

HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS
The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

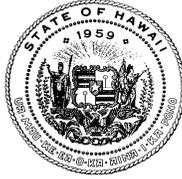
H.C.R. NO. 36, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS

Hearing: Friday, March 21, 2025, 9:30 a.m.

The Office of the Auditor offers the following comments on HCR No. 36, which requests the Auditor to assess the financial effects of proposed mandatory health insurance coverage for colorectal cancer screenings proposed in H.B. No. 556, H.D. 1 (HB 556, HD 1).

Section 23-51, HRS, requires the Auditor to assess the social and financial effects of any bill that proposes to mandate health insurance coverage for “a specific health service, specific disease, or certain providers of healthcare services as part of individual or group health insurance policies.” HB 556, HD 1, however, does not propose to mandate new health insurance coverage, i.e., it does not propose to require coverage of a specific health service, disease, or provider.

HB 556, HD 1 will require all health insurance coverage for colorectal cancer screenings be consistent with the “Affordable Care Act implementation frequently asked questions published by the United States Department of Labor, United States Department of Health and Human Services, and the United States Department of Treasury” (Affordable Care Act FAQs). Colorectal cancer screening is currently required to be covered under health insurance policies issued in Hawai'i. We assume that the reference to the Affordable Care Act FAQs in HB 556, HD 1 is intended to prohibit any cost-sharing for colorectal cancer screenings. If the change to the current mandatory coverage for colorectal screening proposed by HB 556, HD 1 is to prohibit cost sharing, we do **not** believe that the Legislature is required to request an assessment of the proposal under Section 23-51, HRS.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'ŌIHANA OLAKINO
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**Testimony COMMENTING on H.C.R. 36
REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED
MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 21, 2025

Room Number: Conference Room 329
and Videoconference

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health (DOH) offers comments on House Concurrent
3 Resolution 36 (H.C.R 36) which requests the auditor to assess the social and financial effects of
4 proposed mandatory health insurance coverage for colorectal cancer screenings.

5 **Department Testimony:** H.C.R. 36 aligns with the priority of the DOH's Hawaii Comprehensive
6 Cancer Control Program (HCCCP) to increase colorectal cancer screenings statewide and to
7 reduce the incidence of colorectal cancer and colorectal cancer-related deaths by increasing
8 access to colorectal cancer screening, especially among the gap group of uninsured and
9 underinsured populations. Timely screening can prevent and detect cancer early to improve
10 treatment and quality of life outcomes. The HCCCP relies on the Centers for Disease Control
11 and Prevention recommendations and the [U.S. Preventive Services Task Force guidelines for](#)
12 [screening](#).¹ The recommended age for screening was lowered in 2021, and begins from age 45
13 to age 75 years. In 2020, 70% of people ages 45 to 75 reported meeting the new colorectal
14 screening guidelines and the rate went down slightly in 2022 to 67%. In 2020, when people

¹ U.S. Preventive Task Force. Colorectal Cancer: Screening. Final Recommendation Statement. May 18, 2021. Retrieved 1/29/25 from:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#tab1>

1 were asked about their healthcare coverage and meeting screening guidelines, 71% of people
2 with healthcare coverage met the colorectal cancer screening guidelines compared to 42% who
3 did not have healthcare coverage.²

4 **Offered Amendments:** None

5 Thank you for the opportunity to submit testimony.

² Hawaii Health Data Warehouse, Hawaii Behavioral Risk Factors Surveillance System, 2020 and 2022. Retrieved 1/29/25 from:
<https://hhdw.org/report/query/result/brfss/ColonScrn4575/ColonScrn4575Crude11.html>



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
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, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

To: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Loy, Vice Chair and
Honorable Members

From: John C (Jack) Lewin, MD, Administrator, SHPHA and
Senior Advisor to Governor Green, MD on Healthcare Innovation

Re: **HCR36 – Request the Auditor to Assess the Social and Financial
Effects of Proposed Mandatory Health Insurance Coverage for
Colorectal Cancer Screenings.**

Hearing: Friday, March 21, 2025 @ 9:30 am; Conference Room 329

Position: SUPPORT

Testimony:

Given that colorectal screening for cancer is one of the most effective means of early detection of this dangerous and high-frequency cancer, it should be covered by ALL insurers for people at risk based on age, family history, previous polyps, and other risk factors.

That said, there are different approaches to screening (fecal occult blood tests, barium enema imaging, colonoscopy and different types of scope detection methods), all with varying costs and indications. It would make sense to rapidly research the specifics of this important preventive service to be mandated that de-mystifies the efficacy of different approaches and costs for individual patients and high-risk populations.

The County of Los Angeles health system, the second largest in America, recently created an effective county-wide scientifically-sound methodology for this screening, including identifying exceptions for persons with higher risk, which has been applied to all patients Managed by this public system.

We can do the same in a cost- and clinically-effective way statewide, BUT we need to reach all of the Hawai'i population with such a screening system to systematically reduce the morbidity and mortality of this highly preventable disease.

Mahalo for the opportunity to testify.

HCR-36

Submitted on: 3/19/2025 11:16:03 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Cheryl Beckley	American Cancer Society Cancer Action Network	Support	Written Testimony Only

Comments:

Chair Takayama, Vice Chair Keohokapu-Lee Loy and committee members:

My name is Cheryl Beckley, and I am an advocate for the American Cancer Society Cancer Action Network. I am here today in **strong support of HCR36**.

I was fortunate to receive a take-home colorectal screening test, which allowed for early detection. As a single mother of two, I know how critical it is to have access to **preventive healthcare for all**. No mother—or anyone—should have to leave their family behind due to a disease that is both **foreseeable and preventable**. I recognize how lucky I am to have had access to this screening, but I also know that many do not—especially those struggling to support a family while trying to care for their own health.

Colorectal cancer is the **third most diagnosed** and one of the **deadliest cancers** in both Hawai‘i and the U.S. among men and women. Yet, most colorectal cancer deaths are due to **lack of screening**. Screening **saves lives** by preventing colorectal cancer or detecting it early when it is most treatable.

As an Asian American, I am particularly concerned about the **low screening rates** among adults aged 45-49, especially those who are uninsured, recent immigrants, or have limited education. Many face significant **barriers**, including affordability, lack of symptoms or family history, embarrassment or fear, and the absence of a healthcare provider’s recommendation.

Removing financial barriers, such as cost-sharing, is one of the most effective ways to increase screening rates and save lives. I urge you to support HCR36 to ensure more people have access to these life-saving screenings.

Mahalo for your time and consideration.

Sincerely,

Cheryl Beckley

Kailua-Kona, HI 96740

HCR-36

Submitted on: 3/20/2025 8:16:42 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Andrew Van Wieren	Malama I Ke Ola (Community Clinic of Maui)	Support	Written Testimony Only

Comments:

I am the Chief Medical Officer (CMO) at Malama I Ke Ola Health Center (Community Clinic of Maui), which is a federally qualified health center on the island of Maui. As a FQHC, we are charged with serving patients regardless of their ability to pay and regardless of insurance status. Our patients without health insurance are able to complete stool-based tests for colorectal cancer screening (such as iFOBT/FIT or Cologuard). However, if those tests result positive, then the next recommended step is a colonoscopy and our patients without health insurance do not have a reliable way to access an affordable colonoscopy. Funding to support colonoscopies for uninsured patients with positive stool-based colorectal cancer screening tests is critical to ensuring those patients are able to complete recommended colorectal cancer screening tests.



House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: Friday, March 21, 2025

ACS CAN SUPPORT HCR 36: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS.

Cynthia Au, Government Relations Director – Hawai‘i Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to **SUPPORT** HCR 36: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS.

The American Cancer Society Cancer Action Network (ACS CAN) writes to you today to support HCR 36. We work to ensure that cancer patients and survivors in Hawaii and across the country have a fair and just opportunity to find, treat and survive cancer. In fact, we believe it is more important than ever to work to ensure that cancer patients – and others with serious chronic conditions – have access to the treatments they need.

Colorectal cancer (CRC) is the third-leading cause of cancer in Hawaii and third-leading cause of cancer deaths nationwide. This year alone, ACS estimates that 770 people in Hawaii will be diagnosed and 240 will die from the disease.ⁱ The Native Hawaiian and Pacific Islander community are disproportionately affected by CRC due to a lack of preventive health screenings. From 2017 through 2021, the state of Hawaii had an incidence rate of 38.1 and a death rate of 11.8 between 2016-2020.ⁱⁱ Among the Asian/Pacific Islander population, there was a 37.0 incidence rate between 2017 and 2021.ⁱⁱⁱ Of the average annual count of CRC cases among the Asian/Pacific Islander population throughout the state of Hawaii, an average of 58.6% are late-stage cases.^{iv} These deaths are largely preventable, and increasing access to screenings will go a long way in saving more lives from cancer.

ACS CAN advocates for evidence-based screenings that help reduce incidence and mortality rates of cancer. The overall reduction of CRC incidence and mortality rates in the U.S. over the last few years have largely been attributed to increased uptake in preventive screening.^v Colorectal cancer is one of the few truly preventable cancers, making it one of the most cost-effective population-based preventive screenings.^{vi,vii}

On January 10, 2022, the Tri-Agencies (Department of Labor, Department of Health and Human Services, Treasury) announced that private insurance plans must now cover, with no cost-sharing, follow-up colonoscopies after a positive non-invasive stool test.^{viii} This clarification from the Administration is consistent with the American Cancer Society's recommendation that as a part of the colorectal cancer screening (CRC) process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.^{ix} The follow-up colonoscopy should not be considered a "diagnostic" colonoscopy, but rather an integral part of the preventive screening process, which is not complete until the colonoscopy is performed, and therefore covered with no cost sharing for individuals.

According to the [Affordable Care Act Implementation FAQs - Set 12 | CMS](#)^x Question #5: If a colonoscopy is scheduled and performed as a screening procedure pursuant to the United States Preventive Services Taskforce (USPSTF) recommendation, is it permissible for a plan or issuer to impose cost-sharing for the cost of a polyp removal during the colonoscopy?

No. Based on clinical practice and comments received from the American College of Gastroenterology, American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure.

Everyone should have equitable access to care. As a member of the Colorectal Cancer Task Force under the Hawaii Comprehensive Cancer Coalition, the task force has identified barriers in preventive screening for the uninsured and underinsured population in Hawaii. We urge the legislature fund a program that would improve access to colorectal screenings for the uninsured and underinsured populations in Hawaii, akin to the Hawaii Breast and Cervical Cancer Control Program.

Thank you for the opportunity to provide testimony in support of the concurrent resolution as a step closer to increase access to colorectal screenings for the people of Hawaii. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at Cynthia.Au@Cancer.org or 808.460.6109.

ⁱ [American Cancer Society - Cancer Statistics Center](#)

ⁱⁱ [State Cancer Profiles - Incidence Rate Tables](#)

ⁱⁱⁱ [State Cancer Profiles - Incidence Rate Tables](#)

^{iv} [State Cancer Profiles - Incidence Rate Tables](#)

^v Siegel RL, Miller KD, Jemal, A. Cancer Statistics, 2020. CA Cancer J Clin. 2020; 0:1-24.

^{vi} Lansdorp-Vogelaar I, Van Ballegooijen M, Zauber AG, Habbema DF, Kuipers EJ. Effect of rising chemotherapy costs on the cost savings of colorectal cancer screening. J Natl Cancer Inst. 2009; 101:1412–22.

^{vii} Ran T, Cheng CY, Misselwitz B, et al. Cost-effectiveness of colorectal cancer screening strategies – A systematic review. Clin Gastroenterol Hepatol. 2019; 17(10):1969-81.

^{viii} Tri-Agencies FAQ About ACA Implementation. Released Jan. 10, 2022, page 12. Available at [FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation \(dol.gov\)](#).

^{ix} Wolf AMD, Fontham ETH, Church TF, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA Cancer J Clin. 2018; 68(4):250-81.

^x https://www.cms.gov/ccio/resources/fact-sheets-and-faqs/aca_implementation_faqs12

COLORECTAL CANCER DISEASE

IN HAWAII

Colorectal cancer (CRC) is the 3rd most diagnosed and deadliest cancer in Hawaii and the U.S. among men and women(2). Screening prevents CRC and helps with early detection.

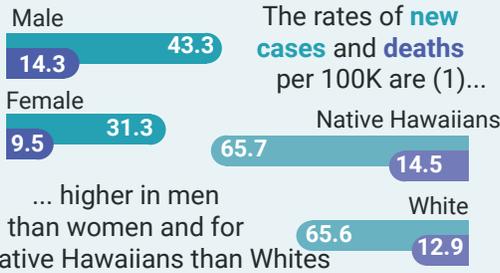
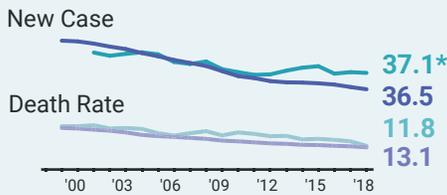
In Hawaii, 820 residents will be newly diagnosed with CRC, and 250 will die, in 2025 (2).

From 2019 to 2023, Hawaii ranks:

12th in highest rate of new CRC cases in the U.S (2).

33rd in highest rate of CRC screening in the U.S (2).

Hawaii's CRC new case rates per 100K are above U.S. rates (1).



58.6% of new CRC diagnoses in Hawaii are, on average, late-stage (4)



Screening is the key to reducing CRC new cases and deaths.

Only 10.5% of Hawaii residents ages 45-75 completed a stool test in 2022 and only 54% completed a colonoscopy (5).

17% of individuals completed a stool test prior to a colonoscopy.



In 2021, The USPSTF** lowered the screening age range from 50-75 to 45-75 years.

45 years screening age

AANHPI are screened at lower rates than their white counterparts (1)

41% of AANHPI ages 45 and older are screened for CRC.

57% of white individuals aged 45 years and older are screened for CRC.

Despite increased accessibility, CRC screenings remain low compared to breast and cervical cancer screenings.

Barriers to screening include:

- financial barriers, such as cost-sharing or lack of health coverage
- failure to recommend screening by providers
- transportation.
- language barriers
- patient fear⁶

Removing financial barriers such as cost-sharing is an effective way to improve screening rates.

For late stage diagnoses, colorectal cancer treatment can cost over \$100,000 (8).

In 2020, the total medical expenditure for CRC care was approximately \$24.3 billion, making it the second most costly cancer type after breast cancer (8).

Why is this important?



3 out of 5

In 2022, 64% Hawaii residents reported being unprepared to pay for their cancer treatment (3).

A study among Medicare enrollees found that removing the 20% coinsurance for a colonoscopy with a polyp removal or a follow-up colonoscopy would be **cost effective** if the screening rate increased by only 0.6 percentage points (7).



Sources: 1. American Cancer Society. Cancer Facts & Figures 2025. American Cancer Society, 2025.

2. American Cancer Society. Cancer Statistics Center. American Cancer Society, 2025, <https://cancerstatisticscenter.cancer.org/>.

3. American Cancer Society Cancer Action Network. Survivor Views: Cancer & Medical Debt. American Cancer Society Cancer Action Network, 2025.

4. Centers for Disease Control and Prevention. Colorectal Cancer. CDC, 2024, <https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html>.

5. National Cancer Institute and Centers for Disease Control and Prevention. State Cancer Profiles: Hawaii Quick Profile. 2024

6. "Psychological Barriers and Healthcare Utilization." PubMed Central, U.S. National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11674532>.

7. Fendrick, A. Mark, et al. "Cost-Effectiveness of Waiving Coinsurance for Follow-Up Colonoscopy...." Cancer Prevention Research, PubMed Central

8. Centers for Disease Control and Prevention. Colorectal Cancer. CDC, 2024, <https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html>.

HCR-36

Submitted on: 3/20/2025 9:07:02 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Christel Pope	American Cancer Society Cancer Action Network	Support	Written Testimony Only

Comments:

RE: Strong Support of HCR36: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS.

Friday, March 21, 2025; TIME: 9:30AM

Committee on Health

Chair Takayama, Vice Chair Keohokapu-Lee Loy and committee members:

My name is Christel Pope and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HCR36. I am also a breast cancer survivor.

Late last year, during a routine doctor's check up, my nurse informed me that I was way overdue for my colorectal screening test. She proceeded to tell me about the entire process. Her care for me and detailed information about the procedure encouraged me to go home with a test kit. My test results were positive, and my primary care physician referred me to another doctor to schedule a colonoscopy.

A large polyp was removed, and test results showed they were benign. Due to the large size of the polyp and tissue makeup, I need to have regular colonoscopies done every two years.

Colon cancer is a silent killer. Many deaths could be prevented by getting screening done. I am an example of that. I am grateful for my nurse and her care for me on that day. I was long overdue for that screening test and I shudder to think of what would have happened had I waited. I am also still making payments on the bill incurred for that procedure.

I urge you to please support HCR36!

Sincerely,

Christel Pope

Makaweli, 96769

HCR-36

Submitted on: 3/21/2025 3:09:34 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shahryar Baig	Fight Colorectal Cancer	Support	Written Testimony Only

Comments:

On behalf of Fight Colorectal Cancer, a national patient advocacy organization dedicated to the colorectal cancer community, we appreciate the opportunity to share our support for House [Concurrent Resolution No. 36](#). We thank all sponsors in the legislature for working together to submit this resolution requests the Office of the Auditor (“Auditor”) of the State of Hawai‘i to assess the financial effects of proposing mandatory health insurance coverage for colorectal cancer screenings in proposed in [House Bill No. 556](#).

As the committee may be aware, colorectal cancer is the second leading cause of cancer death for men and women combined. Colorectal cancer is also increasing in young people. It is the number one cause of cancer death for men under the age of 50 and number two for women under age 50. According to the [American Cancer Society](#), in 2025, it is estimated that 820 Hawaiians will be diagnosed with colorectal cancer and 250 will die from the disease. Colorectal cancer is preventable if caught early through timely screening; and removing financial barriers such as cost-sharing is an effective way to improve screening.

There are a growing number of effective screening modalities available for patients, including non-invasive screening options. It is important that if a patient receives an abnormal result from a non-invasive screening test that they undergo a follow-up colonoscopy to complete their screening.

We believe that ensuring that cost is not a prohibitive barrier for patients in Hawai‘i. This resolution instructing the Auditor to conduct an impact assessment report on proposed implementation of [House Bill No. 556](#) will reduce those barriers substantially. We support this resolution and look forward to seeing this report and its findings and recommendations before the start of the 2026 Regular Session.

Sincerely,

Shahryar M. Baig

State Policy Manager

Fight Colorectal Cancer

HCR-36

Submitted on: 3/18/2025 8:22:35 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ted Bohlen	Individual	Support	Written Testimony Only

Comments:

I SUPPORT! Insurance coverage for colorectal screening will save many lives

HCR-36

Submitted on: 3/19/2025 3:55:09 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Mark Willingham	Individual	Support	Written Testimony Only

Comments:

Chair Takayama, Vice Chair Keohokapu-Lee Loy and committee members:

My name is Mark Willingham and I am a Community Health Educator at the University of Hawai'i Cancer Center. My testimony is submitted as an individual and not as a representative of the University of Hawai'i or the UH Cancer Center. I am in **STRONG SUPPORT** of HCR36.

As an educator of the importance of cancer screenings and access to those who may have difficulties in obtaining screening, this bill is essential to colorectal cancer because of the disparities in screening: Screening rates are lowest among ages 45-49, Asian Americans, the uninsured, recent immigrants, and those with less than a high school diploma. Additionally, many barriers remain regarding screening such as: Affordability, lack of a family history or symptoms, feelings of embarrassment or fear, and no recommendation from a health professional. Removing financial barriers such as cost-sharing is an effective way to improve screening.

Sincerely,

Mark Willingham

Honolulu, HI 96813

HCR-36

Submitted on: 3/19/2025 8:30:56 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Hausler	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HCR36: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS.

Friday, March 21, 2025; TIME: 9:30AM

Committee on Health

Chair Takayama, Vice Chair Keohokapu-Lee Loy and committee members:

My name is Jennifer Hausler and I am an advocate for the American Cancer Society Cancer Action Network . I am in STRONG SUPPORT of HCR36.

My first husband died at age 32 in 1979 from colorectal cancer which is now preventable.

Most colorectal deaths in the U.S. are attributable to not getting screened. Colorectal cancer is the 3rd most diagnosed and deadliest cancer in Hawaii and the U.S. among men and women. Screening prevents colorectal cancer and helps with early detection. Screening is the key to reducing colorectal cancer and deaths..

Screening rates are lowest among ages 45-49, Asian Americans, the uninsured, recent immigrants, and those with less than a high school diploma.

Many inroads have been made since the 70s and to stop losing Hawaii citizens to this terrible diagnosis, HCR36 should be passed.

Sincerely,

Jennifer Hausler

Pearl City, 96782

HCR-36

Submitted on: 3/19/2025 8:35:13 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
B.A. McClintock	Individual	Support	Written Testimony Only

Comments:

Please support this important bill. Mahalo.

Lynda Asato
Honolulu, 96817

RE: Strong Support of HCR36: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR COLORECTAL CANCER SCREENINGS.

Friday, March 21, 2025; TIME: 9:30AM

Committee on Health

Chair Takayama, Vice Chair Keohokapu-Lee Loy and committee members:

My name is Lynda Asato and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HCR36.

I have been having colonoscopies from age 45 because I am at high risk of colorectal cancer. I'm a breast cancer survivor for over 30 years. I'm a PALB2 genetic mutation carrier which puts me at highest risk for breast, colorectal and stomach cancers. My mom died of breast cancer, and her father, brother and sister had colorectal and stomach cancers. I am an advocate of early screening for cancer prevention.

- **Preventable:** Most colorectal deaths in the U.S. are attributable to not getting screened. Colorectal cancer is the 3rd most diagnosed and deadliest cancer in Hawaii and the U.S. among men and women. Screening prevents colorectal cancer and helps with early detection. Screening is the key to reducing colorectal cancer and deaths like my family suffered.
- **Disparities in screening:** Screening rates are lowest among ages 45-49, Asian Americans, the uninsured, recent immigrants, and those with less than a high school diploma. My grandfather, uncles and aunts were not screened until it was too late for them. They were at stage 4 cancer in the end.
- **Barriers:** Affordability, lack of a family history or denial of symptoms, feelings of embarrassment or fear, and no recommendation from a health professional. Removing financial barriers such as cost-sharing is an effective way to improve screening. My family was in denial and worried about the high cost of seeking medical care. The consequences of this was their deaths.

Please vote in favor of advancing this measure.

Sincerely,

Lynda Asato
Honolulu, 96817