

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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Honolulu, HI 96801-3378
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**Testimony in SUPPORT of S.B. 3132 H.D. 1
RELATING TO SYNDROMIC SURVEILLANCE**

REPRESENTATIVE SCOT Z. MATAYOSHI, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

April 7, 2026, 2:05 PM, Room 329

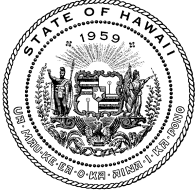
- 1 **Fiscal Implications:** This bill does not propose the appropriation of new funds.
- 2 **Department Position:** The Department of Health (“Department”) supports this measure and
- 3 offers comments.
- 4 **Department Testimony:** The Disease Outbreak Control Division (DOCD) provides the following
- 5 testimony on behalf of the Department.
- 6 This bill codifies the Department’s authority to collect and analyze syndromic surveillance data,
- 7 an automated, de-identified data stream that does not impose a routine reporting time burden
- 8 or cost on participating entities. It would allow the Department to establish its own syndromic
- 9 surveillance program that operates independently of the federal technological platforms that
- 10 currently facilitate syndromic surveillance in the United States.
- 11 Syndromic surveillance provides real-time insight on a variety of public health concerns and is
- 12 useful in disaster response, outbreak detection, long-term trend analysis of communicable and
- 13 chronic disease, and for making efficient resource allocation decisions, among other uses.
- 14 The value of syndromic surveillance data is demonstrated in the Hawaii Respiratory Disease
- 15 Activity dashboard that can be found on the Disease Outbreak Control Division website

1 (<https://health.hawaii.gov/docd/disease-types/respiratory-viruses/>). The dashboard uses
2 syndromic data to show current trends in emergency department visits and hospitalizations for
3 COVID-19, influenza, and RSV, and summarizes activity with indicators of low, medium, and
4 high activity levels. This information can be used by the public, healthcare providers, and policy-
5 makers to inform actions they may take to protect themselves, loved-ones, or vulnerable
6 populations. For example, clinics and long-term care facilities can use respiratory disease
7 activity level indicators to decide when to post signage for patients and visitors about masking
8 and covering coughs during flu season. The system relies on data already routinely collected at
9 healthcare facilities and does not place additional reporting burdens on healthcare providers.
10 The value of this system has also been demonstrated in similar ways during other public health
11 responses, including to the Maui fires, volcanic eruptions, drinking water contamination, and
12 communicable disease outbreaks.

13 This bill continues the Department's progress on Data Modernization efforts to enable faster
14 and more complete data exchange between healthcare and public health. It will allow
15 syndromic surveillance data to be better integrated with existing Department systems, allowing
16 the Department to respond in near real time to public health threats. It will also ensure that the
17 Department can continue collecting and analyzing syndromic surveillance data even if federal
18 platforms cease to exist or no longer meet the department's needs.

19 **Offered Amendments:** None

20 Thank you for the opportunity to testify on this measure.



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

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GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

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April 6, 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: **SB 3132-SD1-HD1 -- RELATING TO SYNDROMIC SURVEILLANCE**

HEARING: Tuesday, April 7, 2026 @ 2:05 pm; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB 3132-SD1-HD1, with comments.

This bill is intended to strengthen Hawai'i's ability to rapidly detect and respond to public health threats by ensuring the Department of Health (DOH) has timely, reliable access to de-identified syndromic surveillance data. Today, DOH relies largely on a federally administered system where participation is voluntary, leaving gaps, especially in rural areas and limiting the State's ability to tailor analyses to local needs and disparities. This bill authorizes DOH to require reporting from licensed hospital emergency departments, set the reporting format, and, when needed, establish a state-controlled syndromic surveillance system that can operate independently of federal systems, while maintaining confidentiality and allowing only aggregated public reporting. DOH will need resources to accomplish this!

This bill benefits Hawai'i by giving the DOH timely access to near real-time, de-identified syndromic surveillance data so it can spot emerging outbreaks and health threats earlier and respond faster with targeted guidance and interventions. The bill helps close rural information gaps created by voluntary federal reporting and strengthens the State's ability to monitor a wide range of concerns from communicable disease and environmental disasters to overdoses and suicidal ideation, so resources and public messaging can be better aligned with what communities are experiencing. As demonstrated during wildfires, volcanic eruptions, or disease outbreaks, establishing consistent reporting and the option for a state-run system improves Hawai'i's preparedness while maintaining strong confidentiality protections.

SB 3132-SD1-HD1: testimony of SHPDA (2026), continued

In closing, this bill is a practical step to strengthen Hawai'i's public health readiness by ensuring the DOH has consistent access to near real-time, de-identified syndromic surveillance data. By authorizing required reporting from licensed hospital emergency departments and allowing the State to stand up a local system when needed, this measure helps Hawai'i detect threats earlier, respond faster, and direct guidance and resources where they are most needed, while maintaining strong confidentiality protections through the use of de-identified data and public release only of aggregated statistics.

Thank you for hearing SB 3132-SD1-HD1.

Mahalo for the opportunity to testify.

■ Jack Lewin, MD, Administrator, SHPDA



Hawaii Medical Association

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HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

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

Date: April 7, 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 3132 SD1 HD1 RELATING TO SYNDROMIC SURVEILLANCE. DOH; Syndromic Surveillance Data.

Position: Support

This measure would require hospitals with emergency departments that are licensed in the State to submit syndromic surveillance data to the Department of Health and authorize the Department of Health to establish by administrative rules a syndromic surveillance system under state jurisdiction that is independent of federal systems. (SD1)

Hawai'i's ability to respond to emerging public health threats depends on timely, accurate, and locally relevant data. Strengthening syndromic surveillance capacity will allow the Department of Health to identify trends in real time and support earlier intervention and more coordinated care delivery across the state.

Requiring standardized data submission from emergency departments helps close critical gaps in situational awareness while ensuring that Hawai'i is not solely reliant on federal systems, which may not fully reflect the state's unique geographic and population health needs. A state-based system can better incorporate local context, including neighbor-island disparities and resource limitations, and improve preparedness for disasters and public health emergencies.

HMA supports this measure as a foundational investment in public health infrastructure that enhances clinical decision-making, strengthens care coordination, and promotes a more proactive, data-driven approach to protecting the health of Hawai'i's communities.

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

2026 Hawaii Medical Association Public Policy Coordination Team

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

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

Muscatallo, David J., et al. An adaptive method of emergency department syndromic surveillance to nowcast the frequency of presentations that will have a severe 28-day outcome following influenza or COVID-19 infection: a retrospective analytical record linkage study, *American Journal of Epidemiology*, 2026; kwag028, <https://doi.org/10.1093/aje/kwag028>

Getsova Z, Rangelova V. Syndromic Surveillance-Review on Different Practices' Performance and Added Value for Public Health. *Epidemiologia (Basel)*. 2026 Feb 3;7(1):23. doi: 10.3390/epidemiologia7010023. PMID: 41718055; PMCID: PMC12921891.



April 7, 2026 at 2:05 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: **Testimony in Support**
SB 3132 SD 1 HD 1, Relating to Syndromic Surveillance

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 healthcare 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 provide testimony in **support** of this measure, which seeks to strengthen the public health system, especially during emergencies, by creating a state-based syndromic surveillance system.

Acute care hospitals are often the first to see emerging health threats. Whether during infectious disease outbreaks, natural disasters, environmental exposures, or mass casualty events, hospitals serve as the front door to the health care system and an early indicator of broader public health trends. Syndromic surveillance helps translate what hospitals are seeing at the bedside into actionable insights, and we appreciate that this system will help providers gain timely guidance and access to coordinated resources.

We support efforts to enhance preparedness, support hospitals in their frontline role, and ultimately help protect the health and safety of our patients and communities.

Thank you for your consideration of this measure.

Testimony of
Jonathan Ching
Head of Government Relations

Before:
House Committee on Consumer Protection and Commerce
The Honorable Scot Matayoshi, Chair
The Honorable Tina Grandinetti, Vice Chair

April 7, 2026
2:05 p.m.
Conference Room 329
Via Videoconference

Re: SB 3132, SD1, HD1, Relating to Vital Statistics.

Chair Matayoshi, Vice Chair Grandinetti, and committee members, thank you for this opportunity to provide testimony on SB 3132, SD1, HD1, which creates a state-level syndromic surveillance system.

Kaiser Permanente Hawai'i SUPPORTS SB 3132, SD1, HD1.

Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 12.6 million members nationwide, and more than 271,000 members in Hawai'i. In Hawai'i, more than 4,200 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and advanced practice providers work in our integrated health system to provide our members coordinated care and coverage. Kaiser Permanente Hawai'i has more than 20+ medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the people living in the communities we serve.

Kaiser Permanente Hawai'i is supportive of requiring hospitals with emergency departments to submit syndromic surveillance data to the Department of Health to support early detection of emerging public health threats. This will arm the State with critical information that will allow them – and our community – to respond quicker to health threats and disease trends.

Mahalo for the opportunity to testify on this important measure.

Tuesday, April 7, 2026; 2:05 p.m.
Conference Room 329 & Video Conference

House Committee on Consumer Protection & Commerce

To: Representative Scott Matayoshi, Chair
Representative Tina Grandinetti, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: SB 3132, SD1, HD1 – Testimony in Support
Relating To Syndromic Surveillance**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over seventy locations statewide with a mission of creating a healthier Hawai'i.

I write in support of SB 3132, SD1, HD1 which requires hospitals with emergency departments that are licensed in Hawai'i to submit syndromic surveillance data to the Department of Health (DOH), and authorizes the DOH, as needed, to establish by administrative rules a syndromic surveillance system under state jurisdiction that is independent of federal systems.

Syndromic data is health-related information collected in near real-time that focuses on symptoms and "syndromes" rather than confirmed laboratory diagnoses. It serves as an early warning system for hospitals and public health officials, allowing them to detect potential outbreaks, environmental health threats, or unusual disease patterns days or weeks before traditional clinical testing would confirm them. Hospital data can be available for syndromic surveillance purposes within 24 hours of a patient's visit to a participating facility. The speed and efficiency of this data exchange enable public health professionals to act fast in response to emerging health threats.

This bill proposes that hospitals work with the DOH, enabling the DOH to better study health trends in Hawai'i, especially in rural areas. Unlike the National Syndromic Surveillance Program, which may not accurately show local patterns, gathering data within Hawai'i would help address disease outbreaks, environmental threats, and other public health concerns for its unique and diverse population.

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

Rep. Scot Z. Matayoshi, Chair
Rep. Tina Nakada Grandinetti, Vice Chair
House Committee on Consumer Protection and Finance

SB3132, Relating to Syndromic Surveillance

Tuesday, April 7, 2026

IN SUPPORT

The Pew Charitable Trusts (Pew) is an independent, nonpartisan research and policy organization dedicated to informing the public, improving public policy, and invigorating civic life with several initiatives focused on strengthening the quality of patient care and supporting public health. The Public Health Data Improvement project at Pew conducts research, provides technical assistance, and advocates for policies and public health department practices to enable the rapid and effective use of health care data to advance Americans' well-being.

Pew supports SB3132, Relating to Syndromic Surveillance, which would strengthen the Hawai'i Department of Health's (HDOH) ability to collect and use syndromic surveillance data for both rapid response and in-depth analysis of trends impacting the health of Hawai'i's residents.

While the state is already leveraging syndromic surveillance to inform public health action in response to events like the Maui wildfires and the 2024 norovirus outbreak on Kaua'i, this important legislation strengthens and expands the potential utility of syndromic surveillance without introducing new costs or reporting burdens on healthcare providers. Specifically, SB3132 would benefit Hawai'i in the following ways:

Reinforces Hawai'i's public health data infrastructure without creating new cost or time burdens for healthcare providers

The bill requires hospitals with emergency departments to participate in syndromic surveillance. More than 90 percent of emergency departments in Hawai'i already participate in syndromic surveillance voluntarily, driven largely by federal merit-based payment incentives. However, a hospital could decide to terminate their participation at any time, or federal incentives could change. In some areas of Hawai'i, syndromic surveillance may be the most reliable form of public health reporting, and losing participation could create data gaps that leave communities more exposed to emerging public health threats.

Because existing participation is so high, the requirement would not place an undue burden on emergency departments, but rather ensure the continuity of existing reporting systems. Additionally, because syndromic surveillance is fully automated, participation does not create a new reporting burden for health care providers.

Allows Hawai'i to capitalize on the flexibility and speed of syndromic surveillance to address public health concerns

Emergency department data is the most common source of syndromic surveillance data. However, it's possible to integrate data from inpatient hospital stays, urgent care visits, emergency medical services (EMS) transports, and other sources. With the authority granted in this bill, the state health department could expand the scope of facilities that participate in syndromic surveillance, enabling a more comprehensive understanding of emerging public health concerns.

The flexibility and speed of syndromic surveillance are its greatest strengths. [Pew research](#)¹ supports states expanding participation in syndromic surveillance, which can fill gaps left by traditional public health reporting, where generating data can take days or weeks. By comparison, syndromic surveillance data can be used almost immediately to direct targeted health interventions and efficiently allocate state resources to address a variety of public health concerns including suicidal ideation, drug use and overdoses, gun violence, and climate/weather-related illness and injury.

Ensures Hawai'i's syndromic surveillance program is resilient to changing federal priorities

Finally, the bill grants the health department authority to establish a state-based syndromic surveillance system. The current syndromic surveillance infrastructure in Hawai'i relies not only on federal payment incentives, but on federal technology platforms. Participating hospitals transmit data to a federal platform that the state health department can access to generate queries. If those platforms become unavailable, it is critically important that the state health department retain the ability to collect and act on syndromic surveillance data.

The health department's recently upgraded electronic disease surveillance system can support a state-based system, making Hawai'i's public health infrastructure resilient to changing federal priorities. Further, a state-based system would allow Hawai'i flexibility to collect data that more accurately reflects Hawai'i's unique population and health needs.

SB3132 significantly strengthens Hawai'i's ability to use syndromic surveillance to meet the needs of its communities. Pew supports this bill and is enthusiastic about the promise of syndromic surveillance in Hawai'i.

Thank you for the opportunity to provide testimony.

Margaret Arnesen
Senior Officer, State Policy and Research Public Health Data Improvement Project
The Pew Charitable Trusts

¹ Report: State Public Health Data Reporting Policies and Practices Vary Widely

Hawaii Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

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

The Hawai'i Chapter of the American Academy of Pediatrics (HAAP) would like to provide testimony in **strong support of SB 3132 SD1 HD1**, which would establish a state syndromic surveillance system that is independent of current voluntary federal reporting. By supporting this bill, you are supporting increasing the capacity of the Hawai'i State Dept of Health to do the important work of identifying and responding to public health threats early and effectively. Only limited and de-identified data would be transmitted to the Department of Health, but basic information such as date of visit, chief complaint, and diagnosis at the end of the ER visit provides essential information for the Department of Health to identify changes in frequency of diseases or the appearance of new diseases promptly.

The more than 200 pediatrician members of the Hawai'i Chapter of the American Academy of Pediatrics rely on the Department of Health for important public health data and guidance, for instance regarding respiratory viral illness patterns or toxic exposures such as those during the Red Hill Water Emergency. Pediatricians, who are on the front lines caring for children with acute illness, know first-hand the importance of having access to essential and reliable information at the state level. Federal reporting is currently voluntary and may be threatened by additional funding or personnel cuts (as recently happened, for example, with CDC testing for rabies and other important diseases). In contrast, passing state legislation to establish the state-level syndromic surveillance system, which importantly does not require additional appropriated funds, helps to safeguard the health and wellbeing of our communities against current and future public health threats.

Mahalo in advance for your support of SB3132 SD1 HD1.

Maya Maxym, MD, PhD, FAAP

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

Re: **SB3132 SD1 HD1- Syndromic Surveillance**

Aloha Chair, Vice-Chair, and members of the Committee:

My name is Dr. Casandra Simonson MD and I am a pediatrician on Maui where I have been treating keiki for the last 12 years. My testimony is my own and not representative of others. I am writing to testify in strong support of **SB3132 SD1 HD1**. I rely on the State DOH for critical information and guidance during times of public health crisis, I strongly support the creation of a state syndromic surveillance system.

Thank you for the opportunity to express my concerns on this important issue for our community.

Sincerely,

Dr. Casandra Simonson MD
Pediatrics Chair, CCM

SB-3132-HD-1

Submitted on: 4/6/2026 9:56:43 AM

Testimony for CPC on 4/7/2026 2:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Anna-Kaella Ramos	Individual	Support	Written Testimony Only

Comments:

As a pediatric resident physician who relies on the HI Department of Health for critical information and guidance during times of public health crises, I strongly support the creation of a state syndromic surveillance system.

SB-3132-HD-1

Submitted on: 4/6/2026 1:01:11 PM

Testimony for CPC on 4/7/2026 2:05:00 PM

Submitted By	Organization	Testifier Position	Testify
Maya Maxym	Individual	Support	Written Testimony Only

Comments:

As a pediatrician who relies on the HI Department of Health for critical information and guidance during times of public health crises, I strongly support the creation of a state syndromic surveillance system.