

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

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

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

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

March 16, 2026

**TO:** SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, 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, March 18, 2026 @ 1:00 pm; Conference Room 225

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports the intent of this bill. Its original version, while worthy in considering many factors needed in protecting primary care and independent medical practice, was in our view far too complicated and ambitious. It required a daunting array of additional regulatory authorities for DCCA in addition to its primary purpose of increasing funding for primary care. The House Health Committee's recommendation simplifying the bill to a working group is understandable, given the complexity of the challenge and the original bill.

SHPDA did not author this bill. It was the brainchild of hundreds of independent physicians, advanced practice nurses, health centers, patients, and others wanting to address the crisis in primary care access and financial instability, and loss of practices statewide. That noble purpose was opposed by most insurers. But it is of critical importance. We appreciate the sadness and frustration of those caregivers that it did not move on. It has, in the view of the authors, sadly become a "working group".

We will agree to overseeing such a working group. We request \$100,000 of funding to support a part-time staff person and some modest data acquisition needs to better estimate current primary care spending.

In terms of our additional comments on HB1965-HD1, SHPDA strongly supported the language in SB2690 and HB1965-HD1, which aimed 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 original language aspired 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 on current spending and a plan to revitalize primary care services and 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 spending this much now. The grant aims to lower health care cost inflation and improve population health, including Hawai'i. SHPDA and Med-QUEST authored Hawai'i's successful proposal and are managing its implementation.

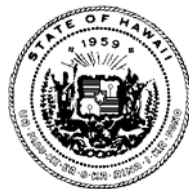
We further believe that current accounting of primary care spending by insurers is not accurate, as reflected in the glaring and increasing lack of access to primary care by beneficiaries across the state, and by the fact that fewer and fewer graduating medical and advanced practice nursing students choose primary care career paths. They, like most of the rest of us, recognize that primary care careers are not financially viable and that the workload is untenable. Further, new data suggests the state spending on emergency department (ED) visits and costs in increasing above national averages, reflecting the growing crisis in access to primary care.

I am certain that after the working group discussion over the coming year, a broad spectrum of providers and health systems will be back to propose implementing the original primary purpose of the bill. It is greatly needed to decrease unnecessary health spending and to improve population health in the future.

Thank you for hearing HB1965-HD1; and for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

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



RYAN I. YAMANE  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELAWE KANAKA  
Office of the Director  
P. O. Box 339  
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TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

March 17, 2026

TO: The Honorable Senator Joy A. San Buenaventura, Chair  
Senate Committee on Health and Human Services

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1965 HD1 – RELATING TO PRIMARY CARE.**

Hearing: March 18, 2026, Time 1:00 p.m.  
Conference Room 225 & via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the establishment of the primary care provider working group and agrees to participate as a member of the workgroup.

Continued investment in high-quality primary care has been shown to reduce unnecessary hospital visits, leading to overall savings in health care spending. DHS strongly supports increased investment in primary care and encourages such investment through its QUEST Integration contracts.

DHS implemented primary care spend reporting requirements through its QUEST Integration managed care contracts and has the ability to set spending targets through its existing contractual levers. DHS uses a broader definition of primary care spend that includes reimbursements to primary care providers, and additionally considers the spend on beneficial primary care services such as assessments, screenings, check-ups, vaccinations, and referrals; spend on wasteful primary care services; and the salience of incorporating spend on primary care supports such as care coordination and behavioral health treatments that support our residents in preventing avoidable hospital-based utilization.

Thank you for the opportunity to provide testimony on this measure.

**HB-1965-HD-1**

Submitted on: 3/16/2026 9:15:44 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Scott Grosskreutz, M.D.	Testifying for Hawaii Healthcare Task Force	Support	Written Testimony Only

Comments:

Dear Chair and Members of the Health and Human Services Committee,

The UH AHEC has reported on the worsening shortage of doctors for over 15 years, with physician shortages now exceeding 40% on the Big Island and Maui. Many patients on our Neighbor Islands cannot find a primary care care provider. This has resulted in thousands of patients in our communities being diagnosed late with advanced cancers and other neglected medical conditions.

California and many other states have already passed legislation to increase primary care funding to 12-15% of total healthcare funding. The Federal Government funds between two and three billion dollars of CMS healthcare funding to Hawai'i annually. The local insurance companies capture at least 15%, and likely closer to 20%, of this funding as some of their spending is mischaracterized as "medical spending". Between very high executive compensation, over 100 million spent on mainland insurance contractors, and enormous expenditures on prior authorization and quality assurance programs with little to show for it, only a tiny 3.6% is being paid to primary care providers. The insurance companies are capturing 5-6X as much of the federal funding, as the primary care healthcare professionals who provide 80% of patient visits. Thinks about that statistic on how our healthcare system has mutated over time!

There has been testimony from the local insurance companies and state regulators that increasing primary care spending in Hawai'i cannot be accounted for or enforced in our state. Hawaii used to be a leader among states in healthcare, with the Prepaid Healthcare Act. It is ridiculous to claim that Hawai'i cannot regulate increased primary care funding today, when many other states and the entire continent of Europe have already done so.

There are many studies that confirm that adequately funding primary care significantly improves patient outcomes, increases life expectancy AND lowers global healthcare costs. Passing HB1965 to create a working group to increase primary care spending, would greatly benefit our state, our patients and the insurance industry.

Aloha,

Scott Grosskreutz, M.D.

President Hawai'i Healthcare Task Force



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**The State Legislature**  
**Senate Committee on Health and Human Services**  
**Wednesday, March 18, 2026**  
**Conference Room 225, 1:00 p.m.**

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

Aloha Chair San Buenaventura, 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 HD1 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 works toward strengthening the primary care workforce by establishing the Primary Care Providers working group to address issues to stabilize the primary care services in the state.

Their work and recommendations will help 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.

**HB-1965-HD-1**

Submitted on: 3/17/2026 11:13:10 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Esther Yu Smith, MD	Testifying for Mohala Health	Support	Remotely Via Zoom

Comments:

**Testimony in Support with Comments**

H.B. 1965, H.D. 1 – Relating to Primary Care

Dear Chair and Members of the Committee,

I would like to express my sincere appreciation for the Legislature’s attention to primary care. Establishing a Primary Care Provider Working Group reflects a clear recognition that primary care in Hawai‘i is under strain and in need of thoughtful, coordinated solutions. We are grateful for the time, effort, and care that has gone into advancing this measure.

At the same time, I would like to respectfully share some concerns about the timing of this approach. Primary care capacity in Hawai‘i continues to decline, and these changes are being felt in real time across our communities. It is likely that at least one additional primary care clinic will close before the next legislative session, and when that occurs, it typically represents the loss of care for approximately 2,000 patients who depend on that clinic for ongoing and preventive services.

When patients lose access to primary care, they often turn to emergency departments or delay care until conditions worsen. This not only affects patient outcomes but also increases overall healthcare costs. In that context, delays in stabilizing primary care, even when well-intentioned, may result in greater system strain over time.

We fully support the creation of a working group and believe it can play an important role in developing long-term solutions. At the same time, we hope that near-term opportunities for support can be considered alongside this effort. In particular, we would respectfully encourage attention to concerns regarding inconsistencies in how insurance companies report administrative and medical expenditures to CMS and to the State of Hawai‘i. Greater clarity and consistency in this reporting may help protect and better direct funding within our healthcare system during this interim period.

Primary care remains the foundation of Hawai‘i’s healthcare system, and we are encouraged to see it prioritized. We are grateful for the Legislature’s leadership on this issue and for the opportunity to provide input.

Thank you for your continued commitment to the health of our communities.

Respectfully,  
Dr. Esther Yu Smith  
Vice President, Hawai'i Healthcare Task Force  
Medical Director, Ka'ū Hospital  
Family Physician, Big Island

March 18, 2026

**To: Chair Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services (HHS)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 18, 2026; 1:00 p.m./Conference Room 225 & Videoconference

**Re: Testimony in support of HB 1965 HD1 – Relating to Primary Care.**

The Hawaii Association of Health Plans (HAHP) supports 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 Hawaii through the establishment of a Primary Care Provider Working Group within the State Health Planning and Development Agency.

Hawaii'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 support HB 1965 HD1 and to contribute to this collaborative effort to advance primary care in Hawaii.

Sincerely,

HAHP Public Policy Committee  
cc: HAHP Board Members



March 18, 2026

The Honorable Joy A. San Buenaventura, Chair  
The Honorable Angus L.K. McKelvey, Vice Chair

Senate Committee on Health and Human Services

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

Dear Chair San Buenaventura, Vice Chair McKelvey 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 foundation 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 and high-quality provider network across the state. Our provider network is central to this effort, and HMSA remains committed to developing compensation models that support providers while ensuring health care remains affordable for Hawai‘i’s small businesses and families.

We appreciate the amendments adopted by previous committees and believe the current approach will help ensure robust dialogue among a wide range of health care stakeholders. Collaborative working groups like these have consistently proven effective in shaping policies that are balanced, sustainable, and—most importantly—focused on improving the health and well-being of our communities.

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

Sincerely,

Walden Au  
Director of Government Relations



## 'Ahahui o nā Kauka

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E-mail [huikauka@gmail.com](mailto:huikauka@gmail.com)

### 2025-2026 Advocacy Committee

Marcus Kāwika Iwane, MD  
President

Kapono Chong-Hanssen, MD  
Vice-President & Advocacy Co-  
Chair

Kaohimanu Dang-Akiona, MD  
Advocacy Co-Chair

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Treasurer

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Natalie Young-Albanese, MD

Jordan Lee, MD

March 13, 2026

### COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Angus L.K. McKelvey, Vice Chair

### 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.



**Testimony to the Senate Committee on Health and Human Services  
Wednesday, March 18, 2026; 1:00 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

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

Chair San Buenaventura, Vice Chair McKelvey, and Members of the 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, March 18, 2026; 1:00 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).

**HB-1965-HD-1**

Submitted on: 3/15/2026 9:27:38 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Ching	Testifying for American Academy of Pediatrics, Hawaii Chapter	Support	Written Testimony Only

Comments:

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

Dear Senator Joy A. San Buenaventura, Chair, Senator Angus L.K. McKelvey, Vice Chair, and members of the Committee on Health and Human Services:

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

March 18, 2026

Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Committee on Health & Human Services  
Hawai`i State Senate  
Honolulu, Hawai`i 96813

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

**Hearing Date: Wednesday, March 18, 2026, 1:00 PM, Conference Room 225**

Dear Chair San Buenaventura, Vice Chair McKelvey 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



March 16, 2026

In Support of HB 1965

Wednesday, March 18, 2026 at 1:00 pm  
Conference Room 225, State Capitol

Aloha Chair San Buenaventura, Vice Chair Aquino, and the HHS Committee,

The Maui County Healthcare Partnership (MCHP) brings together a diverse group of healthcare CEOs, administrators, providers, and community leaders regularly, representing 35+ healthcare organizations and 20+ community organizations that support the health sector. Neutrally convened by the Maui Economic Development Board, leaders across Maui, Molokai, and Lānaʻi commit to coordination action on shared challenges (workforce, transportation, behavioral health, reimbursement, etc.) for strengthening healthcare delivery and the future of the sector in our County.

We are testifying with unified positioning **in favor of HB 1965**. Investing in preventative health and primary care is the critical first step to improve community health outcomes, reduce costs in preventable hospitalizations, and build trust in healthcare practices along every stage of a patient's life.

Multiple committees within MCHP such as the "Wellness, Prevention, and Health Beliefs", "Behavioral Health", and "Mo' \$ - Reimbursement", have discussed cost-savings opportunities to support value-based care options and investing in primary care, coupled with needed workforce development. As Maui County faces the worst primary care shortage in the state, we urge that this working group addresses the need for workforce stabilization and attention to support primary care providers.

We are here to support you as a resource and advocate for this bill, and we send our deepest gratitude to you and this committee for your leadership. To reach out to MCHP, please contact Ila Ferris, lead convener of MCHP, at [ila@medb.org](mailto:ila@medb.org) or (808) 875-2343.

Best regards,  
Maui County Healthcare Partnership  
(see attached flyer for list of represented organizations)



**ABOUT US**

The Maui County Healthcare Partnership (MCHP) brings together **healthcare CEOs, executives, providers, and community leaders** quarterly, with virtual team calls in between, committing to coordinated action for strengthening healthcare delivery and the future of the sector across Maui Nui.

Neutrally **convened by Maui Economic Development Board (MEDB)** and **funded by the County of Maui**, the Partnership consists of over **40 industry leaders** and **20 community leaders** across Maui, Moloka'i, and Lāna'i.



**OUR TEAMS**

- Aging
- Wellness, Prevention, Health Beliefs
- Housing
- Mo' \$ (Reimbursement Formula)
- Recruitment and Retention
- Grow our Own
- Behavioral Health
- Transportation



**PARTICIPATING INDUSTRY ORGANIZATIONS**

Clinical Labs of Hawai'i, Cora Tasaki, MD (Neurology), Hale Mahaolu, Hale Makua, Hāna Health, Hawai'i Department of Health, Hawai'i Independent Physicians Association, Healthy Mothers Healthy Babies, Hospice Maui, Hui No Ke Ola Pono, Imua Family Services, Ka Hale Pomaika'i, Kaiser Permanente, Kālele Care Services, Lāna'i Community Health Center, Lāna'i Kinā'ole, Lines for Life, Mālama I Ke Ola Health Center, Marcus Griffin, MD (Internal Medicine), Maui Adult Day Care Centers, Maui Behavioral Health Resources, Maui Health, Maui Medical Group, Maui Mino'aka Dentistry, Mauiola Pharmacy, Mindful Living Group, Moloka'i Community Health Center, Moloka'i Drugs, Moloka'i General Hospital, Moloka'i Physical Therapy & Rehab, Nā Pu'uwai, Ohana Pacific Health, Pacific Cancer Foundation, Pūlama Ka Heke, Venture Physical Therapy

**PARTICIPATING COMMUNITY ORGANIZATIONS**

Alzheimer's Association, Baldwin High School, County of Maui, Grand Canyon University, Hawai'i Community Foundation, Hawai'i State Rural Health Association, HIDEOE, HIPHI - Healthy Eating Active Living Coalition, Ho'oikaika Partnership, HOSA Alumni & Professional Association Hawai'i, John A. Burns School of Medicine, Kamehameha Schools Maui, King Kekaulike High School, Kūlanihāko'i High School, Lahainaluna High School, Maui Chamber of Commerce, Maui High School, Maui Nui Medical Society, McKinley School for Adults, MEDB, MEO, Office of Wellness and Resilience, RHRPC, SHPDA, UHERO, UHMC





## Hawaii Medical Association

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### SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair

Date: March 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 testify in support of this measure.

#### 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

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

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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

**HB-1965-HD-1**

Submitted on: 3/15/2026 5:37:09 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Support

1965 HB RELATING TO PRIMARY CARE.

ACCESS AND DELIVERY OF HEALTH CARE IS EVERYONE'S RESPOSIBILITY

**HB-1965-HD-1**

Submitted on: 3/15/2026 11:12:00 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Allen Novak	Individual	Support	Written Testimony Only

Comments:

To: The Honorable Senator Joy San Buenaventura, Chair Senate Health and Humans Services Committee

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

Hearing: March 18, 2026 1:00 pm

Aloha Senator Joy San Buenaventura, Chair; Angus McKelvey, Vice Chair; and Committee Members,

I appreciate this opportunity to express support for HB1965, which seeks to establish a SHPDA working group to 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.

Please pass HB1965 without amendment.

Allen Novak

Board of Directors Hawai'i Association of Professional Nurses

Board of Directors Hawai'i Healthcare Task Force

**To:** The Honorable Senator Joy San Buenaventura Chair of the Senate Committee on Health and Human Services

**From:** Ramona Nakagawa, RN-BSN, Doctorate in Nursing Practice (DNP) Student

**Subject:** HB1965 – Relating to Primary Care

**Hearing:** March 16, 2026, 1:00pm

Aloha Senator San Buenaventura, Chair; Senator McKelvey, Vice Chair; and Committee Members,

I appreciate this opportunity to express support for HB1965, which seeks to establish a working group to address issues related to primary care health services in Hawai'i and develop recommendations for the stabilization of these services. As a current DNP student at the University of Hawai'i at Hilo with the intention to work as a primary care provider on Hawai'i island, HB1965 has the potential to have a major impact on my future practice. The Hawai'i Physician Workforce reports note that there is a 40% physician shortage on Hawai'i Island with the highest need in primary care<sup>1</sup>. I have worked as a registered nurse in acute care for the last 18 years and I have seen firsthand how the lack of primary care has resulted in frequent avoidable readmissions to the hospital. Emergency rooms are often overrun partially due to patients needing non-emergent care that could have been provided by a primary care practitioner. I have returned to school to contribute to the primary care workforce as a nurse practitioner and provide healthcare to my community and Lāhui.

It is essential that we address the underlying issues that has created the primary care provider shortage in Hawai'i to ensure adequate access to healthcare especially in rural areas. In addition, action must be taken to increase primary care reimbursement to attain operational feasibility of private practices within the state. These private practices act as a lifeline for rural communities and are in danger of closing if these issues are not addressed. Thank you again for your time and consideration of my testimony.

Respectfully,

Ramona Nakagawa, RN, BSN, DNP student

References and Quick Links:

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<sup>1</sup> University of Hawai'i System. (2024). *Hawai'i physician workforce report 2024: Annual report on findings from the Hawai'i Physician Workforce Assessment Project (Report to the 2025 Legislature; Act 18, SSLH 2009, §5)*. <https://ahec.hawaii.edu/docs/annual-physician-workforce-report-2024.pdf>

[Community Voice](#)

## Primary Care Must Be Protected As Hawai'i's Health System Evolves

If we are serious about long-term health care cost control and outcomes, we must shift more resources to primary care.

By [Galen Y.K. Chock](#)

March 12, 2026 · 4 min read



Kevin Fujii/Civil Beat/2025

Recent discussions about One Health Hawaii, the affiliation between HMSA and Hawaii Pacific Health, has [sparked important public questions](#).

In evaluating any health care changes, one principle should guide policymakers: primary care must be protected and strengthened.

Primary care is where prevention happens. It is where chronic diseases are managed before complications arise. It is where mental health challenges are identified early. It is where families build long-term, trusted relationships with physicians.

## ideas

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Ideas showcases stories, opinion and analysis about Hawai'i, from the state's sharpest thinkers, to stretch our collective thinking about a problem or an issue. Email [news@civilbeat.org](mailto:news@civilbeat.org) to submit an idea or an essay.

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For our children, a strong primary care is paramount. Pediatric primary care is the foundation of lifelong health. Well-child visits are where developmental delays are detected, autism is screened, learning concerns are identified, vaccines are administered and parental guidance is provided.

During well and illness visits, pediatricians monitor growth, nutrition, mental health and social stressors that can shape outcomes for decades.

When pediatric primary care is strong we are building tomorrow's healthier workforce and saving health care dollars.

Yet pediatric primary care faces unique financial pressures. Children are generally healthy, but often a cause of parental worry which means pediatric practices must be accessible.

It is costly to ensure that vaccines are stored in the office and readily available for patients. Pediatric services are time intensive and undervalued in traditional health insurance models.

Hospitals rely heavily on inpatient and procedural revenue. Pediatric primary care, by contrast, works to prevent hospitalizations. That is a public health success — but financially, it can place primary care at a disadvantage unless policy deliberately protects it.



Hospitals rely heavily on inpatient and procedural revenue. Pictured is an ambulance waiting to transport a patient in Honolulu. (David Croxford/Civil Beat/2024)

This is why we all should be dismayed that the Senate's committees on Health and Human Services and Commerce and Consumer Protection refused to advance [Senate Bill 2690](#). This bill "was to [boost investment](#) in primary care in Hawai'i."

If Hawai'i is serious about long-term health care cost control and better outcomes, it must shift more resources to primary care. SB 2690 would have helped stabilize both adult and pediatric practices. Such a policy would:

- support independent community primary care practices;
- strengthen neighbor island access;
- improve developmental and behavioral health screening;
- reduce avoidable emergency department visits; and
- promote long-term population health.

For children, early investment produces lifelong returns. Identifying speech delays at age 2 is far less costly than remedial education later. Managing childhood obesity early can reduce future diabetes. Addressing anxiety in adolescence can prevent adult disability.

Pediatric primary care is one of the highest-value investments a health system can make. We must not overlook that today's children are tomorrow's workforce.

Without a commitment to invest in primary care, systemic health care changes could unintentionally weaken independent primary care practices — including pediatric offices that serve as medical homes for thousands of Hawai'i's keiki. Small primary care practices lack the negotiating leverage of large hospital systems.

If health care payment to primary care practice stagnates while costs rise, closures and acquisitions may follow. That would mean fewer choices for families and longer waits for care.

If a health plan–health system alignment commits to a deliberate primary care investment to support a robust, sustainable primary care workforce, Hawai'i could build a more coordinated, prevention-centered system that benefits both adults and children.

But, without intentional rebalancing, we risk reinforcing a health care model that undervalues prevention — particularly pediatric prevention, where benefits accrue over decades rather than fiscal quarters.

As policymakers consider the future of Hawai'i's health system, please ask: does this strengthen the pediatrician's office, the family doctor's clinic and your internist's practice — or does it weaken them?

Because a system that invests in primary care, especially for children, is not just managing illness. It is investing in Hawai'i's future.

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Community Voices aims to encourage broad discussion on many topics of community interest. It's kind of a cross between Letters to the Editor and op-eds. This is your space to talk about important issues or interesting people who are making a difference in our world. Column lengths should be no more than 800 words and we need a photo of the author and a bio. We welcome video commentary and other multimedia formats. Send to [news@civilbeat.org](mailto:news@civilbeat.org). The opinions and information expressed in Community Voices are solely those of the authors and not Civil Beat.

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## Read this next:



### **Our Food Silos Will Not Protect Hawai'i**

By Amanda Shaw · March 13, 2026 · 5 min read

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## Local reporting when you need it most

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**HB-1965-HD-1**

Submitted on: 3/17/2026 12:25:17 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaohimanu Dang Akiona MD	Individual	Support	Written Testimony Only

Comments:

**TESTIMONY IN SUPPORT OF HB1965**

Primary Care Protection Act

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

My name is Ka`ohimanu Dang Akiona, MD, and I am a Native Hawaiian rural, family medicine physician practicing on Hawai`i Island and with a branch of my clinic in Kaunakakai on Moloka`i. I submit this testimony in **support of HB1965**, the Primary Care Protection Act but I do so under some duress as the original intent and urgency of the bill has been diminished.

Primary care is the entry and key coordination point of the health care system as a whole. When it is accessible and stable, patients receive timely care, chronic disease is prevented or better controlled, and costly emergencies are avoided. When access to, and the quality of, 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 decades of underinvestment in primary care. There are dwindling providers and those who are currently in practice are NOT supported, professionally or financially, to help those who need it the most- keiki, kupuna and communities or populations with complex needs, including Medicaid insured.

In my practice, I routinely encounter and manage complex patients of all ages and demographics who have been affected by disrupted or lack of access to care. They often present with medical issues that would otherwise escalate into emergency department visits or hospitalizations if my team and I do not intervene. I can tell you confidently that the gaps in care have worsened, particularly on Hawaii Island and Moloka`i; and patients, their families and the communities they are a part of are truly 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. I am providing testimony today to state plainly that the current system **does not** support those of us trying to provide some solutions to our current healthcare crisis. While everyone seems willing to recognize that there is a healthcare crisis and that access to physician services like those offered in my clinics are crucial, most practices, including mine, continue to struggle to keep our doors open.

As it stands, 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. I am frequently recruited to/offered out of state opportunities that offer much higher pay with more supportive environment and benefits. We have struggled for years to recruit students and residents into primary care in Hawai'i given the challenges faced including low pay relative to the complexity and intensity of work. Our own local kids **are not** choosing to come home as they see the trends in Hawai'i are not changing- their professional training and growth is better supported elsewhere. 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 in most parts of the state.

HB1965 originally attempted to address these realities directly. The bill was drafted to establish 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 intended to strengthen prompt-pay protections, limit inappropriate downcoding, and reduce administrative practices that undermine clinical care without improving outcomes. These are URGENT issues that currently stress our practices to breaking point.

As a primary care provider, I was 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 from 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.** But we need ACTION- We cannot afford more delays or distractions, more working groups WITHOUT action. **Your Hawai`i Physicians need YOUR support and action now.**

**HB1965 as it was proposed WOULD 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. This requires a healthy proportion of independent, as well as systems-based and -employed clinicians- across our entire state.

As a primary care provider committed to caring for our family and friends in Hawai`i and Maui county and especially our Native Hawaiian and other vulnerable populations and communities, **I respectfully wish to remind the Committee that there is a dire and worsening healthcare crisis with widening gaps in care especially for those of us outside of Honolulu.** There is imminent need to address and support ALL Hawai`i physicians, through ACTION. **At this time, I humbly request your support of HB1965** and help us take any evidence-based step possible toward protecting health care access across Hawai`i.

Mahalo for the opportunity to. 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

**To:** The Honorable Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, Chair Lisa Marten, Vice Chair Ikaika Olds, and Members of the House Committees on Health and Human Services & Homelessness

**From:** Erika Murata, RN-BSN, Doctorate in Nursing Practice (DNP) Student

**Subject:** Testimony in Support of HB1965 – Relating to Primary Care

**Hearing:** March 18, 2026, 1:00 pm

Aloha, and thank you for the opportunity to provide testimony in support of HB1965 relating to primary care.

Advanced Practice Registered Nurses (APRNs) are an essential part of Hawai‘i’s primary care workforce and play a particularly important role in rural communities across Hawai‘i Island. Many areas of the island continue to face ongoing shortages of healthcare providers, long travel distances to clinics, and limited access to specialty care. In these settings, APRNs often serve as primary care providers, offering preventive services, managing chronic illnesses, supporting behavioral health needs, and coordinating care for patients who might otherwise struggle to access healthcare.

The creation of a Primary Care Providers Working Group through HB1965 is an important step toward addressing workforce shortages and system challenges that directly impact access to care in rural parts of the state. On Hawai‘i Island, geographic isolation and a limited number of healthcare providers already place significant strain on the healthcare system. When clinics close, staff turnover occurs, or reimbursement systems do not adequately support providers, access to essential primary care services becomes even more limited. These barriers can especially affect rural residents, older adults, and individuals living with chronic conditions who depend on reliable and consistent local care.

Strengthening the primary care workforce is critical to improving health outcomes and maintaining access to care for communities throughout Hawai‘i Island. Research consistently shows that strong primary care systems are associated with better chronic disease management, fewer hospitalizations, and improved overall population health. APRNs are well prepared to help meet these needs and already provide a significant share of primary care services in underserved communities.

By bringing together key stakeholders to assess workforce needs, identify system barriers, and explore sustainable solutions, HB1965 has the potential to support policies that strengthen Hawai‘i’s primary care infrastructure. These efforts can help ensure that rural communities—especially those on Hawai‘i Island—continue to have dependable access to high-quality healthcare services.

Thank you for the opportunity to provide testimony and for your continued commitment to policies that support Hawai‘i’s healthcare workforce and improve access to care for residents across the state.

Respectfully submitted,

Erika Murata, RN, BSN, DNP student

References:

1. *The Complexities of Physician Supply and Demand: Projections From 2021 to 2036 Summary Report Prepared for the AAMC by GlobalData Plc.* (2024).  
<https://www.aamc.org/media/75231/download>
2. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Implementing High-Quality Primary Care. (2021). *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care.* In S. K. Robinson, M. Meisner, R. L. Phillips, & L. McCauley (Eds.), *PubMed*. National Academies Press (US).  
<https://pubmed.ncbi.nlm.nih.gov/34251766/>
3. *2024 Nurse Practitioner Practice Report.* (n.d.).  
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**HB-1965-HD-1**

Submitted on: 3/17/2026 11:01:04 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

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

Comments:

I support this measure.

**To:** Senate Committee on Health and Human Services  
**Attn:** Senator Joy San Buenaventura, Chair; Senator McKelvey, Vice Chair

**From:** Connie Lamour, RN, BSN, Doctor of Nursing Practice Candidate

**Position:** **STRONG SUPPORT** of HB1965

**Hearing:** Wednesday, Mar 18, 2026 at 1:00 PM

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

Mahalo for the opportunity to submit testimony in strong support of HB1965, which seeks to strengthen and stabilize primary care services across Hawai'i through strategic investment and system level planning.

Primary care is the foundation of an effective healthcare system, yet Hawai'i continues to face significant challenges in access, workforce capacity, and sustainability. These challenges are particularly evident in West O'ahu communities such as Kapolei and 'Ewa Beach, where rapid population growth has outpaced the availability of primary care providers. Hawai'i faces a documented shortage of physicians, particularly in primary care, which contributes to limited access and delays in care.<sup>1</sup> Patients in these areas frequently experience long wait times, limited appointment availability, and barriers to preventive and chronic disease management.

HB1965 addresses these gaps by establishing a Primary Care Providers Working Group within the State Health Planning and Development Agency to develop targeted, data driven recommendations. This approach supports coordinated, long term planning to strengthen the primary care infrastructure and ensure that resources are aligned with community needs.

In addition, increasing investment in primary care is a critical strategy to improve access and health outcomes. Greater primary care investment has been associated with improved population health, reduced hospitalizations, and lower overall healthcare costs.<sup>2</sup> Strengthening primary care capacity is especially important for aging populations and individuals with chronic conditions who rely on consistent and accessible care.

As a registered nurse with over a decade of clinical experience in Hawai'i, a nursing educator, and a Doctor of Nursing Practice candidate, I have observed the downstream effects of limited primary care access. Patients often present to higher acuity settings with conditions that could have been managed earlier through timely primary care intervention. Strengthening primary care infrastructure is essential to improving health outcomes and reducing system strain.<sup>3</sup>

HB1965 represents a meaningful step toward building a more sustainable, equitable, and accessible healthcare system for Hawai'i's residents. I respectfully urge your support of this measure.

Mahalo for your time and consideration.

Very Respectfully,

Connie Lamour, RN, BSN  
Doctor of Nursing Practice Candidate

References and Quick Links:

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<sup>1</sup> Hawai'i Physician Workforce Assessment Project. (2023). *Hawai'i physician workforce profile*. John A. Burns School of Medicine, University of Hawai'i at Mānoa.

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<sup>2</sup> Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly*, 83(3), 457–502.

<https://doi.org/10.1111/j.1468-0009.2005.00409.x>

<sup>3</sup> Hawai'i State Center for Nursing. (2025). *Hawai'i nursing workforce supply report*. <https://www.hawaiiicenterfornursing.org/workforce-reports/>