

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

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KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'
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January 29, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, 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 2089 -- RELATING TO MENTAL HEALTH**

HEARING: Monday, February 02, 2026 @ 1:05 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB 2089, with comments.

Chair and Members of the Committee, thank you for the opportunity to provide testimony in support of S.B. 2089, Relating to Mental Health. Hawai'i faces a severe behavioral health workforce shortage that is driving long wait times and limiting timely access to care, particularly for Medicaid beneficiaries and rural communities. This bill advances an access-oriented approach by clarifying reimbursement pathways in safety-net settings while maintaining the expectation of licensed clinical oversight.

Med-QUEST currently permits unlicensed mental health trainees and pre-licensed providers to deliver services that may be reimbursed at PPS rates when appropriate supervision requirements are met, including circumstances in which the licensed clinician is engaged with the patient for key portions of the visit. This approach has long-standing alignment with federal expectations and has supported care access in community settings. S.B. 2089 can reinforce operational consistency and reduce ambiguity for clinics by placing this framework more clearly into state policy.

At the same time, patient safety must remain central. The bill uses the term "under clinical supervision" without defining what supervision entails, and "unlicensed mental health professional" could include students, interns, post-doctoral fellows, or other trainees with widely varying competency and oversight needs. Some licensing pathways may only require limited weekly supervision depending on training level,

which may be insufficient for high-acuity, vulnerable populations if relied upon as the sole safeguard.

For these reasons, we support S.B. 2089 with the recommendation that implementation include well-defined, auditable parameters regarding (1) permissible levels of training, (2) minimum supervision standards, and (3) when licensed clinician participation is required for key portions of the visit. We respectfully request further discussion and clear guidance on what constitutes “under clinical supervision” and the training thresholds under which this model should be permissible, to ensure expanded access does not come at the expense of quality or patient safety.

Thank you for hearing SB 2089.

Mahalo for the opportunity to testify.

-- Jack Lewin MD, Administrator, SHPDA



TESTIMONY IN SUPPORT OF SENATE BILL 2089
RELATING TO MENTAL HEALTH

Senate Committee on Health and Human Services
Hawai'i State Capitol

February 2, 2026

1:05 PM

Room 225

Aloha e Chair San Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services:

The Office of Hawaiian Affairs (OHA) **SUPPORTS SB2089**, 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. Research¹ 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.² By allowing supervised, pre-licensed mental health professionals to provide reimbursable services, SB2089 will expand the workforce available to meet community needs, reduce delays in care, and

¹ 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>

² 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>

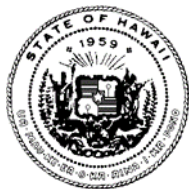
strengthen Hawai'i's behavioral health system, particularly within safety-net settings such as federally qualified health centers and rural health clinics.

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 SB2089**.

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

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
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TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 1, 2026

TO: The Honorable Senator San Buenaventura, Chair
Senate Committee on Health and Human Services

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 2089 – RELATING TO MENTAL HEALTH.**

Hearing: February 2, 2026, Time 1:05 p.m.
Conference Room 225 & Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the measure and offers comments. 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.

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



Hawaii Medical Association

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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Date: Feb 2, 2026

From: Hawaii Medical Association (HMA)

Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

RE SB 2089 RELATING TO MENTAL HEALTH - DHS; Medicaid; Prospective Payment System; Reimbursement; Mental Health Services; Mental Health Professionals; Rules

Position: Comments

This measure would expand the services eligible for Medicaid Prospective Payment System reimbursement to include certain services furnished by a federally qualified health center or rural health clinic and provided by mental health professionals under the clinical supervision of a licensed mental health professional.

HMA appreciates the intent of this measure and shares the goal of improving behavioral health access in underserved areas. This measure allows unlicensed mental health professionals to deliver covered services under the clinical supervision of a licensed mental health professional. Clear competencies and documented oversight procedures should be explicit to decrease risks for fragmented care or inadequate clinical assessment of high-risk conditions such as suicidality, psychosis, or severe substance use disorders.

We respectfully offer comments and concerns to strengthen patient safety, provider accountability, and quality of care.

- **Clarification of “unlicensed mental health professional”** with bounded, competency-based training criteria
- **Defined minimum supervision standards** in statute or in required DHS rulemaking (e.g., weekly supervisory case review; documentation of supervisory decisions; defined response times for supervisors)
- **Patient notification** regarding provider qualifications and oversight relationships
- **Quality and safety reporting requirements** for access, outcomes, and escalation patterns in DHS oversight metrics

HMA supports efforts to expand behavioral health access in Hawaii, especially given documented workforce shortages in our state. However, patient safety, quality, clear role delineation, and an enforceable supervision framework are essential guardrails if this expansion is to achieve its intended benefits responsibly.

Thank you for allowing Hawaii Medical Association to submit comments on this measure.

REFERENCES

2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

Saunders, Heather, and Michelle Guth. *"A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs."* Kaiser Family Foundation, 10 Jan. 2023, [KFF.org, https://www.kff.org/mental-health/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/](https://www.kff.org/mental-health/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/)

Behavioral Health Integration Compendium. American Medical Association Behavioral Health Integration Collaborative, 2024, <https://www.ama-assn.org/system/files/bhi-compendium.pdf>

American Medical Association. *"Physician-Led Team-Based Care."* AMA, <https://www.ama-assn.org/practice-management/scope-practice/physician-led-team-based-care>

2024 Hawaii Medical Association Officers

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2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

TO: Senate Committee on Health and Human Services & Senate Committee on Ways and Means

RE: Support for SB 2089 – Relating to Mental Health

DATE: 2/02/2026

FROM: Thomas Bo Brady, MSW Student / Maui (Individual Testimony)

Aloha Chair Joy A. San Buenaventura and Vice Chair Angus L.K. McKelvey of HHS, Chair Donovan M. Dela Cruz and Vice Chair Sharon Y. Moriwaki of WAM, and Members of the Committees,

My name is Thomas Bo Brady. I'm an MSW student on Maui, and I'm writing in strong support of SB 2089.

This bill matters because it's addressing what so many of us already know on the ground: Hawai'i has a shortage of licensed mental health providers, and the result is long waitlists and delayed care; especially for families using Medicaid. When people finally reach out, they're often told to wait weeks or months, and that's not where we want to be as a state.

SB 2089 is a common-sense fix. It allows mental health services provided by pre-licensed or unlicensed professionals to be reimbursable through Medicaid when those services are delivered under clinical supervision in settings like Federally Qualified Housing Centers (FQHCs) and rural health clinics. Supervision is the safeguard, and it's also the training pathway. This allows the workforce to maintain quality while we expand capacity.

From a value and outcomes standpoint, the evidence lines up with the intent of this bill: studies in FQHC settings show patients and providers report positive experiences with integrated behavioral health care, and research on HRSA-funded health centers shows that when clinics have more mental health staffing capacity, more patients actually receive mental health treatment. ([Petts et al., 2021](#); [Bonilla et al., 2021](#)) On the cost side (which I know matters to WAM) research in Medicaid populations with depression has found that collaborative, team-based models can reduce overall health care costs and utilization compared to usual care approaches. ([Chung et al., 2023](#))

I also want to name the pipeline issue: early-career clinicians need supervised hours, but many can't bill while they're doing that work. That pushes people out of the field or out of Hawai'i. This bill helps keep trainees in the workforce, builds experience serving Medicaid communities, and helps clinics staff up in a sustainable way without lowering standards.

For our communities (especially rural and neighbor island communities) this is about access, equity, and timeliness. It's about making sure low-income individuals and families can get support before things escalate into crisis.

Mahalo for your time and for moving solutions forward. I respectfully urge your support for SB 2089,

Thomas "Bo" Brady

LATE

SB-2089

Submitted on: 2/2/2026 2:02:04 PM

Testimony for HHS on 2/2/2026 1:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Dante Johnson	Individual	Support	Written Testimony Only

Comments:

Re: SB2089 – Relating to Mental Health

Position: STRONG SUPPORT

Chair, Vice Chair, and Members of the Committee,

My name is Dante Johnson, and I am a Master of Social Work (MSW) student in Hawai‘i with the goal of becoming a Licensed Clinical Social Worker (LCSW) and practicing in our state. I respectfully submit testimony in strong support of SB2089.

As someone currently entering the behavioral health workforce pipeline, I see firsthand that while financial barriers exist for those pursuing mental health careers, one of the largest barriers is access to supervised clinical experience. Many social work and counseling students are ready and willing to serve our communities, but we are bottlenecked by limited opportunities to gain required clinical hours in settings that serve high-need populations.

SB2089 is a practical and forward-thinking solution. Allowing supervised, pre-licensed mental health professionals to provide reimbursable Medicaid services will help expand the workforce while maintaining clinical oversight and quality of care. This approach supports both workforce development and patient access simultaneously.

There are hundreds, if not thousands, of social work and mental health trainees in Hawai‘i who want to serve local families, but we face structural barriers to entering the field. This bill helps remove those barriers by allowing us to gain real clinical experience while contributing to care delivery, rather than waiting years to enter the workforce fully.

From a systems perspective, this bill also supports equity. Medicaid patients are often those most impacted by provider shortages, long waitlists, and service gaps. Expanding supervised provider capacity will help reduce these delays and improve early intervention opportunities. Additionally, reimbursement for supervised services provides financial sustainability for trainees

who often struggle to complete required hours while supporting themselves financially. This strengthens the long-term workforce pipeline and helps retain local providers in Hawai'i.

As someone committed to practicing in Hawai'i long term, I strongly believe SB2089 is an important step toward building a sustainable, culturally responsive behavioral health workforce that can meet the needs of our communities.

Thank you for the opportunity to provide testimony and for your commitment to improving access to mental health services in Hawai'i.

Respectfully,
Dante Johnson
MSW Student
Future LCSW (Hawai'i)