

# 2025

## Hawaii Medical Association Legislative Report



This year's session of the Hawaii State Legislature opened with a new Speaker of the House, Representative **Nadine Nakamura** (Kauai, District 15), the first women speaker in the history of Hawaii's legislature. Senate President **Ronald Kouchi** is also from Kauai with his constituents including the island of Ni'ihau. We had some key changes in committee leadership, with Representative **Gregg Takayama** taking over as Chair of the House Committee on Health, and Representative **Scot Matayoshi** as Chair of the House Committee on Consumer Protection & Commerce, after the passing of much beloved Representative **Mark Nakashima**. Senator **Joy San Buenaventura** continued as Chair of the Senate Committee on Health and Human Services, with Senator **Jarrett Keohokalole** as Chair of the Senate Committee on Commerce and Consumer Protection.

While HMA and health issues in general very often involve these four committees, we also had bills being heard by the other legislative committees, which total 34. And, of course, the "money committees," the Senate Committee on Ways and Means and the House Committee on Finance, both play an outsized role. Just after the session closed, House Finance Committee Chair Representative **Kyle Yamashita** was replaced by another neighbor island leader, Representative **Chris Todd** (Hawaii Island, District 3). We also note with sadness the passing of longtime legislator, Representative **Gene Ward**, who served almost 20 years in the House; **Joe Gedeon** was named as his replacement.

(House 1,503 + Senate 1,669), with ultimately 322 bills passed, including one constitutional amendment. In addition, 324 resolutions were passed. About 40 of the passed bills involved healthcare in some way. The process for a bill or resolution to pass isn't an easy one. As an example, one of HMA's top priorities was **prior authorization reform**. The bill which eventually passed, **HB250**, included six versions (not all major of course), five public opportunities for testimony, six committee reports, and more than six public hearings. And this doesn't count all the time and effort involved by advocates, staff, and legislators in trying to come to some kind of agreement that most people could live with.

Another complexity is that sometimes a priority bill becomes unnecessary because the need and funding are addressed through another vehicle. For example, **SB299**, appropriated funds for the Healthcare Education Loan Repayment Program (HELP), strongly supported by **Governor Josh Green**, **JABSOM**, **HMA**, and many legislators (there was only one "no" recorded in the final vote). But since the \$30 million funding was included in the state budget bill, **HB300**, the bill was no longer needed. It's easy to miss bills or details along the way, which is why committees and collaboration are so necessary. Like-minded advocates and legislators need to stay in communication with each other. We are grateful to our



*Rep. Nadine Nakamura, the first women Speaker of the House in Hawaii legislative history*

It's easy to forget that our legislature is made up of people just like us, who are shaped by their own personal, cultural, community, and political experiences. It's not an easy job and we should begin and end the session by saying, "Mahalo" for serving our community.

During this session, some 3,172 bills were introduced

HMA members who are active in advocacy, both on our own **Public Policy Committee**, and in their various specialty organizations. We are also grateful to our collaborators in healthcare, including the **Hawaii Medical Board**, **The Queen's Health System**, **Hawaii Pacific Health**, the **University of Hawaii John A. Burns School of Medicine**, the **University of Hawaii Cancer Center**, the **Healthcare Association of Hawaii**, **AlohaCare**, and **HMSA**. We may not always agree on specific issues, but the spirit of collaboration and commitment to quality healthcare is always evident.

HMA and its public policy team tracked over 160 measures, submitting 86 testimonies and letters on 45 different measures. HMA reports to our members via a dedicated, members-only webpage, *2025 Hawaii State Legislature*, which includes all our testimonies, reports, updates, resources, and selected hearing notices.

Since 2022, HMA has published its priorities at the beginning of the legislative session. For 2025, our priorities were **Access to Care**, **Quality Care**, and **Behavioral Health**, the same as last year. While most of the legislative action this session gravitated toward access to care issues, favorable action can be reported in the areas of quality care and behavioral health as well. The remainder of this report will highlight some of the successes and challenges.

## Access to Care

Hawaii has a well-documented shortage of physicians. The solution strategy includes a variety of actions that would make it easier and more affordable for physicians to practice medicine, and increase the availability of physicians to patients, especially in rural areas of Hawaii. The major victory under access to care is the already referenced **HB250** on prior authorization reform, which passed the legislature unanimously, and now awaits Governor Green's signature. Prior authorization is such an important issue for both patients and their physicians that HMA has a dedicated public resource page, *Fix Prior Authorization Hawaii*. Prior authorization is the process by which the physician or healthcare provider must get approval from their patient's health insurance, before their patient can receive a needed medical procedure or medication. HB250 does two main things. First, it requires entities which

conduct prior authorization reviews for health insurance companies to submit data to a state agency, the **State Health Planning and Development Agency (SHPDA)**. Second, it establishes the **Health Care Appropriateness and Necessity working group**, which will annually report to the legislature with recommendations on prior authorization standards and requirements. The working group includes representatives from HMA, the Healthcare Association of Hawaii, insurance industry, consumers, and employers. This bill will enshrine a data reporting structure and a mechanism to analyze, review, and recommend actions for the legislature, insurance companies, physicians and other healthcare providers to consider in order to decrease the administrative burden of prior authorization, and thereby improve patient care. For such a bill to pass in the first year of its introduction was rather unexpected. It was due to the leadership of the health chairs (**Rep. Takayama and Senator San Buenaventura**), its main champion and introducer **Rep. Lisa Marten**, the collaboration of both HMSA and HMA together (acknowledged by Rep. Takayama and others), and support from HMA member and SPHDA Director, **Dr. Jack Lewin**, among others. HB250 is but a first step,

but it is a critically important first step which has been made with careful collaboration and patient-focused action, in the genuine spirit of aloha. For the latest on prior authorization visit *Fix Prior Authorization Hawaii*.



L-R: HMA President Elizabeth Ann Ignacio, MD; Rep. Lisa Marten; SPHDA Director Jack Lewin, MD

There were other positive actions on access to care legislation. As mentioned above, the very successful HELP program was funded for \$30 million over the next two years in budget bill **HB300**. This loan repayment program applies to a variety of healthcare professionals who commit to serving patients in Hawaii for at least two years.

**SB1281** extends the sunset date for **Act 107** of 2023 which allows for the reimbursement of certain telehealth services. The new sunset date of **December 31, 2027**, gives more time for the state to adjust to any new federal policies, especially important to our rural communities.

Another way to address the physician shortage is to make it easier for qualified foreign trained International Medical Graduate (IMG) physicians to practice in Hawaii. **HB1379** takes a step in the right direction by creating an alternate pathway for foreign trained IMG physicians to become licensed in Hawaii. We expect more action in this area since the Federation of State Medical Boards has recently released recommendations for the licensure of internationally trained physicians. Such actions could positively increase the number of professionally and culturally competent physicians in Hawaii.

In 2023, Hawaii passed the Interstate Medical Licensure Compact, which started implementation just this year. To fully take advantage of this compact, legislation needed to be passed to authorize the Hawaii Medical Board to conduct criminal background checks. **SB1365** accomplished this. It should be noted that through the compact, already over 250 more physicians have been licensed to practice in Hawaii since January 1, 2025.

## Quality of Care

HMA believes all patients deserve high quality care, regardless of their economic status or geographic location. **HB799 (Act 092)**, which also improves access to care, clarifies that a physician can practice at an ambulatory healthcare facility even if he or she doesn't have hospital privileges at a licensed hospital in the same geographic area. Removing this administrative barrier enables patients to receive quality and safe care outside of a hospital, particularly important in rural and underserved areas like Hawaii Island and Maui.

Early in the session, several bills which proposed to give psychologists prescribing authority (**SB798** and **SB847**) were not heard, which was good news. HMA's consistent position has been that psychologists lack the medical education, training, and experience to prescribe drugs such as psychotropics. This is about patient safety. Without proper medical training, patients could be misdiagnosed



*Opening Day of the 2025 Hawaii State Legislative Session*

and suffer harm from receiving the wrong treatment. HMA continues to work with the **Hawaii Psychiatric Medical Association, JABSOM**, and others to expand the availability of quality behavioral healthcare services. Giving inadequately trained personnel prescriptive authority is not the solution and could further erode the availability of quality care for our rural communities.

The licensing of midwives was one of the more controversial issues of the session. In the end, **HB1194 (Act 028)** was passed, and allowed to become law by Governor Green, without his signature. HMA and the **American College of Obstetricians and Gynecologists (ACOG)** had serious concerns about the final version of the bill which allowed an unaccredited pathway for licensure. Again, the priority is patient safety. But there was a great deal of pressure to pass something since the existing licensure law was to sunset in June 2025. This issue will probably need to be revisited in the next session.

**The University of Hawaii Cancer Center (UHCC)** is the only National Cancer Institute designated center in the Pacific. Support for the UHCC advances quality care for the prevention and treatment of cancer in Hawaii. HMA supported UHCC by advocating for an increase in the cigarette tax which helps to support the UHCC. In the end, **HB441 (Act 095)** passed, which increased the cigarette tax by two cents, from 16 to 18 cents per cigarette, with four cents designated for the UHCC's debt service and building maintenance until June 30, 2041. UHCC had hoped that two cents of the four cents could have been reserved for research, but any additional funding is positive in these challenging times.

## Behavioral Health

Several positive bills were advanced that should improve behavioral health in Hawaii. One of Governor Green's priority mental health bills, **SB1322**, passed. It is a lengthy bill which clarifies processes and procedures for assisting those needing emergency mental health transportation, examination, hospitalization, and treatment, including assisted community treatment.

HMA testified on several bills which would have increased mental health services, including crisis and intervention services, and mobile services. In the end, **HB1462** was passed. This bill expands the crisis intervention and diversion services program on Oahu, and also authorizes use of mobile treatment services as an option for this program. Also passed was the complementary **HB943**, which focuses on the homeless population, seeking to divert them to appropriate health services to address their substance abuse issues and/or mental illness. **SB1442** was another administration bill which successfully navigated the legislature. This measure modernizes statutory language governing Hawaii's **Child and Adolescent Mental Health Division**, ensuring that our mental healthcare framework aligns with current best practices and changing community needs, with the goal of improving access and effectiveness of youth mental health services. This kind of bill is an example of legislation which doesn't grab headlines but is important to keeping our services up-to-date and helpful to our community today.

## Unfinished Business

Of course, every session leaves us wanting more. The subject of updating the **Hawaii Patient Bill of Rights** was raised in several resolutions, including **SCR43/SR26**. Such a bill of rights seeks to protect the dignity of each patient and the delivery of medical care with respect and fairness. While many understand and support the intention of such an update, the thinking seems to be that more discussion needs to take place as to the exact form and substance of such a bill in order to ensure quality and safety, transparency, and autonomy. HMA proposed a working group on patient rights to include representation of patients, healthcare professionals, hospital systems, and insurers.

HMA had also hoped to expand the healthcare preceptor tax credit program to include dietitians, physician assistants, social workers, and residency programs, going beyond primary care to include specialty preceptors.

**HB303** would have accomplished this but didn't make it past the conference committee process. This kind of bill underscores HMA's commitment to supporting all healthcare professionals in maximizing their educational and training opportunities. HMA strongly believes that physician-led team care should be the norm, where non-physician providers offer care within the scope of their training, education, and experience.

As we go to print (May 28, 2025), Governor Green has signed 103 bills and allowed one to become law without his signature, leaving 217 bills awaiting his action. He has not indicated that he intends to veto any bills and hasn't vetoed any bills thus far. He has until June 24, 2025, to inform the legislature of any intended vetoes, and has until July 9, 2025, to sign bills or they become law without his signature.

HMA will continue to track the status of Hawaii healthcare legislation. Given the ever-changing dynamics in Washington, DC, it is very likely that there will be a special session of the Hawaii State Legislature this fall. HMA is also engaged with selected federal issues, including proposed Medicaid cuts in the House Budget Reconciliation bill. Our latest news on both the state legislature and federal issues is online at our website, [hawaiiomedicalassociation.org](http://hawaiiomedicalassociation.org).

Please do take a few minutes to thank your elected officials for a successful 2025 session!



### 2025 Hawaii Medical Association Officers

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### 2025 Public Policy Coordination Team

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