

JOSH GREEN, M.D.  
GOVERNOR

SYLVIA LUKE  
LIEUTENANT GOVERNOR



JADE T. BUTAY  
DIRECTOR

WILLIAM G. KUNSTMAN  
DEPUTY DIRECTOR

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

February 4, 2026

To: The Honorable Brandon J.C. Elefante, Chair,  
The Honorable Rachele Lamosao, Vice Chair, and  
Members of the Senate Committee on Labor and Technology

Date: Wednesday, February 4, 2026

Time: 3:01 p.m.

Place: Conference Room 225, State Capitol

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

**Re: S.B. 2292 RELATING TO WORKERS' COMPENSATION**  
**MEDICAL TREATMENT**

**I. OVERVIEW OF PROPOSED LEGISLATION**

The **DLIR strongly opposes** this measure as it appears to reshape medical treatment within the workers' compensation system by creating a "one-size fits all" type of medical treatment when standardized medical treatment may not be ideal for an individual's medical needs. Prior and existing medical history, and age are just some examples of how treatment options should be provided on a case-by-case basis.

SB2292 proposes amending Chapter 386, Hawaii Revised Statutes (HRS) by:

- Adding four new sections,
- Requiring the DLIR to establish a medical treatment utilization schedule to standardize treatment for injured employees involved in workers' compensation claims, and
- Removing and updating various statutory provisions.

**II. CURRENT LAW**

§386-21.2 provides that a physician may transmit a treatment plan to an employer, and a treatment plan shall be deemed accepted if an employer fails to file an objection with the director with applicable documentary evidence supporting the denial. After acceptance of the treatment plan, an employer may file an objection to the plan if new documentary evidence supporting the denial is received by the employer.

§386-26 requires the director to issue guidelines on the frequency of treatment and the reasonable utilization of medical care and services by health care providers, as deemed necessary and appropriate by rule. These guidelines are not intended to serve as an authoritative prescription for health care. They do not prevent health care providers from exercising their medical judgment and expertise in determining the most appropriate care, nor do they interfere with an injured employee's right to choose a physician under §386-21.

HAR §12-15-32 states that the frequency and extent of treatment must not exceed what the nature of the injury and the recovery process require. Authorization is not required for the initial fifteen treatments within the first sixty calendar days. If a physician determines that additional treatments are necessary, the physician must submit a treatment plan to the employer at least seven calendar days before starting those treatments.

Each treatment plan covers one hundred twenty calendar days and may include up to fifteen treatments during that period. Employers may not deny treatment plans that are reasonable and necessary. However, an employer may file an objection to the treatment plan, supported by documentary evidence. The employer remains responsible for payment for treatments provided under a complete treatment plan until the date the objection is filed with the director.

§12-15-34 states that the frequency and extent of treatment must not exceed what the nature of the injury and the recovery process require. Any health care treatment or service performed by a Hawaii-licensed or certified provider other than a physician must be directed by the attending physician based on a written prescription that is signed, dated, and approved by the attending physician.

The prescription may authorize up to fifteen initial treatments within the first sixty calendar days. For therapists, the prescription may authorize up to twenty initial treatments during the same period. If the attending physician determines that additional treatments are necessary, the provider of service—other than a physician—may submit a treatment plan for review and approval to the attending physician. After approval, the attending physician must transmit the treatment plan to the employer at least seven calendar days before the additional treatments begin.

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

While the Department can appreciate reducing insurer costs and premiums and the prevention of unnecessary procedures for injured employees, adopting a Medical Treatment Utilization (MTU) standardized medical treatment system for ALL types of injuries may not always provide the injured worker with best medical results.

Each injured worker and injury is unique, whether because of age or prior underlying medical conditions. Science can provide general guidelines and predictions, but each person heals differently. Therefore, it would be anticipated that deviations to a MTU would be required on a regular basis.

Although this measure permits medical providers to deviate from the established Medical Treatment Utilization (MTU) standards, the provider bears the burden of proving, by a preponderance of scientific medical evidence, that a variance from the MTU schedule is reasonably required to cure the injured employee or provide relief from the effects of the injury or condition.

Requiring providers to spend additional time submitting such justification may discourage them from accepting injured employees, further reducing an already shrinking pool of physicians willing to treat workers' compensation cases. Hawai'i is already facing a shortage of more than 800 doctors statewide, with rural areas and the Neighbor Islands experiencing the greatest impact.

This bill introduces unnecessary burdens on Hawaii's already strained health care system and compromises access to care, which goes against the intent of the workers' compensation law.

Requiring medical providers to adhere to a MTU will also cause a major shift for the current statutory framework that emphasizes employee choice, physician discretion, and reasonable and necessary medical care for an individual.

Mandating a "one size fits all" type of medical treatment specifically for injured workers may ensure cost effectiveness, but doing so would imply that the Department is undermining a health care provider's medical judgement and expertise in determining the most appropriate care for the injured worker.

This bill may have unintended consequences for the injured workers as noticed by injured workers in California and New York. MTU guidelines were used as a mechanism for delaying or denying necessary care, leading to frustration, increased legal advocacy and a focus on cost control rather than patient recovery.

For these reasons the Department **strongly opposes** this bill.

COMMITTEE ON LABOR AND TECHNOLOGY

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

# TESTIMONY IN STRONG OPPOSITION TO SB 2292

## Relating to Workers' Compensation Medical Treatment

Dear Chair Elefante, Vice Chair Lamosao, and Members of the Committee,

My name is **Gary Okamura, MD** and I am an orthopedic surgeon treating injured workers in Hawaii for decades. I am also the President of Work Injury Medical Association of Hawaii (WIMAH) and I strongly oppose SB 2292.

I do not believe that the state, the Department of Labor and Industrial Relations (DLIR), or any non-medical agency should be dictating medical treatment guidelines. Healthcare decisions should be made by licensed medical professionals—not by government departments or third-party organizations. SB 2292 would require DLIR to adopt the ACOEM guidelines or something similar for all workers' compensation cases. While the intent may be to standardize care, this bill will make Hawaii's healthcare provider shortage even worse and will add new costs to the state without fixing the real problems in our workers' compensation system.

## Hawaii Is Already Losing Doctors

Hawaii is in a healthcare crisis:

- The state is short **644 to 833 full-time physicians**
- The Big Island needs to grow its physician workforce by **43%**
- Maui lost **179 doctors** after the 2023 wildfires
- In the last year alone, **88 doctors left Hawaii and 81 retired**

Doctors are leaving because of high living costs, low reimbursement, and overwhelming administrative burdens. Workers' compensation cases already require more paperwork, more time, and more follow-up than regular insurance—yet providers are not paid for that extra work.

Adding another layer of guidelines will push even more providers away from treating injured workers.

## The Real Problem: Delayed Payments and Excessive Paperwork

The biggest issues in Hawaii's workers' compensation system are:

- **Long payment delays**—providers often wait 6 months to 1 year, and sometimes 1 to 3 years, to get paid
- **Frequent claim denials**—37% of administrators say this is a major barrier
- **Excessive paperwork**—55% of providers say this discourages them from treating injured workers
- **Providers quitting**—73% of providers who stopped treating workers' compensation patients say paperwork was the reason

Many providers simply cannot afford to take workers' compensation cases under these conditions. SB 2292 does nothing to fix these problems. Instead, it adds more paperwork and more administrative steps.

## SB 2292 Adds More Burden on Providers

If SB 2292 passes, physicians will be required to:

1. Search through multiple guideline sources in a specific order
2. Document and justify any deviation from the guidelines
3. Provide extra proof when a patient needs treatment outside of the guidelines

This is more paperwork on top of an already overwhelming system.

California tried a similar system (MTUS) for over 20 years. Providers there reported:

- Rigid guidelines that didn't fit complex cases
- More denials and more appeals
- Delays in care
- Increased administrative burden

Hawaii risks repeating the same mistakes.

## The Bill Creates New Costs for the State

ACOEM guidelines are not free.

- Providers must purchase licenses to use the guidelines
- The cost is about **\$100 per provider per year**
- Training and implementation can cost **\$5,000 to \$24,000 per clinician**
- The bill does not explain who will pay for these costs

With Hawaii's budget already stretched thin, this bill creates new expenses without any funding plan.

## Hawaii Needs to Fix Payment Problems—Not Add New Guidelines

**Your committee is also considering SB 2273, which I urge you to pass today**, which addresses the real issues:

- Payment delays
- Wrongful claim denials
- Lack of accountability for timely reimbursement

This is the type of reform Hawaii needs.

The University of Hawaii's physician workforce study identified the real solutions:

- Increase pay to be competitive with the mainland
- Provide housing and loan-forgiveness support
- Reduce unnecessary paperwork

SB 2292 does the opposite. It adds more paperwork and more barriers at a time when Hawaii cannot afford to lose more healthcare providers.

## What Providers Actually Need

Instead of adopting new treatment guidelines, Hawaii should:

1. **Fix payment delays and denials**
2. **Increase reimbursement rates** for workers' compensation services
3. **Reduce paperwork**, not add more
4. **Support provider retention** through housing and loan-forgiveness programs
5. If guidelines are desired, **provide free access**, not a mandated system that adds burden

## Conclusion

Hawaii's healthcare provider shortage is severe. Every provider who stops treating workers' compensation patients is one less provider available to care for injured workers.

SB 2292 will:

- Add cost
- Add paperwork
- Add administrative burden
- Push more providers away from treating injured workers

It will not improve patient care, and it does not address the real problems in Hawaii's workers' compensation system.

I respectfully urge the Legislature to **oppose SB 2292** and focus on reforms that ensure timely payment, fair reimbursement, and reduced administrative burden for the providers who care for Hawaii's injured workers.

**Mahalo for the opportunity to testify.**

Gary Okamura, MD

President

Work Injury Medical Association of Hawaii

[WIMAH808@gmail.com](mailto:WIMAH808@gmail.com)

COMMITTEE ON LABOR AND TECHNOLOGY

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

**TESTIMONY IN STRONG OPPOSITION TO SB 2292 - Relating to Workers' Compensation Medical Treatment**

Dear Chair Elefante, Vice Chair Lamosao, and Members of the Committee on Labor and Technology,

My name is **Ka`ohimanu Dang AKiona, MD**, and I am a Physician, one the last few remaining who treat injured workers here in Hawaii- particularly on Hawai`i Island and on Moloka`i. I strongly oppose SB 2292.

This bill would require the Department of Labor and Industrial Relations (DLIR) to adopt the ACOEM treatment guidelines—or similar guidelines—for all workers' compensation cases. While the intent may be to standardize care, this bill will worsen Hawaii's healthcare provider shortage, increase administrative burden, and add new costs to the state without fixing the real problems in our workers' compensation system.

**Hawaii is already in a healthcare crisis.** Our state is short **644–833 physicians**, the Big Island needs **43% more doctors**, Maui lost **179 physicians** after the 2023 wildfires, and last year **88 doctors left** while **81 retired**. Providers are leaving because of high living costs, low reimbursement, and overwhelming paperwork. Workers' compensation cases already require more time and documentation than regular insurance, yet providers are not paid for that extra work. Many wait **6 months to 1 year**, and sometimes **1–3 years**, to be reimbursed.

The real problem is **not** a lack of treatment guidelines. The real problem is **delayed payments, excessive paperwork, and frequent claim denials**.

- **55%** of providers say workers' compensation paperwork is a major barrier.
- **73%** of providers who stopped treating injured workers say paperwork was the reason.
- **37%** of administrators say claim denials discourage participation.

SB 2292 adds even more paperwork. It requires physicians to search multiple guideline sources, justify any deviation, and meet a high burden of proof for individualized care. This will push more providers away from treating injured workers.

The bill also creates **new costs**. ACOEM guidelines are not free. Providers must purchase licenses, and training can cost **\$5,000–\$24,000 per clinician**. The bill does not explain who will pay for these expenses. With Hawaii's budget already stretched, this is a serious concern.

Other states, like California, have struggled with similar systems. Their rigid guidelines led to more denials, more appeals, and more administrative burden—not better care. Hawaii risks repeating these mistakes.

If the Legislature wants to improve workers' compensation care, the priority should be fixing payment delays and reducing unnecessary paperwork. **SB 2273**, introduced this session and heard today by your committee, addresses those issues directly. That is the type of reform Hawaii needs.

**SB 2292 will not improve patient care.** It will add cost, add paperwork, and make it even harder for injured workers to find a doctor. At a time when Hawaii is losing healthcare providers, we cannot afford policies that drive more of them away.

For these reasons, I respectfully urge you to **oppose SB 2292**.

**Mahalo for the opportunity to testify.**



February 2, 2026

Senator Brandon Elefante, Chair  
Senator Rachele Lamasao, Vice Chair  
Senate Committee on Labor and Technology  
Hawaii State Legislature

### **Support for SB2292**

Dear Chair Elefante, Vice Chair Lamasao and Members of the Senate Committee on Labor and Technology,

On behalf of the Kohala Coast Resort Association thank you for providing us with the opportunity to provide our **STRONG SUPPORT of SB2292**.

Mahalo to Senator Joy San Buenaventura for listening to our concerns during the last year, for conducting independent research on the problem on Hawaii Island, and for working with us to help create a legislative solution to the challenges we're experiencing, which we believe will be beneficial for the entire state.

**THE CHALLENGE:** Hawai'i Island employers are facing mounting challenges with the workers' compensation system, including: rising healthcare costs and inconsistent treatment guidelines; inefficient claims processing; medical providers experiencing long payment delays which leads them to not accept this type of insurance; prolonged litigation; delayed medical care for impacted employees, which keeps injured employees out of work longer; and a lack of standardized medical necessity guidelines, which leads to unnecessary procedures and inflated costs.

#### **WHY IT MATTERS:**

**For Employees:** Delays in care lead to worsening injuries, mental health strain, and financial hardship. **Temporary Total Disability (TTD) benefits cover only 67% of wages, making long absences unsustainable for many island families.**

**For Employers:** Rising premiums and extended time-off erode productivity, morale, and retention.

**For Physicians:** Delayed approvals and reimbursements disrupt patient care and clinic operations.

For all of these reasons we believe that the Department of Labor and Industrial Relations should establish a medical treatment utilization schedule to standardize treatment for injured employees involved in workers' compensation claims.

Mahalo for your consideration in moving SB2292 forward.

Sincerely,

A handwritten signature in black ink that reads "Stephanie P. Donoho".

Stephanie Donoho, Administrative Director  
Kohala Coast Resort Association



February 2, 2026

Senator Brandon Elefante, Chair  
Senator Rachele Lamasao, Vice Chair  
Senate Committee on Labor and Technology  
Hawaii State Legislature

### **Support for SB2292**

Dear Chair Elefante, Vice Chair Lamasao and Members of the Senate Committee on Labor and Technology,

On behalf of the Four Seasons Resort Hualalai thank you for providing us with the opportunity to provide our **STRONG SUPPORT of SB2292**.

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FOUR SEASONS  
RESORT  
HUALĀLAI

Mahalo for your consideration in moving SB2292 forward.

Sincerely,



**Ashley Poland**

Director of People and Culture, People  
and Culture

Four Seasons Resort Hualalai  
72-100 Ka'upulehu Drive  
Kailua Kona, HI 96740

LATE



FOUR SEASONS  
RESORT  
HUALĀLAI

February 2, 2026

Senator Brandon Elefante, Chair  
Senator Rachele Lamasao, Vice Chair  
Senate Committee on Labor and Technology  
Hawaii State Legislature

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FOUR SEASONS  
RESORT  
HUALĀLAI

Mahalo for your consideration in moving SB2292 forward.

Sincerely,



**Charlie Parker**

Regional Vice President & General Manager, Executive Office

Four Seasons Resort Hualalai  
72-100 Ka'upulehu Drive  
Kailua Kona, HI 96740

**LATE**



841 Bishop Street, Suite 2250 | Honolulu, Hawaii 96813

Statement of

**KRIS KADZIELAWA**

Managing Director, Solera Integrated Medical Solutions

Before the

**SENATE COMMITTEE ON LABOR AND TECHNOLOGY**

Wednesday, February 4, 2026

3:01PM

State Capitol, Conference Room 225

In consideration of

**SB2292 RELATING TO WORKERS' COMPENSATION**

**TESTIMONY IN STRONG SUPPORT FOR SB2292.**

Chair Elefante, Vice Chair Lamosao, and members of the committee:

Aloha and Mahalo for the opportunity to provide testimony in strong support of SB2292. My name is Kris Kadzielawa and I am the Co-Founder and Managing Director of Solera Integrated Medical Solutions, a medical payment integrity technology and services provider dedicated to ensuring fair, efficient, and high-quality claims processing for employers, insurers, and government programs.

I commend the legislature for advancing this measure. SB2292 represents a thoughtful, forward-looking step toward aligning medical treatments with evidence-based standards, which will benefit injured workers, employers, and the overall health of our system.

As the bill's findings aptly note, our state faces some of the nation's highest premiums, partly driven by treatments that may not always align with the strongest medical evidence. By establishing a medical treatment utilization schedule grounded in evidence-based medicine and incorporating the American College of Occupational and Environmental Medicine's (ACOEM) Occupational Medicine Practice Guidelines, SB2292 creates a common language for providers and payors. This standardization will help prevent unnecessary procedures, reduce insurer costs, and—most importantly—ensure injured workers receive consistent, high-quality care that promotes faster recovery and return to work.

In our experience assisting employers and claims teams, we've seen how variability in treatment approaches can lead to disputes, delays, and inflated expenses. Evidence-based guidelines, like those from ACOEM, offer a proven pathway to resolve these challenges. They emphasize treatments supported by rigorous research, while allowing flexibility for individual patient needs through clear processes for variances. This approach not only controls costs but also enhances patient safety by prioritizing interventions with demonstrated efficacy. For instance, in states that have adopted similar schedules, studies show reductions in overutilization of services without compromising care quality—outcomes that would directly support Hawaii's working families and businesses.

Moreover, SB2292 complements existing statutes and rules by reinforcing the system's foundational principles: timely, appropriate care without undue burden. It avoids overreach by specifying treatments that do not require preauthorization, streamlining processes for routine needs. We believe this measure strikes an ideal balance, fostering accountability while preserving access to necessary medical services. If enacted, it could serve as a cornerstone for further reforms, such as targeted limits on practices prone to abuse, such as physician dispensing, and ensuring our system remains fair and sustainable for all stakeholders.

We urge the committee to pass SB2292 and stand ready to collaborate on its implementation or provide additional insights. Mahalo for your commitment to strengthening Hawaii's workers' compensation system.

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

Respectfully submitted,

**Kris Kadzielawa**

**Solera Integrated Medical Solutions**



PREMIER  
MEDICAL  
GROUP  
HAWAII

Scott Miscovich MD LLC  
46-001 Kamehameha Hwy Ste 109  
Kaneohe, HI 96744  
Phone: (808) 247-7596 Fax: (808) 824-3416

LATE

February 3, 2026

## TESTIMONY IN OPPOSITION TO SB2292

### Relating to Workers' Compensation Medical Treatment

Chair, Vice Chair, and Members of the Committee:

Thank you for the opportunity to submit testimony in **strong opposition to SB2292**.

SB2292 proposes to impose a mandatory **Medical Treatment Utilization Schedule (MTUS)** that establishes presumptively correct, standardized medical treatments for all workers' compensation claims in Hawai'i.

While presented as a cost-containment and efficiency measure, this bill directly conflicts with long-standing Hawai'i case law governing **medical necessity, standard of care, and individualized treatment**, and will predictably result in **blanket denials, delayed care, increased litigation, and higher long-term system costs**.

### SB2292 Circumvents Established Hawai'i Case Law on the Standard of Care

Hawai'i courts have repeatedly held that workers' compensation medical care must be evaluated based on **individualized medical necessity**, not rigid administrative standards.

In *Pulawa v. Oahu Construction Co., Ltd.*, SCWC-11-0001019 (2015), the Hawai'i Supreme Court squarely rejected the use of overly restrictive standards to deny treatment. The Court held that under **HRS §§ 386-21(a) and 386-24**, injured workers are entitled to medical services that are:

**“reasonably needed for the employee’s greatest possible medical rehabilitation.”**

The Court emphasized that this statutory standard is **broader and more protective** than a “reasonable and necessary” or guideline-based standard and warned against substituting administrative convenience for medical judgment. The Court explained that “greatest possible medical rehabilitation” reflects a **high degree of medical assistance owed to injured workers**, and that treatment cannot be denied simply because it falls outside commonly accepted or standardized protocols.

SB2292 directly undermines this precedent by:

- Declaring MTUS treatments “**presumptively correct**” and the controlling standard of care
- Forcing physicians to justify deviations as exceptions rather than legitimate medical judgment
- Shifting the burden of proof onto treating physicians to defend individualized care against administrative schedules

This approach **circumvents judicially established standards** and invites outcomes that Hawai‘i courts have already found improper.

## **Blanket Guidelines Invite Blanket Denials**

The *Pulawa* Court made clear that denials based on generalized standards—rather than patient-specific medical evidence—are legally unsound. The Court found error where decision-makers relied on restrictive interpretations that ignored individualized medical facts and the treating physician’s expertise.

SB2292, by design, encourages:

- **Automatic reliance on MTUS listings**
- Denials based on absence from the schedule rather than medical need
- Devaluation of treating physicians’ opinions in favor of paper-based guideline compliance

This will lead to **formulaic denials**—not because care is inappropriate, but because it does not neatly align with utilization schedules.

## **Increased Litigation Is a Foreseeable and Inevitable Result**

By imposing a presumption of correctness on standardized schedules and forcing physicians to challenge that presumption, SB2292 **builds litigation into the system**.

Under the bill:

- Physicians must formally challenge MTUS determinations
- Employers may dispute individualized care even when medically justified
- Injured workers are forced into dispute resolution to access necessary treatment

This mirrors the exact procedural failures highlighted in *Pulawa*, where years of litigation, delayed care, and administrative denials ultimately resulted in **judicial reversal and remand**.

The lesson from Hawai‘i case law is clear:

**Restrictive medical standards do not reduce disputes—they multiply them.**

## **Cost and Time Prohibitive Burdens on Medical Providers**

SB2292 also imposes **extraordinary administrative and legal burdens** on medical providers, requiring them to:

- Conduct sequential guideline searches
- Produce extensive citations and documentation
- Defend their treatment decisions as if on trial
- Bear the burden of proof to justify deviations from MTUS

This process is **uncompensated, time-consuming, and unsustainable**, particularly for small practices and specialists. As seen in jurisdictions with similar regimes, providers respond by:

- Declining to treat workers' compensation patients
- Limiting care to schedule-approved treatments regardless of patient need
- Leaving injured workers with fewer options and longer delays

## **Delay of Care Worsens Outcomes and Increases Costs**

Hawai‘i courts have recognized that delayed care undermines rehabilitation. In *Pulawa*, nearly six years of delay caused by disputes over treatment authorization significantly worsened outcomes and prolonged disability.

SB2292 institutionalizes delay by:

- Conditioning care on guideline compliance
- Triggering disputes whenever individualized treatment is required
- Prioritizing process over timely medical intervention

Delayed care leads to **chronic conditions, prolonged disability, and higher long-term costs**, directly contradicting the bill’s stated intent.

## **Standardized Schedules Cannot Replace Individualized Medical Judgment**

The Hawai‘i Supreme Court has made clear that medical care under workers’ compensation law must focus on **what the injured worker needs**, not what is administratively convenient. SB2292 replaces that principle with rigid conformity, elevating schedules above clinical expertise.

Medical treatment—especially for complex injuries, disabilities, or atypical recoveries—**cannot be dictated by lists**.

## **Conclusion**

SB2292 does not align with Hawai‘i law. It **circumvents established case law**, invites **blanket denials**, increases **litigation**, delays care, and imposes **cost- and time-prohibitive burdens** on medical providers—ultimately harming injured workers and increasing system costs.

For these reasons, and consistent with Hawai‘i Supreme Court precedent, I respectfully urge the Committee to **oppose SB2292**.

Mahalo for the opportunity to provide testimony and for your careful consideration of the legal, medical, and human consequences of this bill.

**Thank you for the opportunity to testify.**

Respectfully submitted,



Scott J. Miscovich, MD

**SB-2292**

Submitted on: 1/30/2026 5:55:38 PM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Nancy Monden	Individual	Oppose	Remotely Via Zoom

**Comments:**

My name is Nancy Monden. I have many years of experience working in the insurance industry and am a certified case manager. I was trained in the use of evidence-based treatment guidelines long before insurance companies adopted them as standard practice. These guidelines were designed to assist clinical decision-making—not to replace the medical judgment of licensed physicians. Unfortunately, their current application within the workers' compensation system has strayed far from that intent.

Today, treatment guidelines are routinely applied as inflexible rules rather than clinical references. Insurance companies rely on them to limit or deny care, often through claims adjusters who lack medical education, licensure, or clinical training. Despite this, these adjusters are effectively allowed to override treating physicians by selectively citing guidelines to control treatment decisions. This practice undermines medical autonomy and places injured workers at risk.

A common example is the blanket limitation of physical therapy to eight to twelve weeks. This arbitrary timeframe fails to account for the wide variation in injury severity, physical conditioning, age, and job demands. Many injured workers—particularly those who become deconditioned as a result of their injury—require extended rehabilitation to safely return to work. Forcing a premature return in the name of guideline compliance increases the risk of re-injury, prolonged disability, and long-term medical costs. This approach is neither medically sound nor fiscally responsible.

Another systemic issue involves the failure to update diagnoses as an injured worker's condition evolves. Early in treatment, symptoms may be obscured by medication side effects such as drowsiness, swelling, or limited mobility. As these factors resolve and activity levels increase, the true nature and extent of the injury often becomes clearer. However, under rigid guideline enforcement, diagnoses are frequently locked in at the initial stage. Insurance companies then use these outdated diagnoses to justify treatment denial, regardless of clinical findings or functional decline.

As a result, injured workers are placed in an untenable position. Necessary medical care is denied, delayed, or conditioned on legal hearings and appeals. During this time, conditions may worsen, recovery may stall, and workers experience significant physical, emotional, and financial stress. This burden falls on individuals who were injured while performing their jobs—through no fault of their own.

Equally concerning is the lack of accountability when insurance companies simply fail to respond to treatment authorization requests. In these cases, injured workers are left without care, sometimes for weeks or months, with no clear recourse. This administrative inaction directly contradicts the foundational purpose of workers' compensation laws, which were enacted to ensure prompt and appropriate medical treatment for injured employees.

Standardized treatment guidelines should inform care, not dictate it. When applied without flexibility, oversight, or deference to medical professionals, they become a tool for cost containment rather than patient care. This practice erodes trust in the workers' compensation system and shifts the consequences of delayed or denied treatment onto injured workers, employers, and ultimately the public.

Legislative action is necessary to restore balance—ensuring that treatment guidelines remain advisory, that medical decisions are made by qualified professionals, and that injured workers receive timely, individualized care consistent with the original intent of workers' compensation law.

**SB-2292**

Submitted on: 2/1/2026 9:06:01 PM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Kyle Cabison	Individual	Oppose	Written Testimony Only

Comments:

COMMITTEE ON LABOR AND TECHNOLOGY

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

**TESTIMONY IN STRONG OPPOSITION TO SB 2292 - Relating to Workers' Compensation Medical Treatment**

Dear Chair Elefante, Vice Chair Lamosao, and Members of the Committee on Labor and Technology,

My name is **Kyle Cabison, M.D.** and I am one of the few medical providers treating injured workers on the Island of Hawaii. I strongly oppose SB 2292.

This bill would require the Department of Labor and Industrial Relations (DLIR) to adopt the ACOEM treatment guidelines—or similar guidelines—for all workers' compensation cases. While the intent may be to standardize care, this bill will worsen Hawaii's healthcare provider shortage, increase administrative burden, and add new costs to the state without fixing the real problems in our workers' compensation system.

**Hawaii is already in a healthcare crisis.** Our state is short **644–833 physicians**, the Big Island needs **43% more doctors**, Maui lost **179 physicians** after the 2023 wildfires, and last year **88 doctors left** while **81 retired**. Providers are leaving because of high living costs, low reimbursement, and overwhelming paperwork. Workers' compensation cases already require more time and documentation than regular insurance, yet providers are not paid for that extra work. Many wait **6 months to 1 year**, and sometimes **1–3 years**, to be reimbursed.

The real problem is **not** a lack of treatment guidelines. The real problem is **delayed payments, excessive paperwork, and frequent claim denials**.

- **55%** of providers say workers' compensation paperwork is a major barrier.
- **73%** of providers who stopped treating injured workers say paperwork was the reason.
- **37%** of administrators say claim denials discourage participation.

SB 2292 adds even more paperwork. It requires physicians to search multiple guideline sources, justify any deviation, and meet a high burden of proof for individualized care. This will push more providers away from treating injured workers.

The bill also creates **new costs**. ACOEM guidelines are not free. Providers must purchase licenses, and training can cost **\$5,000–\$24,000 per clinician**. The bill does not explain who will pay for these expenses. With Hawaii's budget already stretched, this is a serious concern.

Other states, like California, have struggled with similar systems. Their rigid guidelines led to more denials, more appeals, and more administrative burden—not better care. Hawaii risks repeating these mistakes.

If the Legislature wants to improve workers' compensation care, the priority should be fixing payment delays and reducing unnecessary paperwork. **SB 2273**, introduced this session and heard today by your committee, addresses those issues directly. That is the type of reform Hawaii needs.

**SB 2292 will not improve patient care.** It will add cost, add paperwork, and make it even harder for injured workers to find a doctor. At a time when Hawaii is losing healthcare providers, we cannot afford policies that drive more of them away.

For these reasons, I respectfully urge you to **oppose SB 2292**.

**Mahalo for the opportunity to testify,**

**Kyle Cabison, M.D.**

**SB-2292**

Submitted on: 2/2/2026 6:23:09 PM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Terri Pacheco APRN	Individual	Oppose	Written Testimony Only

**Comments:**

Testimony in Strong Opposition to SB 2292- Relating to Worker's Compensation Medical Treatment

DATE: Wednesday, February 4, 2026

TIME: 3:01 PM

PLACE: State Capitol Rm # 225 & Videoconference

Dear Chair Elefante, Vice Chair Lamoaso, and Members of the Committee on Labor and Technology:

My name is Terri Pacheco and I am a Medical Provider treating injured workers here in Hawaii. I strongly oppose SB 2292.

Thank you for the opportunity to submit testimony in opposition to SB 2292.

While SB 2292 is intended to promote consistency in workers' compensation treatment, it will undermine timely access to care for injured workers, increase administrative complexity, and further strain Hawaii's limited Healthcare workforce—outcomes that conflict with DLIR's statutory mission to ensure efficient delivery of benefits and timely return to work.

Hawaii is experiencing a significant healthcare provider shortage. Healthcare Providers are leaving the state due to high living costs, tardy & inadequate reimbursement, and increasing administrative burden. Workers' compensation cases already require substantially more documentation than standard insurance, yet reimbursement is frequently delayed for months and, in some cases, years. These delays discourage Provider participation and limit injured workers' ability to receive prompt, appropriate care.

The primary challenge in Hawaii's workers' compensation system is not the absence of treatment guidelines. Providers are trained to practice evidence-based medicine. The true barriers to timely recovery and return to work are a dilatory system of excessive paperwork, delays in communication, frequent claim denials, and delayed payments—factors consistently identified as reasons Providers stop treating injured workers.

SB 2292 would intensify these barriers by requiring physicians to consult multiple guideline sources and justify deviations for individualized care. This increases administrative workload, constrains clinical judgment, and discourages provider participation, delaying treatment and disrupting efforts to restore injured workers to their highest level of functioning and productive employment.

The bill also introduces new, unfunded costs. ACOEM guidelines require paid licenses and training, yet SB 2292 does not specify who will bear these expenses. These added costs further reduce provider participation without improving outcomes or system efficiency.

Other states' experience demonstrates that rigid guideline mandates result in increased denials, more disputes, and longer treatment delays—outcomes that are inconsistent with DLIR's goals of fairness, efficiency, and timely benefit delivery.

If the Legislature seeks to improve workers' compensation outcomes, the priority should be reducing unnecessary administrative barriers and payment delays, as addressed in SB 2273. That approach better supports injured workers, providers, and employers.

For these reasons, I respectfully urge you to oppose SB 2292.

COMMITTEE ON LABOR AND TECHNOLOGY

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

**TESTIMONY IN STRONG OPPOSITION TO SB 2292 - Relating to Workers' Compensation Medical Treatment**

Dear Chair Elefante, Vice Chair Lamosao, and Members of the Committee on Labor and Technology,

My name is **Erwin Danzer**, and I am a medical provider treating injured workers here in Hawaii. I strongly oppose SB 2292.

This bill would require the Department of Labor and Industrial Relations (DLIR) to adopt the ACOEM treatment guidelines—or similar guidelines—for all workers' compensation cases. While the intent may be to standardize care, this bill will worsen Hawaii's healthcare provider shortage, increase administrative burden, and add new costs to the state without fixing the real problems in our workers' compensation system.

**Hawaii is already in a healthcare crisis.** Our state is short **644–833 physicians**, the Big Island needs **43% more doctors**, Maui lost **179 physicians** after the 2023 wildfires, and last year **88 doctors left** while **81 retired**. Providers are leaving because of high living costs, low reimbursement, and overwhelming paperwork. Workers' compensation cases already require more time and documentation than regular insurance, yet providers are not paid for that extra work. Many wait **6 months to 1 year**, and sometimes **1–3 years**, to be reimbursed.

The real problem is **not** a lack of treatment guidelines. The real problem is **delayed payments, excessive paperwork, and frequent claim denials**.

- **55%** of providers say workers' compensation paperwork is a major barrier.
- **73%** of providers who stopped treating injured workers say paperwork was the reason.
- **37%** of administrators say claim denials discourage participation.

SB 2292 adds even more paperwork. It requires physicians to search multiple guideline sources, justify any deviation, and meet a high burden of proof for individualized care. This will push more providers away from treating injured workers.

The bill also creates **new costs**. ACOEM guidelines are not free. Providers must purchase licenses, and training can cost **\$5,000–\$24,000 per clinician**. The bill does not explain who will pay for these expenses. With Hawaii's budget already stretched, this is a serious concern.

Other states, like California, have struggled with similar systems. Their rigid guidelines led to more denials, more appeals, and more administrative burden—not better care. Hawaii risks repeating these mistakes.

If the Legislature wants to improve workers' compensation care, the priority should be fixing payment delays and reducing unnecessary paperwork. **SB 2273**, introduced this session and heard today by your committee, addresses those issues directly. That is the type of reform Hawaii needs.

**SB 2292 will not improve patient care.** It will add cost, add paperwork, and make it even harder for injured workers to find a doctor. At a time when Hawaii is losing healthcare providers, we cannot afford policies that drive more of them away.

For these reasons, I respectfully urge you to **oppose SB 2292**.

**Mahalo for the opportunity to testify.**

# Testimony in Strong Opposition to SB 2292- Relating to Worker's Compensation Medical Treatment

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

Dear Chair Elefante, Vice Chair Lamoaso, and Members of the Committee on Labor and Technology:

My name is Terri Pacheco and I am a Medical Provider treating injured workers here in Hawaii. I strongly oppose SB 2292.

Thank you for the opportunity to submit testimony in opposition to SB 2292.

While SB 2292 is intended to promote consistency in workers' compensation treatment, it will **undermine timely access to care for injured workers**, increase administrative complexity, and further strain Hawaii's limited Healthcare workforce—outcomes that conflict with DLIR's statutory mission to ensure efficient delivery of benefits and timely return to work.

Hawaii is experiencing a significant healthcare provider shortage. Healthcare Providers are leaving the state due to high living costs, tardy & inadequate reimbursement, and increasing administrative burden. Workers' compensation cases already require substantially more documentation than standard insurance, yet reimbursement is frequently delayed for months and, in some cases, years. These delays discourage Provider participation and limit injured workers' ability to receive prompt, appropriate care.

The primary challenge in Hawaii's workers' compensation system is **not the absence of treatment guidelines**. Providers are trained to practice evidence-based medicine. The true barriers to timely recovery and return to work are a dilatory system of excessive paperwork, delays in communication, frequent claim denials, and delayed payments—factors consistently identified as reasons Providers stop treating injured workers.

SB 2292 would intensify these barriers by requiring physicians to consult multiple guideline sources and justify deviations for individualized care. This increases administrative workload, constrains clinical judgment, and discourages provider participation, **delaying treatment and disrupting efforts to restore injured workers to their highest level of functioning and productive employment**.

The bill also introduces new, unfunded costs. ACOEM guidelines require paid licenses and training, yet SB 2292 does not specify who will bear these expenses. These added costs further reduce provider participation without improving outcomes or system efficiency.

Other states' experience demonstrates that rigid guideline mandates result in increased denials, more disputes, and longer treatment delays—outcomes that are inconsistent with DLIR's goals of fairness, efficiency, and timely benefit delivery.

If the Legislature seeks to improve workers' compensation outcomes, the priority should be **reducing unnecessary administrative barriers and payment delays**, as addressed in SB 2273. That approach better supports injured workers, providers, and employers.

For these reasons, I respectfully urge you to oppose SB 2292.

**SB-2292**

Submitted on: 2/2/2026 8:16:17 PM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Carol Ann Orr MD	Testifying for Carol A Orr MD LLC	Oppose	Written Testimony Only

**Comments:****TESTIMONY IN STRONG OPPOSITION TO SB 2292- Relating to Workers' Compensation Medical Treatment**

Dear Chair Elefante, Vice Chair Lamosao, and Members of the Committee on Labor and Technology,

My name is Dr Carol Orr, MD a medical doctor treating injured workers here on the Big Island of Hawaii. I strongly oppose SB 2292.

This bill would require the Department of Labor and Industrial Relations (DLIR) to adopt the ACOEM treatment guidelines—or similar guidelines—for all workers' compensation cases. While the intent may be to standardize care, this bill will worsen Hawaii's healthcare provider shortage, increase administrative burden, and add new costs to the state without fixing the real problems in our workers' compensation system.

Hawaii is already in a healthcare crisis. Our state is short 644–833 physicians, the Big Island needs 43% more doctors, Maui lost 179 physicians after the 2023 wildfires, and last year 88 doctors left while 81 retired. Providers are leaving because of high living costs, low reimbursement, and overwhelming paperwork. Workers' compensation cases already require more time and documentation than regular insurance, yet providers are not paid for that extra work. Many wait 6 months to 1 year, and sometimes 1–3 years, to be reimbursed.

The real problem is not a lack of treatment guidelines. The real problem is delayed payments, excessive paperwork, and frequent claim denials.

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The bill also creates new costs. ACOEM guidelines are not free. Providers must purchase licenses, and training can cost \$5,000–\$24,000 per clinician. The bill does not explain who will pay for these expenses. With Hawaii's budget already stretched, this is a serious concern.

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SB 2292 will not improve patient care. It will add cost, add paperwork, and make it even harder for injured workers to find a doctor. At a time when Hawaii is losing healthcare providers, we cannot afford policies that drive more of them away.

For these reasons, I respectfully urge you to oppose SB 2292.

Mahalo for the opportunity to testify.

**SB-2292**

Submitted on: 2/3/2026 5:50:40 AM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Carl Hodel MD	Individual	Oppose	Written Testimony Only

**Comments:**

I am a Physician providing Work Comp and No Fault care for injured patients for over 15 years. Every patient is unique and requires individual care. To prescribe treatment limits and increase prior authorization for studies and treatment will only delay care and time to optimal recovery and increase the overall cost to treat the injured patient.

I respectfully strongly oppose SB 2292.

Thank you,

Carl Hodel MD

**SB-2292**

Submitted on: 2/3/2026 8:22:49 AM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephanie McKithan	Individual	Oppose	Written Testimony Only

**Comments:**

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

**TESTIMONY IN STRONG OPPOSITION TO SB 2292 - Relating to Workers' Compensation Medical Treatment**

Dear Chair Elefante, Vice Chair Lamosao, and Members of the Committee on Labor and Technology,

My name is **Stephanie McKithan, APRN, Rx, FNP-C, DNP** and I am a medical provider treating injured workers here in Hawai'i. I strongly oppose SB 2292.

This bill would require the Department of Labor and Industrial Relations (DLIR) to adopt the ACOEM treatment guidelines—or similar guidelines—for all workers' compensation cases. While the intent may be to standardize care, this bill will worsen Hawai'i's healthcare provider shortage, increase administrative burden, and add new costs to the state without fixing the real problems in our workers' compensation system.

**Hawai'i is already in a healthcare crisis.** Our state is short **644–833 physicians**, the Big Island needs **43% more doctors**, Maui lost **179 physicians** after the 2023 wildfires, and last year **88 doctors left** while **81 retired**. Providers are leaving because of high living costs, low reimbursement, and overwhelming paperwork. Workers' compensation cases already require more time and documentation than regular insurance, yet providers are not paid for that extra work. Many wait **6 months to 1 year**, and sometimes **1–3 years**, to be reimbursed.

The real problem is **not** a lack of treatment guidelines. The real problem is **delayed payments, excessive paperwork, and frequent claim denials**.

- **55%** of providers say workers' compensation paperwork is a major barrier.
- **73%** of providers who stopped treating injured workers say paperwork was the reason.
- **37%** of administrators say claim denials discourage participation.

SB 2292 adds even more paperwork. It requires physicians to search multiple guideline sources, justify any deviation, and meet a high burden of proof for individualized care. This will push more providers away from treating injured workers.

The bill also creates **new costs**. ACOEM guidelines are not free. Providers must purchase licenses, and training can cost **\$5,000–\$24,000 per clinician**. The bill does not explain who will pay for these expenses. With Hawai‘i’s budget already stretched, this is a serious concern.

Other states, like California, have struggled with similar systems. Their rigid guidelines led to more denials, more appeals, and more administrative burden—not better care. Hawai‘i risks repeating these mistakes.

If the Legislature wants to improve workers’ compensation care, the priority should be fixing payment delays and reducing unnecessary paperwork. **SB 2273**, introduced this session and heard today by your committee, addresses those issues directly. That is the type of reform Hawai‘i needs.

**SB 2292 will not improve patient care.** It will add cost, add paperwork, and make it even harder for injured workers to find a doctor. At a time when Hawai‘i is losing healthcare providers, we cannot afford policies that drive more of them away.

For these reasons, I respectfully urge you to **oppose SB 2292**.

**Mahalo for the opportunity to testify.**

**Stephanie McKithan**

# Testimony in Strong Opposition to SB 2292- Relating to Worker's Compensation Medical Treatment

DATE: Wednesday, February 4, 2026  
TIME: 3:01 PM  
PLACE: State Capitol Rm # 225 & Videoconference

Dear Chair Elefante, Vice Chair Lamoaso, and Members of the Committee on Labor and Technology:

My name is Kaidden Kelly and I am a Medical Provider treating injured workers here in Hawaii. I strongly oppose SB 2292.

Thank you for the opportunity to submit testimony in opposition to SB 2292.

While SB 2292 is intended to promote consistency in workers' compensation treatment, it will **undermine timely access to care for injured workers**, increase administrative complexity, and further strain Hawaii's limited Healthcare workforce—outcomes that conflict with DLIR's statutory mission to ensure efficient delivery of benefits and timely return to work.

Hawaii is experiencing a significant healthcare provider shortage. Healthcare Providers are leaving the state due to high living costs, tardy & inadequate reimbursement, and increasing administrative burden. Workers' compensation cases already require substantially more documentation than standard insurance, yet reimbursement is frequently delayed for months and, in some cases, years. These delays discourage Provider participation and limit injured workers' ability to receive prompt, appropriate care.

The primary challenge in Hawaii's workers' compensation system is **not the absence of treatment guidelines**. Providers are trained to practice evidence-based medicine. The true barriers to timely recovery and return to work are a dilatory system of excessive paperwork, delays in communication, frequent claim denials, and delayed payments—factors consistently identified as reasons Providers stop treating injured workers.

SB 2292 would intensify these barriers by requiring physicians to consult multiple guideline sources and justify deviations for individualized care. This increases administrative workload, constrains clinical judgment, and discourages provider participation, **delaying treatment and disrupting efforts to restore injured workers to their highest level of functioning and productive employment**.

The bill also introduces new, unfunded costs. ACOEM guidelines require paid licenses and training, yet SB 2292 does not specify who will bear these expenses. These added costs further reduce provider participation without improving outcomes or system efficiency.

Other states' experience demonstrates that rigid guideline mandates result in increased denials, more disputes, and longer treatment delays—outcomes that are inconsistent with DLIR's goals of fairness, efficiency, and timely benefit delivery.

If the Legislature seeks to improve workers' compensation outcomes, the priority should be **reducing unnecessary administrative barriers and payment delays**, as addressed in SB 2273. That approach better supports injured workers, providers, and employers.

For these reasons, I respectfully urge you to oppose SB 2292.

February 2, 2026

Senator Brandon Elefante, Chair  
Senator Rachele Lamasao, Vice Chair  
Senate Committee on Labor and Technology  
Hawaii State Legislature

**Support for SB2292**

Dear Chair Elefante, Vice Chair Lamasao and Members of the Senate Committee on Labor and Technology,

As an independent health care provider on Hawaii Island and subject matter expert on the workers compensation process, thank you for the opportunity to provide my **STRONG SUPPORT of SB2292**.

Mahalo to Senator Joy San Buenaventura for listening to our concerns during the last year, for conducting independent research on the problem on Hawaii Island, and for working with us to help create a legislative solution to the challenges we're experiencing, which we believe will be beneficial for the entire state.

**THE CHALLENGE:** Hawai'i Island employers are facing mounting challenges with the workers' compensation system, including: rising healthcare costs and inconsistent treatment guidelines; inefficient claims processing; medical providers experiencing long payment delays which leads them to not accept this type of insurance; prolonged litigation; delayed medical care for impacted employees, which keeps injured employees out of work longer; and a lack of standardized medical necessity guidelines, which leads to unnecessary procedures and inflated costs.

**WHY IT MATTERS:**

**For Employees:** Delays in care lead to worsening injuries, mental health strain, and financial hardship.

**Temporary Total Disability (TTD) benefits cover only 67% of wages, making long absences unsustainable for many island families.**

**For Employers:** Rising premiums and extended time-off erode productivity, morale, and retention.

**For Physicians:** Delayed approvals and reimbursements disrupt patient care and clinic operations.

For all of these reasons we believe that the Department of Labor and Industrial Relations should establish a medical treatment utilization schedule to standardize treatment for injured employees involved in workers' compensation claims.

Mahalo for your consideration in moving SB2292 forward.

Sincerely,

A handwritten signature in black ink, appearing to read "A.R. PT, DPT".

Dr. Andrew Branchflower PT, DPT

**SB-2292**

Submitted on: 2/3/2026 1:43:26 PM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Becky Yoza	Individual	Oppose	Written Testimony Only

**Comments:**

Testimony in Strong Opposition to SB 2292- Relating to Worker's Compensation Medical Treatment

DATE:	Wednesday, February 4, 2026
TIME:	3:01 PM
PLACE:	State Capitol Rm # 225 & Videoconference

Dear Chair Elefante, Vice Chair Lamoaso, and Members of the Committee on Labor and Technology:

My name is Becky Yoza, APRN and I am a Medical Provider treating injured workers here in Hawaii. I strongly oppose SB 2292.

Thank you for the opportunity to submit testimony in opposition to SB 2292.

While SB 2292 is intended to promote consistency in workers' compensation treatment, it will undermine timely access to care for injured workers, increase administrative complexity, and further strain Hawaii's limited Healthcare workforce—outcomes that conflict with DLIR's statutory mission to ensure efficient delivery of benefits and timely return to work.

Hawaii is experiencing a significant healthcare provider shortage. Healthcare Providers are leaving the state due to high living costs, tardy & inadequate reimbursement, and increasing administrative burden. Workers' compensation cases already require substantially more documentation than standard insurance, yet reimbursement is frequently delayed for months and, in some cases, years. These delays discourage Provider participation and limit injured workers' ability to receive prompt, appropriate care.

The primary challenge in Hawaii's workers' compensation system is not the absence of treatment guidelines. Providers are trained to practice evidence-based medicine. The true barriers to timely recovery and return to work are a dilatory system of excessive paperwork, delays in

communication, frequent claim denials, and delayed payments—factors consistently identified as reasons Providers stop treating injured workers.

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The bill also introduces new, unfunded costs. ACOEM guidelines require paid licenses and training, yet SB 2292 does not specify who will bear these expenses. These added costs further reduce provider participation without improving outcomes or system efficiency.

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If the Legislature seeks to improve workers' compensation outcomes, the priority should be reducing unnecessary administrative barriers and payment delays, as addressed in SB 2273. That approach better supports injured workers, providers, and employers.

For these reasons, I respectfully urge you to oppose SB 2292.

**LATE**

**SB-2292**

Submitted on: 2/4/2026 1:07:55 AM  
Testimony for LBT on 2/4/2026 3:01:00 PM

Submitted By	Organization	Testifier Position	Testify
Michelle R Stefanik	Individual	Support	Written Testimony Only

Comments:

I support this Bill. There should be standard guidelines to protect both employees and employers. Without standard guidelines, either party could be taken advantage of.