessness
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair

From: Grassroot Institute of Hawaii
Ted Kefalas, Director of Strategic Campaigns

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

Aloha Chairs, Vice Chairs and other Committee Members,

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

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

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

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

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

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

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

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

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

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

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii

[2] "Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project," University of Hawaii System, Dec. 2025, p. 22.
[3] Jolanie Martinez, "As Hawaii faces a mental health crisis, psychologists struggle to keep up with patient demand," Hawaii News Now, May 5, 2021.

To: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the House Committee on Health; Chair Marten, Vice Chair Olds, and Members of the House Committee on Human Services & Homelessness

Re: SB2080 (SD1) – Relating to the Psychology Interjurisdictional Compact (PSYPACT)
Position: Strong Support

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

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

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

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

Allowing interjurisdictional practice strengthens—not weakens—access and stability of care. For Hawai‘i residents, this means more people getting the help they need, shorter waitlists, and fewer individuals going without care when local options are limited.

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

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

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

PSYPACT includes clear safeguards, accountability measures, and preserved state oversight:
• Psychologists practicing under PSYPACT must maintain an active home-state license, meet uniform eligibility standards, and obtain required compact credentials (E.Passport or IPC).

• Psychologists treating Hawai‘i patients remain subject to Hawai‘i’s laws and regulations governing psychological practice, and receiving states may limit or revoke a psychologist’s privilege to practice.

• Psychologists practicing under PSYPACT remain accountable to both their home state licensing board and the receiving state where services are provided.

• Disciplinary actions and significant investigatory information are shared across compact states through coordinated reporting systems, strengthening oversight and public protection.

• Additional background check safeguards, including FBI fingerprinting for psychologists who voluntarily apply for compact privileges, further enhance public protection.

• PSYPACT applies only to fully licensed professionals subject to dual accountability; it does not create “unknown quality” providers.

• Participation is voluntary for individual psychologists and does not alter Hawai‘i’s licensing standards, licensure requirements, or the authority of the Board of Psychology.

• PSYPACT supplements—not replaces—local providers. It expands options for patients while preserving oversight and professional accountability.

PSYPACT also has minimal fiscal and administrative impact for states:
From an administrative standpoint, PSYPACT has minimal fiscal impact for states. The compact commission handles much of the infrastructure for interstate coordination, while states continue to regulate psychologists through their existing licensing boards. As a result, implementation generally requires minimal additional administrative burden.

Additionally, PSYPACT does not cause Hawai‘i to “lose” psychologists, because compact practice privileges are tied to residency and home-state accountability. So psychologists who move out of Hawai‘i must establish eligibility through their new state of residence.

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

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

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

Mahalo for your consideration,

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

March 17, 2026

LATE

Re: SB2080 (SD1) – Relating to the Psychology Interjurisdictional Compact (PSYPACT)
Position: Strong Support

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

My name is Dr. Meg Blattner. I am a licensed psychologist in Hawai'i, Washington, and Maryland and the spouse of an active-duty military member. I lived on O'ahu for six years and saw clients regularly via telehealth. Several months ago, our family relocated to Washington State. I am writing in strong support of SB2080 (SD1) to adopt the Psychology Interjurisdictional Compact (PSYPACT).

First and foremost, PSYPACT would aid significantly in **continuity of care.** Psychotherapy is not the same as medical care. You cannot visit an urgent care facility when you are traveling on the mainland and receive the same support you would via talking with your therapist who knows and understands you via an emergency telehealth appointment. Many times, I had clients travel from Hawai'i to another state for work, family, and college, and I could not legally meet with them. This is a case where the legal barriers cause additional suffering and burden for clients.

More than short trips, **residents of Hawai'i move to the mainland frequently.** Our former residents living out-of-state would benefit from continued connection to our providers who are well-versed in the uniqueness of Hawaiian culture. In my experience, this is especially true for college students and young adults who are leaving home and living on their own for the first time, isolated from family and culture. The ability to maintain the same therapist would greatly ease the transition for these clients. As you likely know, young adults often remain on their parents' health insurance until age 26, so this would also assist with the barrier of finding a therapist in another state who accepts their insurance.

As a military spouse, I would also like to speak to my experience working with the **military affiliated population** and how I see PSYPACT benefitting Hawai'i specifically because of our military population.

- First, military dependents moving to Hawaii who are already connected with a psychologist for psychotherapy can continue to work with the same mainland provider via telehealth. This would allow more local providers to remain available for locals and long-term Hawai'i residents. Tricare already accepts PSYPACT for psychologists practicing across state lines. This would directly ease the statewide mental health provider shortage by easing demand.
- Secondly, like myself, there are many qualified military-spouse psychologists. If PSYPACT passes and we arrive on island with a PSYPACT credential, we can expediently become a part of the available provider pool for in-person services in the state. This increases access to care by increasing the provider pool. Additionally, if Hawai'i were a PSYPACT state, when military spouse psychologists move away, we could continue to serve our clients in Hawai'i via telehealth. Maintaining multiple state licenses is a significant financial burden for individual providers. This would directly ease the statewide mental health provider shortage by increasing supply.

I would like to address two concerns I have heard from opponents of PSYPACT.

- First, that out-of-state providers are not culturally competent or sensitive to the unique issues of diversity in Hawai'i.

    - While there are absolutely important issues related to culture competence that are unique to Hawai‘i, psychologists are some of the most competently trained mental health professionals in the field. **Psychologists, as part of our professional training and ethics, receive extensive training in multicultural competence**. Moreover, what we know about multicultural competence is that it requires a lifelong commitment to continued personal growth. Hawai‘i does not currently require any continuing education in cultural competency, while **other states do require ongoing cultural competence education**. For example, Maryland, another state in which I am licensed, requires both ongoing cultural diversity training and implicit bias training, for license renewal. If PSYPACT passes, Hawai‘i psychologists may find it useful to expand to offering training tailored to cultural competencies with our community to mainland providers who are required to take such courses to renew their licenses.
    - Perhaps most importantly, **PSYPACT increases the consumers' ability to choose a provider.** Some clients feel most comfortable with a local provider. They would never be forced to work with a mainland provider. PSYPACT leaves provider choice open for consumers and, by relieving the statewide mental health shortage, may increase access to local providers. Additionally, PSYPACT will allow local providers to work with Native Hawaiian and Pacific Islanders living on the mainland who might have a special desire for a connection with a Hawai‘i-based provider.
- Secondly, opponents of PSYPACT have expressed fear that out-of-state providers are going to take our business.
    - PSYPACT would also allow in-state providers to serve mainland states and would therefore **expand business opportunities**. From personal experience, I can say that the time difference works in Hawai‘i providers' favor. I saw Maryland clients when I lived in Hawai‘i and was able to work during the day but offer east coast evening time slots, which are highly sought after by clients.
    - Opponents have said that out-of-state providers would seek Hawai‘i clients as residents because of our high insurance reimbursement. At least for me, Hawai‘i insurances reimburse less than or equal to my other states.

Overall, I am in strong support of SB2080 (SD1) to adopt the Psychology Interjurisdictional Compact (PSYPACT). PSYPACT offers increased access to care and would allow our residents equitable access to the pool of psychologists available to mainland residents.

Apologies for the lateness of my submission. I only recently learned that the bill was progressing this year. Mahalo for your time and consideration of this issue.

Meg Blattner, PhD
Licensed Psychologist
Hawaii #1983, Maryland #06156, Washington #61682651