

Testimony of the Hawaii Medical Board

**Before the
House Committee on Consumer Protection and Commerce
Tuesday, March 3, 2026
2:00 P.M.
Conference Room 329 and Via Videoconference**

**On the following measure:
H.B. 2558 H.D. 1, RELATING TO TELEHEALTH**

Chair Matayoshi and Members of the Committee:

Thank you for the opportunity to testify on this measure. My name is Young-Im Wilson, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board offers comments on this measure.

H.B. 2558 H.D. 1 seeks to address Hawaii's physician shortage by expanding access to telehealth services and permitting out-of-state physicians who are licensed and in good standing in their home jurisdictions to establish physician-patient relationships and provide telemedicine services to patients located in Hawaii, provided that such services are authorized in the physician's home state and are not reasonably available within the state.

While §453-2(8) requires out-of-state physicians to be in good standing, H.B. 2558, H.D.1 would eliminate the requirement for Hawaii licensure while providing telehealth services and the board has concerns over its authority to investigate violations, impose discipline or revoke privileges. We recommend that the bill include a requirement for out-of-state providers to report disciplinary actions taken in other jurisdictions within thirty days.

The bill also fails to clearly define the broad term of "telemedicine service" (page 9, lines 8–17), which references the framework set forth in Hawaii Revised Statutes §453-1.3. As drafted, the definition may extend beyond traditional clinical practice. Specific concerns include:

1. Clinical care – Because the definition lacks defined limits on scope, acuity, or complexity. It encompasses high-risk activities such as cancer diagnoses,

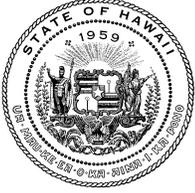
emergency management, and prescribing Schedule II controlled substances- alongside routine services like wound checks or medication refills. Explicit exclusions for high-risk interventions and a clear nexus to verified specialty shortages may better safeguard patients.

2. Health education –We request limiting this provision to appropriately licensed professionals operating within a defined clinical context would protect patient safety and care quality.
3. Health administration –The Board recommends removing this category and or limiting it strictly to physician-related patient care.
4. Facilitation of self-managed care and caregiver support –Restricting this provision to qualified physicians under Hawaii standards would clarify responsibility and oversight.
5. Remote Patient Monitoring (RPM) – The phrase “occurring incidentally to general supervision” is ambiguous regarding the source, frequency, and level of oversight. Clear supervision requirements aligned with Hawaii’s standards are essential for safe and consistent care.

We recommend that the requirements of Hawaii Revised Statutes §453-1.3(d) and (i), that out-of-state physicians must comply with all applicable state and federal requirements, including privacy standards to ensure patient safety, and confidentiality protections.

The Board remains committed to supporting responsible telehealth expansion that balances access with public safety and trust.

Mahalo for the opportunity to provide testimony on this measure.



**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

March 2, 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 2558-HD1 -- RELATING TO TELEHEALTH

HEARING: Tuesday, March 3, 2026 @ 2:00 pm; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB2558-HD1, which aims to expand access to physician care in Hawai'i by enabling out-of-state physicians to provide telemedicine services through a temporary licensure process when such services are not available locally. We believe this is necessary due to ongoing professional shortages. However, we believe the bill requires one amendment, which we describe later.

The bill will prevent avoidable out-of-state travel for patients who can receive unavailable specialist care virtually. For those who must initially be referred to the mainland for diagnosis or treatment (due to professional access gaps), this will allow those patients to return home sooner and receive follow-up care virtually from their mainland specialists to improve outcomes and lower costs.

The bill also allows Hawai'i regulation of quality for the mainland telemedicine physicians consistent with Hawai'i's licensing standards of practice, professional discipline, and requirement to maintain adequate professional liability insurance, telemedicine standards of care. SHPDA defers to the DCCA and AG regarding these matters.

However, SHPDA respectfully suggests that the Committee remove subsection (8)(D), which requires the out-of-state telemedicine physician to be "under the supervision of a physician licensed in this State."

We believe this requirement is not realistic, nor will it be acceptable to Hawaii physicians to be accepting risk for physicians they cannot realistically directly supervise and or be jointly liable for supervising. The requirement represents a barrier to making such telemedicine service available, is administratively burdensome, is unrealistic, and is unnecessary.

HB2558-HD1 provides an important pathway to expand telehealth access, strengthen continuity of care, and address Hawai'i's long-standing physician shortages. With the removal of subsection (8)(D), the measure would better achieve its goals while maintaining clear accountability and patient protections.

Thank you for earing the bill and for the opportunity to testify.

- -- Jack Lewin, MD, Administrator, SHPDA



STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378



**STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on
Consumer Protection and Commerce
in SUPPORT of H.B. 2558 HD1
RELATING TO TELEHEALTH
March 3, 2026 2:00 p.m., Room 329 and Video**

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Chair Matayoshi, Vice Chair Grandinetti, and Committee members:

HRS §334-10 established the State Council on Mental Health (SCMH) as a 21-member body. It advises on resource allocation, statewide needs, and programs affecting more than one county. It advocates for adults with serious mental illness, children with emotional disturbances, and individuals with co-occurring substance abuse disorders. Members represent mental health providers and recipients, students, youth, parents, and family members. State agency representatives from mental health, judiciary, housing, Medicaid, social services, vocational rehabilitation, and education serve the Council. Members also include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards.

HB2558, HD1 represents a step toward expanding access to care for Hawai'i residents by enabling qualified out-of-state physicians to provide telemedicine services under defined conditions. This approach may help mitigate workforce shortages and reduce barriers to specialty care.

A majority of Council members support the intent of this bill to broaden telehealth access. The Council strongly encourages the following clarifications and amendments to ensure safe, effective, and compliant implementation:

Quality Assurance and Clinical Standards

The measure should clearly define expectations for clinical appropriateness, documentation standards, continuity of care, and measurable outcome benchmarks to ensure that telehealth services



provided by out-of-state physicians meet Hawai'i's established standards of care.

Licensure and Federal Alignment

While the bill authorizes certain licensure flexibilities, it should explicitly address alignment with federal requirements, including Medicare and other federal payer policies governing telehealth eligibility, supervision, and reimbursement. Clear statutory or regulatory alignment will help prevent reimbursement gaps and unintended regulatory conflicts.

Controlled Substance Prescribing

To protect patient safety and ensure compliance, the bill or accompanying rules should clarify the conditions under which out-of-state physicians may prescribe controlled substances via telehealth. This includes adherence to federal Drug Enforcement Administration requirements, Hawai'i controlled substance laws, prescription drug monitoring program participation, and appropriate safeguards against misuse.

With these clarifications, the bill can better balance expanded access with patient safety, regulatory clarity, and integration into Hawai'i's existing healthcare infrastructure.

Thank you for the opportunity to provide testimony.



March 3, 2026 at 2:00 pm
Conference Room 329

House Committee on Consumer Protection and Commerce

To: Chair Scot Z. Matayoshi
Vice Chair Tina Nakada Grandinetti

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

Re: **Submitting Comments**
HB 2558 HD 1, Relating to Telehealth

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

Thank you for the opportunity to submit **comments** on this measure. We appreciate the legislature's continued efforts to expand access to care, particularly for patients who face challenges obtaining timely specialty services. Telehealth has become an important tool in Hawaii, especially given our unique geography and workforce constraints, and we should continue to strive to be at the forefront of innovation.

Importantly, Hawaii law does provide a mechanism to support access to out-of-state expertise through consultation. Under existing statute, a physician licensed in another state may participate in telehealth consultations with a Hawaii-licensed physician, so long as the in-state physician retains control and remains responsible for the patient's care. This model allows patients to benefit from specialized or hard-to-find expertise while preserving continuity of care, clear lines of responsibility, and regulatory clarity.

We appreciate the legislature's continued interest in support telehealth policy in the state and the opportunity to provide comments on this measure.



March 3, 2026

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

House Committee on Consumer Protection and Commerce

Re: HB 2558 HD1 – RELATING TO TELEHEALTH

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 2558 HD1, which expands telehealth services to residents in the State by providers who perform certain medical treatments out-of-state via telehealth.

HMSA has long supported the use of telehealth as a tool to improve access to care, particularly for communities facing workforce shortages and geographic barriers. In fact, HMSA was the first health plan in Hawai'i to introduce a telehealth platform in 2009, supporting patients across the state. We continue to view telehealth as an important component of Hawaii's health care system and support thoughtful policies that expand access while maintaining patient protection.

However, HMSA has concerns with the bill as currently drafted:

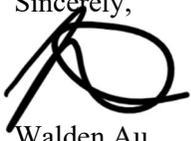
- We appreciate the previous committee's recommendation to require that services provided by out-of-state providers occur under the supervision of a physician licensed in Hawaii. However, the bill does not establish clear implementation standards or identify an overseeing authority responsible for ensuring patient safety, quality of care, and accountability. Without defined oversight mechanisms, this presents risks to patients and creates uncertainty for providers and health plans.
- Section 8(b) is broad and undefined. While the provision references physician shortages and lack of reasonable access, it does not establish clear parameters or identify an authority responsible for determining when these conditions exist. Without consistent standards or oversight, this provision could be interpreted inconsistently and create operational and compliance challenges for health plans, providers, and patients.

HMSA supported the Legislatures' enactment of the Interstate Medical Licensure Compact (ACT 112, 2023) as a balanced approach to expanding access while preserving appropriate safeguards. While not a silver bullet to address the spectrum of issues facing Hawaii's workforce shortage, the compact reduces licensure barriers in a way that maintains safeguards for patient safety and quality.

For these reasons, HMSA respectfully requests that HB 2258 HD 1 be deferred so that we can work collaboratively with the Legislature and stakeholders on solutions that will expand access to care while also ensuring strong and consistent patient protections.

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

Sincerely,

A handwritten signature in black ink, appearing to be 'Walden Au', written over a light gray rectangular background.

Walden Au
Director of Government Relations



Hawaii Medical Association

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

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

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

Date: March 3, 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 2558 HD1 RELATING TO TELEHEALTH. Telehealth; Licenses; Access; Physician Shortage.

Position: Comments

This measure would authorize out-of-state physicians who are licensed and in good standing in the state in which they reside to provide telemedicine services in Hawaii via telehealth, under certain conditions, and clarify that a physician-patient relationship may be established with an out-of-state physician via telehealth under certain circumstances. Effective 7/1/3000. (HD1)

Hawaii faces persistent critical physician shortages, particularly on neighbor islands. This measure builds on the state's telehealth infrastructure to expand access to critical clinical services. By allowing qualified, licensed out-of-state physicians to provide telehealth under defined standards, this measure may reduce travel burdens, improve access to subspecialty care, and align care delivery with modern practice patterns.

While this measure aims to increase access to care via expanded telehealth, it raises concerns about continuity and quality of care, oversight of out-of-state practitioners, integration with local health systems and protections against misuse and diversion of medications. Telehealth alone is not a substitute for in-person longitudinal care or reliable care coordination.

HMA respectfully offers the following recommendations:

- **Require Hawaii licensure and formal telehealth registration for any out-of-state physician treating a patient located in Hawaii.** This gives clear board jurisdiction and discipline authority to Hawaii. The *Interstate Medical Licensure Compact* is an efficient pathway for physicians.
 - Strengthen coordination between telehealth providers and patients' local care teams.
 - Require Hawaii DEA registration compliance, explicitly prohibit Schedule II prescribing via telehealth, and require PDMP checks before initial controlled-substance prescriptions and at defined intervals for refills/continuation.
 - Monitor outcomes to ensure expanded access does not reduce quality or continuity.
- continued

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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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

- **HMA also recommends establishing a multidisciplinary task force that would allow Hawaii to thoughtfully address access needs while preserving quality, continuity, and safeguards around telehealth high-risk prescribing.**

Task force members may include Hawaii representatives from:

Department of Health
Department of Commerce and Consumer Affairs, Professional and Vocational Licensing
Division
State Health Planning and Development Agency (SHPDA)
Hawaii Medical Board
Hawaii Board of Pharmacy
Hawaii Board of Nursing
Hawaii Medical Association
Hawaii State Center for Nursing
UH Pacific Basin Telehealth Resource Center (PBTRC), University of Hawai'i Telecommunication
and Social Informatics Research Program (TASI).

HMA believes that requiring Hawaii licensure for out-of-state telehealth physicians is essential to ensure clear accountability, consistent standards of care, and meaningful oversight by our state regulatory authorities. Additionally, convening a focused work group to address safeguards around high-risk controlled-substance prescribing will allow Hawaii to thoughtfully balance expanded access through telehealth with patient safety, continuity of care, and responsible medication oversight.

Thank you for allowing the Hawaii Medical Association to submit comments on this measure.

REFERENCES AND QUICK LINKS

Interstate Medical Licensure Compact Commission. *Member States*. IMLCC, <https://www.imlcc.org/participating-states/>. Accessed 28 Feb. 2026.

U.S. Department of Health & Human Services. *Prescribing Controlled Substances via Telehealth*. Telehealth.HHS.gov, 5 Jan. 2026, <https://telehealth.hhs.gov/providers/telehealth-policy/prescribing-controlled-substances-via-telehealth>

Chapter 456, Section 47. 2025 Florida Statutes, Florida Legislature, https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.47.html

U.S. Drug Enforcement Administration. *DEA Announces Three New Telemedicine Rules that Continue Open Access*. DEA.gov, 16 Jan. 2025, <https://www.dea.gov/press-releases/2025/01/16/dea-announces-three-new-telemedicine-rules-continue-open-access>

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Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2024 Hawaii Medical Association Public Policy Coordination Team

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



March 2, 2026

The Honorable Scot Z. Matayoshi
Chair, Consumer Protection & Commerce Committee
Hawai'i House of Representatives
State Capitol, Room 433
Honolulu, HI 96813

RE: ATA ACTION SUPPORT OF HB 2558

Dear Chair Matayoshi and Members of the Consumer Protection & Commerce Committee,

On behalf of ATA Action, I am writing to express our strong support for House Bill 2558, relating to telehealth and the expansion of physician licensure flexibility for out-of-state practitioners. While we enthusiastically support the bill's direction, we also offer recommendations to further reduce restrictions and maximize access to care for Hawai'i residents.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

Hawai'i faces a significant and well-documented physician shortage (University of Hawai'i, 2026 Physician Workforce Assessment Report (Dec. 2025)). This shortage is felt most acutely on the neighbor islands, where geographic isolation compounds barriers to care. For patients battling cancer and other serious conditions who cannot access needed specialty services in-state, the current regulatory environment forces costly and burdensome out-of-state travel. HB 2558 takes meaningful steps to address this crisis by permitting licensed, out-of-state physicians in good standing to provide telemedicine services to Hawai'i patients under certain conditions, including supervision by a Hawaii-licensed physician.

ATA Action supports the core framework established in Section 2(b)(8) of HB 2558, which allows out-of-state physicians to establish physician-patient relationships via telehealth and deliver services not otherwise available due to physician shortage or lack of reasonable access. This is a commonsense provision that recognizes the realities of Hawai'i's healthcare landscape and leverages telehealth as the powerful access tool it is.

However, we respectfully encourage the Committee to consider making the bill's provisions less restrictive in the following ways:

Eliminate or Narrow the Supervision Requirement

As currently written, Section 2(b)(8)(D) requires that out-of-state telemedicine services be provided "under the supervision of a physician licensed in this State." For many patients seeking specialty care not

ATA ACTION

13th St NW, 12th Floor Washington, DC 20005
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available in Hawai‘i, there may be no in-state physician with the relevant expertise to meaningfully supervise. This requirement could effectively nullify the benefit of the provision in the very cases it is meant to address. We urge the Committee to consider removing or narrowing this requirement, or at minimum clarifying that “supervision” may be satisfied through a care coordination arrangement rather than active clinical oversight.

Broaden the Definition of Services Qualifying for the Shortage Exemption

The bill currently limits the exemption to services “not available in this State due to a physician shortage or lack of reasonable access.” ATA Action recommends adding a clear process or presumption for determining when this threshold is met, so that patients and providers are not left guessing whether a given service qualifies. Alternatively, broadening the exemption to cover any licensed, in-good-standing out-of-state physician would more fully address the access crisis and bring Hawai‘i in line with more permissive interstate telehealth frameworks.

Align with the Interstate Medical Licensure Compact’s Spirit

Hawai‘i’s adoption of the Interstate Medical Licensure Compact reflects a legislative commitment to expanding physician mobility. We encourage the Committee to ensure HB 2558’s provisions are harmonized with and complementary to Compact pathways, rather than inadvertently creating parallel, more burdensome requirements for telehealth delivery.

ATA Action believes HB 2558 represents a meaningful and necessary step forward for telehealth access in Hawai‘i. With modest adjustments to reduce unnecessary restrictions, the bill could fully unlock the promise of telehealth for the residents who need it most – including cancer patients, those managing chronic conditions, and neighbor island communities underserved by the current system.

Thank you for the opportunity to comment. We respectfully urge the Committee to support HB 2558 and to consider the modifications outlined above to maximize its impact. Please do not hesitate to let us know how we can be helpful to your efforts to advance common-sense telehealth policy in Hawai‘i. If you have any questions or would like to discuss the telehealth industry’s perspective further, please contact me at hyoung@ataaction.org.

Kind regards,

A handwritten signature in black ink that reads "Hunter Young" in a cursive script.

Hunter Young
Head of State Government Relations
ATA Action

ATA ACTION

13th St NW, 12th Floor Washington, DC 20005
Info@ataaction.org

March 3, 2026, 2 p.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

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

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

TESTIMONY IN SUPPORT OF HB2558 HD1 — RELATING TO TELEHEALTH

Aloha chair, vice chair and other committee members,

The Grassroot Institute of Hawaii **supports** [HB2558 HD1](#), which would allow Hawaii residents greater access to telehealth services through out-of-state providers. We are, however, concerned that two elements of the current draft of the bill will frustrate this intent.

First, section 8(B) should be removed because it proposes limiting access to out-of-state telehealth to situations in which “The telemedicine service is not available in this State due to a physician shortage or lack of reasonable access.” This would create considerable ambiguity about the extent of unavailability required in order to legally seek telehealth services. For example, is it sufficient for a patient located on Maui to see a physician via telehealth if the only available specialist is on Oahu? What if there is a specialist on Maui, but that doctor has a lengthy waiting list? Or what if there is a physician on the island, but some feature of the patient’s illness would benefit from a higher degree of specialization in a particular area? One can see how this would become an interpretive and bureaucratic nightmare — not to mention the potential implications for insurance coverage.

Section 8(D) should also be removed. This provision defeats the purpose of the bill because it would require that out-of-state physicians provide telemedicine services to Hawaii patients under the supervision of a Hawaii-licensed doctor. A consulting exception already exists in Hawaii’s current telehealth law. Including that requirement here does nothing to help alleviate the healthcare and personnel shortages that prompted this

bill, as a patient would be required to find an out-of-state doctor and a Hawaii doctor willing to work under these conditions, effectively making that patient wait in multiple lines instead of one.

A better way to address safety and oversight concerns regarding expanding telehealth services would be to create a registration system or special telehealth license for out-of-state telehealth providers that would fall under the supervision of the Hawaii Medical Board. Eighteen states, plus the Virgin Islands and Puerto Rico, have enacted some form of special license or registration system for out-of-state telehealth providers, and the majority of states have created exceptions to state licensing requirements for the practice of telehealth.¹

North Dakota, for example, allows patients who are in the state temporarily to receive telehealth care from licensed doctors who are in other states as long as the patient and physician have a preexisting relationship.²

Florida has established a program that allows licensed out-of-state providers to practice telehealth by registering with the state medical board and agreeing to certain conditions such as liability coverage.³

Colorado recently enacted an extensive out-of-state telehealth registration program that includes emergency protocols, practice standards and disclosure rules.⁴

These states have also established safeguards to ensure that disciplinary actions against telehealth providers from out of state are reported to the state board, and that providers practicing telehealth within the state are subject to the jurisdiction of the state board.

Expanding access to telehealth by allowing residents to receive such healthcare services from qualifying out-of-state providers would be an easy, practical way to mitigate Hawaii's struggles with healthcare access and staffing shortages, which disproportionately affect rural areas and underserved populations.

The COVID-19 crisis was instrumental in showing the potential telehealth has to improve healthcare outcomes. Moreover, emergency orders related to telehealth during that time demonstrated that removing barriers to out-of-state telehealth access benefitted patients and providers.

Grassroot has published a [white paper](#) that details how the state could improve outcomes and expand healthcare access by removing regulations that prevent Hawaii patients from receiving telehealth from

¹ "[Out-of-State Telehealth Provider Policies](#)," The Center for Connected Health Policy, Mar. 2, 2026. States with a special telehealth registration or licensure process include: Arizona, Colorado, Delaware, Florida, Georgia, Idaho, Kansas, Louisiana, Maine, Maryland, Minnesota, Nevada, New Hampshire, New Mexico, Oregon, Puerto Rico, Tennessee, Vermont, Virgin Islands, and West Virginia.

² [North Dakota Administrative Code](#), Ch. 50-02-15 (accessed March 2, 2026).

³ [Florida Statute 456.47](#) (accessed March 2, 2026).

⁴ [Colorado Revised Statutes](#), Sec. 12-30-124 (2026).

out-of-state providers. Research demonstrates that improved adoption of and access to telehealth can lead to better health outcomes while reducing costs and unnecessary hospitalizations.⁵

Moreover, safely increasing patient access to telehealth across state lines could help mitigate Hawaii's physician and specialist shortages.

Hawaii's geographic challenges make telehealth expansion a necessity. We commend the Legislature for seeking ways to remove barriers to telehealth in Hawaii.

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii

⁵ Malia Hill, "[Why Hawaii lawmakers should adopt interstate telehealth](#)," Grassroot Institute of Hawaii, July 2025.



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

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

Hearing: Tuesday, March 3, 2026, 2:00pm, Conference Room 329

RE: **HB2558 HD1 Relating to Telehealth**

AlohaCare appreciates the opportunity to provide testimony in **support of HB2558 HD1**. This measure expands telehealth services to residents in the State by providers who perform certain medical treatments out-of-state via telehealth.

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

AlohaCare is committed to improving access to care and supports a range of policy solutions to address our State's shortage of healthcare professionals, including workforce growth and retention programs including loan repayment, enhanced reimbursements and tax exemptions, and technology solutions like telehealth. We support telehealth as a means for our members and residents across our State to access healthcare services more easily, especially to improve access for geographically separated neighbor islands requiring air transport and for residents on all islands to access specialty care more quickly, particularly residents who depend on Medicaid or QUEST. For these reasons, we support this measure.

Mahalo for this opportunity to testify in **support of HB2558 HD1**.



HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
HB2558 HD1 Relating to Telehealth
March 3, 2026, at 2:00 PM, State Capitol CR 329 and Videoconference

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

Thank you for allowing me to testify in SUPPORT of HB2558 HD1 for the following reasons:

Allowing Hawaii residents to access telehealth from qualifying out-of-state providers could help address healthcare access and staffing shortages, especially in rural and underserved areas.

Specialty care providers are highly sought after, which often leads to longer wait times and postponed treatment.

For these reasons, please vote YES on HB 2558 HD1. Thank you for the opportunity to testify.

Respectfully submitted,
Jamie Detwiler, President
Hawaiian Islands Republican Women

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Scot Z. Matayoshi, Chair, and Members of the House Committee on Consumer Protection and Commerce (CPC)

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

RE: HB2558 HD1 — Relating to Telehealth

Position: Strong Opposition

Hearing: Tuesday, March 3, 2026, at 2:00 p.m.

LATE

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

On behalf of the Hawai'i Association of Professional Nurses (HAPN), we submit this testimony in strong opposition to HB2558 HD1. HAPN strongly supports telehealth when it expands access in a way that protects patients, strengthens Hawai'i's health care workforce, and preserves clear regulatory accountability. HB2558 HD1 does not strike that balance. Instead, it creates a pathway for out-of-state physicians who are not licensed in Hawai'i to establish physician-patient relationships with patients located in Hawai'i and provide telemedicine services here. From a CPC perspective, that raises serious consumer protection, accountability, and regulatory consistency concerns.

HAPN opposes HB2558 HD1 because Hawai'i licensure is not a technical formality. It is one of the State's core consumer protection tools. Licensure ensures that professionals caring for Hawai'i patients are subject to Hawai'i's standards, Hawai'i's oversight, and Hawai'i's disciplinary authority. When a bill creates an avenue for out-of-state practice without full Hawai'i licensure, it weakens the connection between the patient receiving care in Hawai'i and the regulatory framework intended to protect that patient.

From HAPN's perspective, the problems with HB2558 HD1 are substantial:

HB2558 HD1 weakens consumer protection by allowing care to be delivered in Hawai'i without Hawai'i licensure.

Patients in Hawai'i should be able to rely on a clear rule: if someone is treating them while they are in Hawai'i, that provider should be licensed in Hawai'i and accountable to Hawai'i regulators. This bill blurs that standard. That is not a minor policy change. It creates uncertainty about oversight, enforcement, and what protections apply when problems arise.

The bill creates accountability and continuity concerns that are especially relevant to CPC.

Establishing a physician-patient relationship is not just a one-time interaction. It carries responsibilities involving follow-up, referrals, care coordination, prescribing, recordkeeping, and escalation when a patient's condition changes. Out-of-state telemedicine models can fragment care when providers are not embedded in Hawai'i's local referral networks, do not maintain long-term presence in the community, and are not readily accountable to the systems patients must rely on after the telehealth visit ends.

The bill relies on vague standards that are difficult to apply consistently.

HB2558 HD1 depends on whether a service is unavailable in Hawai‘i because of a shortage or lack of reasonable access. Those terms may sound workable in theory, but they are not clearly operationalized in the bill. Access can vary by island, specialty, payer, urgency, and patient circumstances. Without a clear process or accountable decision-maker, this language risks inconsistent interpretation and confusion for patients, providers, and payers.

Existing law already allows access to out-of-state expertise without undermining Hawai‘i oversight.

Hawai‘i already permits out-of-state physicians to participate in consultation with a Hawai‘i-licensed physician, while preserving local responsibility for the patient’s care. That model allows patients to benefit from specialized expertise without discarding clear lines of accountability. HB2558 HD1 goes beyond consultation and instead opens a pathway for independent out-of-state practice directed at Hawai‘i patients, which is the core problem.

The bill is framed as an access solution, but it risks bypassing rather than strengthening Hawai‘i’s workforce.

HAPN rejects the idea that Hawai‘i’s workforce shortages should be addressed by creating easier pathways for out-of-state physicians to enter the market remotely while local clinicians continue to shoulder the burdens of long-term care, follow-up, and community-based practice. Hawai‘i already has APRNs and other locally licensed providers delivering telehealth and in-person care across the islands. Policy should strengthen that local capacity, not create incentives to route care outward.

Supporters argue that the bill would reduce travel burdens and improve specialty access, but those goals do not justify weaker oversight.

HAPN understands why patients and families want more timely access to specialty services, especially when travel to the continent is expensive and disruptive. But good policy does not solve one problem by creating another. Hawai‘i can improve specialty access through better workforce investment, consultation models, licensure pathways with real oversight, and stronger support for Hawai‘i-based telehealth infrastructure. Consumer convenience should not come at the expense of regulatory clarity and patient protection.

For CPC, the core issue is simple: consumer access should expand within a framework that remains accountable to Hawai‘i.

This Committee routinely considers whether statutory changes make systems more fair, reliable, and protective for the people who must use them. HB2558 HD1 does not meet that standard. It introduces regulatory ambiguity, weakens the role of Hawai‘i licensure, and creates avoidable uncertainty about accountability when care is delivered to a Hawai‘i patient by a provider outside Hawai‘i’s licensing structure.

Conclusion

HB2558 HD1 is not a clean telehealth modernization bill. It is a consumer protection problem. It allows out-of-state physicians who are not licensed in Hawai‘i to establish physician-patient relationships with Hawai‘i patients, weakens clear regulatory accountability, and relies on vague

standards that may be difficult to apply consistently in practice. HAPN respectfully urges the Committee to DEFER HB2558 HD1.

Mahalo for the opportunity to provide testimony.

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

LATE



March 3, 2026

In Support of HB 2558

Tuesday, March 3, 2026, 2:00 PM
Conference Room 329, State Capitol

LATE

Aloha Chair Matayoshi and the Committee on Consumer Protection & Commerce,

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 2558**. While we raise practical concerns about insurance coverage, Medicare/Medicaid rules, and the complexities of out-of-state referrals, the bill's intent is widely supported.

We invite you to have a discussion as a resource for further refinement and implementation strategy for this bill. 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 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.



Interest Form

RHTF Proposal



LATE

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, John A. Burns School of Medicine, Ka Hale Pomaika'i, Kaiser Permanente, Kālele Care Services, Lāna'i Community Health Center, Mālama I Ke Ola Health Center, Marcus Griffin, MD (Internal Medicine), 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, Nā Pu'uwai, Ohana Pacific Health, Pacific Cancer Foundation, UH Rural Health Research and Policy Center, Venture Physical Therapy, YouthLine Education & Outreach of Hawai'i

PARTICIPATING COMMUNITY ORGANIZATIONS

Alzheimer's Association, Baldwin High School, County of Maui, Grand Canyon University, Hawai'i Community Foundation, HIDEOE, HIPHI - Healthy Eating Active Living Coalition, Ho'oikaika Partnership, HOSA Alumni & Professional Association Hawai'i, Kamehameha Schools Maui, King Kekaulike High School, Kūlanihāko'i High School, Lahainaluna High School, Maui Chamber of Commerce, MEDB, MEO, Maui High School, McKinley School for Adults, UHERO, UHMC



**Written Testimony of Steven Drapkin in Conditional Support of HB 2558
Presented to the House Committee on Consumer Protection & Commerce
Hearing: March 3, 2026**

A. Introduction

I am a 75 year-old retiree who lives with my wife in the small community of Ha’ena on the north shore of Kaua’i, beyond Hanalei and a couple of miles before the “end of the road” and the start of the Na Pali Coast. I have been a full-time resident here since 2013, after having been a part-time resident for the prior 16 years. We intend to remain in our home in Ha’ena until the end.¹

Particularly as we age in place, the ability to access quality health care in a remote corner of a remote outer island will require that we be able to make use of telehealth services, when medically appropriate, both within Hawaii (“intrastate telehealth”) and on the mainland with physicians who are not separately licensed in Hawaii (“interstate telehealth”). This relates both to initial (referred to in medical lingo as “establishing care”) appointments and “on-going care” provided by physicians with whom there are already previously-established relationships.

I write to strongly support HB 2558 but *if, and only if*, the self-defeating “supervision” amendment added by the Health Committee on February 11,² is removed from the bill. I would also like to express some significant concerns about another condition, the “unavailability” clause.³

B. Analysis of and Suggestions Regarding HB 2558

1. Given the acute physician shortages in Hawai’i and the multiple challenges obtaining access to the physicians who practice here, robust use of telehealth for Hawai’i residents and visitors is necessary in a multitude of contexts. The lack of physician resources and reasonable access to care on both Oahu and, even more so on the neighbor islands, is a matter

¹ I realize that the testimony which follows is a bit long by traditional standards but given the technical nature of the issues, I request you will indulge my analysis. I am a retired labor and employment attorney without prior legislative experience but one who has the time, interest and, I think, skill to assist your legislative processes and the innumerable residents of and visitors to Hawaii who will benefit if the correct legislative result is reached. I have been interested in this subject matter for several years and done a fair amount of reading on it during that time. I am not acting for any interest group(s) or individual(s), only for my wife and myself. I had nothing to do with the introduction of HB 2558 and learned about it only on Feb. 10.

² The “supervision” amendment states: “The provision of the telemedicine services provided by the out-of-state physician is done under the supervision of a physician licensed in this State.”

³ The “unavailability” clause states: “The telemedicine service is not available in this State due to a physician shortage or lack of reasonable access.”

of common knowledge. It is well explained in Section 1 of HB 2558 and the supporting testimony you will be receiving from others.

2. Since 2009, Hawai'i law has unconditionally allowed (a) all intrastate telehealth and (b) interstate telehealth with respect to "on-going care." However, the Legislature has not yet approved the use of interstate telehealth for "establishing care" appointments.

This can be seen by reading the plain text of HRS § 453-1.3 (e) & (f), in conjunction with the March 3, 2009 report of your Senate counterpart committee, copy attached, which well explained the intention of the language then adopted -- statutory text which has remained unchanged in all relevant respects. As there explained: "[A]lthough establishing the provider-patient relationship through telehealth requires the participation of a medical professional licensed in this State, consultation or other services may be provided by a medical professional licensed elsewhere." (Emphasis added.)⁴

There is no valid way to twist the language of section 453-1.3(f) to negate the conclusion that interstate telehealth has been legally permitted, without condition, for "on-going care" since 2009.⁵

3. HB 2558, as this bipartisan bill was originally introduced, appropriately seeks to extend interstate telehealth to "establishing care" appointments for much the same reasons that the Legislature long ago declined to make a distinction between "establishing care" and "on-going care" interactions with respect to intrastate telehealth.⁶

⁴ The 2009 committee report further explained: "[T]elehealth services are an appropriate tool to assist physicians in the State with providing the best possible access to medical treatment for patients. The beneficiaries of telehealth services often have no other access to medical services and treatment. Due to the shortage of specialists in the State, "it is essential that both patients and providers have the ability to consult with other licensed medical providers, including specialists, who are located elsewhere." (Emphasis added).

⁵ Subsection (f) states: "Once a physician-patient relationship is established, a patient ... may use telehealth for any authorized purpose, including consultation with a medical provider licensed in another state, authorized by this section or as otherwise provided by law." (Emphasis added.) "Consultation" includes doctor-patient interactions as well as doctor-doctor ones; the committee report shows that the 2009 legislation used the term "consultation" in the broad sense and, in any event, both the statute and report demonstrate that authorized interactions are not limited to "consultation." In addition to the exceptions listed in section 453-2, the statute regarding unauthorized practice of medicine provides, in its very first sentence, "[e]xcept as otherwise provided by law"; section 453-1.3(f) precisely fits into this general exception.

⁶ It appears from reading the bill that the drafter(s) might not have considered that the 2009 Legislature approved the use of interstate telehealth for "on-going care" appointments. Yet,

4. The Health Committee’s “supervision” amendment of February 11, adopted in the course of approving HB 2558, has the effect -- likely unintended – of eviscerating the bill. It independently has the effect of disincentivizing, i.e., “scaring away,” mainland physicians from undertaking professional relationships via telehealth with Hawai’i patients contrary to the appropriate goal of *encouraging* those very same doctors to help alleviate Hawai’i physician shortages and to improve the delivery of health care services in the State.

a. While this requirement might at first blush seem like a good idea, a little reflection shows that it completely undercuts the very right the bill was intended to establish. The problem results from the fact that the Hawai’i resident can obtain telehealth service under this bill only because the needed medical service “is not available in [Hawai’i] due to a physician shortage or lack of reasonable access.”

Let’s assume that I needed the services of a neurologist (thankfully I don’t), one of the specialties in especially short supply in Hawai’i as per section 1 of HB 2558. The amendment seems to be contemplating that in order to obtain the telehealth services of a California neurologist, I must first find a Hawai’i neurologist able and willing to supervise the Californian.

It’s a classic Catch-22 situation because the needed services are not available in Hawai’i in the first place! For, if I cannot find a Hawai’i neurologist who can diagnose and treat my condition, where and how I am going to find a neurologist in Hawai’i to supervise the California neurologist who is willing and able to address my medical needs?

b. It would be an equally untenable condition if the necessary supervision need only be conducted by the patient’s PCP (primary care provider), whether an internist, family practitioner, general practitioner without specialty certification, or nurse practitioner. How is my Hawai’i PCP (who happens to be a nurse practitioner) – who themselves are in extremely short supply – going to meaningfully “supervise” the California neurologist?

There are also several real-world considerations which aggravate the Catch-22 nature of this amendment. How, when physicians are over-extended most everywhere, am I going to find my hypothetical neurologist who is going to be willing, and to expend additional necessary time, to be supervised by a Hawai’i physician (or nurse practitioner)?⁷ Hawai’i practitioners are likely to be equally disinterested in being responsible for supervising the California neurologist.

the text of the bill remains consistent with the conclusion that if enacted, either as introduced or amended, the legislation would not impact interstate telehealth for “on-going care.”

⁷ I have discussed the “supervision” amendment with a number of physicians, several who preferred not to testify. They each emphatically responded that there is “no way” any physician would agree to be “supervised.”

And, even getting past the nearly impossible problem of finding physicians who will agree to supervise and to be supervised, how is their supervising/being supervised time going to be compensated? Medicare, Medicaid and private insurance carriers are not going to cover the supervisor's time or the supervisee's additional time required to be supervised. The supervision requirement thus imposes a double-barreled cost impact directly on the shoulders of the patient.

c. The Health Committee's supervision amendment to HB 2558 seemingly was prompted by the concern raised in the State Medical Board's written testimony that out-of-state physicians providing telehealth service pursuant to HB 2558 will not be subject to the Board's disciplinary jurisdiction. The Board urged that "[t]o protect patients, we recommend following HRS §453-2(4) [should have said 453-2(b)(4)] which requires that out-of-state physicians without a Hawai'i license consult with a Hawai'i-licensed physician who retains control and remains fully responsible for the care provided to the patient located in Hawai'i."

Aside from the fact that this "solution" would result in eliminating telehealth services in almost all instances in the name of "protect[ing]" small numbers of patients, it would not solve the potential problem of holding an unethical out-of-state physician accountable for professional misdeeds. Under this approach, the out-of-state physician would still remain outside the Board's disciplinary authority, with the Hawai'i "supervisor" likely "taking the fall" for whatever may have occurred.

The Board's reliance on section 453-2(b)(4) was also manifestly inapt. That longstanding provision of law is addressed to the narrower circumstance of a Hawai'i physician, in the course of treating a patient, seeking advice of an out-of-state physician. In that situation, the two physicians are already involved together in professional activity for the same patient. It is logical in this scenario that the Hawai'i primary treating physician would retain responsibility for the patient's care.

There is a far easier solution that should satisfy the regulatory concern without virtually negating the telehealth benefits sought in the bill. HB 2558 could be amended to track language appearing in Governor Ige's later COVID emergency proclamations – requiring as a condition of engaging in interstate "establishing care" telehealth that such doctors have "never had their license revoked or suspended and are subject to the same conditions, limitations, or restrictions as in their home jurisdiction."⁸ Although the Board referred to the proclamations⁹, it conspicuously omitted any mention of any problems arising from doctors

⁸ It would be preferable a time limitation to this condition, for example to specify "never had their license revoked or suspended within the past five [or 10] years."

⁹ The Medical Board mistakenly stated that the Proclamations' allowance to utilize interstate telehealth was limited to doctors employed by Hawai'i public agencies, hospitals and like facilities. This employment condition related only to the prior paragraph's reference to section 453-1

providing telehealth without being subject to Board jurisdiction.¹⁰

5. There is also a substantial problem, albeit less severe, with the other condition set forth in HB 2558 – that “[t]he telehealth service is not available in [Hawai’i] due to a physician shortage or lack of reasonable access.”

This provision is unduly restrictive, seemingly beyond the intent of the drafter. Literally read, the “not available” qualifier would preclude a mainland physician from establishing care with a patient located in Hawai’i if, among other things, (a) the only qualified provider(s) in the State did not accept insurance; (b) there is, as it frequently occurs, an unduly long time to be seen by any qualified and available Hawai’i provider and long waits beyond the initial appointments are typical for that provider; and (c) bureaucratic rules and practices make it unduly difficult for the patient to make an appointment with a qualified provider.

To better effectuate what I discern to be the intent of the bill, I respectfully suggest the language should be amended to state: “[t]he telehealth service is not reasonably and timely available in [Hawai’i] due to a ~~physician~~ the patient’s reasonable understanding that there is a shortage of qualified physicians or lack of reasonable and timely access to obtain their care.”

But even amended, there would be problems with this provision. One of the testifying organizations before the Health Committee aptly observed: “The proposed provision . . . depends on determinations—such as whether a service is unavailable in Hawai’i due to a shortage or lack of reasonable access—that may be difficult to apply consistently in practice. Access challenges can vary widely by specialty, island, and patient circumstance, and the absence of a clear process for making these determinations could create uncertainty for providers and patients alike.”

But the potential problems with this standard, whether as introduced or amended as I suggest would better reflected the drafter(s)’ intent are not grounds for rejecting HB 2558. Just the opposite.

Most patients (other than perhaps physicians or retired lawyers) – particularly when severely ill or disabled – will not be in a position to prove to the mainland physician that the condition

and working in Hawai’i in-person; the following paragraph, pertaining to telehealth and section 453-1.3, lacked this condition.

¹⁰ Although not desirable because it would have the effect of scaring away reputable practitioners, another option to substitute for the supervision condition, if needed, would be to amend HB 2558 to require an out-of-state physician simply to register a single time with the Medical Board in advance of engaging in telehealth with patients located in Hawai’i, with the registration including a consent to be subject to the Medical Board’s jurisdiction.

has been met. Most mainland physicians, even when presented with appropriate evidence to support that there is no reasonable access to Hawai'i evaluation or care, will be scared away by a requirement that the specific care needed by the patient is not reasonably available in Hawai'i .

The best course of Committee action, therefore, is to strike the condition entirely and to let patients, often (but not always) with the guidance of their Hawai'i providers, to decide how their health interests will be best served. This will not impact the economic interests of Hawai'i physicians but instead will provide a vast improvement in the Hawai'i healthcare system.

Respectfully Submitted,

/s/

Steve Drapkin
Ha'ena (Hanalei), Kaua'i
sdrapkin13@gmail.com
2/27/26

Honolulu, Hawaii

MAR 06 2009

RE: S.B. No. 1676
S.D. 2

Honorable Colleen Hanabusa
President of the Senate
Twenty-Fifth State Legislature
Regular Session of 2009
State of Hawaii

Madam:

Your Committee on Commerce and Consumer Protection, to which was referred S.B. No. 1676, S.D. 1, entitled:

"A BILL FOR AN ACT RELATING TO HEALTH,"

begs leave to report as follows:

The purpose of this measure is to:

- (1) Clarify that telemedicine is within a physician's scope of practice and is authorized in Hawaii when practiced by a licensed physician providing services to patients; and
- (2) Clarify existing laws regarding telehealth to ensure compliance with changes to the law regulating the practice of medicine.

Your Committee received testimony in support of this measure from the Department of Commerce and Consumer Affairs, Hawaii Primary Care Association, The Hawaii Chamber of Commerce, Hawaii Medical Services Association, MDX Hawaii, Hawaii Telehealth Collaborative, and one private citizen. Your Committee received testimony with comments on this measure from Hawaii Medical Board and eight private citizens. Written testimony presented to the Committee may be reviewed on the Legislature's website.

Your Committee finds it necessary to reiterate the public policy first articulated by the Legislature in Act 278, Session Laws of Hawaii 1998, and later confirmed through Act 219, Session



Laws of Hawaii 2006, that the use of technology to deliver effective and prompt health care is extremely important to Hawaii, particularly to residents in rural communities. Accordingly, this measure defines the practice of telemedicine and emphasizes that the need for telehealth services requires that those services be included in insurance coverage.

Your Committee finds that insurance coverage for telehealth was first mandated by the Legislature over a decade ago through Act 278. Your Committee further finds that the Legislature expressed its strong support of the use of technology to improve access to health care services by the people of the State, especially those living in rural areas who have historically been faced with insufficient access to health care services, in Act 219. Specifically, the Legislature clarified that a provider-patient relationship may be established through telehealth services. Your Committee emphasizes that telehealth services are an appropriate tool to assist physicians in the State with providing the best possible access to medical treatment for patients. The beneficiaries of telehealth services often have no other access to medical services and treatment. Due to the shortage of specialists in the State, it is essential that both patients and providers have the ability to consult with other licensed medical providers, including specialists, who are located elsewhere.

Your Committee recognizes Hawaii Medical Board's reticence to embrace telemedicine. However, your Committee reiterates that the ability to form a provider-patient relationship through telehealth was established as law in 2006 through Act 219. Further, that public policy, whether contained in the Insurance Code or elsewhere in Hawaii Revised Statutes, is the current and prevailing law on the matter. Your Committee notes that boards and similar entities are required to act in compliance with the law, regardless of whether they agree with it or not.

Your Committee has amended this measure by:

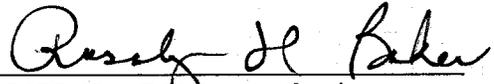
- (1) Clarifying that, although establishing the provider-patient relationship through telehealth requires the participation of a medical professional licensed in this State, consultation or other services may be provided by a medical professional licensed elsewhere; and



- (2) Making technical, nonsubstantive changes for the purpose of clarity and accuracy in the language of this measure.

As affirmed by the record of votes of the members of your Committee on Commerce and Consumer Protection that is attached to this report, your Committee is in accord with the intent and purpose of S.B. No. 1676, S.D. 1, as amended herein, and recommends that it pass Third Reading in the form attached hereto as S.B. No. 1676, S.D. 2.

Respectfully submitted on
behalf of the members of the
Committee on Commerce and
Consumer Protection,



ROSALYN H. BAKER, Chair



Hawaii Telemedicine HB 2558 Testimony

To: The Committee for Consumer Affairs & Commerce, Hearing Date March 3, 2026
Re: Joint Testimony of Douglas Clark, MD and Shu-Ming Wang, MD, in Provisional Support of HB 2558

We are writing this statement to express our position regarding HB 2558. We strongly support the bill's effort to expand the scope of permissible telehealth. But we do not support the bill if the "supervision" amendment -- added in the second version of the bill -- remains as part of the bill. We also have significant concern about the condition in the bill, as introduced, concerning physician unavailability; it should be deleted or, at the very least, amended.

I am Douglas Clark, MD and my wife is Shu-Ming Wang, MD. Based on our combined healthcare experience and interaction with our Kauai neighbors and friends, we believe we can offer valuable insight regarding the need for and appropriate use of telemedicine in the state of Hawaii. Shu-Ming Wang, MD is a retired family practitioner and former Vice President of Medical Affairs at CHI Health St Francis Hospital in Grand Island, NE and I'm a retired radiation oncologist who practiced at the same facility but I continue to provide periodic telemedicine services for said facility. We currently reside in the Seattle, Washington area and have owned a home on the North Shore of Kauai for nearly 12 years.

We are well aware of the shortage of physicians and medical facilities in the state of Hawaii and have seen firsthand that it is particularly severe on the island of Kauai. We have worked in multiple areas of the United States and know the factors physicians take into consideration when deciding to settle long-term in various communities.

Although Hawaii is a beautiful location with many superlative qualities, the high cost of living and low physician reimbursement rate makes it prohibitive for most physicians to take up permanent residence here. Thus, in order to provide the residents and visitors of Hawaii the healthcare they rightfully deserve and need in a timely manner, it is imperative you utilize physician resources that exist outside the state.

Although we cannot recommend specific physician services that meet Hawaii's needs and requirements, I can tell you from my personal experience that the cancer patients I interact with thoroughly enjoy their telemedicine experience with me and are very grateful to have this option as opposed to waiting long periods of time to consult with a physician in person. Their interaction with me allows them to get their radiation treatments started in a prompt and efficient manner.

Although not all aspects of medicine are readily amenable to telemedicine, it can be particularly useful for many healthcare needs such as primary care, geriatrics, internal medicine, radiology, psychiatry, neurology, diabetes management, alcohol and drug treatment as well as a host of other non-surgical specialties. It is especially useful as a sort of triage approach where more straightforward medical issues are addressed by telemedicine providers and more complicated issues are flagged and referred to local clinics to be addressed in person. Telemedicine potentially could relieve the local physicians of some patient burden and allow them to focus on

the more complex cases. Thus, we believe the telemedicine option is so beneficial and critical that it should be extended for individuals who have not established formal care in person with physicians outside the state. It presents a viable solution to meeting your constituents currently unmet needs and will help reduce stress on the physician work force

We would also like to speak to the issue of local physician supervision of telemedicine cases. This is simply not practical or viable. Most physicians are already shouldering significant documentation burdens. Asking them to assume this additional responsibility will meet with resistance and detract from patients' medical needs. A competent physician in one state is equally competent in another state and if the telemedicine physician is properly educated and trained, there is no need for their work to be supervised by someone of similar status elsewhere. To ensure high quality of the telemedicine being offered, perhaps a requirement for a physician providing telemedicine services should be the physician providing the service holds board-certified status.

Not only Hawaii, but the rest of the country is dealing with a shortage of healthcare workers and providers. It behooves responsible authorities across our nation to utilize all possible options to effectively meet the growing chasm between the burgeoning healthcare demand and dwindling services available. Permitting telemedicine untethered by burdensome, unnecessary supervision is a critical option. My wife and I sincerely hope you will do Hawaiians a big favor and take our message to heart.

Mahalo,

Douglas Clark, MD and Shu-Ming Wang, MD

HB-2558-HD-1

Submitted on: 2/27/2026 5:42:17 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Judy Ilar | Individual | Oppose | Written Testimony Only |

Comments:

I personally have used telehealth for my Dad for his cardiologist here in Hawaii. But he is an established patient. Meaning, he has had office visits and physically examined by his cardiologist prior to opting for telehealth. He still would have to BE seen physically once a year for a thorough examination, physically.

Most insurances require for a patient to declare a Primary Care Physician. It's the primary care physician who refer patients to a specialist. Telehealth out of state as a primary care would have to be approved by Insurance Company, first of all. A primary care can't refer unless a patient has been physically examined and ordered pertinent tests prior to referring to a Specialist. There is a process.

The solution to physican shortage is all about finances. Eliminate GET tax to start. Second ,Hawaii's political environment is not lucrative for a physician to want to move to Hawaii to start a practice. I'm being honest. The solution is simple, it's not complicated. Allow physicians to keep more of their hard earned dollar. Basically, take care of the GOOSE THAT LAYS THE GOLDEN EGG.

Take care of our local physicians and our community will be taken cared of. Simple. COMMON SENSE. No bandaid solution.

To summarize, this Bill will not provide quality care, in my opinion. I just don't see it as good healthcare. I've worked as a registered nurse for over 30 years in the outpatient setting. Telehealth is for established patients only.

HB-2558-HD-1

Submitted on: 2/27/2026 9:07:56 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Susan Duffy | Individual | Support | Written Testimony Only |

Comments:

I am testifying in **strong support** of HB2558.

I am not speaking about this issue in theory. I am speaking as a mother.

My daughter recently had to travel to California for a specialty medical appointment. This was not for surgery. It was not for a procedure. It was simply to make an in-person appointment with a specialist. She flew from Hawai‘i to the mainland, attended the appointment, and then immediately turned around and flew back home.

That single visit required:

- Roundtrip airfare
- Ground transportation
- Time away from work
- Lost wages
- Emotional stress
- Disruption to her normal life

All of this — for something that could have been done safely and effectively through telehealth.

For families in Hawai‘i, especially on the neighbor islands, this is not uncommon. When specialty care is limited or unavailable here, patients are forced to absorb the cost — financially and personally. Travel to the mainland is expensive. It is exhausting. And for many families, it is simply not sustainable.

HB2558 offers a reasonable, responsible solution.

This bill allows qualified out-of-state physicians in good standing to provide telehealth services to patients in Hawai‘i when those services are not reasonably available here. It does not remove safeguards. It does not eliminate oversight. Hawai‘i-licensed physicians remain involved and responsible. Out-of-state doctors cannot open offices here. Our laws still apply.

What this bill does is simple: it allows patients to access specialty care without boarding an airplane.

We talk often about physician shortages in Hawai'i. We know they exist. We feel them. This bill acknowledges reality and uses modern technology to bridge the gap.

No family should have to fly 2,500 miles just to sit in an office for a consultation that could have been done over secure video.

HB2558 is compassionate. It is practical. And it reflects the geographic realities of living in an island state.

I respectfully urge you to pass this measure.

Mahalo for your time and consideration.

HB-2558-HD-1

Submitted on: 2/27/2026 10:13:38 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Sheila Medeiros | Individual | Support | Written Testimony Only |

Comments:

Testimony in Support of House Bill 2558 HD1
Relating to Telehealth

Submitted by: Sheila Medeiros
Kapolei, Hawaii

As a resident of Kapolei, Hawaii, I strongly support HB2558 HD1, which expands telehealth access by allowing qualified out-of-state physicians (in good standing and licensed in their home state) to provide telemedicine services to Hawaii patients under specific conditions, including supervision by a local licensed physician when services are unavailable locally due to our severe physician shortage.

Hawaii faces a critical doctor shortage—recent reports estimate a gap of over 800 full-time equivalent physicians statewide, with neighbor islands hit hardest (e.g., shortages of 30-43% in some areas, and even higher for specialties like pediatrics and oncology). This forces many residents, especially those with cancer or other serious conditions, to travel long distances or incur high costs for care that could be delivered safely via telehealth.

The bill builds on Hawaii’s strong telehealth foundation (from Act 226 in 2016) and addresses barriers that limit specialty care access. Out-of-state telemedicine has proven effective for Medicare beneficiaries in specialty areas like cancer (9.8% of out-of-state visits in studies), reducing travel burdens and improving outcomes without compromising safety—safeguards like supervision and service availability requirements ensure accountability.

This targeted expansion is a practical, low-cost step to bridge gaps, particularly for rural and neighbor island communities. I urge the committee to pass HB2558 HD1 to enhance healthcare equity and access for all Hawaii residents.

Thank you.

HB-2558-HD-1

Submitted on: 2/28/2026 7:48:03 AM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| kim santos | Individual | Support | Written Testimony Only |

Comments:

I would ask that you please support this important bill , HB 2558. It is important that the people of Hawaii have access to the best available care for their individual needs. At times the best option may be in another State. This bill will allow people to get the, maybe even life saving care they need.Why would anyone want to hinder that? Thank you

HB-2558-HD-1

Submitted on: 2/28/2026 9:52:41 AM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Linda Miyata | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I am in support of HB 2558

- **It builds industry here locally, especially our engineering workforce, which is in a constant decline, leaving us to rely on foreign contract workers instead of local engineers and architects**
- **Provides students in disadvantaged areas the opportunities to be competitive in their career interests. Allows schools such as Castle, Aiea, and even Kamehameha to restart teams/start new teams. Will help prevent Nanakuli HS team from going extinct**
- **Provides students other options outside of traditional sports to be both competitive and physically involved in competitions (more physically demanding then esports.**

Mahalo for supporting HB2558,

Linda

HB-2558-HD-1

Submitted on: 2/28/2026 10:14:30 AM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Terri Yoshinaga | Individual | Support | Written Testimony Only |

Comments:

- It builds industry here locally, especially our engineering workforce, which is in a constant decline, leaving us to rely on foreign contract workers instead of local engineers and architects
- Provides students in disadvantaged areas the opportunities to be competitive in their career interests. Allows schools such as Castle, Aiea, and even Kamehameha to restart teams/start new teams. Will help prevent Nanakuli HS team from going extinct
- Provides students other options outside of traditional sports to be both competitive and physically involved in competitions (more physically demanding than esports)

Testimony of Carl Imparato
Before the House Committee on Consumer Protection & Commerce
Tuesday, March 3, 2026, 2:00 PM
In Consideration of House Bill 2558, HD1 (Relating to Telehealth)

Aloha Chair Matayoshi and Committee Members,

I strongly but conditionally support HB2558 HD1, subject to the deletion of Sections 453-2(b)(8)(B) and 453-2(b)(8)(D).

I strongly support HB2558's goal of expanding the scope of permissible interstate telehealth services. These services are of critical importance to all Hawaii's residents, but moreso to residents of more-remote rural communities like Hanalei (where I live and have been president of the local community association for more than a dozen years.)

But Sections 453-2(b)(8)(B) and 453-2(b)(8)(D) of HD1 would gut the bill, perversely restricting residents' rights to telehealth by prohibiting out-of-state physicians from establishing physician-patient relationships via telehealth and providing telemedicine service unless:

- The service is not available in Hawaii "due to a physician shortage or lack of reasonable access" and
- The service is provided under the supervision of a physician licensed in Hawaii.

Section 453-2(b)(8)(B) would create a high barrier for out-of-state physicians who would not want to risk violating amorphous requirements regarding "shortages" and "lack of reasonable access."

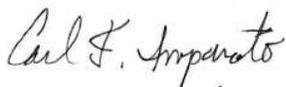
Section 453-2(b)(8)(D) would create an even higher barrier for out-of-state physicians, who quite understandably would not consent to being placed under the supervision of another physician, for reasons that include professionalism, liability, insurance and practicality. (Further: if there is indeed a physician shortage in Hawaii, how will a person even find a Hawaii physician to supervise the mainland physician?)

Quite simply, these two restrictions are "poison pills" that would make Hawaii telehealth law worse than if HB 2558 had never been introduced.

In addition, I note that:

- Hawaii's residents should have the right to access the best healthcare expertise in the nation as they see fit, regardless of whether or not there is any "shortage" in the state.
- The proposed restrictions would disproportionately harm Hawaii's less-wealthy residents: those with financial means can travel to the mainland to establish care and obtain subsequent telehealth care from the most-highly rated physicians; but residents without the resources to travel to the mainland would be precluded from establishing and obtaining high quality care from those physicians through telehealth.

In conclusion: the goals of Bill 2558 are important and I highly commend the bill's sponsors! However, with Sections 453-2(b)(8)(B) and 453-2(b)(8)(D) of HB 2558, HD1 is worse than no bill at all. I therefore respectfully ask that you restore the original intent of HB 2558 by deleting those two sections.



Carl Imparato
PO Box 1102, Hanalei, HI 96714
carl.imparato@juno.com

Committee on Consumer Protection & Commerce
Chair Scot Matayoshi Vice-Chair Tina Nakada Grandinetti
and Committee Members
Representatives Cory Chun, Greggor Ilagan, Linda Ichiyama, Kim Coco Iwamoto,
Sam Kong, Nicole Lowen, Lisa Marten, Adrian Tam and Elijah Pierick

HB2558 Relating to Health Care

Report Title: Telehealth; Licenses; Access; Physician Shortage

My name is Rita Kama-Kimura and I stand in strong support of this bill.

Description: Expands telehealth services to residents in the State by providers who perform certain medical treatments out-of-state via telehealth.

The residence of Hawaii deserves more professional options. It is no secret that our State of Hawaii suffers a physician shortage and has for some time. A telehealth program was implemented several years ago which has helped so very much.

However, that shortage of physicians and some specialties continue to plague us today.

This change will give our residence, especially those on our sister islands more options for help. For everyone it will expand access for help in specialty areas such as cancer and reduce the cost for all.

With that I ask you to please pass this HB2558.

Mahalo,
Rita Kama-Kimura

HB-2558-HD-1

Submitted on: 2/28/2026 3:12:55 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Peggy Regentine | Individual | Support | Written Testimony Only |

Comments:

I support HB2558.

My friend returned from a ski accident with cellulitis on one leg. After going to Urgent Care and given oral antibiotics and then the next day an IV antibiotic, we were told to go to a Wound Care Clinic. **There are only 2 wound Care CLinics on Oahu** with the Queens Hospitals. We were given an **appointment in 2 weeks**. If this infection spreads into his blood system, he could have his foot amputated. My next "goto solution" is ChatGPT to take care of this severe wound. I need some guidance to help with this and telemedicine with a specialist on the mainland would help so much. This is why I fully support more help when our state cannot provide this type of medical help. Peggy Regentine

HB-2558-HD-1

Submitted on: 2/28/2026 5:30:19 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Catherine Collado | Individual | Support | Written Testimony Only |

Comments:

I am in support of HB2558 re: telehealth.

There has been a shortage of physicians for several years in Hawai'i now. Something has to be done about it. Waiting a week or more for a visit to be seen by a Primary Care Physician and/or any specialists just doesn't work. It is a matter of life and death. Also should there be a specialist in Hawai'i, there may be only 2 in the state. No choice if a patient doesn't agree with one of the specialists. We are always working against time. The physicians who practice in Hawai'i are swamped. Overloaded physicians make for several errors, errors that cannot be made. As the physicians encounter high rent and high cost of staff, high cost of malpractice insurance coverages, attorneys costs, what physician doesn't think of leaving this state? We must do something.

I'm talking about Oahu. What about the outer islands and their additional challenges of waiting for a specialist to fly to their island to be seen once a month? It's worse for them than what we struggle with on Oahu.

This bill will allow for alternative care from specialty physicians especially. It will reduce costs for Hawai'i residents to afford medical care instead of flying to the mainland or flying to Honolulu for outer island residents. If a person struggles with cancer or maybe a specific pediatric issue, telehealth can be available to the patient and save them money for flights and boarding costs along with an accompanying adult to pay for. Telehealth would also allow a patient to be seen by a physician within a shorter period of time.

I know of a child who is required to travel to California to have his eyes examined and have had surgeries because there is none available here. There is also a man who has a specific type of blood cancer who flies back and forth to California for treatment and for examinations. I have a couple of friends who went to another state to undergo cancer treatment who incurred a great amount of finances to fly to and from this state, and be housed near the facility on the mainland, and rent a car, and buy food, etc. The follow up visits could've been done via telehealth services. These are only a few of the cases among a multitude of cases ranging in a multitude of diagnoses.

Please pass HB2558.

HB-2558-HD-1

Submitted on: 2/28/2026 11:23:20 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Vernelle Oku | Individual | Support | Written Testimony Only |

Comments:

I support this bill.

Thank you for helping keep us healthy by increasing our options for healthcare in the state. It's especially concerning because of the shortage of doctors and the large migration of people leaving our state.

HB-2558-HD-1

Submitted on: 3/1/2026 5:56:38 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Lora Burbage | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I SUPPORT this bill. This bill would be helpful to those on the outerislands. It is costly to have to fly over to Oahu and we know how desparate more medical care is needed on the other islands.

We need to find more incentives and cost cutting ways to help bring more medical facilities.

Mahalo!

Lora Burbage

HB-2558-HD-1

Submitted on: 3/1/2026 6:15:31 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Cindy R Ajimine | Individual | Support | Written Testimony Only |

Comments:

Aloha Commutte Chairs & Members!

Finally! A GOOD bill - I am writing to **STRONGLY SUPPORT** that will benefit Hawaii's people.

I am a 3rd generation Hawaii resident & **former health care provider for >35 years** who knows the challenges our neighbor island ohana faces. I'm also a **first hand user of tele-health** & can't believe some do not have access to this platform.

Please pass this bill for the following reasons:

- Allows medical care without mandatory travel when general & specialty care is not easily available.
- Allows qualified out-of-state physicians to provide telehealth care.
- Faster access to health care. Eliminates travel costs for local residents.

Thank you for your support & listening.

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

Thank you for the opportunity to testify in opposition to HB2558 HD1.

I am Miki Miura, a family nurse practitioner, and I strongly oppose HB2558 HD1. This bill allows providers who are not licensed in Hawai'i to offer telehealth services to people in Hawai'i. If this bill passes, individuals with no connection to Hawai'i—possibly never having been in Hawai'i, unaware of our culture, people, healthcare system, or community issues—could see patients. I question whether they can deliver culturally competent care. Additionally, I am uncertain whether individuals unfamiliar with our community beyond visiting our islands for vacation would understand the social determinants of health unique to our community. As I provide care at a federally qualified health center, I have firsthand experience with how significantly social determinants of health influence individuals' health practices and outcomes. Competent care requires providers to integrate these factors into their care to be effective.

Furthermore, we have four nurse practitioner (NP) programs and two physician assistant (PA) programs in our state, which can produce graduates capable of providing culturally competent care to our residents and help address the physician shortage. Investing in these programs supports our community's healthcare needs and workforce development.

Thank you for this opportunity to testify.

Sincerely,
Miki Miura, DNP, APRN, FNP-C

HB-2558-HD-1

Submitted on: 3/1/2026 9:46:38 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|------------------------|
| Johnnie-Mae L. Perry | Individual | Oppose | Written Testimony Only |

Comments:

I, Johnnie-Mae L. Perry, Oppose 2558 HB RELATING TO TELEHEALTH.

PHYSICIAN SHORTAGE IS DUE TO LOW REIMBURSEMENT FOR INSURANCE CARRIERS AND LACK OF INCENTIVE.

HMSA & HPD MERGER, HOW WOULD THAT IMPACT HB 2558?

LACK OF PUBLIC CONFIDENCE OF OUT OF STATE PHYSICIANS/CARE/QUALIFICATION.

TRIPLER MEDICAL CENTER? MALPRACTICE LAWSUITS, SEXUAL HARRASMENT - OUTSIDE PHSICIAN

RETIRED HAWAII PHYSICIANS?

HAWAII IS NOT READY DUE TO LACK OF TRUST

TESTIMONY OF ROBIN DRAPKIN IN QUALIFIED SUPPORT OF HB 2558
March 3, 2026 - House Committee on Consumer Protection and Commerce

1. My name is Robin Drapkin. I am 76 and have resided, full-time and before that part-time, for 30 years in Haena on the north shore of Kauai. I am a retired clinical psychologist who specialized in resolving child custody disputes. .

2. Before establishing full-time residence in 2013, my primary concern was whether I would be able to obtain adequate medical care . Before relocating, I switched to an internist on the mainland who was willing to speak on the phone and to view digital photos sent by email, as medically appropriate, to provide advice. Sometimes those interactions were all that was needed. Other times, I was seen in person by either my Kauai “cc-pilot” primary care provider or at an urgent care clinic.

3. In the years that followed, I established and have continued relationships with both long-term and short-term specialists in Honolulu and in Kauai, as examples: for primary care, ophthalmology, orthopedics and dermatology. I also maintained a few long-term relationships and established care on the mainland with respect to other medical disciplines.

4. Since becoming a full-time resident of Kauai, interactions with mainland physicians with whom I have had on-going relationships have comprised both in-person and telehealth visits. The delivery of care by Hawaii and mainland physicians – a mix of telehealth and in-person – has worked well.

5. In the three or four instances when I have established new doctor relationships on the mainland, with one exception, my first appointments have been office visits. The one exception involved a situation where I had had a failed surgery on my big toe by a Honolulu surgeon which was causing me great pain and it provides a perfect example of why patients in Hawaii should be able to establish care with out-of-state providers via telehealth. I received a referral for a potential second (or revision) surgery from my former longstanding mainland orthopedist to another mainland orthopedist who specializes in foot surgery. On a video call from my home in Hawaii, the surgeon reviewed my records and current MRI, and also interviewed me. From that information, he confidently recommended a specific surgery, it was scheduled and was successful. I was very fortunate that this surgeon interacted with me via telehealth, rather than to say, “I’m sorry, I’m not licensed in Hawaii, you’ll have to see me in my office to find out whether I can be of any help to you and, if I can, to return a second time for your surgery.”

6. As I get older, I expect that there will be increased physical challenges in flying to the mainland and I will want to be able to rely on telehealth as much as I can so long as it is medically prudent in the circumstances. Just as I can now use telehealth for all Hawaii physician interactions and for on-going care with mainland doctors, I urge the Legislature, and for you to recommend, to amend Hawaii law to allow for the use of telehealth not just for continuing care but also for initial “visits.” I’m not asking the law to mandate the use of telehealth in these (or any other instances), only to remove the existing legal impediment and to allow a physician and patient, in their mutual determination of what makes most sense, to utilize telehealth communications to establish care.

7. I'd like to share a telling example how existing Hawaii law can lead to needlessly inconveniencing results: a person I know wished to consult with an oncological surgeon in Northern California regarding a growth near his spine. The surgeon responded that he believed that an initial visit would best entail having an MRI and then consulting with him via video. But the surgeon said that because of Hawaii law and the fact he wasn't admitted to practice in Hawaii, he would have to fly to California to have a video session from the location to which he had flown; the surgeon said any followups then could be done via telehealth from Hawaii (or anywhere else). This person made a trip to California solely for the purpose of a 20-minute video chat, all because of the restriction of Hawaii law. This relationship has succeeded. This doctor is monitoring the mass periodically via updated MRIs; he feels that the growth is benign and it would be more dangerous to take a biopsy or to remove the mass than to keep a watchful eye and periodically have short telehealth sessions to discuss. If HB 2858 is appropriately amended and adopted, persons in future similar circumstances will not have to undertake such completely wasteful travel.

In conclusion, I urge you, and all of your colleagues at later stages of the legislative process, to embrace the underlying goals of HB 2558 and, in doing so, to delete the conditions to use of telehealth presently in bill which will eliminate its efficacy. For nearly 20 years, there has been a unconditional right to use telehealth with mainland doctors as part of a continuing physician-patient relationship. Please take the next step to expand this to interstate telehealth for purposes of "establishing care."

I appreciate your consideration of my testimony.

Mahalo,

Robin Drapkin, Ph.D

TESTIMONY OF LAUREL MILLER MD. AND MITCHELL SOGIN PH.D. IN SUPPORT OF HB 2558 (SO LONG AS CRITICAL AMENDMENTS ARE MADE)

FOR MARCH 3, 2026 HEARING BEFORE THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Over each of the last 35 years, we have visited the state of Hawaii with stays typically lasting weeks to as long as two months. During that time, Laurel Miller has practiced and continues to practice medicine in Massachusetts. Mitchell Sogin holds a Ph.D. in Biochemistry and Microbiology, and is a Distinguished Scientist at the Marine Biological Laboratory in Woods Hole since 1989.

Both of us strongly support the expansion of telehealth to afford Hawaii residents and visitors greater access to medical care and to provide a measure of relief to its over-burdened physician community. Over the years, we have learned from people we meet here that there are significant challenges and barriers to accessing needed medical care.

As we read the existing law, if Mitchell had a medical issue while staying in Hawaii, our longstanding internist is legally allowed to dispense medical advice by phone or video chat. However, if Mitchell needed the help of a specialist, that doctor would not be able to undertake a doctor-patient relationship with him without running afoul of Hawaii law.

Yet, depending on the circumstances, there are many reasons it might make most sense to be able to seek out someone in Massachusetts. For example, it might be near the end of our Hawaii stay and it would be foreseen that the problem is likely going to continue after our return home. The interest in continuity of care would be of paramount importance to choice of physician.

Or let's say that we suspected the problem was Lyme Disease, an illness endemic to where we live, but rare in Hawaii. A Massachusetts infectious disease specialist would be far more likely to be in a position to assist than one in Hawaii where the disease is non-existent. With photos and an interview, coupled with taking ordered blood tests, the specialist might very well be able to make recommendations and prescribe medication without an initial in-person visit or, indeed, ever.

We can see many circumstances how a full expansion of telehealth would be of benefit not only to either short-term or longer-term visitors like us, but also to Hawaii residents.

We see problems in this bill, both as amended and initially submitted, which would eliminate all the benefits it would otherwise achieve. In its amended version, HB 2558's requirement that there be supervision of non-local telehealth services by Hawaii-licensed physicians would be a non-starter. Laurel does not know of a single colleague who would take on a patient if he or she was required to be supervised by someone from Hawaii (or any other state). We also do not understand how a supervisor could be found and hired if the law required, in the first instance, that there be no one in Hawaii available to treat that very same patient.

The other condition in the bill which would seem to make use of expanded telehealth unreasonably challenging is the requirement that there be no doctor available in Hawaii capable of treating the patient. That language needs to be clarified/modified or, preferably, eliminated entirely.

For all of these reasons, we think that HB 2558 has the potential to be a very good piece of legislation but only with the necessary elimination of the problematic language identified in our comments.

Thank you for considering our testimony.

Laurel Miller, MD.
Mitchell Sogin, Ph.D.

Written Testimony of Neal Norman Regarding HB 2558

Before the House Consumer Affairs and Commerce Committee, Hearing for March 3, 2026

I, Neal Norman, am a 70 year-old resident of Ha'ena, on the north shore of Kaua'i. My wife and I have lived on the north shore for over 40 years. I am actively engaged as a real estate broker and support a number of community organizations and activities including serving on an advisory committee to support our local health care organization, a non-profit entity, The Makana North Shore Urgent Care Center. I have a very strong interest in both personal and community health issues.

I am submitting this testimony regarding HB 2558. I strongly support the "core" of the bill, but have problems with two conditions appended to it.

I just learned of HB 2558 from a friendly acquaintance, Steve Drapkin, who I most often run into on the beach. He shared with me that this bill is pending in the House and he was preparing to submit testimony regarding the bill if, as he believed, the bill was going to be heard by your Committee. He subsequently let me know that the bill has been set for hearing before you.

Steve shared written materials with me regarding HB 2558, including the testimony he was planning to submit. Although I am on vacation, I have closely reviewed these materials and agree with the various points he makes.

I have long believed, and discussed with many people including Steve, that telehealth, whether within Kaua'i, other parts of the State or the rest of the country, is an extremely important means or modality for patients to receive, and physicians to deliver, important health care services. It should be embraced wholeheartedly. Physicians on the mainland should be encouraged and even recruited/subsidized to come to Hawaii by the State, just as the State openly embraces and subsidizes motion picture and television production. We need telehealth help more from mainland physicians than they need us. Barriers to telehealth should be removed, not maintained or erected.

At the same time, I agree that the "supervision" amendment adopted by the Health Committee would effectively kill expansion of telehealth to cover "establishing care" telehealth with mainland doctors and perhaps even lead to uncertainty regarding "on-going care" telehealth of which I have been a recipient on multiple occasions. I know many doctors, and am actually in the company of several this weekend. No physician is going to submit to supervision, particularly when unpaid; I also can't see that the very scarce (and over-worked) Hawai'i doctors are going to have the time and willingness to supervise others for free or to charge patients out-of-pocket for that time. Simply stated, the "supervision" amendment is a non-starter. I think it would be better for this bill abandoned than to have it pass with this amendment.

From my experience with and knowledge of the Hawaii health care system, I also agree that the "unavailability" prerequisite in the bill is quite problematic and best dropped but, at the very least, modified something along the lines of Steve's suggestion.

Let me conclude that the best course is for HB 2558 to move forward, without these two self-defeating conditions. Then we can all achieve the benefit of equalizing telehealth by mainland providers with that of in-State physicians, just as was provided in the COVID proclamations. If in the future circumstances show that the privileges afforded by this legislation have been abused, then tightening language could be added at that point of time.

Mahalo,

Neal Norman

LATE

HB-2558-HD-1

Submitted on: 3/2/2026 2:43:58 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Terri Yoshinaga | Individual | Support | Written Testimony Only |

Comments:

I support this bill.

LATE

HB-2558-HD-1

Submitted on: 3/2/2026 3:28:13 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|---------------------------|
| Katherine T. Kupukaa | Individual | Support | Written Testimony Only |

Comments:

support HB2558 HD1

LATE

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

2558 HB RELATING TO TELEHEALTH

Dear Honorable Committee member,

I submit the following testimony in support of HB2558.

Without HB2558 Hawai'i patients with cancer, rare diseases, or other complex medical conditions will not be able to get the best care possible. Further, the benefits of HB2558 for patients will come without harm to the medical establishment on the islands. Let me explain these two points in greater detail.

To the first point, let me use cancer as an example. The National Comprehensive Cancer Network (<https://www.nccn.org/home/about>) is the premier cancer network in the United States. This important organization decides the standard of care which is followed by Medicare and all major insurance companies. It is common for someone with cancer, especially one of the rarer cancers, to get a second opinion from or retain a consulting physician from one of these institutions (<https://www.nccn.org/home/member-institutions>). Hawai'i patients are in the terrifying situation of living 2700 miles from the nearest NCCN cancer center. No other American lives further away than Hawaiians. Without access to an NCCN center for their disease, patients will not be able to make the best decision possible for their or their loved one's care. Why is that? Let's take a closer look at the example of blood/hematological cancers. In Exhibit 1, I list the blood cancers covered by the NCCN guidelines. From the Table one can see that, most hematologists would be lucky to see maybe 1 case of a particular cancer every 1-5 years. A specialist at an NCCN center would typically see dozens to multiple hundreds each year. With new drug therapies and DNA-personalized treatments every year, some of the diseases have guidelines which are 200-400 pages long (https://www.nccn.org/guidelines/category_1) and updated at least twice per year. It would be impossible for a general hematologist, especially with the shortages in Hawaii, to keep up with dozens of cancers, let alone the dozens of other blood disorders. Further to the point of Hawaii's remote location. 2700 miles from specialist care could be optimistic. Many of the cancers are rare and only covered at a small subset of NCCN centers, typically 3-5, so the nearest NCCN center for a particular individual's disease could be more than 5000 miles away from Hawai'i.

LATE

All the benefits of HB2558 for patients will come without harm to the medical establishment on the islands. First, every cancer patient will need a local treating physician since it would be cost prohibitive to do otherwise. Second, the outside specialists will reduce the workload and stress for local doctors since they can be assured that the patient is getting the best care possible with the latest approved treatment options. Third, the experience with Florida's system has shown local doctors are not harmed. During the 2019, legislative session, Florida passed into law section 456.47, Florida Statutes, which established standards of practice for telehealth services. This was, I believe, the first time out of state doctors could provide telehealth services without in-state licensing. Since it was implemented, 39,199 health care professionals have registered (<https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders>) including 9,401 medical and osteopathic doctors and 3,274 psychologists. In the seven years since, there has been no opposition from the state-licensed doctors.

Of course, HB2558 will provide many other benefits, such as alleviating shortages and reducing chronic waiting times, but I wanted to illustrate how at this very moment Hawaiians' care is being hurt by geographic remoteness. The situation is easily remedied by legislation and using the miracle of modern communications, resulting in a win-win for all Hawaiians - patients and doctors.

Thank you, Gary Mak

Exhibit 1



For the cancers listed on this webpage (<https://www.nccn.org/guidelines/nccn-guidelines-navigator>), beginning with Acute Myeloid Leukemia and ending with Uterine Neoplasms, do the following: [1] find all the cancers that are considered Blood Cancers or Hematologic Malignancies, [2] find the number of patients newly diagnosed each year in the United States, [3] find the number of patients that die each year in the United States, [4] from [2] estimate the number of newly diagnosed each year in Hawaii if proportional to population size, [5] from [4], estimate the number of patients newly diagnosed each year per hematologist in Hawaii, assuming 60 hematologists in Hawaii. Then, create a table of the data created in [1] to [5].

Now I have enough data to compile the full table. Let me identify all the hematologic malignancies from the NCCN Guidelines Navigator list (AML through Uterine Neoplasms) and calculate the requested figures.

The NCCN Guidelines Navigator includes the following hematologic/blood cancers in its list from Acute Myeloid Leukemia to Uterine Neoplasms:

1. Acute Lymphoblastic Leukemia (ALL)
2. Acute Myeloid Leukemia (AML)
3. B-Cell Lymphomas
4. Chronic Lymphocytic Leukemia (CLL) / Small Lymphocytic Lymphoma (SLL)
5. Chronic Myeloid Leukemia (CML)
6. Hairy Cell Leukemia
7. Hodgkin Lymphoma
8. Myelodysplastic Syndromes (MDS)

9. Myeloproliferative Neoplasms (MPN)

10. Multiple Myeloma

11. Peripheral T-Cell Lymphomas (T-Cell Lymphomas)

12. Waldenström Macroglobulinemia

Key assumptions and notes on the data :

- US population ~335 million; Hawaii population ~1.44 million → Hawaii ratio ≈ 0.4299% ^[1]
- 60 hematologists in Hawaii (as stated in query)
- MDS: ~16,000 new cases/year, ~4,000 deaths (SEER/NCI estimates) ^[2] ^[3]
- MPN: ~21,000 new cases/year, ~3,600 deaths (estimated from published epidemiology) ^[4]
- Hairy Cell Leukemia: ~900 new cases/year, ~200 deaths (rate ~0.29/100,000) ^[5]
- B-Cell Lymphomas (NHL subset): included within Non-Hodgkin Lymphoma totals; reported within NHL ^[6]
- T-Cell Lymphomas: ~10,000 new cases/year, ~4,000 deaths (subset of NHL) ^[6]
- Waldenström Macroglobulinemia: ~1,250 new cases/year, ~400 deaths ^[7] ^[8]

NCCN Hematologic Malignancies: US & Hawaii Statistics (2025 Estimates)

| Cancer | US New Cases/Year | US Deaths/Year | Est. Hawaii New Cases/Year* | Est. New Cases/Hematologist/Year (Hawaii, n=60) |
|--|---------------------------------------|------------------------|-----------------------------|---|
| Acute Lymphoblastic Leukemia (ALL) | 6,100 ^[9] | 1,400 ^[9] | ~26 | ~0.43 |
| Acute Myeloid Leukemia (AML) | 22,010 ^[10] | 11,090 ^[10] | ~95 | ~1.58 |
| B-Cell Lymphomas (Non-Hodgkin) | ~68,000 ^[6] | ~16,000 ^[6] | ~292 | ~4.87 |
| Chronic Lymphocytic Leukemia (CLL/SLL) | 23,690 ^[11] | 4,460 ^[11] | ~102 | ~1.70 |
| Chronic Myeloid Leukemia (CML) | 9,560 ^[11] | 1,290 ^[11] | ~41 | ~0.68 |
| Hairy Cell Leukemia | ~900 ^[5] | ~200 ^[5] | ~4 | ~0.06 |
| Hodgkin Lymphoma | 8,720 ^[11] | 1,150 ^[11] | ~37 | ~0.62 |
| Myelodysplastic Syndromes (MDS) | ~16,000 ^[2] ^[3] | ~4,000 ^[3] | ~69 | ~1.15 |
| Myeloproliferative Neoplasms (MPN) | ~21,000 ^[4] | ~3,600 ^[4] | ~90 | ~1.50 |
| Multiple Myeloma | 36,110 ^[12] | 12,030 ^[12] | ~155 | ~2.59 |
| Peripheral T-Cell Lymphomas | ~10,000 ^[6] | ~4,000 ^[6] | ~43 | ~0.72 |

| Cancer | US New Cases/Year | US Deaths/Year | Est. Hawaii New Cases/Year* | Est. New Cases/Hematologist/Year (Hawaii, n=60) |
|-------------------------------|-----------------------|---------------------|-----------------------------|---|
| Waldenström Macroglobulinemia | ~1,250 ^[8] | ~400 ^[8] | ~5 | ~0.09 |
| TOTAL | ~223,340 | ~57,620 | ~959 | ~15.99 |

*Hawaii estimates based on Hawaii population (~1.44M) as a proportion of US population (~335M) = 0.4299% ^[9] ^[1]

Important Caveats

- B-Cell Lymphomas encompass many subtypes (DLBCL, follicular lymphoma, mantle cell lymphoma, marginal zone lymphoma, etc.) reported under the broader NHL umbrella (~80,350 total NHL cases). The ~68,000 figure here excludes T-cell lymphomas and Waldenström Macroglobulinemia from the NHL total. ^[6]
- MDS figures vary widely in the literature (10,000–55,000/year) due to underreporting; ~16,000 is a commonly cited conservative estimate. ^[2]
- MPN includes polycythemia vera, essential thrombocythemia, and primary myelofibrosis — individually tracked but aggregated here. ^[4]
- Hairy Cell Leukemia is extremely rare; the ~900/year figure is derived from a US incidence rate of ~0.29/100,000. ^[5]
- The ~16 newly diagnosed hematologic malignancy patients per hematologist per year in Hawaii is a rough population-proportional estimate and does not account for Hawaii's older or more diverse demographics, or the fact that some patients travel to the mainland for care.

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LATE

HB-2558-HD-1

Submitted on: 3/3/2026 12:30:34 AM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------|--------------|--------------------|------------------------|
| Aiden Waldrep | Individual | Support | Written Testimony Only |

Comments:

I support this measure!

LATE

HB-2558-HD-1

Submitted on: 3/3/2026 11:19:06 AM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Kayla Kawamura | Individual | Support | Written Testimony Only |

Comments:

I strongly agree with this bill and hope it can be expanded to other healthcare providers such as speech-language pathologists, psychologists, etc. Timely care and access to specialists is crucial to maintaining the health of the people of Hawaii. Traveling to the mainland to receive speciality care puts a financial burden on Hawaii residents and puts immunocompromised individuals at risk by traveling on an airplane and navigating busy airports. Please protect and advance healthcare for the people of Hawaii by passing this bill.

LATE

HB-2558-HD-1

Submitted on: 3/3/2026 2:41:32 PM

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

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Cathy Wilson | Individual | Support | Written Testimony Only |

Comments:

Due to the shortage of healthcare providers in Hawaii, this measure aims to address this gap in certain specialties. The shortage is particularly severe in the field of working with injured workers. I urge you to consider passing HB2558 HD1 to ensure that patients in Hawaii receive the medical care they require.