Hawaii Medical Association Legislative Report

2026

The 2026 Hawai‘i Legislative Session reaffirmed the Hawai‘i Medical Association’s (HMA) role as the physician-led voice for patients, physicians, and public health across the state. Throughout the 2026 Hawai‘i Legislative Session, HMA worked diligently to advance physician-informed policies that support patients, physicians, and public health across the state. HMA entered the session with a focused advocacy framework built around three core priorities: **Access to Care, Quality Care, and Behavioral Health**. These priorities reflected the most pressing challenges facing Hawai‘i’s health care system, including physician workforce shortages, uncertainty surrounding Medicaid and health coverage, administrative burdens on medical practices, limited access to care on neighbor islands, persistent behavioral health gaps, and the need for safe, evidence-based standards governing emerging models of care and rapidly evolving technologies.

This report incorporates the final Act numbers for enacted legislation along with bill numbers, status, and integrated information from our HMA testimony archive as well as supporting correspondence on key legislation. During the 2026 session, HMA testified on more than 60 unique measures, submitting over 150 pieces of testimony across multiple committee hearings. HMA also provided additional letters, policy input, and stakeholder engagement on selected measures of significance to physicians and patients.

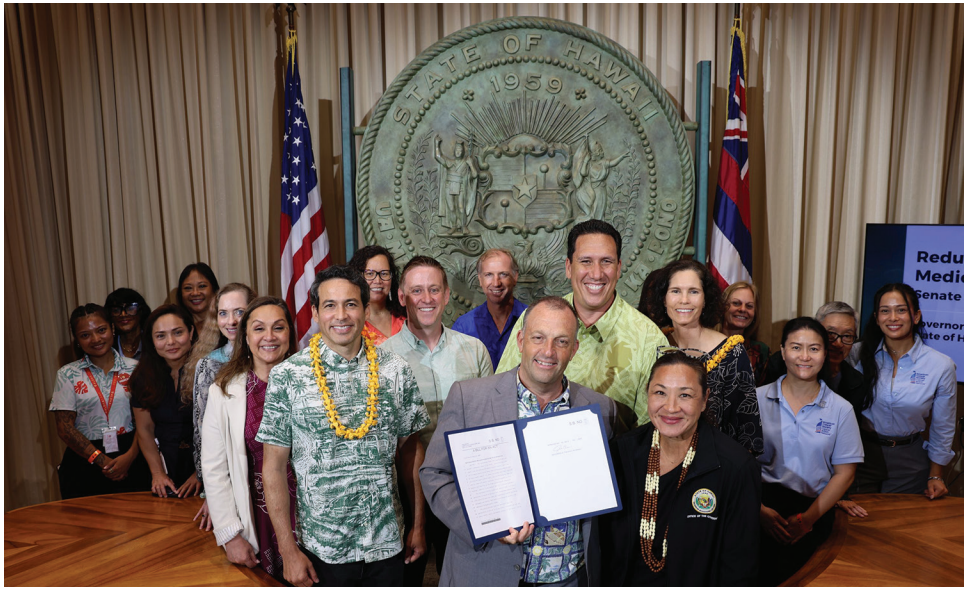
Opening Day, 2026 Hawaii State Legislative Session

HMA’s advocacy has extended beyond formal testimony and committee hearings. Throughout the session, HMA monitored more than 230 bills and resolutions, convened physicians, policymakers, and stakeholders through its Conversations at HMA series, provided regular legislative briefings to members, engaged state leaders and media outlets, and served as a trusted source of physician expertise during a complex and consequential legislative year.

Access to Care

Access to care was the strongest area of 2026 legislative success for HMA. The most direct wins addressed the practical realities of an island healthcare system: emergency transportation, Maui response capacity, chronic disease management, community-based long-term services, cancer screening access, and timely healthcare workforce onboarding.

SB3203, Act 84, established the Statewide Air Medical Services Program within the Department of Health. The measure creates a stronger statewide structure for coordinating air medical services across islands that is especially important for the patients who need urgent specialty care beyond their local communities.



HMA member Governor Josh Green, MD signs healthcare bills into law

SB2934, Act 86, funds an Advanced Life Support ambulance and related emergency medical services capacity for Central Maui. Together, Act 84 and Act 86 addressed both statewide emergency medical coordination and place-based emergency response needs.

SB3045, Act 197, requires coverage of continuous glucose monitors and related supplies beginning January 1, 2027, under specified conditions. **SB3324, Act 198**, increases Medicaid home-and community-based residential service rate support. **HB1969, Act 219**, expands access to colorectal cancer screening and treatment assistance. **HB2576, Act 42**, streamlined healthcare facility background-check requirements that can affect timely hiring and workforce onboarding.

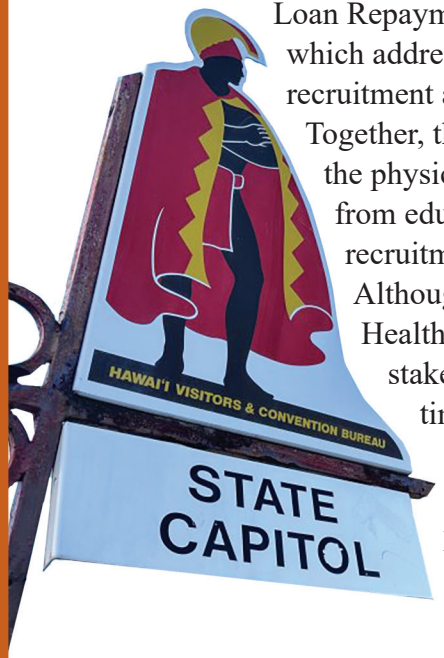
Workforce Capacity and the Physician Shortage

Access to care and physician workforce are inextricably linked. Hawai‘i’s ongoing physician shortage remains one of the most significant barriers to timely, equitable access to healthcare throughout the state. The 2026 Physician Workforce Report to the Hawai‘i Legislature estimated a shortage of 644 physician full-time equivalents statewide and an unmet need of 833 FTEs when geographic and specialty coverage are considered. The largest statewide shortfall was in primary care.

Consequently, Hawaii healthcare workforce development was a major legislative focus throughout the testimony history. HMA supported expansion of the Healthcare Preceptor Tax Credit, broader inclusion of residency and fellowship

programs, improvements to the Healthcare Education Loan Repayment Program, and additional investments in healthcare workforce expansion. Despite broad recognition of Hawai‘i’s workforce needs, these measures ultimately did not advance to final passage as the Legislature confronted numerous competing healthcare and budget priorities.

Although many of these proposals were not enacted, they remain essential components of a long-term strategy to address Hawai‘i’s physician shortage and strengthen recruitment and retention, particularly in primary care and neighbor island communities. Several HMA supported measures reflected this comprehensive approach including, **HB2159**, which would have established positions and appropriated funds to the University of Hawai‘i to support healthcare workforce development; **HB1591** and companion **SB3202**, which addressed expansion of the Healthcare Preceptor Tax Credit; **HB1574** and companion **SB2409**, which involved modernization of the Healthcare Education Loan Repayment Program; and **SB2261**, which addressed physician and dentist recruitment and retention on Moloka‘i. Together, these proposals addressed the physician workforce continuum—from education and training through recruitment and long-term retention. Although only **HCR173**, urging Maui Health System to collaborate with stakeholders to establish a full-time medical residency program on Maui, was adopted, these initiatives remain important priorities for future legislative sessions.



Quality Care

Practical Improvements and Public Health Infrastructure
HMA’s Quality Care priority emphasizes physician-led, team-based care, appropriate scope of practice, patient safety, transparency, evidence-based innovation, and technology that supports rather than replaces clinical judgment. Several measures supported by HMA and enacted in 2026 advanced HMA’s Quality Care priorities by strengthening patient safety, supporting physician-led care, and modernizing public health infrastructure, now identified below by measure and Act number for easier reference.

HB1515, Act 124, authorizes attending physicians to request functional capacity examinations without first obtaining employer permission. **HB1514, Act 46**, clarified vocational rehabilitation processes and improved injured workers’ access to appropriate services. **SB3132, Act 222**, strengthens syndromic surveillance reporting. **HB1858, Act 137**, modernized vital statistics requirements. **HB1573, Act 190**, established electronic smoking device and e-liquid certification and directory requirements. **HB1875, Act 59**, expanded protections for providers offering lawful reproductive and gender-affirming healthcare services.

HMA supported **HR129 HD1**, which requested health maintenance organizations to adhere to and be held accountable for timely reimbursement of healthcare claims under Hawai‘i’s Clean Claims statute. Although the Senate companion measure and concurrent resolutions did not advance during the 2026 session, payment delays continue to affect practice sustainability and, ultimately, patient access, making this an important issue for future legislative consideration.

Behavioral Health

Behavioral health remains one of the state's most significant and complex policy areas in 2026. Hawaii physicians recognized the need to expand access to comprehensive behavioral health services, particularly in underserved communities, while supporting evidence-based, physician-led models of care that prioritize patient safety and high-quality treatment.

Several measures aligned with behavioral health access and integration. Deferred **SB2089** and companion **HB1706** addressed Medicaid Prospective Payment System reimbursement for certain mental health services delivered through federally qualified health centers and rural health clinics. Additional proposals addressed youth behavioral health, intensive outreach and community-based treatment models, complex-patient care, and broader mental health system capacity. These measures demonstrated broad recognition that Hawai'i needs more behavioral health capacity but did not reach final enactment in 2026.

The most debated behavioral health measure was **SB847, Act 266**, the psychologist prescriptive authority pilot. HMA opposed the bill while recognizing the shared goal of expanding behavioral health access. HMA's position evolved through multiple rounds of testimony and correspondence. HMA's April 2, 2026 testimony opposing **SB847 SD2 HD1** identified concerns with psychologist prescribing authority, supervision requirements, controlled substances, and patient safety.

Beyond Conference Committee hearings, HMA and the American Medical Association (AMA) both urged Governor Green to reconsider SB847 CD1, citing patient safety concerns related to Schedule II controlled substances and medically complex psychiatric prescribing in letters submitted on May 15 and May 21, respectively. The inclusion of Schedule II controlled substances in this pilot creates a direct patient safety risk because their safe prescribing requires comprehensive medical training, physical diagnosis, pharmacology, and whole-patient clinical judgment.

SB847 became the final Act of the 2026 legislative session and was the only measure enacted without Governor Green's signature this year. The measure was not included on the Governor's veto list and therefore became law as a three-year pilot program subject to legislative evaluation. Although the Governor did not explain his decision, allowing a bill to become law without signature is a rare gubernatorial action that reflects the complexity of the policy issues presented.

As implementation begins, HMA will continue to follow the pilot closely and work with policymakers and stakeholders to ensure that quality care and patient safety remain central measures of its success.

Public Context: Payment Instability, Workforce, and Practice Sustainability

The 2026 session took place amid broad public concern about physician shortages, payment instability, rural access, and the proposed HMSA–Hawai'i Pacific Health affiliation. HMA's public updates and healthcare news page curated major stories on HMSA's payment-model transition, rural pharmacy access, residency bottlenecks, physician shortages, mental health, and consolidation issues.

HMSA's proposed transition for primary care payment became a major public issue. HMA communications welcomed HMSA's decision to extend implementation by six months, allowing participating primary care practices to remain under current arrangements until January 1, 2027. HMA framed the extension as an opportunity for immediate transition planning focused on practice sustainability, continuity of care, and neighbor island access.

HMA's mission as advocate for physicians, their patients, and public health, places HMA firmly in the center of these discussions, which can be difficult, contentious, and adversarial. HMA, however, has intentionally positioned itself as a convenor, educator, and facilitator, while always embracing its fundamental role as the voice of the physician community. We continue to believe that strong advocacy with aloha can yield results which ultimately benefit our physicians, their patients, and our community's health.

Looking Ahead: Challenges and Priorities

Although the 2026 legislative session produced meaningful progress, several important challenges and legislative priorities remain. Primary care stabilization proposals, including **SB2690** and **HB1965**, did not reach final enactment. Prior authorization reform proposed through **SB2282** stalled before final passage. Artificial intelligence transparency legislation under **SB2281** did not become law. Telehealth modernization efforts through **HB2558** failed to advance to enactment. Preventive-services coverage proposals, including **HB1898** and **SB3133**, also stalled. Health coverage continuity proposals, including **HB1546** and companion **SB2087**, which would have established a Health Coverage Continuity Pilot Program for residents losing Medicaid coverage, did not become law.

SB2491 and companion **HB1857**, relating to modernization of the definition of "qualified health care provider," should likewise be carried forward as unfinished business. HMA strongly supported these measures because they would establish a broader and more consistent statutory definition of qualified health care provider, modernize outdated terminology, standardize references across Hawai‘i law, and remove barriers preventing licensed professionals from practicing fully within their authorized scope. **While largely technical in appearance, the measures could reduce statutory friction, improve team-based care, and enhance healthcare access across the state.** Stakeholders and lawmakers alike noted that this measure is "not the most exciting bill," but it addressed long-overdue statutory updates. This collaborative project involved a range of healthcare providers including nurses, advanced practice nurses, physician assistants, psychologists, pharmacists, and physicians. Legislative debates will continue, and reasonable people will sometimes disagree. Our shared kuleana reminds us that, despite those differences, we remain united in our responsibility to improve the health and well-being of the people of Hawai‘i.

Looking ahead, HMA's interim work will likely focus on refining a primary care stabilization proposal; advancing practical prior authorization reform; continuing telehealth modernization efforts; strengthening physician workforce initiatives, including the educational pipeline, preceptor support, residency training, and loan repayment programs; monitoring implementation of recently enacted legislation, particularly **Act 266 (SB847)**; exploring pathways for licensing internationally trained physicians; and continuing to refine the Qualified Health Care Provider legislation.

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HMA's Value in 2026

The 2026 session showed HMA delivering results while shaping the larger healthcare conversation. HMA supported and advocated on enacted laws improving emergency transport, Maui ambulance capacity, workers' compensation care, healthcare facility background checks, vital statistics, provider protections, chronic disease management, Medicaid-supported community-based services, colorectal cancer screening and treatment, vaping product regulation, and public health surveillance.

Our work is not finished. HMA elevated physician workforce concerns through data-driven advocacy, supported the development of Maui residency programs, advocated for expanded behavioral health capacity, challenged scope-of-practice expansions it believed could compromise patient safety, and ensured that physicians' voices remained visible in public policy debates. Most importantly, HMA demonstrated an approach to advocacy that reflects the values of Hawai'i: strong yet respectful, evidence-based yet practical, collaborative yet principled.

We are proud to stand alongside Hawai'i's physicians - ***Imua!*** HMA will continue to move forward, working collaboratively with physicians, policymakers, patients, and community partners to build a healthier Hawai'i.

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