



**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'OKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 6, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

RE: SB 2307 -- RELATING TO HEALTH CARE

HEARING: Monday, February 9, 2026 @ 1:05 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports SB 2307 with comments.

This bill is intended to create a clear, limited pathway for retired physicians, osteopathic physicians, and surgeons with inactive Hawai'i licenses to return to practice solely as volunteers, and only through a community-based health care or public health organization, so communities can benefit from their expertise while maintaining strong safeguards. The bill authorizes the Hawai'i Medical Board to issue an "active retired clinician license" with eligibility standards (including recent clinical practice, good standing, and no pending disciplinary matters), requires appropriate continuing medical education, and prohibits compensation or independent private practice outside the sponsoring organization's parameters.

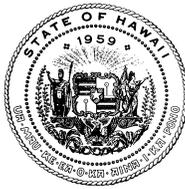
This bill strengthens Hawai'i's health care safety net by making it easier for qualified retired physicians, osteopathic physicians, and surgeons to return to serve as volunteers in community-based health care and public health settings, which expands access to care without adding new salary costs. It offers a practical, commonsense way to expand access to care by allowing qualified retired clinicians to volunteer where they are most needed, without compromising patient safety or oversight.

We defer to DCCA on possible cost and implementation concerns.

Thank you for hearing SB 2307; and mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

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

Written Testimony Only

STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Health and Human Services
In SUPPORT of S.B. 2307
RELATING TO HEALTH CARE
February 13, 2026 1:00 p.m., Room 225 and Video

Chair San Buenaventura, Vice-Chair McKelvey, and Members of the Committee:

CHAIRPERSON

Katherine Aumer, PhD

1st VICE CHAIRPERSON

Kathleen Merriam, LCSW CSAC

2nd VICE CHAIRPERSON

Forrest Wells, MSCP, LMHC, MBA

SECRETARY

Mary Pat Waterhouse, MHA MBA

MEMBERS:

Danielle Bergan

John Betlach

Tianna Celis-Webster

Lea Dias, MEd

Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Kristin Will, MA, CSAC

EX-OFFICIO:

Marian Tsuji, Deputy Director

Behavioral Health Administration

WEBSITE:

scmh.hawaii.gov

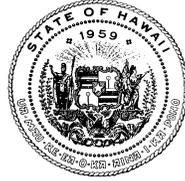
EMAIL ADDRESS:

doh.scmhchairperson@
doh.hawaii.gov

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The Council unanimously supports funding a statewide warm line. A warm line fills a gap in Hawaii's mental health support system, offering early, non-crisis support and reducing emergency service use. Peer-run warm lines are cost-effective and relieve pressure on crisis services. The Council supports appropriate funding, a seamless mental health system, and equitable access. Implementing a statewide warm line will strengthen Hawaii's mental health care system and benefit the community.

Mahalo for the opportunity to provide testimony.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on SB2307
RELATING TO HEALTH CARE.**

SEN. JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: February 9, 2026

Room Number: 225

1 **Department Testimony:** The Department of Health supports the intent of SB2307, but defers to
2 the Department of Commerce and Consumer Affairs Board of Medical Examiners for
3 implementation and scope of practice details.

4 This measure proposes to authorize a new type of license called an “active retired clinicial
5 license” that permits a narrow scope of medical practice for recently retired physicians who have
6 an affiliation with certain organizations without compensation.

7 While several states have processes in place to return a recently retired physician to full practice,
8 this proposal is intended to be of limited scope to focus on voluntary medical care, i.e., no
9 financial compensation for the provider that will supplement, and not compete with, the existing
10 actively practicing physician population.

11 The department looks forward to working with interested stakeholders to develop and refine this
12 concept as part of our community’s constellation of activities to improve access to medical care.

13 Thank you for the opportunity to testify.

14

Testimony of the Hawaii Medical Board

**Before the
Senate Committee on Health and Human Services
Monday, February 9, 2026
1:05 P.M.
Conference Room 225 and Via Videoconference**

**On the following measure:
S.B.2307, RELATING TO HEALTH CARE**

Chair San Buenaventura and Members of the Committee:

My name is Young-Im Wilson, and I am the Executive Officer of the Hawaii Medical Board (Board). The Hawai'i Medical Board opposes SB 2307 based on extensive concerns regarding the bill's structure, definitions, standards, and implementation.

SB 2307 would authorize the Hawai'i Medical Board to issue a new "active retired clinician license" to retired or inactive physicians, osteopathic physicians and surgeons, allowing limited practice in volunteer or community-based settings with restrictions on compensation, hours, and locations. While well-intentioned, the Board is concerned that implementation of the measure could compromise patient safety and create untenable administrative burdens.

SB 2307 provides for licensure of a category of medical professionals that does not statutorily exist. Section 1, §453- (a) and (a) (2) allows the Board to issue an active retired clinician license to a physician, osteopathic physician, or surgeon with an inactive or expired Hawaii medical license. However, as Hawai'i does not currently recognize an "inactive or expired medical license" under HRS Chapter 453, there is no statutory inactive or expired status to "reactivate." The bill would force the Board to develop rules, forms, and processes for a license category that has no pool of applicants, diverting limited resources from core functions related to full, active licensure.

The scope of practice permitted under the licensure proposed by SB 2307 is ambiguous. Section 1, §453-(a) fails to define key terms such as "volunteer clinical work" and "community-based health care or public health organization." This could allow broad interpretations of "volunteer clinical work" that include diagnosing, prescribing, and performing procedures outside structured clinical environments, without hospital privileges, peer review, or established quality assurance systems. The Board does not have the resources or clear statutory criteria to verify the legitimacy of sponsoring organizations, monitor the type of clinical work being performed, or enforce consistent boundaries between non-clinical volunteer activities and the practice of medicine. These gaps create substantial patient-safety and enforcement risks.

Similarly, SB 2307 refers to “active clinical practice” but does not define the term or establish any minimum threshold for recency, volume, or scope of practice. Without such definitions, even very limited or non-clinical activities (such as occasional blood pressure checks) could be interpreted as “active clinical practice.” This ambiguity undermines the Board’s ability to ensure that licensees under this new category maintain sufficient, recent, and relevant clinical experience to practice safely within any scope of medicine in Hawai‘i.

The proposed fifty percent reduction in required continuing medical education (CME) Section 1, §453-(c) would create a lower standard of ongoing education, and raises public safety concerns. Currently, Hawai‘i requires documentation of at least 40 hours of CME per biennium, with the vast majority of licensees meeting this requirement. Given that 40 hours every two years is already a modest requirement and has not been shown to be a barrier to licensure, reducing CME to 20 hours biennially for clinicians who may have already been out of full-time practice for an extended period is not consistent with maintaining minimum competency.

SB 2307 could also have unintended consequences in telehealth. Section 1, §453-(f)(1) prohibits opening an office and receiving patient calls, but it does not address telehealth or other remote modalities of practice as allowed by Act 82 (2023), which recognizes telehealth as the practice of medicine. Without explicit and carefully drafted telehealth provisions, active retired clinicians could potentially provide telehealth services from home—including consultations, prescribing, and chronic disease management—outside the bill’s intended limits, and without realistic monitoring by the Board or sponsoring organizations. Even if telehealth were added explicitly to the restrictions, the Board lacks the funding, technology, and staff necessary to monitor virtual practice across multiple organizations and settings.

The bill’s fixed \$100 initial and annual fee is inconsistent with the Department’s usual role in setting fees through administrative rulemaking and is unlikely to cover the actual costs of processing, monitoring, and regulating this new category of license.

Additionally, requiring annual renewal by January 31 conflicts with Hawai‘i’s biennial physician renewal cycle. This misalignment would require separate tracking systems and processes, increasing administrative complexity and workload for the Board and its staff.

Provisions that bar applicants who surrendered licenses while under investigation or had licenses revoked are understandable from a public-safety perspective, but the bill does not clearly reconcile these rules with existing reinstatement and restoration pathways in HRS Chapter 453. This could create inconsistencies and confusion between the standards applied to active licensure and those applied to the proposed active retired clinician license, complicating both enforcement and fairness.

The Board emphasizes that any individual practicing medicine in Hawai'i, whether paid or unpaid, should be held to the same standard of care as fully licensed physicians. By creating a separate "active retired clinician" category with reduced CME requirements, ambiguous practice history standards, and less clearly defined oversight, SB 2307 risks creating a second tier of medical care. This is especially concerning because the bill is aimed at volunteer or community-based settings, which frequently serve underserved populations. The Board is concerned that this could create a "second class of service," in which patients in underserved communities receive care from clinicians with lower regulatory and educational requirements than those applied to fully licensed physicians. Non-clinical volunteer activities, such as wellness education or assisting with logistics, do not require a medical license; any activity that constitutes the practice of medicine should require a full, unrestricted license to ensure consistent standards and accountability.

The Board also sees practical oversight and identification challenges. In emergencies such as wildfires, earthquakes, or hurricanes, hospitals and other health-care entities may not be able to quickly distinguish between "active retired" licensees and fully licensed physicians, especially when both are present in the same facility. This could lead to confusion over which individuals are authorized to perform specific procedures or assume certain clinical responsibilities. Moreover, the bill relies heavily on community-based health care or public health organizations to monitor compliance, yet it does not establish detailed, enforceable oversight standards or reporting obligations. Smaller or resource-limited organizations may not have the capacity to fulfill these responsibilities, leading to inconsistent monitoring and potential gaps in patient protections.

For all of these reasons—the absence of a statutory inactive license category, vague and unenforceable definitions, reduced educational requirements despite adequate current compliance, telehealth loopholes, misaligned fees and renewal cycles, potential conflicts with existing reinstatement provisions, and the creation of a two-tier standard of care—the Hawai'i Medical Board respectfully opposes SB 2307.

Mahalo for the opportunity to provide comments on this measure.



Hawaii Medical Association

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

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

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

Date: February 9, 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: SB 2307 RELATING TO HEALTH CARE. Active Retired Clinician License; Hawai'i Medical Board; Physicians; Osteopathic Physicians; Surgeons; Volunteer Clinical Work; Community-Based Health Care or Public Health Organizations

Position: Comments

This measure would authorize the Hawai'i Medical Board to issue an active retired clinician license to retired physicians, osteopathic physicians, and surgeons with inactive Hawai'i medical licenses to provide volunteer clinical work through community-based health care or public health organizations.

HMA supports the intent of this measure that may expand the pool of clinicians who can serve in community clinics, public health, school-based efforts, immunization drives, and disaster responses. There are safety risks of decreased clinical competency after significant time away, and volunteer episodic care can unintentionally fragment care unless tied to team-based continuity pathways. Additionally, the liability provisions of the measure should be stated as to the need for malpractice coverage and whether any immunity applies.

HMA recommends guardrails to ensure this license strengthens access without compromising safety—including defined volunteer-only parameters, site-based credentialing and liability coverage, and reentry requirements (CME/skills refresh/mentorship) when a clinician has been out of practice for a significant period.

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

2026 Hawaii Medical Association Public Policy Coordination Team

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

2026 Hawaii Medical Association Officers

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

REFERENCES AND QUICK LINKS

FSMB Public Policy Compendium. Federation of State Medical Boards, May 02 2024, www.fsmb.org/siteassets/advocacy/policies/public-policy-compendium.pdf. Accessed 5 Feb. 2026.

Federation of State Medical Boards. *Report of the FSMB Workgroup on Reentry to Practice*. Adopted by the FSMB House of Delegates, Apr. 2025, www.fsmb.org/siteassets/advocacy/policies/reentry-to-practice.pdf. Accessed 5 Feb. 2026.

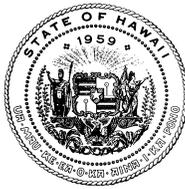
2024 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
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

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

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

LATE

STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Health and Human Services
In SUPPORT of S.B. 2307
RELATING TO HEALTH CARE
February 13, 2026 1:00 p.m., Conference Room 225 and Video

CHAIRPERSON

Katherine Aumer, PhD

1st VICE CHAIRPERSON

Kathleen Merriam, LCSW CSAC

2nd VICE CHAIRPERSON

Forrest Wells, MSCP, LMHC, MBA

SECRETARY

Mary Pat Waterhouse, MHA MBA

MEMBERS:

Danielle Bergan

John Betlach

Tianna Celis-Webster

Lea Dias, MEd

Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Kristin Will, MA, CSAC

EX-OFFICIO:

Marian Tsuji, Deputy Director

Behavioral Health Administration

WEBSITE:

scmh.hawaii.gov

EMAIL ADDRESS:

doh.scmhchairperson@doh.hawaii.gov

Chair San Buenaventura, Vice-Chair McKelvey, and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The Council unanimously support this measure that creates an “active retired clinician license” and allows qualified, recently practicing, and previously well-regulated physicians with inactive Hawaii licenses to provide unpaid, supervised care through community health and public health organizations. By safely reactivating an experienced segment of the workforce at minimal cost, it expands access to care in underserved areas, reduces provider shortages, shortens wait times, and strengthens the safety-net system. This measure is especially impactful for mental health, where providers are critical in screening, medication management, and integrated care for high-need populations.

Mahalo for the opportunity to provide testimony.

To: The Honorable Joy San Buenaventura, Chair
The Honorable Angus McKelvey, Vice Chair
Senate Committee on Health and Human Services

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

Hearing: Friday, February 13, 2026, 1:00pm, Conference Room 225

RE: **SB2307 Relating to Health Care**

AlohaCare appreciates the opportunity to provide testimony in **support of the intent of SB2307**. This measure would authorize the Hawai'i Medical Board to issue an active retired clinician license to retired physicians, osteopathic physicians, and surgeons with inactive Hawai'i medical licenses to provide volunteer clinical work through community-based health care or public health organizations.

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 addressing healthcare workforce shortages. For example, starting in 2012, AlohaCare and others provided funding for the Hawai'i State Loan Repayment Program created by JABSOM Area Health Education Center. The program has successfully brought more healthcare workers to underserved areas across the state. However, Hawai'i's physician workforce data continue to show an urgent access and capacity problem. The most recent Hawai'i Physician Workforce Shortage Report finds that although 12,688 physicians are licensed in Hawai'i, only 3,647 are currently providing patient care, and that translates to about 3,044 full-time equivalents (FTEs)¹. The report estimates the state needs 3,688 FTEs of practicing physicians, which equates to a shortage of 644 FTEs. When island geography and specialty coverage realities are accounted for, the unmet need increases to 833 physician FTEs statewide².

Provider shortages, especially for our neighbor island residents, translates directly into reduced appointment availability, delayed care, and greater reliance on emergency departments for conditions that could have been managed in primary or preventive settings.

¹ University of Hawai'i John A. Burns School of Medicine, Area Health Education Center. (2025). *Hawai'i Physician Workforce Report 2025*.

² Ibid



These access barriers often exacerbate health inequities among our most vulnerable communities. AlohaCare continues to be very engaged in bolstering access to care despite provider shortages. Community-based health care organizations, public health clinics, and other safety-net providers are often where AlohaCare members and other QUEST (Medicaid) enrollees receive care.

We recognize that ongoing medical education and professional standards are best addressed by the Hawai'i Medical Board, local medical societies, and other relevant experts. However, we believe this bill offers an innovative approach to addressing the healthcare workforce shortage. By allowing retired clinicians to provide supervised volunteer clinical care, this measure could help support and stabilize the healthcare workforce while more permanent solutions are implemented. Therefore, we support this bill's intent because it would enable qualified retired doctors, osteopathic physicians, and surgeons to volunteer in community-based and public health settings, ultimately improving access to care for those who need it most.

Mahalo for this opportunity to testify in **support of the intent of SB2307**.