



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

**Testimony in SUPPORT of S.B. 3132
RELATING TO SYNDROMIC SURVEILLANCE**

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

February 6, 2026, 1:00 PM, Room 225

- 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

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

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

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 4, 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 3132 -- RELATING TO SYNDROMIC SURVEILLANCE**

HEARING: Friday, February 6, 2026 @ 1:00 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports SB 3132, 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 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.

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

SB 3132 testimony of SHPDA (2026), continued.

consistent reporting and the option for a state-run system improves Hawai'i's preparedness while maintaining strong confidentiality protections.

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.

Mahalo for the opportunity to testify.

■ -- Jack Lewin MD, Administrator, SHPDA



February 6, 2026 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Angus L.K. McKelvey

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

Re: **Testimony in Support**
SB 3132, 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.

Friday, February 6, 2026; 1:00 p.m.
Conference Room 225 & Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

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

Re: **SB 3132 – 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 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.

Senator Joy A. San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair
Senate Committee on Health and Human Services

SB3132, Relating to Syndromic Surveillance

Friday, February 6, 2026
State Capitol, 415 South Beretania Street

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

What is syndromic surveillance?

Syndromic surveillance is an automated, near-real time source of de-identified information from within (and sometimes beyond) the healthcare system. It relies on information entered in existing electronic systems, and data is transmitted in near real-time without additional human intervention.

The most common source of syndromic surveillance data is emergency departments, however, it's possible to integrate inpatient hospital data, data from urgent cares, emergency medical services (EMS) data, poison control data, and weather/climate data into a syndromic surveillance feed.

What kind of information is collected?

Typical data collected include chief complaint, diagnosis codes, facility location, visit date, and some patient demographics like age and race. It is distinct from traditional public health reporting because patient name, address, and other identifiers are *not* transmitted.

How is this different than other kinds of public health reporting?

Syndromic data is based on signs and symptoms, making it much faster and more flexible than other forms of public health reporting, which are based on a predefined list of reportable conditions that require a diagnosis. For example, a health department can set up a query to monitor for “syndromes,” such as fever, cough, and rash (measles symptoms), rather than having to wait for lab results or provider notification of a potential measles case.

How is syndromic surveillance data used?

Syndromic surveillance was developed as an early-warning system that could detect potential bioterrorism, but its use cases have rapidly expanded over the past twenty years. Public health practitioners across the country have also used syndromic surveillance to:¹

- Adapt overdose prevention strategies using EMS utilization data
- Improve support for people experiencing homelessness
- Manage outbreaks of mosquito-borne illnesses
- Capture statewide data on vehicle accidents involving pedestrians and/or bicycles
- Create a public-facing dashboard to track firearm injuries and fatalities by county
- Track weather-related illnesses and monitor air-quality related illnesses

How is syndromic surveillance governed?

As of 2021, 13 states require participation in syndromic surveillance. For more information, see this [Pew report](#) on state public health reporting policies and practices.²

¹ Source: National Syndromic Surveillance Program Knowledge Repository

² Report Title: State Public Health Data Reporting Policies and Practices Vary Widely

SB-3132

Submitted on: 2/5/2026 10:46:42 AM

Testimony for HHS on 2/6/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Corinne Solomon	Individual	Comments	Written Testimony Only

Comments:

Aloha,

Cyber attacks have been reported with hospital and other data recently. I am concerned about privacy issues with our data being transmitted to the Health Department. Please let the public know how the data will be deidentified.

Mahalo

SB-3132

Submitted on: 2/5/2026 11:45:43 AM

Testimony for HHS on 2/6/2026 1:00:00 PM

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

Comments:

As a pediatrician who relies on data about disease patterns in the community to guide my diagnostic and management decisions, I strongly support this bill. It will provide essential data to the DOH to help identify emerging patterns and guide clinicians in triaging, diagnosing, and managing patients. I thank you for your consideration.

LATE

SB-3132

Submitted on: 2/5/2026 4:07:15 PM

Testimony for HHS on 2/6/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Deborah Umiamaka	Individual	Oppose	Written Testimony Only

Comments:

Re: Objection to SB3132 – Health Data Privacy and Security

I write to register a formal objection to SB3132 on behalf of Hawaii residents who reasonably expect that their personal health information will not be aggregated into large data centers where it is uniquely vulnerable to breach, misuse, or inadvertent loss. The bill, as implemented, appears to authorize broad collection and centralization of sensitive health data without providing commensurate statutory safeguards, strict limitations on use and retention, or meaningful remedies in the event of a data incident.

In addition, Article I, Section 6 of the Hawaii Constitution expressly recognizes a right to privacy that “shall not be infringed without the showing of a compelling state interest,” and requires the Legislature to take affirmative steps to implement this right, not to weaken it. SB3132 moves in the opposite direction by compelling hospitals with emergency departments to submit “syndromic surveillance data” or similar consolidated health information to the Department of Health for centralized processing, dramatically increasing the risk that a single breach or vendor failure will expose the health information of large segments of our population. In the modern “mega-breach” era, centralized health-data repositories have repeatedly proven to be high-value targets and single points of catastrophic failure, and Hawaii residents should not be forced into that risk without explicit, informed consent, strict statutory limits on downstream data sharing, and clear remedies when things go wrong.

Hawaii’s strong constitutional and cultural commitment to privacy requires that any intrusion into medical confidentiality be narrowly tailored, supported by clear necessity, and accompanied by robust security and accountability measures. Centralized health data repositories are high-value targets, and even a single breach could expose thousands of residents to identity theft, discrimination, and other irreparable harms. Residents should not be compelled to accept those risks without explicit, informed consent and clear legislative protections.

Accordingly, I respectfully request that the Legislature suspend further implementation of SB3132, conduct public hearings focused specifically on data-security and privacy risks, and either repeal or substantially amend the statute to: (1) minimize the volume and identifiability of data collected; (2) mandate state-of-the-art security and breach-notification standards in statute; and (3) provide clear, accessible remedies for

affected individuals. Until such protections are enacted, continued expansion of centralized health-data collection under SB3132 is neither prudent nor acceptable to the people of Hawaii.

Respectfully submitted,

Deborah Umiamaka

Hawaii Resident

LATE

SB-3132

Submitted on: 2/5/2026 4:31:04 PM

Testimony for HHS on 2/6/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patricia de Los Santos	Individual	Oppose	Written Testimony Only

Comments:

I respectfully oppose SB 3132 because it infringes on privacy of protected health information.

Thank you,

Patti de Los Santos

LATE

SB-3132

Submitted on: 2/5/2026 8:31:20 PM

Testimony for HHS on 2/6/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kirk Powles	Individual	Oppose	Written Testimony Only

Comments:

Medical information is to be kept between the patient and the doctor.

The state has no business knowing my medical information unless I give it to them.

HIPPA APPLIES TO US ALL.