EXECUTIVE CHAMBERS
KE KE‘ENA O KE KIA‘ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA‘ĀINA

House Committee on Finance
Friday, February 27, 2026
10:00 a.m.
State Capitol, Conference Room 308 and Videoconference

In Support
House Bill No. 1574, HD1, Relating to the Healthcare Education Loan Repayment Program

Chair Todd, Vice Chair Takenouchi, and Members of the House Committee on Finance:

The Office of the Governor supports H.B. No. 1574, HD1, Relating to the Healthcare Education Loan Repayment Program (HELP). This bill would require a participant in the Healthcare Education Loan Repayment Program to remain and work in the State for a certain number of years based on the amount of financial assistance they receive. Specifically, the bill currently would require no less than two years for a recipient who receives loan repayment assistance between $1,000 and $50,000 and no less than three years for a recipient who receives loan repayment assistance of $50,001 and above.

Since its launch on September 9, 2023, HELP has assisted 928 healthcare professionals by providing them with financial assistance, with the average loan amount for recipients being around $49,000. As Hawaii continues to address the workforce shortage in the healthcare industry, the HELP program has provided much needed financial assistance to improve the lives of healthcare professionals in the State and making it easier for these professionals to remain and practice in Hawaii.

Mahalo for the opportunity to provide testimony on this measure.

Testimony Presented Before the
House Committee on Finance
Friday, February 27, 2026 at 10:00 a.m.
By
T. Samuel Shomaker, Dean
and
Lee Buenconsejo-Lum, MD,
Associate Dean for Academic Affairs & Chief Academic Officer
and
Kelley Withy, MD, Professor, Department of Family Medicine and Community Health,
Hawaiʻi/Pacific Basin Area Health Education Center (AHEC) Director
John A. Burns School of Medicine
and
Vassilis Syrmos, PhD
Interim Provost
University of Hawaiʻi at Mānoa

HB 1574 HD1 – RELATING TO THE HEALTHCARE EDUCATION LOAN REPAYMENT PROGRAM

Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

The John A. Burns school of medicine (JABSOM) **strongly supports HB 1574 HD1** which requires a participant in the Healthcare Education Loan Repayment Program to remain and work in the State for a certain number of years based on the amount of financial assistance received. The bill establishes a two-tiered work commitment in Hawaiʻi. Individuals awarded between $1,000 and $50,000 are required to practice in their field for a minimum period of two years. Those receiving $50,001 or more must fulfill a minimum three-year practice requirement in their field.

For fiscal years 2024 and 2025, the legislature appropriated a total of $30,000,000 to fund the healthcare education loan repayment program. This program supports healthcare professionals across most fields of practice in Hawaiʻi by helping them repay their educational loans in exchange for providing healthcare services in the state. For fiscal years 2026 and 2027, the legislature appropriated an additional $30,000,000 to continue this support. The healthcare education loan repayment program has been successful in improving the lives of healthcare professionals in the State and making it easier for these professionals to remain and practice in Hawaii.

Since the inception of the healthcare education loan repayment program, nine hundred twenty-one (921) resident healthcare professionals have been assisted by the

program. The average amount of indebtedness for certain disciplines who were awarded ranges from $179,400 (physicians), $93,500 (advanced practice registered nurses), $138,400 (physician assistants), $170,600 (psychologists), $41,300 (nurses), and $94,600 (other healthcare professionals). The average loan repayment amount for all recipients to date is $49,000.

At present, all individuals enrolled in the healthcare education loan repayment program must commit to working in Hawaii for two years within their respective professions, irrespective of the level of financial assistance received. This measure introduces a two-tiered structure, mandating that participants who are awarded higher amounts of assistance practice in Hawai‘i for three (3) years, whereas those receiving lower amounts are required to remain and practice for two (2) years. The extended commitment provides participating healthcare professionals with greater opportunity to assess community needs and contributes to the improvement of continuity of care.

Thank you for the opportunity to testify.

OFFICE OF HAWAIIAN AFFAIRS

TESTIMONY IN SUPPORT OF HOUSE BILL 1574 HD1
RELATING TO THE HEALTHCARE EDUCATION
LOAN REPAYMENT PROGRAM

Ke Kōmike Hale o ka ʻOihana ʻImi Kālā
(House Committee on Finance)
Hawaiʻi State Capitol

Pepeluali 27, 2026 10:00 AM Lumi 308

Aloha e Chair Todd, Vice Chair Takenouchi, and Members of Ke Kōmike Hale o ka ʻOihana ʻImi Kālā:

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB1574 HD1**, which requires a participant in the Healthcare Education Loan Repayment Program to remain and work in the State for a specified number of years based on the amount of financial assistance received. OHA appreciates recent amendments which amended the definition of "healthcare professional" to include dentists.

OHA appreciates measures that ensure public investments translate into sustained healthcare capacity for Hawaiʻi residents. Tying years-of-service requirements to the level of financial assistance received is a reasonable and proportional approach that supports both workforce stability and responsible stewardship of State funds. Programs that incentivize healthcare education and in-state service are especially important for Native Hawaiian communities, which continue to face persistent health inequities and access barriers across areas including chronic disease, behavioral health, and maternal and rural health care. Retaining qualified providers in Hawaiʻi is essential to improving continuity of care and culturally responsive service delivery.

The Healthcare Education Loan Repayment Program has already demonstrated strong results in helping hundreds of healthcare professionals remain and practice in Hawaiʻi, particularly in underserved areas and high-need specialties. Strengthening the service obligation structure will help ensure that this program not only recruits providers but keeps them serving local communities long enough to build lasting patient relationships and system capacity. OHA also supports service-based program models that prioritize care for publicly insured and underserved populations, as these approaches better align workforce incentives with community health needs and equity goals. For these reasons, the Office of Hawaiian Affairs respectfully urges this Committee to **PASS HB1574**.

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

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

DEPARTMENT OF HEALTH - *KA ʻOIHANA OLAKINO*

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

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

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 24, 2026

TO: HOUSE COMMITTEE ON FINANCE
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair
Honorable Members

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

RE: **HB 1574-HD1 -- RELATING TO THE HEALTHCARE EDUCATION LOAN REPAYMENT PROGRAM**

HEARING: Friday, February 27, 2026 @ 10:00 am; Conference Room 308

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1574-HD1 with comments.

This bill is intended to strengthen Hawaiʻi's Healthcare Education Loan Repayment Program as a workforce retention tool by aligning service commitments with the level of state support provided. As Hawaii continues to face healthcare workforce shortages and the high cost of living that can drive providers to leave the state, the bill establishes a sliding-scale minimum service requirement for new award recipients beginning July 1, 2027, requiring at least two years of in-state practice for recipients of $1,000–$50,000 in assistance and at least three years for those receiving $50,001 or more. By ensuring that larger loan repayment awards correspond to longer service in Hawaiʻi, the bill aims to promote continuity of care for residents and better meet community health needs.

This bill ensures the State's investment translates into longer-term, on-the-ground care for local communities. By adopting a tiered service commitment it promotes greater workforce stability, improves continuity of care for patients, and helps reduce access barriers driven by persistent shortages, including in specialized areas like behavioral health. At the same time, it supports healthcare professionals facing Hawaiʻi's high cost of living by maintaining loan repayment as a meaningful recruitment and retention tool while creating a fair expectation of service when larger assistance is provided.

In closing, this bill makes a prudent, targeted update to Hawai‘i’s Healthcare Education Loan Repayment Program by aligning service commitments with the level of assistance provided. By establishing minimum in-state practice requirements for new awards issued on or after July 1, 2027, this bill helps ensure that public funds invested in loan repayment translate into longer-term workforce stability and continuity of care for Hawai‘i residents, especially in areas facing persistent shortages.

Thank you for hearing HB 1574-HD1

Mahalo for the opportunity to testify.

- -- Jack Lewin, MD, Administrator, SHPDA

HAWAIʻI STATE CENTER FOR NURSING
Connecting Nurses. Transforming Healthcare.

Testimony Presented Before the
House Committee on Finance
Friday, February 27, 2026 at 10:00 AM
Conference Room 308 and Videoconference
By
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawaiʻi State Center for Nursing
University of Hawaiʻi at Mānoa

TESTIMONY IN STRONG SUPPORT on HB 1574, HD1

Chair Todd, Vice Chair Takenouchi, and members of the Committee:

Thank you for hearing this measure. This measure amends the HELP program by adding a new requirement for participants in the Healthcare Education Loan Repayment Program to remain and work in the State for a certain number of years based on the amount of financial assistance received.

This program supports loan repayment for a wide array of healthcare professionals, including nursing of all license levels. Through this work, UH JABSOM AHEC has not only provided significant loan repayment to nurses, but further, identified other opportunities for loan repayment and professional support for which they may be eligible. Programs like this positively impact the livelihood of healthcare professionals by reducing monthly economic burden associated with loan repayments at a time when cost-of-living is named as a significant consideration when deciding to stay in or leave the state. Creating a work requirement will strengthen the well-coordinated efforts to improve support for and retention of the healthcare workforce in our state.

The Hawaiʻi State Center for Nursing commends the Legislature for addressing the retention of the healthcare workforce by innovative strategies such as the Healthcare Education Loan Repayment Program.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Friday, February 27, 2026 at 10:00 AM
Via Video Conference; Conference Room 308

House Committee on Finance

To: Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: Testimony in Support of HB 1574, HD1
Relating to the Health Education Loan Repayment Program

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

HPH writes in SUPPORT of HB 1574, HD1 which requires a participant in the Healthcare Education Loan Repayment Program (HELP) to remain and work in the State for a certain number of years based on the amount of financial assistance received. The bill creates a two-tiered work commitment based on the amount of financial assistance participants receive.

Since its inception in 2023, HELP has successfully assisted over 900 healthcare providers with loan repayment throughout the state. At HPH, 86 healthcare providers in our facilities on Oahu and Kauai have been enrolled in HELP. The average amount of indebtedness for certain disciplines who were awarded ranges from $179,400 (physicians), $93,500 (advanced practice registered nurses), $138,400 (physician assistants), $170,600 (psychologists), $41,300 (nurses), and $94,600 (other healthcare professionals). The average loan repayment amount for all recipients to date is $49,000.

All individuals currently enrolled in the healthcare education loan repayment program must commit to working in Hawaii for two years within their respective professions, irrespective of the level of financial assistance received. This measure introduces a two-tiered structure that requires participants who are awarded higher amounts of assistance to practice in Hawaii for three (3) years, whereas those receiving lower amounts are required to remain and practice for two (2) years. The extended commitment provides

participating healthcare professionals with greater opportunity to assess community needs and contributes to the improvement of continuity of care.

Thank you for the opportunity to testify.

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Chris Todd, Chair
The Honorable Jenna Takenouchi, Vice Chair
Members, House Committee on Finance

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: February 27, 2026

Re: Support of HB1574 HD1 – Relating to the Healthcare Education Loan Repayment Program.

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciate the opportunity to provide testimony in support of HB1574 HD1, which requires a participant in the Healthcare Education Loan Repayment Program (HELP) to remain and work in the State for a certain number of years based on the amount of financial assistance received. As one of the largest employers of healthcare professionals in the state, Queen's strongly supports HELP and appreciates the past support that the Legislature and Governor have provided. Programs like this are essential for effectively recruiting and retaining quality providers, nurses, and other healthcare professionals – locally, nationally, and internationally.

Over 600 Queen's health professionals have received, or are on the waitlist to receive, loan repayment awards. This includes specialist in oncology, radiology, pediatrics, emergency, OB/GYN, registered nurses and APRN.

In short, this program has been an effective program for providing needed financial assistance to our healthcare ohana and also a tool to help recruit and retain professionals in a competitive workforce environment.

Thank you for the opportunity to testify in support of HB1574 HD1.

Hawaii Medical Association
1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

HOUSE COMMITTEE ON FINANCE
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

Date: February 27, 2026
From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

RE HB 1574 HD 1 RELATING TO THE HEALTHCARE EDUCATION LOAN REPAYMENT PROGRAM- Healthcare Education Loan Repayment Program; Healthcare Professionals; Minimum Service Requirements
Position: Support

This measure would require a participant in the Healthcare Education Loan Repayment Program to remain and work in the State for a certain number of years based on the amount of financial assistance received.

Since 2012, the Healthcare Education Loan Repayment Program (HELP) has provided financial assistance to young doctors who struggle under significant financial debt as they begin practicing in Hawaii. This program has continued with the support of the Hawaii State Legislature in partnership with the University of Hawaii John A Burns School of Medicine, the Healthcare Association of Hawaii and the state Department of Health.

Presently, the HELP program requires a minimum of two years (24 months), regardless of the amount of loan repayment received, and a minimum of 20 hours per week. HMA supports this measure that offers a sliding scale of work commitment, based on the amount of loan repayment assistance that participants receive.

Hawaii healthcare workforce recruitment and retention may be most effective when approached through multiple, complementary strategies. Pairing financial incentives such as loan repayment with competitive compensation, professional development opportunities, and supportive workplace environments enhances both the attraction and long-term retention of clinicians in underserved settings.

HMA appreciates these continued strong state efforts to increase the physician workforce in Hawaii, offering a broader spectrum of solutions for health care professional satisfaction, career progression, and workplace sustainability while maintaining vital medical services throughout our state.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

REFERENCES AND QUICK LINKS

University of Hawai‘i at Mānoa John A. Burns School of Medicine Area Health Education Center. Annual Report on Findings from the Hawai‘i Physician Workforce Assessment Project. Dec. 2025. University of Hawai‘i Government Relations. https://www.hawaii.edu/govrel/docs/reports/2026/act18-sslh2009_2026_physician-workforce_annual-report_508.pdf Accessed Jan 25, 2026.

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Yip C. Hawaii faces shortage of 800 physicians, with neighbor islands hit hardest. KITV.com. May 20 2024. Accessed Feb 1, 2025.

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Lu A. Factors Exacerbating the Physician Shortage in Hawaii: What is Hawaii Doing to Stem the Tide? Brown University School of Public Health. April 3 2024. Accessed Feb 1, 2025.

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HAWAII SUBSTANCE ABUSE COALITION

HB1574 HD1 Preceptor Tax Credits

COMMITTEE ON FINANCE
Rep. Chris Tood, Chair
Rep. Jenna Takenouchi, Vice Chair
Friday, Feb 27, 2026: 10:00: Room 308 Videoconference

Hawaii Substance Abuse Coalition Comments to Support HB1574 HD1:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder prevention and treatment agencies and recovery-oriented services.

Hawai‘i’s behavioral health system faces persistent workforce shortages, and one of the most practical bottlenecks is **clinical training capacity**: students cannot become licensed without supervised hours, and providers often cannot afford to take on uncompensated teaching time. This bill addresses that barrier directly by recognizing behavioral health clinicians as eligible preceptors that would include behavioral health practitioners such as social workers and is expanded to include students.

Hawaii is facing a critical shortage of behavioral health professionals, including psychologists, counselors, social workers, and substance use specialists. These workforce gaps are especially severe in rural and underserved communities, where residents often experience long wait times or must travel far to receive care.

- Supporting students pursuing behavioral health degrees
- Reducing the financial burden of professional training
- Encouraging graduates to remain in Hawaii to serve local communities

The preceptor tax credit is a proven workforce tool

The Preceptor Tax Credit program was created to recruit and retain clinicians who provide supervised clinical training, using state income tax credits as an incentive. Expanding the eligibility rules will build upon successful outcomes already for primary care and it highlights the importance of incentives for expanding precepting capacity.

Preceptor tax credits modernizes the program to reflect Hawai‘i’s current needs by **adding behavioral health professions to the definition of “preceptor”** and

making them eligible for the credit and including behavioral health students as “eligible students,” expanding training pathways within Hawai‘i-based programs

By expanding eligible preceptors in behavioral health:

- Increase the number of supervised clinical training placements available locally
- Improve retention by connecting students to Hawai‘i-based clinical sites and mentors
- Reduce waitlists and improve timely access to mental health and counseling services over time

We appreciate the opportunity to provide testimony and are available for questions.

February 27, 2026

House Committee on Finance
Rep. Chris Todd, Chair
Rep. Jenna Takenouchi, Vice Chair

RE: HB1574 HD1, Relating to the Healthcare Education Loan Repayment Program

Chair Todd, Vice Chair Takenouchi, and members of the committee –

Navian Hawaii is a nonprofit organization supporting the needs of Hawai'i's aging population, including through hospice, palliative care, and integrated support services. We appreciate the opportunity to provide testimony **in support of** HB1574 HD1, Relating to the Healthcare Education Loan Repayment Program. This bill would require a participant in the Program to remain and work in the State for a certain number of years based on the amount of financial assistance received.

Hawai'i is undergoing a major demographic shift, with a rapidly aging population that will have profound implications for our healthcare infrastructure. In 2023, over 21% of Hawai'i's residents were aged 65 and older – a proportion that has been increasing and is projected to reach one in four by 2035. The fastest-growing segment includes those over 80 years old, a group that will require intensive levels of care, including skilled nursing, palliative, and hospice services.

At the same time, Hawai'i is facing significant workforce shortages in the healthcare industry. The Healthcare Education Loan Repayment Program has played a critical role in mitigating this, disbursing millions of dollars to professionals among affected disciplines. This bill makes that program better by ensuring that recipients of financial assistance remain in Hawai'i for a defined period, thereby supporting workforce retention in critical healthcare sectors.

We believe this to be a reasonable approach to addressing persistent shortages of healthcare professionals, particularly in underserved and rural communities.

Thank you for the opportunity to submit testimony.

Hawaii Dental Association

Time/Date: 10:00 a.m., February 27, 2026

Location: State Capitol Room 308

Committee: House Committee on Health

Re: HB 1574, HD1, Relating to the Healthcare Education Loan Repayment Program

Aloha Chair Todd, Vice Chair Takenouchi, and members of the committee,

The Hawaii Dental Association is submitting testimony in strong support of HB 1574, HD1.

The Hawai‘i Dental Association supports this measure as an important mechanism to strengthen and stabilize Hawai‘i’s healthcare workforce through the healthcare education loan repayment program. Hawai‘i continues to face persistent workforce shortages across the healthcare continuum, and dentists are not immune to the same financial pressures cited in this bill. The high cost of living, combined with significant educational debt, equally impacts oral healthcare providers, particularly in rural, neighbor island, and underserved communities where access to oral health care needs are great.

The healthcare education loan repayment program has proven to be an effective tool in helping healthcare professionals remain in Hawai‘i and continue serving local communities. The Hawai‘i Dental Association stands ready to work with policymakers to ensure this program continues to support a comprehensive, accessible, and sustainable healthcare system for all residents of the State.

HDA is a statewide membership organization representing dentists practicing in Hawaii and licensed by the State of Hawaii’s Board of Dentistry. HDA members are committed to protecting the oral health and well-being of the people of Hawaii, from keiki to kupuna and everyone in between. Our organization is a key stakeholder, representing providers of oral health services on every island. HDA's top priority is the care of our patients and the health of Hawaii residents. We wish to contribute positively to the dialog on this measure as it advances.

hda@hawaiidentalassociation.net

Healthcare Association of Hawaii

February 27, 2026 at 10:00 am
Conference Room 308

House Committee on Finance

To: Chair Chris Todd
Vice Chair Jenna Takenouchi

From: Paige Heckathorn Choy
Vice President, Government Affairs
Healthcare Association of Hawaii

Re: Testimony in Support
HB 1574 HD 1, Relating to the Healthcare Education Loan Repayment Program

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to provide testimony in **support** of this measure. Hawaii continues to face persistent and well-documented shortages across the health care workforce, particularly in rural and underserved communities. The substantial public investment the legislature has made to repay the loans of healthcare workers has been extremely important and meaningful in helping to retain the providers we have here now. This helps to ensure continuity of care and reduce costs associated with the turnover of professionals in the field.

Since the investment in recipients is so material, it is reasonable and appropriate to secure a meaningful service obligation, specifically by requiring a three-year commitment for individuals who receive more than $50,000 from the program. This approach is consistent with how similar workforce programs operate in other jurisdictions and reflects a thoughtful refinement of an already successful program.

We appreciate the opportunity to support this measure and the legislature's continued support for supporting the healthcare workforce in Hawaii.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Representative Chris Todd, Chair, and Members of the House Committee on Finance (FIN)

From: Hawai‘i Association of Professional Nurses (HAPN)

RE: HB1574 HD1 — Relating to the Healthcare Education Loan Repayment Program

Position: Strong Support

Hearing: Friday, 02-27-26 at 10:00 a.m.

Aloha Chair Todd, Vice Chair Takenouchi, and Members of the Committee:

On behalf of the Hawai‘i Association of Professional Nurses (HAPN), we submit this testimony in strong support of HB1574 HD1. This measure strengthens accountability and long-term value in the Healthcare Education Loan Repayment Program by aligning service obligations with the amount of financial assistance received. For the House Committee on Finance, HB1574 HD1 represents a practical stewardship measure that helps protect the State’s workforce investment and improve return on public dollars already appropriated for provider retention.

HAPN supports HB1574 HD1 because Hawai‘i continues to face serious healthcare workforce shortages across multiple disciplines, including behavioral health and primary care, and the Healthcare Education Loan Repayment Program is one of the State’s most important tools to recruit and retain clinicians. The bill builds on that investment by establishing a more structured minimum service commitment for new awards based on total loan repayment assistance received. This is a reasonable policy refinement that supports continuity of care while preserving the program’s workforce mission.

From HAPN’s perspective, the benefits are practical and immediate:

HB1574 HD1 improves accountability for a major workforce investment.
The Legislature has made substantial appropriations to support the Healthcare Education Loan Repayment Program, and HB1574 HD1 helps ensure the State receives stronger service commitments in return when larger awards are granted. A tiered minimum service requirement is a fiscally responsible approach because it better matches public investment to expected workforce retention. This improves value without undermining the program’s core purpose of helping clinicians remain in Hawai‘i.

Longer service commitments for larger awards support continuity of care.
Patients and communities benefit when healthcare professionals remain in practice long enough to build relationships, understand local needs, and provide consistent follow-up over time. HB1574 HD1’s sliding scale approach supports continuity by requiring a longer commitment for participants receiving higher amounts of assistance. This is especially important in Hawai‘i, where turnover can quickly destabilize access in already underserved areas.

The bill preserves access to the program while strengthening expectations.

HB1574 HD1 does not eliminate support for participants receiving smaller awards; instead, it maintains a two-year minimum service period for lower award amounts and adds a longer obligation for larger awards. This balanced approach protects program participation while improving accountability. It is a measured adjustment rather than a punitive change.

A stronger retention framework supports workforce stability across professions.
The bill applies to healthcare professionals broadly, including physicians, APRNs, nurses, psychologists, physician assistants, and other allied health providers supported through the program. Hawai‘i’s workforce shortage is not limited to one discipline, and retention policy should reflect that reality. A consistent, scalable service commitment structure helps support a more stable workforce across the health system.

HB1574 HD1 is a finance issue as much as a workforce issue.
When workforce shortages persist, patients face delays in care and the system experiences more costly downstream effects, including avoidable escalation of health needs and pressure on emergency and hospital services. Programs that improve recruitment and retention are part of Hawai‘i’s broader cost-containment strategy. HB1574 HD1 strengthens the State’s ability to retain the clinicians it has invested in supporting.

Strong implementation and monitoring will support long-term success.
As HB1574 HD1 advances through the Finance Committee, HAPN supports clear implementation and ongoing evaluation of program outcomes. Tracking retention by profession, geography, award size, and service completion will help the State assess whether the revised service structure is producing stronger workforce stability. This type of oversight supports transparency and helps ensure the program continues to deliver meaningful public benefit.

Conclusion

HB1574 HD1 is a practical and fiscally responsible refinement to the Healthcare Education Loan Repayment Program that strengthens accountability, improves return on investment, and supports long-term workforce retention in Hawai‘i. HAPN respectfully urges the Committee to PASS HB1574 HD1. This measure helps protect public investment while advancing a more stable and sustainable healthcare workforce for our State.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,
Hawai‘i Association of Professional Nurses (HAPN)

WAIANAE COAST COMPREHENSIVE HEALTH CENTER

Friday, 02-27-26 10:00 AM
State Capitol, Conference Room 308

House Committee on Finance

To: Representative Chris Todd, Chair,
Representative Jenna Takenouchi, Vice Chair

From: Ian Ross
Public Affairs Director
ianross@wcchc.com | (808) 697-3457

RE: SUPPORT FOR HOUSE BILL 1574 HD1 - RELATING TO THE HEALTHCARE EDUCATION LOAN REPAYMENT PROGRAM

Aloha Chair and Members of the Committee,

Waianae Coast Comprehensive Health Center (WCCHC) **supports** H.B. 1574 H.D. 1.

WCCHC is a Federally Qualified Health Center dedicated to improving the health and well-being of the West O'ahu community by providing accessible and affordable medical care. With 53 years of service, WCCHC is committed to providing comprehensive healthcare that supports the whole person and improves long-term health outcomes for the communities we serve. As a part of our mission, WCCHC is a learning center that offers health career training to ensure a better future for our community.

The Healthcare Education Loan Repayment Program has been a valuable incentive in helping attract clinicians to practice in Hawai'i. However, when substantial public funds are invested in loan repayment awards, it is reasonable and responsible to ensure that recipients provide a commensurate period of service to the State.

Requiring longer service commitments for participants who receive $50,001 or more in assistance aligns incentives with outcomes. Larger awards should translate into longer-term retention. This approach strengthens access to care, improves workforce stability, and ensures a larger return on taxpayer investment.

From a safety-net provider perspective, continuity matters. Patients benefit when physicians and other clinicians remain in their communities long enough to build relationships, understand local health needs, and provide mentorship to future providers.

WCCHC recommends this committee also consider expanding the money allocated to the Healthcare Education Loan Repayment Program to expand healthcare workforce development.

WCCHC respectfully urges your favorable consideration of this measure.

Thank you for the opportunity to provide testimony.

Committee on Finance
February 26, 2026
From: The Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)
Re: HB1574-SD1 RELATING TO HEALTHCARE EDUCATION LOAN REPAYMENT PROGRAM
To: Honorable Representative Todd, Chair and Representative Takenouchi, Vice Chair

SUPPORT FOR HB1574 WITH AMENDMENTS

Mahalo for the opportunity to comment on HB1574-SD1. We submit this testimony on behalf of our professional member organization, the Hawai'i Affiliate of the American College of Nurse-Midwives (HAA). Our mission is to promote the health and well-being of women and newborns within their families and communities through the development and support of the profession of midwifery as practiced by Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs). In alignment with this mission, HAA includes student members and provides support to student midwives throughout their educational journey, including workforce transition and job placement.

In the State of Hawai'i, there are two advanced practice midwifery credentials: the Certified Nurse-Midwife (APRN, CNM), regulated for nearly 100 years and licensed for more than 50 years, and the Certified Midwife (CM, LM), which was first regulated in Hawai'i with a pathway to licensure beginning in 2019. Act 28 (2025) established scope for the CM, LMs which enabled MedQuest to apply for a State Plan Amendment (SPA) to add this provider-type. Federal approval is anticipated by the end of Q1 or Q2 2026. With the option to credential with Medicaid MCOs will finally allow for employment opportunities for CM, LMs, thereby making this credential a viable pathway to service in Hawai'i. There will then be an additional hurdle to cross for this credential as all institutions and clinics will now need to be approached to consider amending their bylaws to also add this provider-type. It will take some time before the CM, LM will truly be integrated into the health care system.

SB 1574-SD1 establishes APRNs and other healthcare professionals as eligible to apply for Hawai'i's Healthcare Education Loan Repayment Program (HELP). Currently,"Midwife" is included as an eligible profession. BUT the HELP program also requires that future employment facilities of loan recipients must serve a minimum of 30 % of services delivered to individuals covered by 'public insurance.' In the sector of advanced practice midwifery service, this can

prove to be a barrier for new MS Midwifery graduates in Hawai'i. Not only for the newer credential of the CM, LM but also for the APRN, CNM as not all midwifery practice settings accept Medicaid clients and this is almost universally true that smaller and community-based practices currently are not able to sustain a payer mix that meets this requirement based on the need for reform on reimbursement rates for private practice and community-based care.

While our members recognize the importance of workforce retention and the value of service to publicly insured populations, the requirement of 30% service to 'public insured' needs to be addressed. **We recognize that the purpose of this bill is to address minimum service requirements, nevertheless, we urge you to consider the ramifications of other provider types who will not be able to fulfil the 30% public insured requirement and consider an amendment to this requirement.**

If there is opportunity for further consideration within this bill, we respectfully suggest evaluating the impact of this requirement to unintentionally limit participation by future advanced practice midwives and employment opportunities for recent grads. Based on the lived experience of midwives practicing across the State, there remains a broader need for full integration of midwifery into Hawai'i's healthcare system, including policies that impact workforce development, employment viability, and long-term retention.

Mahalo for your consideration of our testimony. We appreciate the opportunity to contribute to this discussion. We are available for further comment via email and via Zoom in oral testimony.

Sincerely,
The Hawai'i Affiliate of ACNM Board
Annette Manant, PhD, ARPN, CNM President
Alex Brito, CNM, WHNP, RN-BSN Vice President
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Committee on Finance
February 26, 2026
From: ‘Ōhi’a Midwifery & Wellness and Lehua Community Birth Center
Re: HB1574-HD1 RELATING TO HEALTHCARE EDUCATION LOAN REPAYMENT PROGRAM
To: Honorable Representative Todd, Chair and Representative Takenouchi, Vice Chair

SUPPORT FOR HB1574-HD1 WITH AMENDMENTS

Mahalo for the opportunity to testify. I speak on behalf of the Certified Midwife, Licensed Midwife (CM, LM) credential, future students seeking the advanced midwifery practice credential of the CM, LM which is equivalent to the advanced practice registered nurse, certified nurse-midwife (APRN, CNM) in the provision of midwifery care differing only in that a midwifery student enters graduate school with a bachelor’s degree other than in nursing. I also speak on behalf of families who seek access to midwifery care and the sustainability of the profession which is largely determined by State policies NOT by the scope of practice for which advanced practice midwifery credentials can provide.

Attached to this testimony is a comparison chart of the three midwifery credentials in Hawai’i, the CM, LM, the APRN, CNM, and the Certified Professional Midwife (CPM, LM).

As I am also in the process of developing the first nonprofit licensed freestanding birthing facility in Hawai’i available via Medicaid reimbursement and scholarships which will contract with all three credentials, I also speak on behalf of the CPM, LM. I currently contract with these providers and for the birth center, we will be providing fellowships for new graduates, a unique offering for Hawai’i.

Although the future nonprofit birth center will be able to meet the 30% ‘public insured’ requirement, in my years of private practice where I was unable to contract with Medicaid, I am well aware of the barriers to engaging with Medicaid and the astronomical price of malpractice that inhibits many provider-types from engaging with Medicaid. I am in support of the amendments to the statute BUT **urge you to consider the ramifications of excluding future provider types who will not be able to fulfil the 30% public insured requirement in their first two years of employment.**

From a fiscal perspective, if this statute was amended to accommodate new midwifery graduates across credential, there would be only a handful of these students every year BUT the long-term value of growing a workforce from within Hawai’i has a benefit which far outweighs concerns of this modest cost. As this bill aims to strengthen Hawai‘i’s healthcare workforce, I urge accommodation for Hawai‘i-based midwifery students in light of anticipated work environments during their first two years of service.

Sincerely,
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Comparison of Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives

Clarifying the distinctions among professional midwifery credentials in the United States

International Confederation of Midwives' Definition of MIDWIFE	**While the profession of midwifery has developed differently in each country, we share a common understanding of the midwife internationally. The International Confederation of Midwives' definition is:** The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, clinics, or health units.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
EDUCATION			
Minimum Degree Required for Certification	Graduate Degree		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's Degree or higher from an accredited college or university AND		High School Diploma or equivalent
	Earn RN license prior to or within midwifery education program.	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program.	Prerequisites for accredited programs vary, but typically include specific courses such as statistics, microbiology, anatomy and physiology, and experience such as childbirth education or doula certification. There are no specified requirements for entry to the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway: an apprenticeship process that includes verification of knowledge and skills by qualified preceptors.
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education.		Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM.

NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM)	CERTIFIED PROFESSIONAL MIDWIFE (CPM)
	Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM/CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; >50% of clinical education must be under CNM/CM supervision.		NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification. CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.
EDUCATION PROGRAM ACCREDITING ORGANZATION			
	The Accreditation Commission for Midwifery Education (ACME) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. Midwifery education programs must be located within or affiliated with a regionally accredited institution.		The Midwifery Education Accreditation Council (MEAC) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. The scope of recognition includes certificate and degree-granting institutions, programs within accredited institutions, and distance education programs.
SCOPE OF PRACTICE			
Range of care provided	Midwifery as practiced by CNMs and CMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations. CNMs/CMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services. Midwifery care as practiced by CNMs and CMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.		Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period. CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.
Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.

Prescriptive Authority	All US jurisdictions	Maine, Maryland, New York, Rhode Island, Virginia, and Washington, DC	CPMs do not maintain prescriptive authority; however, they may obtain and administer certain medications in select states.
Third Party Reimbursement	Most private insurance; Medicaid coverage mandated in all states; Medicare, TRICARE	Most private insurance; Medicaid coverage in Maine, Maryland, New York, Rhode Island, and Washington, DC	Private insurance mandated in 6 states; coverage varies in other states; 13 states include CPMs in state Medicaid plans
CERTIFICATION			
NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	**CERTIFIED NURSE-MIDWIFE (CNM)**	**CERTIFIED MIDWIFE (CM)**	**CERTIFIED PROFESSIONAL MIDWIFE (CPM)**
Certifying Organization	American Midwifery Certification Board (AMCB)		North American Registry of Midwives (NARM)
	AMCB and NARM are accredited by the National Commission for Certifying Agencies		
Requirements Prior to Taking National Certification Exam	Graduation from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME); AND Verification by program director of completion of education program AND Verification of master's degree or higher **CNMs must also submit evidence of an active RN license at time of initial certification*		Graduation from a midwifery education program accredited by the Midwifery Education Accreditation Council (MEAC) OR Completion of NARM's Portfolio Evaluation Process (PEP) OR AMCB-Certified CNM/CM with at least ten community-based birth experiences OR Completion of an equivalent state licensure program All applicants must also submit evidence of current adult CPR and neonatal resuscitation certification or course completion
Recertification Requirement	Every 5 years		Every 3 years
LICENSURE			
Legal Status	Licensed in 50 states plus the District of Columbia and U.S. territories as midwives, nurse-midwives, advanced practice registered nurses, or nurse practitioners.	Licensed in Delaware, Hawaii, Maine, Maryland, New Jersey, New York, Oklahoma, Rhode Island, Virginia, and the District of Columbia.	Licensed in 35 states and the District of Columbia.
Licensure Agency	Boards of Midwifery, Medicine, Nursing or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers; Departments of Health or Departments of Professional Licensure or Regulation
PROFESSIONAL ASSOCIATION			
	American College of Nurse-Midwives (ACNM		National Association of Certified Professional Midwives (NACPM)
Note: This document does not address individuals who are not certified and may attend births with or without legal recognition.			

Updated: ACNM Government Affairs | April 2022