



**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 18, 2026

TO: HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
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 1965 HD1 -- RELATING TO PRIMARY CARE**

HEARING: Wednesday, February 18, 2026 @ 2:00 pm; Conference Room 329

POSITION: SUBMIT with COMMENTS

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Testimony:

SHPDA strongly supports the intent of this bill. Its original version, while worthy in considering many factors toward protecting primary care and independent medical practice, was in our view far too complicated and ambitious, suddenly adding daunting additional regulatory authorities for DCCA. The House Health Committee's recommendation simplifying the bill to a working group is understandable, given the complexity of the challenge. But, it could also slow action to accomplishing this purpose.

SHPDA will agree to overseeing such a working group, if desired by the Legislature. It will require at least one additional staff person to coordinate the effort, as well as some modest funding for data acquisition needs. However, we believe HB1965 should be amended to proceed with augmenting funding for primary care in the coming year while the working group is deliberating on the best ways to accomplish the overall goal. In the short term, augmenting primary care provider compensation rates to ease the current and growing crisis should happen immediately. To ease the concerns of insurers, we believe the bill should be amended to allow premium increases of not greater than 3% attributable to this purpose.

In terms of our additional comments on HB1965, SHPDA strongly supports the language in SB2690, which aims to incrementally increase primary care spending as a percent of total health care spending. Total healthcare spending, when administrative costs are factored out, is commonly referred to as the "medical loss ratio" or "MLR."

The MLR is typically regulated by the states or the federal government to be no less than 85% of premium, with administrative costs typically to be no more than 15% of premium.

SB2690 language still aspires to increase primary spending initially over the next year to a minimum 6% of MLR (actual healthcare services spending, not including administrative costs) and incrementally to at least 12% over the next several years. Considering disagreement among insurers and providers about how much is currently being spent and about what spending specifically constitutes primary care, the working group could attempt to find consensus in these regards, while there is some immediate relief provided to primary care practices.

California has required that primary care spending be no less than 15% of MLR. California is among a growing number of states who recognize that we must significantly increase primary care spending to achieve health care economic viability and improve population health. This is also recognized by virtually all other developed nations. Of the 38 high-income, market-based nations of Organization of Economic Co-operation and Development (OECD) all but the United States have realized this and have implemented primary care spending goals of 12% or more. Other OECD nations ALL have achieved greater longevity of their citizens than the U.S., and ALL have consistently better health outcomes. The U.S. spends over 17% of our GDP on health care, while the other OECD nations spend on average 7.4%. We have no idea why are there no sirens going off to remedy this? SHPDA will be happy to share sources of these frustrating statistics.

The ambitious federal AHEAD grant, awarded to only 6 states by the Centers for Medicare and Medicaid Services Innovation Center (CMS/CMMI) in 2024, mandates increased primary spending to achieve its goals as part of achieving statewide health system reform. CMS clearly believes the awardee states are not doing this now. The grant aims to lower health care cost inflation and improve population health. SHPDA and Med-QUEST authored Hawaii's successful proposal and are managing its implementation.

SHPDA also believes that this single legislative action, if approved, could have significant and huge positive impacts on access to care, population health improvement, chronic disease management, and reductions in total costs of care within only a few years of its implementation. The impacts will be enormous and are really needed.

Finally, and very importantly, SHPDA further strongly believes HB1965 are originally proposed, and SB2690, as currently proposed, are too complicated. We testified the sections related to downcoding, prior authorization, and special funds should be removed to make the focus entirely on advancing primary care funding, access, viability, including necessary auditing and enforcement. We deferred to DCCA and DHS on their related responsibilities. BUT: we testified that the bill must be focused entirely on the necessity of increasing primary investment to at least 12% of MLR (total

*HB 1965 HD1: testimony of SHPDA (2026), continued.*

healthcare spending absent administrative spending) over the next 3-5 years to achieve the absolutely needed, beneficial effects on healthcare access, quality, and costs.

We further believe that current accounting of primary care spending by insurers is not accurate, as reflected in the the glaring and increasing lack of access to primary care by beneficiaries across the state, and by the fact that fewer and fewer graduating medical and advanced practice nursing students choose primary care career paths. They, like most of the rest of us, recognize that primary care is financially not viable and that the workload is untenable.

Thank you for hearing HB 1965 HD1; and for the opportunity to testify.

--Jack Lewin MD

**HB-1965-HD-1**

Submitted on: 2/15/2026 5:46:59 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Ching	Individual	Support	Written Testimony Only

Comments:

RE: HB 1965, HD 1 – RELATING TO PRIMARY CARE

Dear Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

The American Academy of Pediatrics, Hawaii Chapter (HAAP), representing over 200 pediatricians across our islands, strongly supports HB 1965, HD 1, and the establishment of a Primary Care Provider Working Group to address the stabilization of primary care services in Hawaii.

Hawaii is currently facing a critical shortage of pediatricians and primary care providers. As noted in recent workforce assessments, the state is short hundreds of providers needed to ensure all residents—especially our keiki—have timely access to essential health services. While the costs of operating a pediatric practice in Hawaii continue to climb due to rising rent, staffing, and overhead, reimbursement rates have largely remained stagnant.

HAAP supports the transition of this measure to a Working Group for the following reasons:

- **Collaborative Problem Solving:** The healthcare landscape is complex. Bringing together stakeholders through the State Health Planning and Development Agency (SHPDA) ensures that solutions regarding expenditure targets and administrative reforms are evidence-based and practical.
- **Addressing Administrative Burdens:** We are encouraged that the working group is tasked with addressing issues that directly impact provider retention, such as downcoding, abusive utilization reviews, and the need for prompt reimbursement.
- **Stabilization for Independent Practices:** Independent pediatric practices are the frontline of community health. Recommendations developed by this group will be vital in creating a sustainable financial environment that allows these practices to remain open and serve Hawaii's families.
- **Focus on Equity and Access:** By developing formal recommendations for primary care stabilization, Hawaii can better support rural and underserved communities that are currently disproportionately affected by the physician shortage.

We believe that this working group is a necessary step toward implementing the robust primary care protections originally envisioned in this measure. HAAP stands ready to assist this group

with pediatric-specific data and clinical perspectives to ensure the health of our children remains a top priority.

For these reasons, the American Academy of Pediatrics, Hawaii Chapter, respectfully requests that your committee pass HB 1965, HD 1.

Thank you for the opportunity to provide testimony in support of this measure.

Sincerely,

The American Academy of Pediatrics, Hawaii Chapter

**HB-1965-HD-1**

Submitted on: 2/15/2026 8:54:54 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Robert Thomas Carlisle, MD, MPH	Hawaii Academy of Family Physicians Legislative Committee	Comments	Written Testimony Only

Comments:

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Representative Scot Matayoshi, Chair

Representative Tina Grandinetti, Vice Chair

Date: 15 FEB 2026

From: Hawai'i Academy of Family Physicians, Legislative Committee (HAFP)

Robert Carlisle, MD, MPH – Chair

**RE HB 1965, HD 1 RELATING TO PRIMARY CARE:** Primary Care

**Position:** Comments

This significantly revised measure proposes to create a working group within SHPDA to further evaluate all health carriers in Hawai'i allocate a designated minimal amount of the carriers' total medical expenditures to primary care providers, with the percentage increasingly incrementally.

With a mission to optimize the health of the people of Hawai'i and the ability of its family medicine physicians to provide effective health care, HAFP Legislative Committee supports the intent to enhance access to primary care services by increasing investment in primary care by shifting our financial values to a reasonable share of medical expenditures.

Any investment in primary care should explicitly reinforce preventative care, care coordination, and continuity of patient care, which is foundational to high-quality primary care.

HAFP respectfully requests these comments for consideration.

Thank you for allowing the HAFP to submit comments on this measure.

Robert Thomas Carlisle, MD, MPH

Chair, Legislative Committee

Hawai'i Academy of Family Physicians (HAFP)

[advocacy@hafp.info](mailto:advocacy@hafp.info)



## 'Ahahui o nā Kauka

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### 2025-2026 Advocacy Committee

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Kapono Chong-Hanssen, MD  
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February 15, 2026

### COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Scot Z. Matayoshi, Chair

Rep. Tina Nakada Grandinetti, Vice Chair

Rep. Cory M. Chun

Rep. Greggor Ilagan

Rep. Linda Ichiyama

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Rep. Sam Satoru Kong

Rep. Nicole E. Lowen

Rep. Lisa Marten

Rep. Adrian K. Tam

Rep. Elijah Pierick

### Group Testimony in Support of HB1965 HD1 PRIMARY CARE PROTECTION ACT.

Aloha Chair and Members of the Committees,

'Ahahui o nā Kauka (the Association of Native Hawaiian Physicians) wishes to express our support of HB1965 PRIMARY CARE PROTECTION ACT and its focused efforts to strengthen primary care access to all of our communities.

Access to primary care is one of the most important parts of a functioning health care system. When people can see a primary care provider in a timely way, health problems are addressed early, chronic conditions are managed, and emergency room visits can often be avoided. When access is limited, people delay care, conditions worsen, and families are forced to rely on emergency departments for issues that should have been treated earlier.

In our communities, many people struggle to find a primary care provider or face long waits for appointments, even if they have health insurance. This is especially true in rural and neighbor island areas, where there may be very few clinics and limited transportation options- Having insurance does not always mean having access to care.

HB1965 focuses on strengthening primary care so that clinics can stay open and our healthcare providers can continue serving their communities. The bill ensures that health care dollars are used to support frontline care, rather than being absorbed by administrative costs. It also supports timely payment to clinics and helps reduce unnecessary barriers that make it harder for providers to

offer care.

This bill does not raise premiums or require new benefits. Instead, it focuses on making sure existing resources are used in a way that improves access, keeps care local, and helps prevent avoidable emergencies.

Strong primary care benefits everyone. It keeps people healthier, reduces strain on hospitals and emergency departments, and helps communities remain resilient. HB1965 is an important step toward protecting access to care across Hawai'i.

We respectfully urge you to support HB1965.

Mahalo for the opportunity to share our collective mana`o.



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**The State Legislature**  
**House Committee on Consumer Protection and Commerce**  
**Wednesday, February 18, 2026**  
**Conference Room 329, 2:00 p.m.**

TO: The Honorable Scot Matayoshi, Chair  
FROM: Keali'i S. López, State Director  
RE: Support for H.B. 1965, HD1 Relating to Primary Care

Aloha Chair Matayoshi, and Members of the Committee:

My name is Keali'i Lopez, and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social impact organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 135,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families.

**AARP Hawai'i is in support of House Bill 1965 HD 1 Relating to Primary Care.** Hawai'i's older adults rely heavily on a robust and accessible primary care system. Primary care is essential for managing chronic conditions, preventing avoidable hospitalizations and improving health outcomes. Yet Hawai'i faces a severe shortage of primary care providers, driven by rising operating costs, stagnant reimbursement, and administrative burdens that are pushing providers out of practice.

HB 1965, HD1 takes meaningful steps to stabilize and strengthen the primary care workforce by requiring insurers to increase the share of medical spending directed to primary care providers, prohibiting downcoding and abusive utilization review to ensure fair reimbursement, improving access to care in rural and underserved communities through primary care access visits and community access primary care sites, and enhancing prompt payment and transparency to help keep smaller and independent practices financially stable.

These reforms will benefit patients statewide, particularly kūpuna, who depend on reliable primary care to maintain independence and quality of life. For these reasons, AARP Hawai'i supports HB 1965, HD1 and urges the committees to pass this important measure.

Thank you for the opportunity to testify in support.

February 18, 2026

Rep. Scot Matayoshi, Chair  
Rep. Tina Nakada Grandinetti, Vice Chair  
House Committee on Consumer Protection  
Hawai`i State House of Representatives  
Honolulu, Hawai`i 96813

**RE: HB1965, HD1 RELATING TO PRIMARY CARE**

**Hearing Date: Wednesday, February 18, 2026, 2:00 PM, Conference Room 329**

Dear Chair Matayoshi, Vice Chair Grandinetti and Members of the Committees:

My name is Gregg Oishi, President/CEO of Kuakini Health System (KHS). Founded over 125 years ago, KHS is Hawai`i's only independent hospital system supporting physician independence and plays a vital role in preserving physician autonomy and patient choice outside of the state's major health systems. KHS includes a 212-bed acute care hospital; a 221-bed skilled nursing ("SNF"), intermediate care and home/residential care facility; and two medical office buildings.

Kuakini Health System **SUPPORTS** HB1965, HD1, which establishes the Primary Care Providers Working Group within the State Health Planning and Development Agency to address issues relating to, and develop recommendations for the stabilization of primary care services in Hawai`i. A strong primary care system is the foundation of affordable, high-quality healthcare, and HB1965, HD1 takes an initial step to address the ongoing challenges facing primary care providers and the patients they serve throughout our state.

According to the 2024 University of Hawaii Annual Report on Findings from the Hawai`i Physician Workforce Assessment Project, Hawai`i faces a significant physician shortage that affects access to care across the state. While over 12,000 physicians are licensed in Hawai`i, only about 3,672 actively provide patient care, and not all of these work full-time, resulting in roughly 3,075 full-time equivalent (FTE) physicians. When island geography is considered (i.e., eliminating specialty overage), the estimated unmet need for physicians is 768 FTEs. **The greatest shortage category is primary care where Hawai`i needs 152 additional Full Time Equivalents (FTEs).**

The establishment of Primary Care Providers Working Group is a necessary first step in addressing Hawai'i's primary care shortage. In review of HB1965, HD1, KHS recommends the following amendment:

- **Include representation from the independent physician community as part of the Working Group.** According to the University of Hawai'i, in 2024, approximately 31% of Hawai'i physicians are independent physicians. In 2024, the American Medical Association reported that 42.2 percent of physicians were in private practice, that is, a practice that was wholly-owned by physicians. Independent physicians and hospitals are an integral component in expanding the number of primary care providers in Hawai'i, particularly in rural areas. Our voices and input can be an important aspect of the Working Group's deliberations.

HB1965, HD1 represents a thoughtful and necessary response to the challenges facing primary care in Hawaii. The first step in creating a working group will ensure that the State, the medical community and key stakeholders are aligned in addressing this important public health issue.

I respectfully urge the Committees to pass HB1965, HD1. Thank you for the opportunity to testify on this matter.

Sincerely,

/s/ Gregg Oishi

GREGG OISHI  
President & CEO



## Hawaii Medical Association

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### HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

Date: February 18, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee  
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

**RE HB 1965HD1 RELATING TO PRIMARY CARE:** SHPDA; Primary Care Providers Working Group; Primary Care Services; Stabilization; Report (\$)

**Position: Support**

This measure would establish the Primary Care Providers Working Group within the State Health Planning and Development Agency to address issues relating to, and develop recommendations for the stabilization of, primary care services in Hawai'i, require the Working Group to make a report to the Legislature, and sunset the Working Group on 6/30/2027, effective 7/1/3000. (HD1).

HMA supports this measure to create the Primary Care Providers Working Group within the State Health Planning and Development Agency. Addressing specific challenges for Hawaii Primary Care physicians and practice will strengthen access to timely, comprehensive primary care across our islands. Hawaii continues to face persistent physician workforce shortages, particularly in rural and neighbor island communities, and patients increasingly rely on fragmented, episodic care when stable medical homes are unavailable. Strengthening community-based primary care, grounded in long-term patient relationships and team-based collaboration, remains essential to improving health outcomes for Hawaii's keiki, kūpuna, and families.

HMA supports this measure as a meaningful step toward improving access while preserving the quality, safety, and continuity that define high-value medical care in Hawaii.

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

### REFERENCES AND QUICK LINKS

#### 2026 Hawaii Medical Association Public Policy Coordination Team

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

#### 2026 Hawaii Medical Association Officers

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

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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](http://Brown University School of Public Health). [April 3 2024](http://Brown University School of Public Health). Accessed Feb 1 2026.

#### **2024 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
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#### **2024 Hawaii Medical Association Public Policy Coordination Team**

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



**Testimony to the House Committee on Consumer Protection and Commerce  
Wednesday, February 18, 2026; 2:00 p.m.  
State Capitol, Conference Room 329  
Via Videoconference**

**RE: HOUSE BILL NO. 1965, HOUSE DRAFT 1, RELATING TO PRIMARY CARE.**

Chair Takayama, Chair Marten and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of House Bill No. 1965, House Draft 1, RELATING TO PRIMARY CARE.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

The bill, as received by your Committee, would establish a primary care provider working group to address issues relating to, and develop recommendations for, the stabilization of primary care health services in Hawaii, including:

- (1) Reimbursements to primary care providers;
- (2) Health insurance practices relating to downcoding and claim modifications;
- (3) Health carrier reporting requirements; and
- (4) Rural access to primary care health services.

The bill would take effect on July 1, 3000.

**Testimony on House Bill No. 1965, House Draft 1**  
**Wednesday, February 18, 2026; 2:00 p.m.**  
**Page 2**

The HPCA wholeheartedly agrees that more resources must be dedicated for primary care. Yet, we recognize the enormous challenges lawmakers face in establishing a statutory regime that takes into account the complexity and unique nature of Hawaii's health care system. As such, the HPCA greatly appreciates the opportunity to participate in the discussion and wishes to assist in pursuing the goal proposed in this bill.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).



February 18, 2026

The Honorable Scot Z. Matayoshi, Chair  
The Honorable Tina Nakada Grandinetti, Vice Chair

House Committee on Consumer Protection and Commerce

**Re: HB 1965 HD1 – RELATING TO PRIMARY CARE**

Dear Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committees:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 1965 HD1, which establishes the Primary Care Providers Working Group within the State Health Planning and Development Agency to address issues relating to, and develop recommendations for the stabilization of, primary care services in Hawai‘i. Requires the Working Group to make a report to the Legislature. Sunsets the Working Group on 6/30/2027.

HMSA deeply values the essential role that primary care physicians play in Hawai‘i’s health care system. Primary care serves as the front line of prevention, early diagnosis, chronic disease management, and whole-person care. We agree that continued investment in primary care is vital to improving access, strengthening care coordination, and maintaining a robust provider network across the state. Our provider network is a crucial part of this system, and HMSA strives to develop compensation models that support providers while also keeping health care affordable for Hawai‘i’s small businesses and residents.

We appreciate the amendments adopted by the previous committee and believe this approach helps ensure a robust dialogue among a wide range of health care stakeholders. Collaborative working groups like these have consistently proven effective in advancing policies that are balanced, sustainable, and—most importantly—centered on maintaining and improving the health of our communities.

Thank you for the opportunity to testify in support of this measure.  
Sincerely,

Walden Au  
Director of Government Relations

**LATE**

**HB-1965-HD-1**

Submitted on: 2/17/2026 2:22:51 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Scott Grosskreutz, M.D.	Hawaii Healthcare Task Force	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi and member of the Committee,

The U.S. government designates all of our Neighbor Islands and rural Oahu as Health Professional Shortage Areas (HPSA).

Research published in the Annuals of Internal Medicine find that living in a HPSA shortage area lowers life expectancy by almost a full year.

The severe shortage of doctors documented by AHEC for 15 years is worsening, with over 40% shortages on Maui and the Big Island. With about one in four physicians already pass retirement age, this shortage is likely to worsen.

The experience of U.S. states and the counties of Europe show that patients having a primary care provider markedly improves patient healthcare outcomes and lowers total healthcare spending by about \$1000-\$3000 per patient annually.

Basically it is a "no brainer" for Hawai'i to increase the spending on primary care over time to 12% of total healthcare spending. The Hawai'i insurance industry cannot argue that this cannot be accomplished because many other states, including California and the continent of Europe have already successfully done so.

The provisions of HB1965 to increase primary care spending to 6% by 1 Jan 2027 are critical. Without this increase in funding, more primary care clinics will close, thousands of patients will lose access to healthcare and morbidity and mortality will increase.

**LATE**

A working group would only confirm the research from hundreds of studies in the U.S. and Europe and delay adequate funding for additional years.

These delays in supporting access to primary care will only increase healthcare spending in Hawai'i, as more neglected patients go to the ER for care and more are hospitalized for avoidable advanced diseases and malignancies.

Scott Grosskreutz, M.D.

President

Hawaii Healthcare Task Force

**LATE**

February 18, 2026

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

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Feb. 18, 2026; 2:00 p.m./Conference Room 329 & Videoconference

**Re: Comments on HB 1965 HD1 – Relating to Primary Care.**

The Hawaii Association of Health Plans (HAHP) offers comments on HB 1965 HD1. 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.

We appreciate the Legislature's commitment to strengthening and protecting primary care in Hawai'i through the establishment of a Primary Care Provider Working Group within the State Health Planning and Development Agency.

Hawai'i's primary care challenges are complex and require collective solutions. We value the opportunity this working group creates to bring all parties to the table to develop balanced, data-informed recommendations that strengthen primary care, improve patient access, and support a sustainable healthcare system for everyone. Improved access to primary care is fundamental to better health outcomes and lower systemwide costs.

Thank you for the opportunity to offer comments on HB 1965 HD1 and to contribute to this collaborative effort to advance primary care in Hawai'i.

Sincerely,

HAHP Public Policy Committee  
cc: HAHP Board Members



**WAIANAЕ COAST  
COMPREHENSIVE  
HEALTH CENTER**

**LATE**

**Wednesday, 02-18-26 2:00PM  
State Capitol, Conference room 329**

**House Committee on Consumer Protection & Commerce**

**To:** Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

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

**RE: SUPPORT FOR HOUSE BILL 1965 HD1 - RELATING TO PRIMARY CARE.**

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Aloha and mahalo for the opportunity to provide **Supporting testimony** for House Bill No. 1965.

Waianae Coast Comprehensive Health Center (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. We serve over 36,000 annually with clinics spanning from Wai'anae to Waipahu. With 53 years of service, WCCHC is committed to providing comprehensive healthcare that supports the whole person and the improves long-term health outcomes for the communities we serve.

WCCHC supports this measure, which establishes the Primary Care Providers Working Group within the State Health Planning and Development Agency to address issues relating to, and develop recommendations for the stabilization of, primary care services in Hawai'i. Addressing the long-standing underinvestment in primary care is laudable and necessary. Primary care is the foundation of a functional health system, and decades of disproportionate spending away from prevention, continuity, and community-based care have contributed to higher costs and poorer outcomes.

Mahalo for hearing this measure and for your consideration.

# Hawaii Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

**LATE**

Aloha Chair Matayoshi, Vice-Chair Grandinetti, and Committee Members:

The Hawai'i Chapter of the American Academy of Pediatrics (HAAP) would like to provide testimony in **support of HB 1965 HD1**, which would create a Primary Care Providers Working Group within the State Health Planning and Development Agency tasked with producing a report on the best way forward to increase the proportion of healthcare expenditures that go to primary care, contribute to mitigating the primary care provider shortage, and improve access to care, especially in rural areas.

The primary care shortage in Hawai'i is dire and will require a multi-pronged solution. As pediatricians, we bear daily witness to the struggles of young families seeking accessible primary care for their children. Those of us working in the hospital setting see the negative consequences when patients lack access to primary care, such as severe pneumonias and skin infections that could have been treated as an outpatient if they had been caught earlier. The primary care providers among the more than 200 pediatrician members of HAAP face increasing overhead costs with stagnating reimbursements, leading many to consider early retirement or relocation out of state. New PCPs who open or join practices see their panels filled in record time, and families are still left with difficulty finding a pediatrician who has the capacity to take on new patients.

The Hawai'i Chapter of the American Academy of Pediatrics supports measures that can help to mitigate the primary care crisis in our state and asks the Committee to ensure that children's needs are explicitly addressed by the Working Group. We have seen first-hand the challenges that families and pediatricians alike face as a result of inadequate reimbursements, minimal resources being dedicated to primary care, and unnecessary red tape such as prior authorizations, formulary restrictions, and relentless downcoding. It is essential that the working group provide recommendations on best practices to support our youngest patients and the physicians who care for them.

Mahalo for your consideration.

Maya Maxym, MD, PhD, FAAP

On behalf of the Hawai'i Chapter of the American Academy of Pediatrics

**HB-1965-HD-1**

Submitted on: 2/13/2026 6:51:16 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Laura Jennings	Individual	Support	Written Testimony Only

Comments:

As a retired pediatrician, I strongly support the formation of a Primary Care Providers working group. As a person specially trained in Health Policy, I would also be willing to serve on the panel.

**HB-1965-HD-1**

Submitted on: 2/15/2026 1:41:08 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sara Lenzer Medeiros	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Sara Medeiros. Me and my family live in Kona. I grew up in Kailua, Oahu, my husband is from Hilo. Our four children were born and raised in Hawaii.

Growing up, we neither of us ever had to worry about healthcare, we saw the doctor on a regular basis for immunizations and check ups. And every time we were sick, and needed to see a doctor, we had no trouble seeing one and getting the help that we needed. This was especially true and important, as I grew up in a multi-Generation household. It was a given.

Now, we feel very fortunate to have a primary care Doctor who we have seen in Kona for almost 30 years. We feel very fortunate to have had that opportunity and grateful for the excellent care. However, I know many many friends who do not have the luxury of having a primary care physician. There just aren't any. And every time we do go and see our doctor, we are secretly worried that this may be the last time. That he may say sorry, but I just can't afford to practice here anymore. It's a real fear.

Living in a rural community such as Hawaii Island, means that most people have to drive long distances to get healthcare. And I have met many people who end up using the emergency room because they have no other options. I understand that trying to get an appointment at one of the urgent care Clinics is almost impossible. They're just aren't enough physicians available. Passage of this bill, may assist in the retention of those doctors that we have. It will go along way toward that intent.

Thank you for the opportunity to give support for this very important Bill.

**HB-1965-HD-1**

Submitted on: 2/15/2026 1:45:34 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
John A. H. Tomoso	Individual	Support	Written Testimony Only

Comments:

02-15-26

RE: HB1965 HD1

Aloha,

I am in support of this Bill, which relates to the growing reality of caregiving and primary care/ caregiving in our community. It establishes the Primary Care Providers Working Group within the State Health Planning and Development Agency to address issues relating to, and develop recommendations for the stabilization of, primary care services in Hawaii. Requires the Working Group to make a report to the Legislature. Sunsets the Working Group on 6/30/2027. This is good strategic planning, leading to public policy that positively affects the growing aging of our state and community.

Mahalo

John A H Tosmoso+, MSW< ACSW

51 Ku'ula St., Kahului, HI 96732-2906

john.a.h.tomoso@gmail.com

**HB-1965-HD-1**

Submitted on: 2/16/2026 7:47:26 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nancy Redfeather	Ka Ohana O Na Pua	Support	Written Testimony Only

Comments:

HB1965 focuses on stabilizing the part of our health care system where 80% of care is given, with our primary care Doctors and Clinics.

There needs to be a minimum investment floor for primary care that requires health carriers to direct a defined share of existing medical spending to frontline primary care services. These dollars need to reach the actual practicing clinicians not merely go to administrative scoring systems or opaque incentive programs. The Bill also strengthens prompt pay standards and limits inappropriate downcoding, The Bill also addresses community access to clinics and aligns Medicaid policy with workforce stability so that Med-QUEST supports local access to health care across the islands. Rural health care problems are a problem for everyone. Let's address the inequities and move forward. Mahalo!

## TESTIMONY IN SUPPORT OF HB1965

Primary Care Protection Act

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Scot Z. Matayoshi, Chair

Rep. Tina Nakada Grandinetti, Vice Chair

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

My name is Ka`ohimanu Dang Akiona, MD, and I am a rural, family medicine, primary care provider practicing on Hawai`i Island and with a branch of my clinic in Kaunakakai on Moloka`i. I submit this testimony in **strong support of HB1965**, the Primary Care Protection Act.

Primary care is the front door of the health care system. When it is accessible and stable, patients receive care earlier, chronic disease is better controlled, and costly emergencies are avoided. When primary care erodes, it is the patients and their families and communities who pay the price. In Hawai`i, especially on neighbor islands and in rural communities, we are already seeing the consequences of prolonged underinvestment in primary care.

In my practice, I routinely manage complex medical issues that would otherwise escalate into emergency department visits or hospitalizations if timely primary care were not available. The gaps in care have worsened, particularly on Moloka`i, and patients, their families and the communities they are a part of are suffering as a result- higher rates of complications and lower quality of life, shorter life expectancy. Please understand that **peoples' lives are shorter depending on zip code due to lack of access to primary care.**

We know that treating infections early, adjusting medications before decompensation, coordinating care locally, and following patients after hospital or inter-island specialty care are core parts of primary care. This work prevents harm and saves money, but it requires time, staff, and reliable payment by insurers for services rendered.

Despite this role, primary care remains severely underpaid relative to its value. Reimbursement has not kept pace with rising costs, administrative burden continues to grow, and payment instability makes it increasingly difficult to retain staff or keep clinics open. Many colleagues have reduced insurance participation, closed practices, or left Hawai`i entirely. These are not isolated decisions. These are systemic signals of instability and pending collapse. The wait time to establish care with a new primary care provider is 2 months or more.

HB1965 addresses these realities directly. The bill establishes a minimum investment floor for

primary care and ensures that primary care dollars reach frontline clinicians rather than being absorbed by administrative overhead or intermediary programs. It strengthens prompt-pay protections, limits inappropriate downcoding, and reduces administrative practices that undermine clinical care without improving outcomes.

As a primary care provider, I am particularly supportive of the bill's focus on access models that reflect Hawai'i's realities. Physician led practices with same-day and walk-in primary care are not conveniences in many communities. WE ARE ESSENTIAL. Protecting these services helps keep patients out of emergency departments and preserves access where options are limited.

The evidence supporting this approach is strong. Research synthesized by the Harvard Medical School Center for Primary Care shows that direct investment in primary care reduces emergency department use, preventable hospitalizations, and total health care costs, with measurable improvements seen within a relatively short time frame. **Strengthening primary care is one of the most effective cost-control strategies available.**

**HB1965 does not raise premiums, mandate new benefits, or interfere with clinical decision-making.** It simply ensures that existing health care dollars are used in a way that supports access, stabilizes the workforce, and keeps care local.

As a primary care provider committed to caring for our family and friends in the Kohala and Moloka'i communities, **I respectfully urge the Committee to support HB1965** and take an evidence-based step toward protecting health care access across Hawai'i.

Mahalo for the opportunity to testify and share my mana'o.  
Respectfully,

Ka'ohimanu L K Dang Akiona, MD  
Kohala Coast Urgent Care & Mobile Health/Moloka'i Family & Urgent Care  
Kohala, Hawai'i Island/ Kaunakakai, Moloka'i

**HB-1965-HD-1**

Submitted on: 2/16/2026 10:29:14 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allen Novak	Individual	Support	Written Testimony Only

Comments:

To: The Honorable Jarrett Keohokalole, Chair of the Senate Committee on Commerce and Consumer Protection.

From: Allen Novak, APRN in solo private practice serving chronic and severely mentally ill individuals in East Hawai'i Island.

Subject: HB1965 – Relating to primary care

Aloha Senator Keohokalole, Chair; and Committee Members,

I appreciate this opportunity to express support for HB1965, which seeks to require not less than 6% of total medical expenditures to primary care providers, with the percentage increasingly incrementally to 12% and other measures which will help to preserve and address the shortage of healthcare providers.

In Hawai'i there is a critical shortage of primary healthcare providers. This is particularly the case on neighbor islands and in rural underserved areas. My Hawai'i Island has a 40% shortage of practicing physicians. Advanced Practice Registered Nurses in East Hawai'i Island have in the past year chosen to close their practices due to inadequate carrier reimbursement and administrative burden.

This bill will afford a measure of relief to primary care and all healthcare providers who are experiencing distress in their practices due to the insufficient financial reimbursement and high administrative demand of providing care to their patients.

If all provisions in SB2590 cannot be sustained, increasing primary care spending to 6%, is essential to prevent collapse of primary care in rural areas this year.

Please pass HB1965.

**HB-1965-HD-1**

Submitted on: 2/17/2026 5:52:41 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lila Mower	Individual	Support	Written Testimony Only

Comments:

I strongly support efforts to stabilize primary care services in Hawaii.

**HB-1965-HD-1**

Submitted on: 2/17/2026 9:27:27 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Galen Chock	Individual	Support	Written Testimony Only

Comments:

Representatives Matayoshi and Grandinetti

I am writing to respectfully urge your support for **HB1965**, which would prioritize healthcare expenditures dedicated to primary care services.

HB1965 is a forward-looking step to address the long-standing underinvestment in primary care. This underinvestment has resulted in shortages of primary health care providers and has hampered our ability to provide better quality health care for the people of Hawaii. Investing in primary care is not simply increasing spending — it is a strategic reallocation that will strengthen primary care, reduce avoidable health care costs tomorrow and improve the quality of life for our residents. This measure would help stabilize local practices, and serve to expand the primary care workforce.

Pediatric primary care is rooted in having the intent, active listening skills, cultural acumen and time to build a long-term relationship with children and their family. This rooting coupled with access to community resources form the basis of the pediatric medical home. When the pediatric medical home is hampered by inadequate funding it results in missed opportunities for preventative care, early identification of health concerns, guidance to promote healthy development and reduction in risk of chronic disease in adulthood.

Hawaii needs to have more skilled, adequately funded primary care health providers so that all Hawaii residents have the opportunity to build a long standing medical relationship with a trusted primary care health provider. I respectfully ask for your leadership and support of HB1965.

Mahalo

Galen Chock M.D., Oahu based, independent primary care pediatrician

**HB-1965-HD-1**

Submitted on: 2/17/2026 10:17:58 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Elizabeth Nelson	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Elizabeth Nelson. I am a retired RN, hospice nurse and I fully support this measure. It has well-researched solutions. It also addresses the pressures driving physicians out of practice. It strengthens prompt-pay standards so clinics are paid predictably, limits inappropriate downcoding that quietly erodes reimbursement, and reduces administrative burden that consumes time without improving care. I hope you will see the value of this measure and support it.

Thank you.

Elizabeth Nelson

Kaneohe

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

From: Fannie Yang, DNPc, BSN, RN

Subject: Support for HB1965, Relating to Primary Care

Hearing: February 28, 2026, 2:00p.m.

Aloha Chair Matayoshi, Vice Chair Grandinetti and Committee Members,

Thank you for the opportunity to testify in strong support of HB1965. Primary care is the foundation of Hawai'i's health care system, improving health outcomes, reducing emergency department use, and lowering overall costs. However, primary care providers, especially small and rural practices, are facing serious financial and administrative challenges that threaten access to care across the state.

HB1965 takes a practical approach by establishing a Primary Care Providers Working Group within the State Health Planning and Development Agency to develop recommendations to stabilize primary care services. The bill appropriately examines setting a minimum percentage of health insurance carrier expenditures on primary care to ensure meaningful investment in preventive and chronic care services. It also addresses concerns about down-coding and inappropriate claim modifications that reduce fair reimbursement and place heavy administrative burdens on providers.

The measure's call for improved carrier reporting requirements and penalties for violations will promote transparency and accountability. Additionally, considering the creation of a primary care stabilization fund could provide critical support to practices struggling with workforce shortages, high operating costs, and financial instability. The bill wisely directs particular attention to rural communities, where provider shortages and access challenges are most severe, and acknowledges the need to evaluate any required federal approvals to ensure successful implementation.

HB1965 represents a thoughtful and necessary step to protect and strengthen primary care in Hawai'i. I respectfully urge your support.

Thank you for your consideration.

Respectfully,

Fannie Yang, DNPc, BSN, RN

**LATE**

**HB-1965-HD-1**

Submitted on: 2/17/2026 8:54:42 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dr. Clara Krebs	Individual	Support	Remotely Via Zoom

Comments:

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

**My name is Clara Krebs, MD. I am a board certified family medicine physician practicing on Kauai for over sixteen years. I have a unique perspective having spent eleven years as an employed primary care physician in a large health system and five years in my own independent primary care practice.**

**I support HB1965 HD1. But as a rural primary care physician, I respectfully request the legislature include independent physicians and the rapidly growing number of rural direct primary care physicians. We offer an important perspective from the front lines of rural clinical practice that needs to be included in the proposed Hawaii Primary Care Work Group.**

**In my years of practicing in Kauai, I have witnessed a constant cycle of primary care physicians recruited to the island only to leave after a short period of time. This long standing revolving door of primary care is deeply destabilizing for patients. Continuity is the foundation of effective primary care, and its loss has real consequences for patient outcomes and community trust. It is time to evolve to challenge the status quo.**

**Family medicine residents and medical students reach out to rural independent and direct care physicians, expressing a deep desire to serve rural communities but question if long term careers are possible in this current environment of healthcare. Their questions reflect both hope and valid concerns.**

**LATE**

**As this working group is formed, inclusion of both independent and direct care rural primary care physicians is essential for the evolution of healthcare. We care for some of Hawaii's most geographically isolated and medically vulnerable populations. Our perspective is essential to ensuring a Hawaii primary care working group reflects the needs of all Hawaii communities.**

**I support HB1965, and respectfully request the inclusion of rural independent and direct primary care physicians in the primary care working group to ensure inclusive, comprehensive primary care for our future.**

**Mahalo for your consideration and forward thinking to evolve primary care in Hawaii**

**Dr. Clara Krebs**

**Kauai, Hawaii**