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GOVERNOR  
KE KIA'ĀINA

**SYLVIA LUKE**  
LT. GOVERNOR  
KA HOPE KIA'ĀINA



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

**BRIAN K. FURUTO**  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

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

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

Before the  
**SENATE COMMITTEE ON LABOR AND TECHNOLOGY**  
Monday, February 2, 2026  
3:00PM  
State Capitol, Conference Room 225

In consideration of  
**SB2663, RELATING TO WORKERS' COMPENSATION**

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

The Department of Human Resources Development (HRD) opposes SB2663.

The purpose of SB2663 is to:

- Require an employer to transmit written approval or denial of a treatment plan to the physician who submitted the plan within seven days of receipt;
- Clarify provisions relating to treatment plan denial, burden of proof, and objections;
- Establish fines; and
- Requires the Department of Labor and Industrial Relations to assess penalties.

HRD opposes the measure for the following reasons:

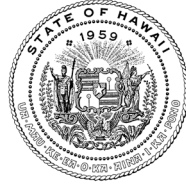
1. Hawai'i Revised Statutes (HRS), Chapter 386, enacted in 1915, was designed to provide wage loss benefits and medical care to employees who suffer work-related injuries, while prohibiting civil actions against employers for those injuries or illnesses. The proposed changes depart from this original purpose by emphasizing punitive fees against employers based on subjective standards lacking clear, objective definitions. This approach shifts the balance of the system, favoring not only employees but also medical providers, in a manner not contemplated by the statute.
2. Section 386-21.2, HRS, establishes clear procedures for transmitting treatment plans and confirming acceptance or denial. The bill departs from the intent of this section by imposing a heightened burden on employers to prove that a denial is medically based. This conflicts with existing statutory and administrative

frameworks that allow denials for other legitimate legal reasons, including fraud.

3. The bill lacks clear definitions, creating opportunities for frivolous complaints by employees, representatives, or medical providers. This risks disrupting established workers' compensation dispute resolution processes and creating additional delays in addressing core benefits. It also places pressure on the Department of Labor and Industrial Relations to develop new administrative processes to manage and adjudicate penalties, diverting resources away from injured workers.
4. The measure relies on assumptions that employers routinely delay treatment decisions and that medical providers hesitate to initiate treatment absent formal approval. Existing workers' compensation law already addresses these concerns. Section 386-21, HRS, provides that when a dispute arises over proposed treatment or medical services, the employee continues to receive essential medical care prescribed by the treating physician until the director issues a decision.
5. The bill duplicates existing requirements in Hawai'i Administrative Rules, Title 12, Department of Labor and Industrial Relations, Chapter 15, Workers' Compensation Medical Fee Schedule, which already governs employer payment obligations.

If the bill moves forward, HRD respectfully requests that provisions establishing mandatory response timeframes and penalties, including costs and fees, be stricken, as they conflict with existing statutes and administrative rules.

We are available to respond to questions or provide additional information.



**LATE**

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

February 2, 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: Monday, February 2, 2026  
Time: 3:00 p.m.  
Place: Conference Room 225, State Capitol

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

**Re: S.B. 2663 RELATING TO WORKERS' COMPENSATION**

**I. OVERVIEW OF PROPOSED LEGISLATION**

The DLIR appreciates the effort to improve timely treatment of injured workers. However, we respectfully **oppose** this measure as it raises serious concerns about employer due process rights and creates inconsistencies with existing statutory requirements and conflicting provisions.

SB2663 proposes to amend Chapter 386-21.2, Hawaii Revised Statutes (HRS) by:

- Requiring an employer to provide the requesting physician with a written acceptance or denial of a treatment plan within seven days of receipt,
- Clarifying the process for objecting to accepted treatment plans, and
- Establishing fines and requiring the Department to assess penalties.

**II. CURRENT LAW**

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

§386-97.5(b) specifies that all fines collected shall be deposited into the special compensation fund.

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

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

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

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

§12-15-40(d) specifies in part that whenever a request for concurrent treatment is received, the employer shall respond within seven calendar days, giving authorization, or stating in writing the reason for refusal to the attending physician, the injured employee, and the director. Failure by the employer to respond within seven calendar days shall constitute approval of the request.

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

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

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

The DLIR opposes this measure because it raises significant due process issues for employers and creates a potential legal challenge.

The DLIR recognizes that the absence of a clear written approval or denial of a treatment plan can cause reluctance among physicians to begin treatment and may delay the provision of essential care to injured employees.

Under current law, §386 21.2 states that if an employer does not file an objection, supporting documents, and a copy of the denied plan with the Director “within the required timeframe,” but the statute does not define what that timeframe is. While specific deadlines exist for certain requests (concurrent treatment, consultations, and elective surgeries), those requirements do not apply to general treatment plans.

SB2663 would establish a firm seven day deadline for approving or denying treatment plans, marking a significant shift from current law and imposing strict penalties for noncompliance.

The Department is concerned that imposing a uniform penalty for any response not provided within the seven-day period may ignore valid reasons why an employer may not be able to respond in a timely manner. Inadvertent delays may occur due to complex medical cases, administrative oversight, incomplete or unclear treatment plans, inclusion of body parts outside of the workers' compensation injury, or simple human error.

Imposing penalties for an untimely response could unintentionally penalize employers who are acting in good faith and those who accept the treatment plan but may have submitted their response on the eighth day rather than the seventh day. Additionally, this measure presumes that a denial is unreasonable if not supported by medical evidence existing at the time of the denial, even though employers often need time to obtain updated records or independent medical evaluations. Providers may delay sending records, and in some cases, the only medical documentation on file may be old, making a decision within seven days unrealistic.

This measure denies employers due process and shifts the burden of proof from the employee to the employer regarding the necessity for the treatment plan.

In addition, SB2663 directs fines and penalties to the injured employee, which conflicts with §386-97.5 requiring penalties to be paid into the Special Compensation Fund.

Moreover, Page 5 contains conflicting and ambiguous provisions regarding penalty enforcement. Section (h) is unclear as to whether the Director assesses penalties or if penalties are recovered through a separate civil action. Section (i) states the Director shall assess penalties, while Section (j) refers to the imposition or collection of fines as part of a civil action. These inconsistencies create confusion about enforcement authority and process, which could lead to legal challenges.

For these reasons, the Department opposes this measure.

## TESTIMONY OF MILIA LEONG

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COMMITTEE ON LABOR AND TECHNOLOGY  
Senator Brandon J.C. Elefante, Chair  
Senator Rachele Lamosao, Vice Chair

Monday, February 2, 2026  
3:00 p.m.

### **SB 2663**

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

Hawaii Insurers Council (HIC) submits **comments** on this bill. HIC has been part of the House Workers' Compensation Working Group along with other stakeholders in the workers' compensation system. Our shared goal is to streamline processes and administer medical care in an expedient manner so that injured workers may return to work as soon as possible. This bill, by clarifying in statute that the employer must approve or deny a Treatment Plan within 7 days and the attendant fines for violators should help in moving the process along and getting treatment to injured workers faster and we support this concept.

However, we point out that the recipient of the fines in this bill would go to the injured employee which is not typical. Generally, fines go to the Government and specifically in workers' compensation, fines go to the Special Compensation Fund which we recommend. We urge you to pass this measure with amendments.

Thank you for the opportunity to testify.

**Date:** Monday, February 2, 2026 **Time:** 2:00 p.m. **Place:** Conference Room 329

## **TESTIMONY IN STRONG SUPPORT OF SB 2663 - Relating to WC Treatment Plan Approvals**

To Chair Elefante, Vice Chair Lamosao, and the Committee on Labor and Technology

My name is Gary Okamura, MD and I am an orthopedic surgeon who has treated injured workers in Hawaii for decades. I am also the President of Work Injury Medical Association of Hawaii (WIMAH) I am submitting testimony in **strong support of SB 2663**.

As a treating provider and surgeon, I cannot begin care for many injured workers without clear, written authorization. Bill review companies such as Solera/IMS routinely refuse to remit payment unless I can show written approval from the employer or insurer. When no written response is provided, I am left with unpaid claims, months of delays, and significant administrative burden. This puts my practice and surgery center at financial risk and forces me to hesitate—or decline—to treat injured workers until written approval is received.

SB 2663 directly addresses this problem by requiring employers to send a written approval or denial of a treatment plan within seven days. This simple requirement will prevent unnecessary delays in care and give providers the clarity we need to treat patients without fear of non-payment.

This bill comes from the Workers' Compensation Working Group led by Representatives Matayoshi and Sayama. Its purpose is to clarify and codify the treatment plan requirements currently found in HAR 12-15-32. While existing rules state that a treatment plan is "deemed accepted" if the employer does not object, there is **no timeframe** for employers to respond. In practice, bill review companies do not accept "deemed accepted" as proof of authorization. They demand written approval, and without it, they deny payment.

This leaves providers stuck—and patients waiting.

To ensure fairness and consistency, I respectfully ask the Committee to consider keeping the following protections already in existing law:

1. **Maintain that a complete, reasonable, and necessary treatment plan may not be denied**, while allowing denial only if the plan is incomplete and the physician is given the chance to correct deficiencies.
2. **Maintain that employers may not approve treatment plans with amendments or modifications.** Treatment decisions should be made by licensed medical professionals, not adjusted by non-medical entities.
3. **Maintain the physician's right to request review of a denial by the DLIR Director.**

I also encourage the Committee to consider clarifying and codifying HAR 12-15-34, which governs treatment plans for providers other than physicians, to ensure consistency across all provider types.

SB 2663 is a practical, necessary reform. It ensures timely communication, reduces disputes, and allows providers like me to treat injured workers without risking months—or years—of unpaid claims. Most importantly, it helps injured employees receive the care they need without unnecessary delays.

Mahalo for your consideration and for supporting improvements that strengthen Hawaii's workers' compensation system.

Gary Okamura, MD  
President – WIMAH  
wimah808@gmail.com



## UNITED PUBLIC WORKERS

AFSCME Local 646, AFL-CIO

THE SENATE  
KA 'AHA KENEKOA

THE THIRTY-THIRD LEGISLATURE  
REGULAR SESSION OF 2026

### COMMITTEE ON LABOR AND TECHNOLOGY

Senator Brandon J.C. Elefante, Chair  
Senator Rachele Lamosao, Vice Chair

Monday, February 2, 2026, 3:00 PM  
Conference Room 225 & Videoconference

**Re: Testimony on SB2663 – RELATING TO WORKERS' COMPENSATION**

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

United Public Workers, AFSCME Local 646, AFL-CIO ("UPW") **strongly supports** SB2663.

As is identified in Section 1 of this measure, Section 386-21.2, Hawaii Revised Statutes ("HRS"), does not provide for a timeframe within which an employer must transmit the approval or denial of a medical treatment plan. This measure attempts to address this issue by requiring an employer to submit its written approval or denial no later than seven days after receipt of the treatment plan and is subject to a fine of \$250 per day if it fails to comply with this timeline.

We also appreciate the assessment of a penalty, of not less than \$1,000, if it is discovered that an employer denied a treatment plan or denied payment for medical care in an approved treatment plan without reasonable grounds, frivolously, or to purposefully delay the employee's treatment.

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

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

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#### HEADQUARTERS

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#### MAUI

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Wailuku, Hawaii 96793-1436  
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Toll Free - Molokai/Lanai only





The Senate Committee on Labor and Technology

February 2, 2026

Room 225

3:00 PM

**RE: SB 2663, Workers' Compensation**

Attention: Chair Brandon J.C. Elefante, Vice Chair Rachele Lamosao and  
Members of the Committee

The University of Hawaii Professional Assembly (UHPA), the exclusive bargaining representative for all University of Hawai'i faculty members across Hawai'i's statewide 10-campus system, **supports SB 2663**.

Access to timely medical treatment is critical in the recovery of an injured employee, yet the current workers' compensation system allows for indefinite administrative delays that leave injured faculty members waiting for necessary care.

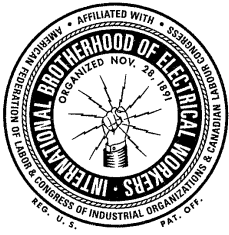
UHPA supports this measure because it establishes a clear statutory timeline for employers to approve or deny treatment plans, replacing the current uncertainty with a definitive standard. Furthermore, by introducing meaningful financial penalties for non-compliance and ensuring that approved treatment cannot be unilaterally interrupted without a proper hearing, this bill creates necessary accountability and protects the continuity of care. These changes are essential to ensure that injured workers are treated fairly and can return to health and work as efficiently as possible.

**UHPA supports the passage of SB 2663.**

Respectfully submitted,

Christian L. Fern  
Executive Director  
University of Hawaii Professional Assembly

**University of Hawaii  
Professional Assembly**



# International Brotherhood of Electrical Workers

**LOCAL UNION NO. 1186 • Affiliated with AFL-CIO**

1935 HAU STREET, 5<sup>th</sup> Floor • HONOLULU, HI 96819-5003  
TELEPHONE (808) 847-5341 • FAX (808) 847-2224

TO: SENATE COMMITTEE ON LABOR AND TECHNOLOGY

Hearing on Monday, February 2, 2026 at 3:00 p.m., Conference Room 225

RE: TESTIMONY IN **SUPPORT WITH AMENDMENTS** OF SB 2663

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

The International Brotherhood of Electrical Workers Local Union 1186 (IBEW 1186), is comprised of over 3,000 men and women working in electrical construction, telecommunications, civil service employees, and educator and faculty associations.

IBEW 1186 **SUPPORTS** the intent of this bill but would like to offer important **AMENDMENTS** to ensure that the bill achieves its goals.

Timely treatment is critical for our workforce. Our members work in physically demanding, high-risk environments. When an electrical worker is injured, timely medical treatment is not just a matter of comfort, it is essential for their recovery and their livelihood.

Currently, we see too many instances where treatment plans sit in limbo. Physicians are hesitant to proceed without approval, and injured workers are left waiting while weeks go by without a clear "yes" or "no" from the employer/insurer. By establishing a clear seven-day deadline for approval or denial, this bill removes the uncertainty that delays care. We also strongly support shifting the burden of proof to the employer/insurer to justify denials with actual medical evidence. This ensures that administrative delays do not supersede medical necessity.

However, we request **AMENDMENTS** to section (j), page 5, lines 16-18, which shifts the burden of enforcement away from the administrative process and onto the individual through the civil court system.

Requiring an injured worker to file a civil lawsuit to collect the penalties is impractical and burdensome. An injured worker, who may already be dealing with the stress of recovery and lost wages, may not have the resources to hire an attorney or navigate the civil court system to collect these fines. If the penalty requires a civil lawsuit to enforce, it will rarely be enforced, and the deterrent effect on bad-faith delays will be lost.

We suggest deleting the current language in Section (j), and replace with:

**(j) The director shall enforce the penalties provided for in this section. If any employer fails to pay a penalty assessed by the director under this section within thirty days, the injured employee or the director may enforce the order in accordance with Section 386-92, Hawaii Revised Statutes.**

We believe with this amendment, the measure will be a powerful tool to ensure injured workers get the care they need when they need it, allowing them to return to the workforce faster and safer.

IBEW 1186 urges this committee to pass this bill with the suggested amendments.

**SB-2663**

Submitted on: 1/30/2026 1:37:28 PM

Testimony for LBT on 2/2/2026 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nancy Monden	Individual	Support	In Person

## Comments:

For the past 30 to 40 years, I have served as a nurse case manager in workers' compensation, and I have also experienced firsthand the delays and frustrations of waiting months or even years for treatment approvals. Throughout my career, I have advocated passionately for injured workers, ensuring they receive the care they need from insurers, employers, and healthcare providers.

The current workers' compensation system often leaves injured workers and vendors in limbo due to a lack of written authorization. While statutes mandate that treatment plans are approved within seven days, many vendors still require written confirmation before providing services. This delay not only prolongs suffering for injured workers but also creates financial uncertainty for vendors.

To address this critical issue, I support sb2663 to allow insurance companies to provide written authorization—whether approval or denial—within seven days. This amendment would ensure transparency, reduce delays, and ultimately improve outcomes for injured workers. By guaranteeing timely, written responses, we can alleviate stress, expedite recovery, and support vendors in maintaining their services.

January 30 2026

## Testimony in Support of SB 2663

Dear Senator Elefante and Members of the Labor and Technology Committee:

I am writing in strong support of SB 2663. I am a licensed Physical Therapist and the owner of a private physical therapy practice in Hilo, Hawai'i. This bill addresses a very real and ongoing problem that negatively affects patients, providers, and the overall efficiency of our workers' compensation system.

Too often, physical therapy providers are forced to wait days or weeks for an insurance adjuster to approve or deny a treatment plan. During this waiting period, patients are left in limbo and treatment is delayed. For many injured workers—especially those recovering from surgery—these delays can significantly impact outcomes, prolong disability, and slow their return to work.

From a business standpoint, this delay creates a serious challenge for private practice providers. It is extremely difficult to operate a healthcare business when we do not know whether we will be paid for the care we are providing. As providers, we want to do what is right for our patients and ensure they receive timely and appropriate treatment. Many times, we proceed with care after waiting the required 7 day time period, assuming treatment has been approved, only to find out one or two weeks later that the treatment plan was denied. In those situations, we are not paid for services already rendered, despite acting in good faith to avoid delaying patient care.

I have personally experienced situations where, after waiting seven days without any response, I assumed treatment was approved and began care—only to later be informed that the treatment was denied and payment would not be issued. This places the financial burden on providers who are simply trying to do the right thing for their patients.

SB 2663 provides an important accountability mechanism. By assessing a fine when insurers fail to respond within the required timeframe, this bill creates a meaningful incentive for timely approvals or denials. This allows providers to move forward with confidence, ensures patients receive timely care, and reduces unnecessary delays in rehabilitation—particularly critical following surgery.

Ultimately, SB 2663 supports injured workers, promotes timely medical care, and helps stabilize the provider community that delivers these essential services. I strongly urge the Legislature to pass this bill.

Thank you for the opportunity to submit testimony in support of SB 2663.

Aloha,

Patti Taira-Tokuuke, M.S., PT  
Private Practice Physical Therapy Owner

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

Date: Monday, February 2, 2026

Time: 2:00 p.m.

Place: Conference Room 329

### **Support for SB2663**

I strongly support HB2663, which requires an employer to transmit written approval or denial of a treatment plan to the physician who transmitted the plan for approval within seven days of receipt of the plan, and clarifies provisions relating to denying a treatment plan, burden of proof, and objections.

This bill is one of the workers' comp bills that were originated by the Workers' Comp Working Group led by Reps. Matayoshi and Sayama. The purpose of the bill is to clarify the treatment plan requirements for physicians set forth in HAR 12-15-32, and codify them into statute. Currently, existing regulations provide that a treatment plan will be deemed accepted if the employer fails to file an objection and supporting documentary evidence with the director of labor and industrial relations. However, the regulations do not include a timeframe within which employers must respond. Without a clear written notice of acceptance or denial within a reasonable timeframe, physicians are often hesitant to begin treatment, which can delay necessary care for the injured employee.

I would suggest, however, that this Committee consider amending this bill to keep the protections afforded to a physician under existing law, as follows:

1. Maintain the existing law that a complete or reasonable and necessary treatment plan may not be denied by an employer, but an incomplete one may be denied subject to the physician correcting the deficiency(s).
2. Maintain the existing law that a treatment plan may not be approved with amendments or modifications by an employer.
3. Maintain the physician's right to request for review of the employer's denial with the DLIR Director.

I would also like to point out that current law for treatment plans for providers other than physicians is set forth in HAR 12-15-34, so this Committee may also want to clarify and codify that regulation into statute to maintain consistency.

Thank you for your consideration.

Cathy Wilson  
President  
Aloha Billing Company

**Date:** Monday, February 2, 2026

**Time:** 2:00 p.m.

**Place:** State Capitol, Conference Room 329

## **TESTIMONY IN STRONG SUPPORT OF SB 2663 - Relating to WC Treatment Plan Approvals**

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

My name is **[Malia Keolanui, APRN]**, and I am a medical provider who treats injured workers in Hawaii. I am submitting testimony in **strong support of SB 2663**.

As a treating provider, I cannot begin care for many injured workers without clear, written authorization. Bill review companies such as Solera/IMS routinely refuse to reimburse treatment unless I can provide written approval from the employer or insurer. When no written response is provided, these companies deny payment, leaving me with unpaid claims and significant administrative burden. This puts my practice at financial risk and forces me to delay or decline treatment until written approval is received.

SB 2663 addresses this problem by requiring employers to send a written approval or denial of a treatment plan within seven days. This simple requirement will prevent unnecessary delays in care and give providers the clarity we need to treat patients without fear of non-payment.

This bill's purpose is to clarify and codify the treatment plan requirements currently found in HAR 12-15-32. While existing rules state that a treatment plan is "deemed accepted" if the employer does not object, there is **no required timeframe** for employers to respond. In practice, bill review companies do not accept "deemed accepted" as proof of authorization. They demand written approval, and without it, they deny payment. This leaves providers stuck—and patients waiting for necessary care.

To ensure fairness and consistency, I respectfully ask the Committee to preserve the following protections already in existing law:

- **A complete, reasonable, and necessary treatment plan may not be denied**, while an incomplete plan may be denied only if the physician is given the opportunity to correct deficiencies.
- **Employers may not approve treatment plans with amendments or modifications**. Treatment decisions should be made by licensed medical professionals, not altered by non-medical entities.
- **Physicians must retain the right to request review of a denial by the DLIR Director**.

I also encourage the Committee to consider clarifying and codifying HAR 12-15-34, which governs treatment plans for providers other than physicians, to ensure consistency across all provider types.

SB 2663 is a practical and necessary reform. It ensures timely communication, reduces disputes, and allows providers like me to treat injured workers without risking months—or years—of unpaid claims. Most importantly, it helps injured employees receive the care they need without unnecessary delays.

Thank you for your consideration.

Malia Keolanui, APRN