



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Health
February 11, 2026 at 9:00 a.m.

By

Debora Halbert

Vice President for Academic Strategy
University of Hawai'i System

HB 2558 – RELATING TO TELEHEALTH.

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

The University of Hawai'i (UH) supports HB 2558 – Relating to Telehealth, which seeks to expand telehealth services by providing temporary licensure to out-of-state providers. This measure is a vital step in addressing the critical healthcare gaps facing our residents, particularly those on neighbor islands and those battling complex medical conditions for which specialty care may be locally unavailable.

Research conducted by UH's Pacific Basin Telehealth Resource Center underscores the need to expand telemedicine services and local residents' access to licensed providers. By allowing out-of-state physicians in good standing to establish relationships via telehealth—provided there is a local shortage or lack of reasonable access—this bill removes a massive financial and physical burden from our most vulnerable residents.

While the text of the bill primarily addresses physician shortages and out-of-state licensure, its implementation directly supports the goals of recent financial investments in the state's healthcare infrastructure. This legislation aligns well with the goals of the Opioid Settlement and Rural Health Transformation funds. By allowing out-of-state specialists to consult with Hawai'i residents, HB 2558 enables local clinics to use settlement funds to connect patients with high-level addiction management specialists who may not be physically present in the state. Moreover, by requiring reimbursement for behavioral health services provided via telehealth to be equivalent to in-person contact, the bill ensures that rural health funding can be used to sustain tele-psychiatry and mental health programs that are otherwise cost-prohibitive.

For these reasons, the University of Hawai'i supports HB 2558.

LATE

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health
Wednesday, February 11, 2026
9:00 A.M.
Conference Room 329 and Via Videoconference**

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

HB2558 aims to expand telehealth services by allowing out-of-state providers to perform certain medical treatments for Hawai'i residents via telehealth without requiring a Hawai'i license. The Hawai'i Medical Board (Board) appreciates the intent of this measure and acknowledges that increasing access to care is an important goal. The Board provides the following comments.

Hawai'i licensure pathways for out-of-state physicians already exist that provide sufficient regulatory oversight. Since January 1, 2025, when Hawai'i adopted the Interstate Medical Licensure Compact (IMLC) pathway, over 1,000 physicians have obtained full Hawai'i licenses through a streamlined process that takes less than 30 minutes on the IMLC website. Many of these physicians apply specifically to practice telehealth without relocating to Hawai'i, and the Hawai'i Medical Board actively monitors these physicians in coordination with the IMLC regulatory body.

Prior temporary telehealth authorizations in Hawai'i were put into place with the following safeguards: Governor Ige's 2020 10th Emergency Proclamation temporarily enabled out-of-state physicians and physician assistants to provide telehealth without a Hawai'i licensure with specific conditions. The provider could not have any prior license

revocations or suspensions, and services had to be delivered through employment by state or county agencies, hospitals, clinics, nursing homes, hospices, pharmacies, laboratories, or other monitored entities during the COVID-19 emergency.

We recommend that HB2558 include safeguards that ensure patient safety and afford the Board disciplinary authority over medical professionals not licensed in the State. Additionally, this measure does not require out-of-state providers to report disciplinary actions issued against them in other jurisdictions within thirty days, as in-state providers are required to do under HRS §453-8(14). Without this regulatory authority, bad actors could harm patients via telemedicine without consequence, increasing malpractice risks, and exposing the state to system liability through slow interstate enforcement.

To protect patients, **we recommend following** HRS §453-2(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.

In addition, we recommend following HRS §453-1.3(d) and (i), requiring out-of-state physicians to comply with all applicable state and federal regarding patient privacy standards.

Expanding telehealth access is important, but it must be done in a manner that preserves patient safety, ensures regulatory oversight, and maintains accountability.

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

Mahalo for the opportunity to provide testimony on this measure.



February 11, 2026 at 9:00 am
Conference Room 329

House Committee on Health

To: Chair Gregg Takayama
Vice Chair Sue L. Keohokapu-Lee Loy

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

Re: **Submitting Comments**
HB 2558, 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.

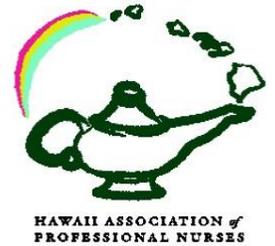
We do have some concerns that allowing an out-of-state physician to independently establish a physician-patient relationship via telehealth represents a meaningful shift from Hawaii's current regulatory approach. Establishing that relationship is more than a single clinical encounter; it carries with it responsibilities related to ongoing care, prescribing, referrals, follow-up, and professional accountability. Hawaii's licensure framework helps ensure that physicians providing care to patients located in the State are subject to Hawaii's oversight, standards of practice, and enforcement authority.

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.

The proposed provision also 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.

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

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Gregg Takayama, Chair, House Committee on Health (HLT)
From: Hawai'i Association of Professional Nurses (HAPN)
RE: HB2558 — Relating to Telehealth; Licenses; Access; Physician Shortage
Position: **Strong Opposition**
Hearing: Wednesday, February 11, 2026 at 9:00 a.m.

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

The Hawai'i Association of Professional Nurses (HAPN) submits testimony in **strong opposition** to HB2558. HAPN has long supported telehealth as a critical tool to expand access—especially for neighbor islands, rural communities, and patients who face barriers to transportation, mobility, or time away from work and family. However, HB2558 takes Hawai'i in the wrong direction by expanding pathways for out-of-state telehealth practice in a way that risks undermining Hawai'i's local workforce and weakening the care infrastructure that actually anchors access in our communities.

This bill overlooks Hawai'i's existing workforce — including APRNs meeting demand today

A core concern with HB2558 is that it is framed around a “physician shortage” solution in a way that minimizes or ignores the contributions of Hawai'i's Advanced Practice Registered Nurses (APRNs) and other licensed professionals who are already meeting significant health care needs across the state—often through telehealth, often in underserved settings, and often as the most accessible clinician for patients.

Hawai'i's access challenges cannot be responsibly addressed by policies that treat care delivery as physician-only. Any serious access strategy must reflect how care is actually delivered in Hawai'i today, including the critical role of APRNs in primary care, behavioral health, and specialty access.

Hawai'i already allows the establishment of the provider-patient relationship via telehealth

HAPN also notes that Hawai'i already recognizes telehealth as a legitimate modality for initiating care. Physicians can already establish a provider-patient relationship via telehealth in Hawai'i, consistent with applicable standards of care and existing licensing and regulatory frameworks. In other words, the barrier is not the ability to “start care” through telehealth—it is whether Hawai'i invests in and stabilizes its local workforce and care infrastructure, and whether telehealth policy is designed to strengthen Hawai'i-based capacity rather than route care out of state.

Access cannot be built on outsourcing Hawai'i's health system

Bills like HB2558 are often framed as an “access solution” to shortages. But increasing reliance on out-of-state providers can create structural outsourcing—where Hawai'i becomes dependent on clinicians with no long-term commitment to our communities, our local care networks, or continuity of care over time. That approach may create short-term capacity on paper, but it does not build durable access.

From HAPN’s perspective, access in Hawai‘i depends on keeping a stable, Hawai‘i-based workforce—clinicians who practice here, coordinate with local teams, understand local resources, and remain available for follow-up when patients’ needs change.

This bill risks destabilizing local practices and continuity

When a state opens broad pathways for out-of-state telehealth practice, it can shift market dynamics in ways that harm Hawai‘i-based providers and clinics, including:

- reducing the viability of local practices that rely on predictable patient panels and payer contracts,
- pulling insured patients into external networks that do not reinvest in Hawai‘i’s workforce,
- increasing fragmentation when out-of-state providers cannot coordinate effectively with local services,
- and worsening shortages by making Hawai‘i a harder place for local clinicians to sustain long-term practice.

Telehealth works best when it is integrated into a stable care system. Continuity is essential for safe prescribing, appropriate monitoring, follow-up, and escalation to in-person services when needed. Out-of-state models can weaken accountability when providers are not embedded in Hawai‘i’s referral networks and local systems of care.

The Chapter 453 focus does not solve the core licensing and oversight problem — and may make the bill functionally moot

HAPN recognizes that HB2558 is focused on Chapter 453. However, if an individual is practicing in Hawai‘i via telehealth, it is critical that they be duly licensed and subject to the State’s oversight and review processes—including appropriate review by the State Medical Board for physicians practicing under that chapter.

If the policy goal is to ensure safe, accountable practice in Hawai‘i, then the practical reality is this: anyone practicing here via telehealth must still meet Hawai‘i’s licensing and regulatory requirements. If they are fully subject to Hawai‘i licensing and Medical Board oversight, HB2558’s premise—creating a distinct pathway to practice from outside the state—becomes functionally unnecessary and, in effect, moot. If they are not fully subject to Hawai‘i licensing and oversight, then the bill creates a patient safety and accountability problem.

In either case, HB2558 does not resolve Hawai‘i’s access challenges in a way that strengthens the local workforce or improves long-term system capacity.

Hawai‘i’s solution should be workforce building, not workforce bypassing

If the goal is access, Hawai‘i should prioritize policy that strengthens local capacity, such as:

- loan repayment and retention incentives,
- preceptor support and training pipeline expansion,
- fair reimbursement and prompt payment protections that keep clinics open,
- and telehealth policy that supports Hawai‘i-licensed clinicians delivering care across the islands.

Telehealth expansion should be designed to strengthen Hawai‘i’s ability to deliver care—not outsource it.

Conclusion

For these reasons, HAPN respectfully urges the Committee to oppose HB2558. Solving access problems must not come at the cost of destabilizing Hawai'i's licensed workforce, ignoring the critical role of APRNs, or weakening accountability and continuity of care. Hawai'i needs telehealth policy that builds capacity here and supports long-term workforce stability.

Mahalo for the opportunity to provide testimony.

Respectfully submitted,

Hawai'i Association of Professional Nurses (HAPN)



February 11, 2026

The Honorable Gregg Takayama, Chair
The Honorable Sue Keohokapu-Lee Loy, Vice Chair

House Committee on Health

Re: HB 2258 – RELATING TO TELEHEALTH

Dear Chair Takayama, Vice Chair Sue Keohokapu-Lee Loy, and Members of the Committees:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments and express strong concerns on HB 2258, 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. We recognize 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 significant concerns with the bill as currently drafted:

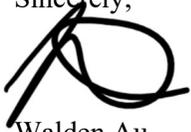
- **State licensure is a foundational safeguard for ensuring patient safety, provider accountability, and quality of care.** Allowing out-of-state providers to treat Hawai'i residents without Hawai'i licensure would permit those providers to operate solely under their home state's licensure standards rather than Hawai'i's. This raises concerns regarding variation in state-to-state licensure requirements, scope of practice, prescribing authority, fraud-prevention measures, and enforcement frameworks. Such variability may weaken existing patient protections and create substantial challenges for oversight and accountability.
- **The bill's reference to situations in which telehealth services are "unavailable" is broad and undefined.** The language ties this to physician shortages or lack of reasonable access, but does not establish clear parameters or identify an authority responsible for determining when these conditions exist. Without objective criteria or consistent 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 be deferred. We remain committed to working collaboratively with the Legislature and stakeholders to advance policies that expand access to care while 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 HEALTH
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: February 11, 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 RELATING TO TELEHEALTH. Telehealth; Licenses; Access; Physician Shortage.
Position: Comments

This measure would expand telehealth services to residents in the State by providers who perform certain medical treatments out-of-state via telehealth.

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 recommends robust quality safeguards, local coordination requirements, and clarification of medical board oversight to ensure patient safety and continuity of care are not compromised.

- Define clear quality and supervision standards when out-of-state physicians practice via telehealth.
- Strengthen coordination between telehealth providers and patients' local care teams.
- Require Hawaii licensure or formal telehealth registration for any out-of-state physician treating a patient located in Hawaii (clear board jurisdiction and discipline authority).
- 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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Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

While the intent of this measure is appreciated, the complexity of telehealth licensure, oversight, and patient safety warrants additional, careful work. A time-limited task force with clinical, regulatory, and patient representation may be a more effective path to develop durable solutions without unintended consequences.

HMA 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).

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

REFERENCES AND QUICK LINKS

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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2024 Hawaii Medical Association Public Policy Coordination Team

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

Feb. 11, 2026, 9 a.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

To: House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

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

TESTIMONY IN SUPPORT OF HB2558 — RELATING TO TELEHEALTH

Aloha chair, vice chair and other committee members,

The Grassroot Institute of Hawaii **supports** [HB2558](#), which would allow Hawaii residents greater access to telehealth services through out-of-state providers.

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 recently 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 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.¹

¹ Malia Hill, "[Why Hawaii lawmakers should adopt interstate telehealth](#)," Grassroot Institute of Hawaii, July 2025.

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

Other states have embraced this strategy with great success.

Idaho, for example, allows licensed doctors to offer telehealth care to patients with whom they have an established relationship but are in the state only temporarily.²

Florida has gone even farther, having 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

To date, 27 states have some kind of special license or telehealth registration program in place that allow out-of-state doctors to offer telehealth services.

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

² [“Cross State Licensing: Idaho.”](#) Center for Connected Health Policy. Feb. 13, 2024.

³ [“Cross State Licensing: Florida.”](#) Center for Connected Health Policy. Feb. 24, 2024.



To: The Honorable Gregg Takayama, Chair
The Honorable Sue Keohokapu-Loy, Vice Chair
House Committee on Health

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

Hearing: Wednesday, February 11, 2026, 9:00am, Conference Room 329

RE: **HB2558 Relating to Telehealth**

AlohaCare appreciates the opportunity to provide testimony in **support of HB2558**. 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**.



LATE

HOUSE COMMITTEE ON HEALTH
HB2558 Relating to Telehealth
February 11, 2026, at 9:00 AM, State Capitol CR 329 and Videoconference

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

Thank you for allowing me to testify in STRONG SUPPORT of HB 2558 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. Thank you for the opportunity to testify.

Respectfully submitted,
Jamie Detwiler, President
Hawaiian Islands Republican Women

HB-2558

Submitted on: 2/9/2026 2:24:24 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I support this measure because it responsibly expands telehealth access for Hawai‘i residents while maintaining strong patient safety and professional standards. Hawai‘i faces a severe physician shortage—especially on the neighbor islands—and current licensing barriers unnecessarily limit access to specialty care, including oncology, neurology, and hematology. By allowing qualified out-of-state physicians in good standing to provide telemedicine services when care is unavailable locally, this bill reduces costly and burdensome travel for patients, improves timely access to life-saving consultations, and builds on Hawai‘i’s proven success with telehealth. Importantly, the bill preserves accountability, privacy protections, and standards of care while offering a practical, patient-centered solution to real gaps in our healthcare system. Please do support this bill.

HB-2558

Submitted on: 2/9/2026 3:04:46 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Glen Kagamida	Individual	Support	Written Testimony Only

Comments:

SUPPORT

HB-2558

Submitted on: 2/9/2026 4:49:55 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

Honorable Committee Chairs & Members:

I am writing in STRONG SUPPORT of this bill to advance for the reasons below. I am a retired registered nurse whose entire career was at a local hospital. I am also grateful to have had access to tele- and online health care for as long as I can remember so I cannot believe that a bill is required to ensure others also have access.

1. I've been diagnosed & treated for multiple conditions in an amazingly timely manner that often would have otherwise resulted in worsening conditions or the need for more expensive, invasive, or difficult treatments.

2. This bill would tremendously benefit access to care in our islands. In particular for residents on neighbor islands, who live in rural areas and/or for the elderly/those who have difficulty accessing care or minimal in-person care & transportation available. This bill will also help to reduce the financial and logistical burdens on patients & caregivers.

3. This bill will help to address Hawaii's physician, nurse practitioner, other caregiver shortages by increasing availability without compromising quality care.

Again, I am in STRONG SUPPORT of this bill & thank you for considering this info. Please contact me for further information or clarification.

HB-2558

Submitted on: 2/9/2026 5:19:46 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I am in Support of this bill.

- It Expands Access to Specialty and Timely Care, particularly for residents on neighbor islands and those facing serious medical conditions such as cancer, by allowing patients to consult with qualified out-of-state providers when in-state options are limited.
- It Addresses Hawai'i's Physician Shortage, which continues to strain our healthcare system, by increasing provider availability without compromising patient safety or standards of care.
- It Reduces the Financial and Logistical Burden on Patients, sparing individuals and families from costly and disruptive travel to the continental United States for necessary consultations and follow-up care.

Committee on Health
Chair Gregg Takayama Vice-Chair Sue Keohokapu-Lee Loy
and Committee Members
Representatives Terez Amato, Daisy Hartsfield, Lisa Marten, Ikaika Olds, Jenna Takenouchi,
David Alcos III, Diamond Garcia

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.

There 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 esp. on the neighbor island more options for help. For everyone it will expand access for help in those specialty area 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

Submitted on: 2/9/2026 5:40:22 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

Aloha!

I SUPPORT THIS BILL. This is one that should move as quickly as possible for those needing an alternative type of care, especially on the outer islands. I now have a son and his family on the Big Island and they have to wait an incredibly long time just to see a certain type of specialist, months or fly over here which is so costly.

Mahalo,

Lora Burbage

HB-2558

Submitted on: 2/9/2026 5:49:55 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I fully support HB2558.

HB-2558

Submitted on: 2/9/2026 8:30:48 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Cabjuan	Individual	Support	Written Testimony Only

Comments:

Please support this essential bill. We have a shortage of healthcare providers in Hawaii. Many left during COVID tragedy and will not return. There are no incentives for physicians to practice here in Hawaii so we need as many options as possible. My good friend has to fly to Washington often to get care for her condition. Please help locals get care at home where they are comfortable. Pass this bill please!

HB-2558

Submitted on: 2/9/2026 9:43:33 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Barilyne Sakamoto	Individual	Support	Written Testimony Only

Comments:

Honorable Committee Chairs & Members:

I am writing in STRONG SUPPORT of this bill to advance for the reasons below:

1. Addressing Physician & Specialist Shortages

2. Improving Patient Access & Continuity of Care

3. Cost-Effectiveness & System Efficiency

4. Streamlining Licensing Burdens

Sincerely yours,

Barilyne Sakamoto

HB-2558

Submitted on: 2/10/2026 7:53:00 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Loree Jean Searcy	Individual	Support	Written Testimony Only

Comments:

I support this bill as it allows persons who have doctors on the mainland treat their patients currently in Hawaii. We have a shortage of providers here and this would allow more comprehensive medical care for those visiting and living in Hawaii.

I support this bill.

LATE

HB-2558

Submitted on: 2/10/2026 9:11:20 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
BARBARA Anneken-Nall	Individual	Support	Written Testimony Only

Comments:

Please support HB2558. I prefer to see my doctor in person but because of Hawaii's shortage of qualified physicians telecommunication is a crucial option.

It provides access without the time and expense of traveling to the mainland to the patient.

LATE

HB-2558

Submitted on: 2/10/2026 9:38:02 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kimo Cashman	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Members of the Health Committee,

My name is Kimo Cashman, and I am writing in support of HB2558, which would allow for temporary licensure of qualified out-of-state health care providers so that local families may access much-needed specialty care here in Hawai'i.

HB2558 addresses a critical gap in our health care system. Many Hawai'i residents, particularly children, kūpuna, and those with complex or rare conditions, must currently travel to the continent to see specialists. This creates significant financial, emotional, and logistical burdens for families, including airfare, lodging, time away from work or school, and separation from 'ohana and support systems.

By allowing temporary licensure for out-of-state providers, this bill offers a practical and compassionate solution. It would expand access to specialty care without compromising quality or safety, reduce the need for costly out-of-state travel, and keep patients closer to home and community. This approach also helps relieve strain on our existing health care workforce while longer-term solutions to workforce shortages are developed.

HB2558 reflects an understanding of Hawai'i's unique geographic challenges and prioritizes the well-being of local families. Ensuring timely, affordable access to care—especially specialty care—is essential to health equity across our islands.

Mahalo for the opportunity to provide testimony and for your consideration of this important measure. I respectfully urge the committee to pass HB2558.

Me ka ha'aha'a,

Dr. Kimo Alexander cashman

LATE

HB-2558

Submitted on: 2/10/2026 3:03:52 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Antya Miller	Individual	Oppose	Written Testimony Only

Comments:

Dear Legislators:

This is not a wise response to the physician's shortage. The low, private insurance reimbursement in Hawaii (HMSA) and GET tax on medical services are two of the main problems. Physician's salaries are too low in Hawaii, not competitive with the mainland, and the cost of housing is too high. HMSA needs to increase their reimbursement to physicians, especially for primary care physicians! In addition, HMSA has too much influence at the legislature. The physicians are too busy taking care of their patients and don't have the time to lobby the legislature.

Doctors (MDs and DOs) who do not physically see the patient are not practicing good medicine. Psychologists can do this for psychotherapy, but physicians need to do a physical exam of the patient at least initially.

Also, I think this will allow even more fraud in the system especially for Medicare and Medicaid.

Please have representatives of the American Academy of Family Physicians and the American Medical Association provide in-person testimony on this and related bills.

Mahalo,

Antya Miller,

A doctor's daughter and rural medical practice manager for over 20 years

808-342-8557

LATE

HB-2558

Submitted on: 2/10/2026 3:40:51 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

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

Comments:

I support this bill.

LATE

HB-2558

Submitted on: 2/11/2026 5:21:40 AM

Testimony for HLT on 2/11/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Shawn Chang	Individual	Support	Written Testimony Only

Comments:

Chair, Vice Chair, and Members of the Committee,

Thank you for the opportunity to submit testimony in strong support of this bill to expand telehealth access for the people of Hawai‘i.

Hawai‘i has long been a leader in telehealth policy, and previous legislative efforts have helped modernize health care delivery across our islands. However, the reality remains that many residents — especially those on neighbor islands — continue to face significant barriers to accessing timely specialty care. These barriers are not just inconvenient; for patients battling cancer, neurological disorders, and other serious medical conditions, they can be life-altering.

Our state continues to experience a critical physician shortage. Geography compounds this issue. Residents outside of O‘ahu must often travel long distances, sometimes to the continental United States, to receive specialty consultations or treatment. These trips can cost families tens of thousands of dollars in airfare, lodging, and lost wages — costs that are often borne entirely by the patient. For individuals already navigating serious illness, these burdens are overwhelming.

Telehealth offers a proven, safe, and effective way to bridge this gap.

Data show that telemedicine has outcomes comparable to in-person care for many types of treatment and consultation. During the COVID-19 emergency period, temporary waivers allowing out-of-state physicians to provide telehealth services demonstrated that care could be delivered responsibly and securely across state lines. Patients benefited. Access improved. Continuity of care was preserved. When those emergency provisions expired, many residents once again lost critical access to specialists they had come to rely on.

This bill proposes a thoughtful and responsible solution. It does not eliminate licensure requirements. Instead, it creates a pathway for qualified out-of-state physicians in good standing to provide telehealth services in situations where Hawai‘i patients cannot reasonably access needed specialty care. The safeguards built into this measure ensure that services remain regulated, documented, and held to appropriate standards of practice.

Importantly, this legislation recognizes that health care delivery in Hawai‘i is uniquely affected by our geography. What works on the mainland does not always work here. Our patients deserve

the same opportunity to access life-saving expertise without the financial and physical toll of travel.

Expanding telehealth access is not about replacing local providers. It is about supporting them and supplementing care when local capacity is limited. It is about ensuring that no resident is forced to delay treatment, forego consultation, or suffer avoidable hardship simply because the right specialist is not physically located on their island.

This bill continues Hawai'i's leadership in modern, patient-centered health care policy. It strengthens access, reduces inequity, and brings relief to families navigating some of the most difficult moments of their lives.

For these reasons, I respectfully urge the Committee to pass this measure.

Mahalo for your time and consideration.