

E&C Member Day Hearing
The Honorable Jill N. Tokuda (HI02)

Chair Guthrie, Ranking Member Pallone, and Members of the Committee:

Thank you for hosting this Member Day hearing in the House Energy & Commerce Committee.

Rural America is at a breaking point. From Hawai‘i’s neighbor islands to small towns across the country, families are driving hours for basic care, clinics are shuttering, and providers are stretched past their limits. When a rural hospital closes, it isn’t just a health care loss—it guts the local economy, drives families away, and threatens the future of the entire community.

Rural health care is not optional. It is the infrastructure that keeps rural America alive. And our communities cannot wait any longer. We need action that reflects the urgency and scale of the crisis before us.

That starts with the people who show up every day for rural America. This week, I introduced the bipartisan **CARE for First Responders Act** to expand access to specialized support for EMTs, firefighters, law enforcement officers, 911 dispatchers, and others who are often the only responders available during emergencies. In rural communities, they are the front line and sometimes the only line. If we fail to take care of those who take care of us, rural health care collapses before the patient ever reaches a clinic.

We also need to give rural providers the flexibility to actually serve their communities. The **Rural Health Clinic Burden Reduction Package**, which I co-introduced with Tracey Mann of Kansas, removes outdated restrictions, modernizes supervision rules to reflect today’s scope-of-practice standards, and empowers clinics to offer the full range of primary and behavioral health services. These reforms

mean faster care, broader access, and fewer families forced to leave home just to see a provider.

In Hawai‘i, distance is its own barrier—where a “routine appointment” can require a flight. My **PATCH Act** corrects chronic Medicare underpayments so providers are compensated fairly, and my **Ensuring Outpatient Quality for Rural States Act**, co-led by Nick Begich, gives CMS the authority to account for the higher cost of care in remote states like Hawai‘i and Alaska. If we don’t fix the formula, we will continue losing providers faster than we can recruit them.

We must also protect the programs that are holding rural health care together today. Many of the **HHS extenders** advanced by this Committee are set to expire next month. Letting them lapse would be devastating—an avoidable blow that would accelerate clinic closures and deepen shortages.

That’s why I co-lead, with Carol Miller of West Virginia, the bipartisan reauthorization of the **Rural Residency and Planning Development Program**—the single most effective tool we have to train, recruit, and retain rural providers.

And none of this works without telehealth. Rural patients cannot afford uncertainty about virtual or audio-only care. I co-lead the **HEALTH Act** with G.T. Thompson to make these authorities permanent for FQHCs and rural health clinics so that distance never determines whether a patient can be treated—whether they live on a remote island, up a mountain road, or hours from the nearest doctor.

These bills won’t solve every challenge, but together they move us toward a system where every American—no matter their zip code—can get the care they need, when they need it.

If we want rural communities to survive, let alone thrive, we must fight for the hospitals, clinics, and providers that keep them alive. We must invest in local care, strengthen the workforce rooted in these communities, fix payment inequities, and ensure no family is forced to choose between groceries, rent, or life-saving treatment.

Rural health care is a national emergency. And with your partnership, we can finally bring stability, dignity, and access to the Americans who have waited far too long.

Mahalo for the opportunity to speak with you today. I look forward to working with this Committee to deliver the health care our rural communities deserve.