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STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
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TRISTA SPEER  
DEPUTY DIRECTOR  
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February 4, 2026

TO: The Honorable Senator San Buenaventura, Chair  
Senate Committee on Health and Human Services

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 967 – RELATING TO HEALTH.**

**Hearing:** February 6, 2026, Time 1:00 p.m.  
Conference Room 225 & Via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of the measure and offers comments. DHS appreciates the Legislature's continued investment in and attention to improving the health and environment of Hawaii's people, particularly its focus on expanding access to mental health therapies.

All DHS Med-QUEST managed care plans currently cover, at no cost to the Medicaid member, medically necessary Food and Drug Administration (FDA) approved medications when clinical criteria are met. In 2019, the FDA approved Spravato (esketamine) nasal spray, in conjunction with an oral antidepressant, for the treatment of depression in adults who have tried other antidepressant medicines but have not benefited from them (treatment-resistant depression).

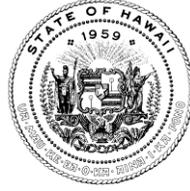
As this measure intends to cover off-label use of ketamine via IV treatments, it is essential to know that esketamine nasal spray is the only FDA-approved treatment for treatment-resistant depression and that the FDA also issued a warning on October 10, 2023, related to the off-label and compounded use of ketamine, stating that:

"Ketamine is *not* FDA-approved for the treatment of any psychiatric disorder. FDA is aware that compounded ketamine products have been marketed for a wide variety of psychiatric disorders (e.g., depression, anxiety, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder); however, FDA has not determined that ketamine is safe and effective for such uses." (Italic emphasis in the original.)

As stated in the measure, no federal Medicaid funds may be used; therefore, the costs must be 100% state-funded. At this time, the DHS Med-QUEST division does not have an estimate of general fund costs; however, such an estimate can be provided should this measure remain under consideration.

However, if a general fund appropriation is added to this measure, we respectfully request that it not replace or reduce budget priorities identified in the executive budget.

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



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
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SYLVIA LUKE  
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DIRECTOR | KA LUNA HO'OKELE

DEAN I. HAZAMA  
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Health and Human Services  
Friday, February 6, 2026  
1:00 pm  
State Capitol, Room 225 and via videoconference**

**On the following measure:  
S.B. 967, RELATING TO HEALTH**

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

My name is Scott K. Saiki, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to require Medicaid and private insurance coverage for intravenous ketamine therapy to treat depression and to appropriate funds.

The Department notes that it is unclear whether the amendments in sections 3 through 5 of this bill would trigger the defrayal requirements under 45 Code of Federal Regulations (CFR) § 155.170. Under the Affordable Care Act (ACA), if a state mandates benefits that are "in addition to" the essential health benefits (EHB) defined in the state's benchmark plan, the State is required to defray the cost of those additional benefits. This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans on the exchange.

Additionally, we would like to note the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage." The measure requires that insurers cover an undefined percentage of the costs of intravenous ketamine therapy. Without a defined percentage, the auditor would be unable to properly assess the "financial effects of the proposed mandated coverage."

The purpose of the auditor's report is twofold. First, the report determines the actual public demand for the service and whether its lack of coverage results in financial hardship or restricted access to care. Second, the report evaluates the potential financial impact of the new mandated benefit, including potential impacts to premiums, total cost of health care, and state defrayal. The completion of the report before the bill is enacted provides the Legislature with the objective data necessary to balance the benefits of the proposed coverage against its potential economic impact. Additionally, the auditor's report could be used in the Department's actuarial analysis in determining whether an issuer's proposed rates are justified.

Finally, the Department notes that the measure states that intravenous ketamine therapy must be covered by Medicaid and commercial health insurance plans beginning January 1, 2026. If this measure advances, it should be amended to be effective with the next plan year.

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 5, 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 967 -- RELATING TO HEALTH (ketamine therapy)**

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

**POSITION:** COMMENTS

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Testimony:

SHPDA provides the following comments related to SB 967 related to ketamine access with insurance reimbursement for appropriate psychiatric and behavioral health patient care under the direct oversight by licensed psychiatrists..

We respectfully suggest adding language, so the bill's coverage recognizes other clinically appropriate means of administration, such as intramuscular and intranasal options in addition to intravenous therapy. This additional language could help ensure patients, psychiatric providers, and their caregivers have access to the safest and most appropriate option based on the individual's clinical need and available settings of care.

Thank you for hearing SB 967.

Mahalo for the opportunity to testify.

■ -- Jack Lewin MD, Administrator, SHPDA

February 6, 2026

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

Senate Committee on Health and Human Services

**Re: SB 967 – RELATING TO HEALTH**

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 967, which would require Medicaid and private insurance coverage for intravenous ketamine therapy to treat depression.

HMSA recognizes that depression can cause debilitating symptoms, especially for individuals who do not respond to conventional treatments, and we support the appropriate use of ketamine therapy when it is prescribed and administered in a controlled medical setting. However, the legislation, as written, appears to lack specificity regarding utilization management and step therapy, both of which we believe are necessary to ensure appropriate and effective use of this medication. While HMSA appreciates the intent of this measure, we believe that as currently written this bill creates a new mandated benefit.

We respectfully request that this bill be deferred to allow the State Auditor to first conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes since it creates new a mandated benefit and to identify the social and financial effects of the proposed mandated coverage. We would also ask the State Auditor to address the issue of defrayal of cost by the state for a mandated benefit which is additional to our Essential Health Benefits (EHB) pursuant to 45 CFR § 155.170 (b).1

Thank you for the opportunity to offer comments on SB 967.

Sincerely,



Walden Au  
Director of Government Relations

**SB-967**

Submitted on: 2/4/2026 8:47:09 AM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shelby "Pikachu" Billionaire	Testifying for Ohana Unity Party & Kingdom of Hawaiian Islands	Support	Remotely Via Zoom

Comments:

**\*\*Aloha Chair and Honorable Members of the Committees,**

Mahalo for the opportunity to submit this written testimony in the strongest possible support of **\*\*Senate Bill 967\*\***. This forward-thinking and compassionate legislation establishes a regulated, evidence-based Ketamine-Assisted Therapy (KAT) program within the Department of Health to treat qualifying individuals suffering from severe, treatment-resistant depression, post-traumatic stress disorder (PTSD), suicidal ideation, and other debilitating mental health conditions. As Chairman of the Ohana Unity Party and a lifelong advocate for healing, mental wellness, and innovative solutions to the suffering in our communities, I believe SB967 represents a bold, humane, and necessary step forward for Hawaii. SB967 creates a structured, medically supervised program that: - Authorizes licensed psychiatrists and qualified health professionals to administer ketamine-assisted therapy in approved clinical settings; - Establishes clear eligibility criteria, informed consent requirements, safety protocols, and follow-up care standards; - Requires training and certification for providers, ongoing monitoring, and data collection to evaluate outcomes; - Mandates annual reporting to the Legislature on patient outcomes, safety incidents, demographic data, and program effectiveness; - Provides a pathway for insurance coverage and Medicaid reimbursement where appropriate, ensuring equitable access. This is not an expansion of recreational use—it is a tightly regulated, therapeutic medical intervention grounded in peer-reviewed research showing ketamine’s rapid and significant benefits for individuals who have exhausted conventional treatments.

**\*\*Why I Stand Strongly in Support of SB967\*\***

1. **\*\*A Life-Saving Option for Treatment-Resistant Mental Health Conditions\*\*** Hawaii faces a mental health crisis: suicide rates remain among the highest in the nation, especially among Native Hawaiian and Pacific Islander populations; PTSD and depression are prevalent among veterans, trafficking survivors, and youth in foster care; and traditional antidepressants often fail 30–50% of patients. Ketamine-assisted therapy has demonstrated rapid-acting antidepressant effects (often within hours or days), significant reduction in suicidal ideation, and lasting benefits when combined with psychotherapy. Multiple randomized controlled trials (including those published in JAMA Psychiatry, American Journal of Psychiatry, and The Lancet) show remission rates of 50–70% in treatment-resistant depression—far exceeding standard care. SB967 brings this evidence-based option to Hawaii, potentially saving lives where current treatments fall short.

2. **\*\*Alignment with Aloha, Compassion, and Cultural Healing\*\*** The Dalai Lama teaches: “If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” Mahatma Gandhi reminds us: “The true measure of any society can be found in how it treats its most vulnerable members.” SB967 embodies these principles by offering hope and healing to those suffering profound mental pain—particularly Native Hawaiians, who experience higher rates of suicide, trauma, and barriers to care. By integrating culturally competent providers and recognizing the role of community and ‘ohana in recovery, this bill honors our values of aloha, pono, and kuleana.

3. **\*\*Real-World Example: The Urgent Need for Innovative Mental Health Solutions\*\*** Survivors of human trafficking (64% Native Hawaiian in Hawaii), veterans, foster youth, and individuals with chronic PTSD often face treatment-resistant symptoms that lead to despair, addiction, or suicide. Ketamine-assisted therapy has shown particular promise in these populations—reducing suicidal thoughts in hours and facilitating breakthroughs in therapy that years of traditional treatment could not achieve. Without regulated access in Hawaii, many are forced to travel to the mainland (at great expense) or go without this life-changing intervention. SB967 ensures safe, local, supervised access—preventing unnecessary suffering and saving lives.

4. **\*\*Fiscal and Public Health Benefits\*\*** Untreated or poorly treated severe mental illness costs Hawaii hundreds of millions annually in emergency services, hospitalizations, lost productivity, incarceration, and child welfare interventions. Ketamine-assisted therapy, when properly administered, reduces hospital readmissions, shortens treatment time, and improves long-term outcomes—delivering cost savings while improving quality of life. The bill’s rigorous safety protocols, provider training, and outcome reporting ensure responsible implementation and measurable results.

5. **\*\*Support for Native Hawaiian and Marginalized Populations\*\*** Native Hawaiians and Pacific Islanders experience disproportionately high rates of mental health challenges, suicide, and trauma from historical and ongoing injustices. SB967 prioritizes equitable access, cultural competence, and community involvement—ensuring that healing modalities are available to those most in need, in a manner that respects our ancestral values of balance and connection.

**\*\*Conclusion and Urgent Call to Action\*\*** SB967 is compassionate, evidence-based, and urgently needed. It offers hope to those who have exhausted other options, saves lives, reduces suffering, and demonstrates that Hawaii leads with innovation and aloha in mental health care. I urge the Committees to pass this bill swiftly and without weakening amendments. Let us embrace healing, compassion, and justice—bring ketamine-assisted therapy to Hawaii under strict medical oversight and show the world that our islands care deeply for the mental well-being of every resident.

Mahalo nui loa for your consideration and service to our islands. I am available for questions or oral testimony if needed. In solidarity for healing, hope, and ohana,

Master Shelby "Pikachu" Billionaire, HRM Kingdom of The Hawaiian Islands, H.I. Ohana Unity Party, Chairman [www.Ohanaunityparty.com](http://www.Ohanaunityparty.com) [Presidentbillionaire@gmail.com](mailto:Presidentbillionaire@gmail.com)



**SB-967**

Submitted on: 2/3/2026 1:35:27 PM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dawn Wakukawa	Individual	Support	Written Testimony Only

Comments:

I support this as I've benefitted from ketamine therapy for depression. I would possibly utilize it more if insurance would cover even a portion of it.

I'd also like to note that there is a not small percentage of people with depression that don't respond to pharmaceutical treatment. Additionally, medications may take up to 2-4 weeks to feel the full benefits. Pharmaceuticals also have significant side effects that cause some people to stop taking it.

Ketamine benefits start at the controlled session at the provider's office and can last for a while. Also noting that when I did it at my psychiatrist's office, it was overseen by a former EMT. He will take the time to discuss any concerns before agreeing to ketamine treatment. Blood pressure is taken at intervals, and patients are monitored by cameras. They will not let you drive home and will ensure that you are okay before leaving the office.

**SB-967**

Submitted on: 2/4/2026 9:42:14 PM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Courtney Kacir	Individual	Support	Written Testimony Only

Comments:

Aloha Senator San Buenaventura and Committee Members,

I am a registered nurse. I testify in strong support of SB967.

I suffered for many years before I met Dr. Tom Cook at Beyond Mental Health. Ketamine was used to pull me out of a severe depression caused by pharmaceuticals.

This bill would allow more people access to this medication. Please pass SB967.

Mahalo,

Courtney Kacir, Honolulu, Hawaii

**LATE**

**SB-967**

Submitted on: 2/6/2026 5:30:29 AM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
L Elento	Individual	Support	Remotely Via Zoom

Comments:

Aloha,

IN SUPPORT OF SB967 FOR SAFE KETAMINE DRUG THERAPY THAT WORKS and must be accessible to all patients through health insurance.

We further appreciate the Committee's consideration to delete "\_\_\_ PER CENT OF" on page 3, Line 9.