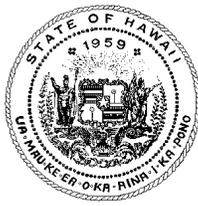


JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII  
**DEPARTMENT OF CORRECTIONS  
AND REHABILITATION**  
*Ka 'Oihana Ho'omalu Kalaima  
a Ho'oponopono Ola*  
1177 Alakea Street  
Honolulu, Hawaii 96813

TOMMY JOHNSON  
DIRECTOR

Melanie Martin  
Deputy Director  
Administration

Vacant  
Deputy Director  
Correctional Institutions

Sanna Muñoz  
Deputy Director  
Rehabilitation Services  
and  
Programs

No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 1704, HOUSE DRAFT 1  
RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT.

by  
Tommy Johnson, Director  
Department of Corrections and Rehabilitation

House Committee on Consumer Protection and Commerce  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

Thursday, February 12, 2026; 2:00 p.m.  
State Capitol, Conference Room 329 & via Videoconference

Chair Matayoshi, Vice Chair Grandinetti, and Members of both Committees:

The Department of Corrections and Rehabilitation (DCR) **supports** House Bill (HB), 1704, House Draft (HD) 1, which proposes to adopt the Psychology Interjurisdictional Compact (PsyPact/Compact) to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It also requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact.

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

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

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

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

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

Thank you for the opportunity to provide testimony in **support** of HB 1704, HD 1.



# DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

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

February 12, 2026

## TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

House Bill 1704 House Draft 1 – Relating to the Psychology Interjurisdictional Compact

The Disability and Communication Access Board (DCAB) supports House Bill 1704 House Draft 1 – Relating to the Psychology Interjurisdictional Compact. This bill adopts the Psychology Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the compact.

Hawaii's psychologists shortage is acute, and this bill represents a short term solution. DCAB encourages the Legislature to find long term solutions to increase the number of psychologists who are licensed directly by the State of Hawaii.

Thank you for the opportunity to testify.

Respectfully submitted,

KRISTINE PAGANO  
Acting Executive Director

## **Testimony of the Board of Psychology**

**Before the  
House Committee on Consumer Protection  
and Commerce  
Thursday, February 12, 2026  
2:00 p.m.  
Conference Rom 329 & Via Videoconference**

**On the following measure:  
H.B. 1704, H.D. 1, RELATING TO RELATING TO THE PSYCHOLOGY  
INTERJURISDICTIONAL COMPACT**

Chair Matayoshi and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board appreciates the intent of this measure and offers the following comments.

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

The Board is concerned about the state of mental health services in Hawaii, particularly in rural under-served communities. However, the Board is also concerned about the significant loss of state authority that would result from joining PSYPACT in the regulation of psychology in Hawaii.

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

- (1) While it is often asserted that PSYPACT would reduce mental health disparities by increasing access, Hawaii licensees could face significant changes to their practices as out-of-state compact privilege holders, with substantially lower overhead entering the market. Hawaii already has a relatively high number of licensed psychologists per capita, and the Board is concerned that in-person practice may be eroded in favor of predominantly remote care. This shift could undermine evidence-based, in-person treatment and make safe access less

certain. If most consumers receive services from compact providers who may only practice physically in the state for up to thirty days per year, many patients could be forced to rely on providers located thousands of miles away who may have little to no familiarity with Hawaii's emergency systems, particularly in rural areas. The compact also provides no clear guidance for crisis response.

- (2) Several large states, including California, Oregon, Alaska, Massachusetts, New York, New Mexico, and Louisiana, have chosen not to join the compact, which further underscores the need for careful consideration before Hawaii cedes regulatory authority.
- (3) The Board has been unable to identify clear information regarding the costs of enforcement under the compact and understands that the Professional and Vocational Licensing (PVL) staff are likely to administer two parallel systems: in-state licensees and compact privilege holders. The Board is also concerned about potential uncompensated costs associated with investigations or hearings that may require interjurisdictional coordination or travel.
- (4) The Board does not currently perform FBI background checks for licensure, as this is not required under HRS Chapter 465. Adoption of the compact would require the Board to establish this capability for compact users and for applicants designating Hawaii as their home state. Until such a process is in place, Hawaii-based psychologists would be unable to participate in the compact in other states, while out-of-state providers would gain access to patients in Hawaii.
- (5) Under the compact, the Board would have no authority over the minimum degree or specialization requirements for practice in Hawaii. The Board believes this would disadvantage in-state licensees, who must meet more rigorous standards under HRS Chapter 465, and would effectively allow the compact to circumvent Hawaii's established requirements. The bill's reference to a "graduate degree" as the minimum qualification also raises concerns that this could open the door to master's-level practice in Hawaii under compact terms rather than state law.
- (6) Current Hawaii law requires a qualifying doctoral degree in clinical, counseling, school psychology, or combinations thereof. By contrast, the bill would require

only a graduate degree in psychology, a far broader standard that could allow degree types currently excluded from licensure to qualify.

- (7) While the Board is aware of access challenges, it is equally concerned that compact providers may never physically practice in Hawaii and may lack familiarity with the unique socio-cultural contexts affecting the mental health of Hawaii residents, and particularly the Native Hawaiian community.
- (8) The Board is also concerned about the impact on loss of licensure fee revenue, which funds PVL's administrative and enforcement functions. Compact privilege fees are generally much lower than state licensure fees, which could reduce available resources for enforcement and public protection.
- (9) Finally, the Board believes there are alternatives that remain unexplored. These include updating Hawaii's temporary practice provisions to reflect contemporary practices, including telehealth standards not currently addressed in HRS Chapter 465, and establishing an expedited licensure process to grow Hawaii's own pool of actively licensed psychologists.

Thank you for the opportunity to testify on this bill.



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

**JOSH GREEN, MD**  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'ŌKELE

**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

February 12, 2026

**LATE**

**TO:** HOUSE COMMITTEE ON HEALTH  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, 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 1704 HD1 -- RELATING TO PSYCHOLOGY  
INTERJURISDICTIONAL COMPACT**

**HEARING:** Thursday, February 12, 2026 @ 2:00 pm; Conference Room 329

**POSITION:** SUPPORT with COMMENTS

Testimony:

SHPDA supports HB 1704\_HD1 with comments.

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

This bill would expand timely access to high-quality behavioral health care and increase the pool of qualified psychologists available to serve Hawai'i residents. The bill is especially beneficial for neighbor islands and underserved communities, and it helps ensure kama'āina who travel or return home can maintain continuity with long-time providers without unnecessary disruption. At the same time, PSYPACT strengthens public protection by promoting shared standards, information-sharing, and accountability across compact states. Finally, requiring Department of Commerce and Consumer Affairs to adopt implementing rules helps ensure these access improvements are carried out with clear safeguards and consistent oversight.

Our support is contingent on assuring in the implementation of this measure that consideration of using locally based and licensed providers when available for these

**LATE**

*HB 1704\_HD1 testimony of SHPDA (2026), continued.*

types of clinical services is strongly preferred, and this service should not replace or bypass local providers.

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

Thank you for hearing HB 1704\_HD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

# Hawai‘i State Association of Counties (HSAC)

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

Website: [hawaiicounties.org](http://hawaiicounties.org) | Email: [hsac@hawaiicounties.org](mailto:hsac@hawaiicounties.org)

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## Testimony of the Hawai‘i State Association of Counties

### HB 1704 HD1 - Support

### Relating to the Psychology Interjurisdictional Compact

Committee on Consumer Protection and Commerce

Thursday, February 12, 2026, 2:00 p.m.

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

HSAC submits this testimony in **support** of **HB 1704 HD1**, which adopts the Psychology Interjurisdictional Compact (PSYPACT) and authorizes the Department of Commerce and Consumer Affairs to implement and administer the compact .

Counties across Hawai‘i continue to experience the impacts of limited access to mental health services, particularly in rural areas and on the neighbor islands. These challenges are often reflected in increased demands on county services, including emergency response, homelessness outreach, corrections, and community-based support programs. Expanding access to licensed psychological services is therefore critically important to county governments and the communities they serve.

This bill will help address workforce shortages by allowing licensed psychologists in participating states to provide telepsychology services and limited temporary in-person services across state lines, while maintaining professional standards and public safety protections. Participation in PSYPACT will expand access to care, support continuity of treatment, and improve mental health service delivery statewide.

For these reasons, HSAC strongly supports this measure and respectfully urges the Committee to pass this measure.

Nahelani Parsons

**Executive Director, Hawai‘i State Association of Counties**



**HAWAII GOVERNMENT EMPLOYEES ASSOCIATION**

AFSCME Local 152, AFL-CIO

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

The Thirty-Third Legislature, State of Hawaii  
House of Representatives  
Committee on Consumer Protection and Commerce

Testimony by  
Hawaii Government Employees Association

February 12, 2026

H.B. 1704 H.D. 1 – RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL  
COMPACT

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO **opposes H.B. 1704 H.D.1 which seeks to bring the State of Hawaii into the Psychology Interjurisdictional Compact.**

Broadly speaking, the Psychology Interjurisdictional Compact allows out-of-state psychologists to work in the State of Hawaii, and it allows Hawaii-based psychologists to work out-of-state in another state that is part of the Psychology Interjurisdictional Compact.

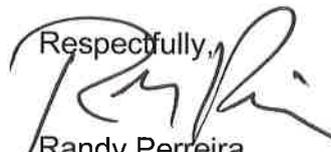
In effect, the passage of this bill into law would reduce the agency of local licensing bodies, lead to practice of psychologists of unknown quality in the State of Hawaii, and increase the likelihood that Hawaii-based talent in the public section might choose to work out-of-state in another state that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

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

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

Accordingly, the **Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes H.B. 1704 H.D.1.**

We appreciate your consideration of our testimony in opposition to H.B. 1704 H.D.1.

Respectfully,  
  
Randy Perreira  
Executive Director



To: The Honorable, Rep. Scot Z. Matayoshi, Chair  
The Honorable, Rep. Tina Nakada Grandinetti, Vice Chair  
House Committee on Consumer Protection and Commerce

From: Paula Arcena, External Affairs Vice President  
Mike Nguyen, Director of Public Policy  
Maria Rallojay, Public Policy Specialist

Hearing: Thursday, February 12, 2026, 2:00pm, Conference Room 329

RE: **HB1704 HD1 Relating to the Psychological Interjurisdictional Compact**

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AlohaCare appreciates the opportunity to provide testimony in **support of HB1704 HD1**. This measure (1) adopts the Psychological Interjurisdictional Compact to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice, and (2) requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact effective 1/1/2027.

AlohaCare is a community-rooted, non-profit health plan founded by Hawai'i's Community Health Centers and the Queen Emma Clinics. We serve over 66,000 Medicaid and Medicaid-Medicare dual-eligible residents on all islands. Since 1994, AlohaCare has partnered with providers, government entities, and community-based organizations to meet the evolving needs of our safety net community as Hawai'i's only health plan focused solely on Medicaid-eligible individuals. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for equitable access to quality, whole-person care for all.

AlohaCare's commitment to whole-person care includes providing timely access to behavioral health services. We see firsthand the growing demand for behavioral health services, especially in neighbor islands and rural communities. Workforce shortages in behavioral health are one of the most significant barriers to timely, appropriate care. For these reasons, AlohaCare supports this measure to allow qualified, licensed psychologists in other compact states to deliver telepsychology services to Hawai'i residents and provide short-term in-person services when clinically appropriate.

Mahalo for this opportunity to testify in **support of HB1704 HD1**.

**TESTIMONY OF EVAN OUE ON BEHALF OF THE HAWAII  
ASSOCIATION FOR JUSTICE (HAJ) WITH COMMENT TO  
HB 1704**

Hearing Date: Thursday, February 12, 2026

Time: 2:00 p.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) providing **COMMENTS** to HB 1704, Relating to the recognition of the Psychology Interjurisdictional Compact (the "Compact").

HAJ understands and appreciates the intent of the measure, however, we **oppose HB 1704** as it would provide members, officers, executive director, employees and representatives of the commission **immunity from suit in their personal or official capacity for any claim for damage to or loss of property or personal injury or other civil liability** caused by arising out of any actual or alleged act, error or omission that occurred with the scope of employment. Under the Compact immunity from tort liability or civil liability resulting in death, injury to persons, or property damage except in cases of intentional or willful or wanton misconduct of that person. This language is overly broad and puts Hawaii residents at risk for injuries that could occur.

Specifically, subsection (g)(1) on Page 45 of the bill provides that:

“The members, officers, executive director, employees and representatives of the commission **shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act**, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities;

provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any **damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.**”

Primarily, our concern is that the bill grants overbroad immunity to officers or employees rendering aid pursuant to the Compact for **negligent acts**. The exceptions to immunity only apply to **intentional or willful or wanton misconduct while omitting negligent acts** that could harm our residents. For example, if an officer or employee rendering aid pursuant to the Compact commits negligent acts while rendering aid, they will be immune under this act – leaving no legal recourse for the individual who was harmed. This immunity would even apply if that same officer or employee, while driving, hits a pedestrian through a failure to exercise due care or negligent maintenance of a vehicle.

The standard of care that should be applied in any given situation is based on the specific circumstance. Negligent acts cannot and should not be overlooked, without recourse for those harmed, especially for our residents. HAJ opposes this type of immunity for negligent acts or omissions to preserve the rights of our residents and individuals. While we support intergovernmental cooperation for teachers, it is not necessary to exempt our officers of the Compact from negligent conduct.

HAJ respectfully recommends the bill be amended to delete subsection (g)(1) on page 45. Thank you for allowing us to testify regarding this measure. Please feel free to contact us should you have any questions or desire additional information.

Feb. 12, 2026, 2 p.m.  
Hawaii State Capitol  
Conference Room 329 and Videoconference

**To: House Committee on Consumer Protection & Commerce**  
**Rep. Scot Z. Matayoshi, Chair**  
**Rep. Tina Nakata Grandinetti, Vice Chair**

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

RE: TESTIMONY IN SUPPORT OF HB1704 HD1 — RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

Aloha chair, vice chair and other members of the committees,

The Grassroot Institute of Hawaii **supports** [HB1704 HD1](#), which would allow Hawaii to join the Psychology Interjurisdictional Compact.

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

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

According to the Physician Workforce annual report, Hawaii has a 67% shortage of adult psychiatrists and a 64% shortage of child and adolescent psychiatrists.<sup>2</sup>

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

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<sup>1</sup> "[Mental Health in Hawaii](#)," National Alliance on Mental Illness, accessed Feb. 2, 2026.

<sup>2</sup> "[Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project](#)," University of Hawaii System, Dec. 2025, p. 22.

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

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

At present, the Psychology Interjurisdictional Compact comprises [43 states](#), the District of Columbia and the Commonwealth of the Northern Mariana Islands, and several other states have introduced legislation to join. Years of successful implementation testify to the safety and effectiveness of this approach to license reciprocity.

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

Thank you for the opportunity to testify.

Ted Kefalas  
Director of Strategic Campaigns  
Grassroot Institute of Hawaii

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<sup>3</sup> Jolanie Martinez, “[As Hawaii faces a mental health crisis, psychologists struggle to keep up with patient demand](#),” Hawaii News Now, May 5, 2021.

**LATE**

February 12, 2026

**To: Chair Matayoshi, Vice Chair Grandinetti and Members of the House Committee on Consumer Protection and Commerce (CPC)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Feb. 12, 2026; 2:00 p.m./Conference Room 329 & Videoconference

**Re: Testimony in support of HB 1704 – Relating to the Psychology Interjurisdictional Compact**

The Hawaii Association of Health Plans (HAHP) offers this testimony in support of HB 1704. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

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

Thank you for the opportunity to testify in **support** of HB 1704.

Sincerely,

HAHP Public Policy Committee  
cc: HAHP Board Members

# Hawai'i Psychological Association

*For a Healthy Hawai'i*

P.O. Box 833  
Honolulu, HI 96808

www.hawaii psychology.org

Phone: (808) 521-8995

## COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Scot Z. Matayoshi, Chair

Rep. Tina Nakada Grandinetti, Vice Chair

Thursday, February 12, 2026 - 2:00 PM  
Conference Room 329 & Videoconference

**LATE**

### Comments on HB1704 HD1 RELATING TO THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT

HB1704 HD1 would adopt the Psychology Interjurisdictional Compact (PSYPACT) to regulate the practice of telepsychology and temporary in-person, face-to-face practice of psychology by psychologists across state boundaries in the performance of their psychological practice. It requires the Department of Commerce and Consumer Affairs to adopt rules to implement and administer the Compact, effective upon approval.

Among the 50 United States, Hawai'i is unique in a number of ways. Hawai'i has a small population and is per capita the most culturally diverse state. Perhaps most importantly, Hawai'i's native population is culturally unique and significantly different from that of states in the mainland USA.

In a recent survey of our members, 58% supported PSYPACT while 32% are opposed. Besides cultural concerns, opponents fear an influx of mainland for-profit platforms and lack of local oversight. Proponents stress the need for access, choice and flexibility. Under PSYPACT rules, it is not clear that training in Hawai'ian cultural awareness could be required.

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

Sincerely,



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

**HB-1704-HD-1**

Submitted on: 2/10/2026 6:34:04 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mehrnaz Motazedian	Individual	Oppose	Written Testimony Only

Comments:

Hawaii has a unique cultural disposition, which is highly entwined with the lifestyle, identity, and mental health of its citizens. Practitioners of mental health must be highly sensitive to cultural influences on mental health and demonstrate strong cultural humility when treating patients. Practitioner who are not immersed in the culture on our islands, who do not understand life here, and who are not well versed in our resources cannot, by definition, provide our population with ethically sound mental health support. Furthermore, allowing practitioners to practice in any area without meeting the minimum standards set forth by that location's governing agency puts patients at risk for becoming further exploited. Allowing practitioners to function outside the realm of the Hawaii Board of Psychology is highly dangerous and leaves our community at risk.

**HB-1704-HD-1**

Submitted on: 2/10/2026 7:17:54 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sean Scanlan, Ph.D.	Individual	Oppose	Remotely Via Zoom

Comments:

Thank you for considering public testimony. My name is Sean Scanlan, Ph.D., and I strongly OPPOSE HB1704.

I am writing as a clinical psychologist who has a unique perspective based on being a practicing psychologist born and raised in Hawai'i, being past Hawai'i Psychological Association President, working as an associate professor and Program Director of the largest doctoral psychology program in the State (i.e., HSPP at Chaminade University), and being a member on the Board of Psychology.

Unlike the PSYPACT company, I don't have a website, or a staff, or a budget of hundreds of thousands of dollars to fly around the country doing presentations to benefit my company. I'm just a local psychologists that cares deeply about clinical psychology and helping the people of Hawai'i.

It appears that PSYPACT (based in Georgia and under ASPPB [the same company that pushed the EPPP-2]) has taken on the shotgun strategy to introduce 10 bills in hopes of passing 1. The following are my points on why passage of this bill may actually harm the residents of Hawai'i.

First, PSYPACT's position holds two assumptions: 1) the current number of clinical psychologists in the State is insufficient to meet current mental health needs, and 2) their company can help fulfill that need.

Regarding the insufficiency of clinical psychologists:

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

In regard to Hawai'i's clinical psychology training programs (those training future psychologists),

- Hawai'i ranks 6th in clinical psychology training programs per capita.
- Student enrollment at HSPP (the largest program in the State) has increased steadily by 30% in the last 3 years.
- The population growth of Hawai'i is expected to increase by less than 1% over the next 10 years, so there will be a point where programs are producing more psychologists than needed.

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

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

Regarding the state economy:

- The payments for these psychotherapy sessions will leave Hawai'i and go to the states of those PSYPACT providers.
- There will be no regulation on how many out-of-state providers, corporations, etc. solicit and service Hawai'i residents, potentially limiting Hawai'i psychologist from treating their own community.

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

- We are ignoring how critical cultural awareness is in mental health treatment, and we must acknowledge that someone from Tennessee will likely have significant deficits in this awareness, yet will have no oversight by our state agencies. As an example, let's say there's a Native Hawaiian family who has been having increased difficulty with their teenager and has finally sought to see a psychologist. If that provider is some online provider who is in a different time zone, has never been here, is unaware of the culture and family customs, and will likely have difficulty even pronouncing family names, how effective will they be? Moreover, if that provider suddenly quits because they aren't interested in the case anymore, how likely is that family to ever see another psychologist? How likely are they to recommend loved ones to seek help in the

future? Multiply that family times 100, and we'll definitely have a mental health crisis on our hands. In sum, cultural sensitivities are critical in our state, especially to those marginalized populations. Allowing an influx of out-of-state providers (likely unaware of our cultures) will be detrimental to those already challenged.

There are other options to increase psychologists in the field, all of which do not involve Hawai'i ceding control to out-of-state psychologists practicing in Hawai'i.

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

To close, for years the Georgia-based PSYPACT company has held countless presentations in Hawai'i, and they probably even helped with the verbiage of these 10 bills. I am hopeful that our representatives can consider the counter points from local practitioners like myself.

**HB-1704-HD-1**

Submitted on: 2/10/2026 7:49:02 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Devin Dung	Individual	Oppose	Written Testimony Only

Comments:

PSYPACT could further saturate our protected practice, allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. Ultimately, there is a chance of oversaturation, leaving Hawai'i psychologists without enough clients. There will be no mechanism to stop it.

- Hawai'i is culturally different from the continental United States. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, may negatively affect our residents.

- The false assumption of this bill is that PSYPACT will help somehow alleviate mental health needs of the State, that changes to our in-state institutions and practices are not sufficient.

- The entity that manages PSYPACT and collects the annual fees is ASPBB (Association of State and Provincial Psychology Boards), which is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company associated with the now-abandoned EPPP-2. All practice rules and fees will be determined by that private company, independent of any Hawai'i entity.

- The Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is one of their primary functions.

- Once a bill is signed into law, it is very difficult to monitor or prevent it's negative impact, so it is critical not to underestimate the permanence of this.

**HB-1704-HD-1**

Submitted on: 2/10/2026 7:53:46 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leila-Jayne Casison	Doctoral Student at the Hawai'i School of Professional Psychology at Chaminade University	Oppose	Written Testimony Only

Comments:

**- Challenges for early-career psychologists: New graduates and recently licensed psychologists may have difficulty building stable client caseloads if referrals are spread across a much larger pool of providers.**

**- Downward pressure on fees and reimbursement: An influx of telehealth providers, including large mainland-based groups, may create pricing competition that reduces private-pay rates or limits leverage in negotiating insurance reimbursement.**

**- Cultural competence: Psychologists trained and practicing in Hawai'i are more likely to understand the state's unique cultural context, including Native Hawaiian values, multicultural family systems, local history, and community dynamics. Effective mental health care in Hawai'i requires cultural responsiveness and intersectionality, and familiarity with specific resources, which may be harder for out-of-state providers to develop.**

**- Workforce retention concerns: If it becomes financially harder to establish a practice, locally trained psychologists may leave the state, weakening long-term workforce sustainability.**

**- Telehealth expansion does not guarantee that providers will serve Medicaid populations, rural communities, or high-need patients, meaning core access challenges may remain unaddressed.**

**HB-1704-HD-1**

Submitted on: 2/10/2026 8:00:45 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Makena Bruhn	Individual	Oppose	Written Testimony Only

Comments:

- PSYPACT could further saturate our protected practice, allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. Ultimately, there is a chance of oversaturation, leaving Hawai'i psychologists without enough clients. There will be no mechanism to stop it.

- Hawai'i is culturally different from the continental United States. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, may negatively affect our residents.

- The false assumption of this bill is that PSYPACT will help somehow alleviate mental health needs of the State, that changes to our in-state institutions and practices are not sufficient.

- The entity that manages PSYPACT and collects the annual fees is ASPBB (Association of State and Provincial Psychology Boards), which is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company associated with the now-abandoned EPPP-2. All practice rules and fees will be determined by that private company, independent of any Hawai'i entity.

- The Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is one of their primary functions.

- Once a bill is signed into law, it is very difficult to monitor or prevent it's negative impact, so it is critical not to underestimate the permanence of this.

**HB-1704-HD-1**

Submitted on: 2/10/2026 8:45:45 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kayttie Nakamura	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Kayttie Nakamura, and I am writing in opposition to HB1704 relating to PSYPACT. I am currently a third-year clinical psychology doctoral student at the Hawai'i School of Professional Psychology.

As a doctoral student preparing to enter the profession in Hawai'i, I am concerned about how joining PSYPACT could affect both the future psychology workforce and the communities we serve.

Hawai'i has a small and distinct professional landscape. Allowing large numbers of out-of-state psychologists to practice here through an interstate compact could significantly increase competition in an already limited market. For students like myself who are investing years of training with the intention of serving Hawai'i's communities, the possibility of market oversaturation is concerning.

I am also mindful of the cultural context in which mental health care is delivered in Hawai'i. Our training emphasizes cultural humility and responsiveness to the unique values, histories, and lived experiences of local communities. Providers practicing remotely from other states may not have the same depth of familiarity with Hawai'i's cultural nuances. I worry that this could unintentionally impact the quality and cultural relevance of care.

Additionally, PSYPACT is administered by a national organization rather than directly by the Hawai'i Board of Psychology. This raises concerns about local oversight. Hawai'i regulators would have limited authority over credentialing standards, continuing education requirements, and disciplinary processes for out-of-state providers practicing under the compact. Maintaining strong local control over professional standards is important for protecting the public.

Finally, once Hawai'i enters an interstate compact, it may be difficult to reverse course if unintended consequences arise. Given the long-term implications for both emerging professionals and residents seeking care, I believe this decision warrants careful consideration.

For these reasons, I respectfully urge you to oppose HB1704.

Mahalo for your time and consideration,

Kayttie Nakamura

**HB-1704-HD-1**

Submitted on: 2/10/2026 10:24:18 PM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rebekah Hubacek	Individual	Oppose	Written Testimony Only

Comments:

- Hawai'i is culturally different from the continental United States. As an individual from the mainland, I can confidently say that many psychologists in different geographic and cultural areas will not be prepared to work with this unique and underserved population. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, may negatively affect our residents.

- The entity that manages PSYPACT and collects the annual fees is ASPBB (Association of State and Provincial Psychology Boards), which is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company associated with the now-abandoned EPPP-2. All practice rules and fees will be determined by that private company, independent of any Hawai'i entity. This lack of voice in the mental health treatment of Hawai'i residents is concerning.

- The Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is one of their primary functions.

**HB-1704-HD-1**

Submitted on: 2/11/2026 7:35:32 AM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Amber Daniel	Individual	Oppose	Written Testimony Only

Comments:

Thank you for this opportunity, I will list my concerns regarding this bill below:

- PSYPACT could further saturate our protected practice, allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. Ultimately, there is a chance of oversaturation, leaving Hawai'i psychologists without enough clients. There will be no mechanism to stop it.

- Hawai'i is culturally different from the continental United States. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, may negatively affect our residents.

- The false assumption of this bill is that PSYPACT will help somehow alleviate mental health needs of the State, that changes to our in-state institutions and practices are not sufficient.

- The entity that manages PSYPACT and collects the annual fees is ASPBB (Association of State and Provincial Psychology Boards), which is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company associated with the now-abandoned EPPP-2. All practice rules and fees will be determined by that private company, independent of any Hawai'i entity.

- The Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is one of their primary functions.

**HB-1704-HD-1**

Submitted on: 2/11/2026 9:55:50 AM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jillian Morrison	Individual	Oppose	Written Testimony Only

Comments:

Let's call this bill what it is: another form of colonialism.

Hawai'i is culturally different from the continental United States. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, will negatively affect our residents.

There is a false assumption of this bill is that PSYPACT will help somehow alleviate mental health needs of the State, that changes to our in-state institutions and practices, and passing laws based on an assumption is not sufficient.

The entity that manages PSYPACT and collects the annual fees, ASPBB (Association of State and Provincial Psychology Boards), is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company behind with the EPPP-2, a repeated and miraculous failure in terms of developing a reliable and valid gatekeeping measure for our profession. In reality, this is another contributor to the shortage of psychologists and a money-grabbing strategy to extort students who want to pursue this profession. Passing this bill means that all practice rules and fees will be determined by that private company, independent of any Hawai'i entity. A private company who, has already demonstrated through their horrendous EPPP 2 development that they will not make increased access a priority, as prior actions show that the ASPBB actively makes it increasingly and unnecessarily difficult and expensive to get licensed. This, despite the fact that their push for increasing testing requirements for licensure have no validity or reliability in measuring whether a prospective psychologist will be competent or not, especially in Hawai'i. Allowing ASPBB into Hawai'i directly goes against the goals of this bill, and allowing the ASPBB to decide what future CE and licensing requirements are and what it costs to meet them independently of any Hawai'i psychological entity is a disaster in the making.

To make matters worse, our own Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is

one of their primary functions. "Increasing access to care" means nothing if that care harms our residents, and our own Hawai'i Board of Psychology is stripped of their capacity to protect residents by handing power over to this mainland entity.

If this bill is signed into law, it will be very difficult to monitor or prevent its negative impact, so it is critical not to underestimate the permanence of this. We must reject this attempt by ASPBB to colonize Hawai'i further by incorporating us into PSYPACT. Instead, we should focus on increasing access to care in our rural regions, for queer residents, and for other needy populations in ways that are sensitive to the unique cultural needs of Hawai'i residents that Hawai'i psychologists are specifically poised to meet (and which psychologists trained on the mainland are not). Psychologists on the mainland who have no knowledge of our culture, history, who have never attended school or trained here, who have never interacted with our Local or Hawaiian population, and who may have never even set foot here have no business providing care in Hawai'i.

**HB-1704-HD-1**

Submitted on: 2/11/2026 11:23:59 AM

Testimony for CPC on 2/12/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Walter Lee	Individual	Oppose	Written Testimony Only

Comments:

**To:** CPC

**From:** Walter Lee

**Date:** February 10, 2026

**Subject:** Testimony in Strong Opposition to HB1704 relating to PSYPACT

- **Risk of Market Oversaturation:** PSYPACT allows thousands of out-of-state psychologists to treat Hawai‘i residents, threatening to oversaturate the local practice. This creates a high risk of displacing Hawai‘i-based clinicians and leaving local psychologists without a sustainable client base, with no legislative mechanism to halt the influx once started.
- **Cultural Competency and Resident Welfare:** Hawai‘i’s cultural landscape is distinct from the continental U.S. Local psychologists have made significant strides in providing culturally specific assessment and treatment. An influx of PSYPACT providers lacking this localized background and appreciation may negatively impact residents through misaligned or culturally insensitive care.
- **Flawed Premise of the Bill:** This legislation rests on the false assumption that PSYPACT is the only way to alleviate the State’s mental health needs. It suggests that improving our own in-state institutions and supporting local practitioners is insufficient, which undermines the growth of our local healthcare infrastructure.
- **Out-of-State Private Governance:** PSYPACT is managed by the Association of State and Provincial Psychology Boards (ASPPB), a private, out-of-state company independent of the Hawai‘i Board of Psychology. This is the same entity associated with the failed EPPP-2. Allowing a private company to determine practice rules and fees strips Hawai‘i of its regulatory autonomy.
- **Erosion of Professional Standards:** The Hawai‘i Board of Psychology would be prevented from managing the credentials or Continuing Education (CE) requirements of out-of-state providers, even if they fall below Hawai‘i’s minimum standards. This lack of control over out-of-state psychologists practicing here is deeply concerning, as it bypasses the Board's primary function of public protection.
- **Permanence of Negative Impact:** Once signed into law, interstate compacts are notoriously difficult to monitor or repeal. It is critical to recognize the permanence of this decision and avoid underestimating the long-term negative impact it will have on the

profession in Hawai'i.

Mahalo for your consideration

**HB-1704-HD-1**

Submitted on: 2/11/2026 11:55:42 AM

Testimony for CPC on 2/12/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daneé Garcia	Individual	Oppose	Written Testimony Only

Comments:

Mahalo for the opportunity to submit testimony in opposition to this bill proposing Hawai‘i’s entry into the Psychology Interjurisdictional Compact (PSYPACT).

While increasing access to mental health services is important, this bill raises serious concerns regarding workforce stability, cultural competence, and regulatory oversight in Hawai‘i.

PSYPACT would allow out-of-state psychologists to provide telehealth services to Hawai‘i residents without obtaining full Hawai‘i licensure. This could significantly increase competition in our small and locally developed psychology workforce, potentially impacting career opportunities for psychologists trained to serve our communities long-term.

Hawai‘i’s cultural context is unique. Effective psychological practice here requires deep understanding of local values, communities, and systems. There is no mechanism within PSYPACT to ensure that out-of-state providers have meaningful familiarity with Hawai‘i’s cultural landscape, which may affect the quality and appropriateness of care delivered to residents.

Additionally, participation in PSYPACT shifts key oversight functions to the Association of State and Provincial Psychology Boards (ASPBB), a private out-of-state organization. This would limit the Hawai‘i Board of Psychology’s authority over credentialing standards and continuing education requirements for compact providers, reducing local regulatory control.

Given the long-term and difficult-to-reverse nature of this decision, I respectfully urge careful consideration and opposition to this bill.

Mahalo for your time and commitment to protecting Hawai‘i’s residents and workforce.

**COUNTY COUNCIL**

Mel Rapozo, Chair  
KipuKai Kualii, Vice Chair  
Addison Bulosan  
Bernard P. Carvalho, Jr.  
Felicia Cowden  
Fern Holland  
Arryl Kaneshiro



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**Council Services Division**  
4396 Rice Street, Suite 209  
Lihu'e, Kaua'i, Hawaii 96766

February 11, 2026

**TESTIMONY OF BERNARD P. CARVALHO, JR.**  
**COUNCILMEMBER, KAUAI COUNTY COUNCIL**  
**ON**  
**HB 1704, HD 1, RELATING TO THE PSYCHOLOGY**  
**INTERJURISDICTIONAL COMPACT**  
**House Committee on Consumer Protection & Commerce**  
**Thursday, February 12, 2026**  
**2:00 p.m.**  
**Conference Room 329**  
**Via Videoconference**

Dear Chair Matayoshi and Members of the Committee:

Thank you for this opportunity to provide testimony in SUPPORT of HB 1704, HD 1, Relating to the Psychology Interjurisdictional Compact. My testimony is submitted in my individual capacity as a member of the Kaua'i County Council.

I support HB 1704, HD 1, which will expand access to timely psychological services throughout the state by allowing qualified and licensed psychologists in other compact states to provide telepsychology and other in-person services to Hawai'i residents. The Psychology Interjurisdictional Compact will reduce cross-state licensing barriers, maintain public protections, and support the provision of care to rural and underserved communities across the islands.

Thank you again for this opportunity to provide testimony in support of HB 1704, HD 1. Should you have any questions, please feel free to contact me or Council Services Staff at (808) 241-4188 or via email to [cokcouncil@kauai.gov](mailto:cokcouncil@kauai.gov).

Sincerely,

**BERNARD P. CARVALHO, JR.**  
Councilmember, Kaua'i County Council

RM:mn

To Whom It May Concern,

My name is Taylor Doherty, and I am a fourth-year PsyD student at Hawai'i School of Professional Psychology at Chaminade University. I am deeply aware of what PSYPACT could mean for our profession and the potential long-term consequences for psychologists and residents in Hawai'i. With these considerations in mind, I respectfully oppose this bill.

PSYPACT could further saturate our protected practice by allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. This creates a serious risk of oversaturation, leaving local psychologists without sufficient clients. There is no mechanism in the bill to limit or regulate this influx.

Hawai'i is culturally distinct from the continental United States. Local psychologists have made significant strides in culturally responsive assessment and treatment. An influx of out-of-state PSYPACT providers, who may lack training and familiarity with Hawai'i's unique cultural context, could negatively impact the quality and appropriateness of care for our residents.

The bill also rests on a questionable assumption that PSYPACT will alleviate Hawai'i's mental health needs, rather than investing in and improving in-state training, workforce development, and institutional supports.

Additionally, PSYPACT is managed by the Association of State and Provincial Psychology Boards (ASPPB), a private out-of-state entity that would collect fees and determine practice rules. ASPPB is the same organization associated with the now-abandoned EPPP-2. This raises concerns about privatization, accountability, and Hawai'i's loss of regulatory control.

Under PSYPACT, the Hawai'i Board of Psychology would be unable to manage credentialing or continuing education requirements for out-of-state providers, even if they do not meet Hawai'i's licensing standards. This could effectively lower standards, while limiting the Board's ability to protect the public, one of its primary responsibilities.

Finally, once this bill is signed into law, it will be extremely difficult to monitor or reverse unintended negative consequences. The permanence of this decision should not be underestimated.

For these reasons, I urge you to oppose PSYPACT and instead prioritize strengthening Hawai'i's local mental health workforce and regulatory protections.

Thank you for the opportunity to provide testimony.

Mahalo,

Taylor Doherty

Tips for Effective Testimony:

Include Details: Clearly state your name, organization (if any), and the bill number.

Be Concise: Keep testimony focused and brief.

Be Aware: All submitted testimony is public record.

Here are the points that I'm submitting. Again, submitting testimony (and your position) is totally optional. Among most bills in the last several years, this one seems to have the potential to negatively affect you the most. Mahalo for your consideration.

- PSYPACT could further saturate our protected practice, allowing thousands of psychologists from across the country to diagnose and treat Hawai'i residents. Ultimately, there is a chance of oversaturation, leaving Hawai'i psychologists without enough clients. There will be no mechanism to stop it.
- Hawai'i is culturally different from the continental United States. Hawai'i psychologists have made great strides in appreciating those cultural differences within their assessment and treatment of Hawai'i residents. It is safe to say that the influx of PSYPACT psychologists, who will not have that background and appreciation that Hawai'i psychologists do, may negatively affect our residents.
- The false assumption of this bill is that PSYPACT will help somehow alleviate mental health needs of the State, that changes to our in-state institutions and practices are not sufficient.
- The entity that manages PSYPACT and collects the annual fees is ASPBB (Association of State and Provincial Psychology Boards), which is a private out-of-state company and not part of the Hawai'i Board of Psychology. This is the same company associated with the now-abandoned EPPP-2. All practice rules and fees will be determined by that private company, independent of any Hawai'i entity.
- The Hawai'i Board of Psychology would be prevented from managing the credentials or the CE credit requirements of out-of-state providers, even if they don't meet the minimum standard of the Hawai'i license. Simply, PSYPACT could lower standards as they wish, and the Hawai'i Board of Psychology will have little control over these out-of-state psychologists practicing in Hawai'i, which is very concerning considering that that is one of their primary functions.
- Once a bill is signed into law, it is very difficult to monitor or prevent its negative impact, so it is critical not to underestimate the permanence of this.