



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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**Testimony in SUPPORT of SB1431 SD1
RELATING TO VIRAL HEPATITIS**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 14, 2025 @ 9:00 am

Room Number: 329

1 **Fiscal Implications:** The Department of Health ("Department") requests that this measure be
2 considered as a vehicle to provide this needed funding so long as it does not supplant the
3 priorities and requests outlined in the Governors executive budget request.

4 **Department Position:** The Department SUPPORTS this measure and offers comments.

5 **Department Testimony:** The Communicable Disease and Public Health Nursing Division
6 (CDPHND) provides the following testimony on behalf of the Department. The Department
7 supports SB1431 SD1, which would establish a hepatitis prevention program and positions to
8 address the burden of viral hepatitis on Hawai'i.

9 **Preventable Infections and Deaths in Hawai'i**

10 Viral hepatitis infections can lead to preventable liver cancer and premature death. From 2000-
11 2020, hepatitis B mortality rates were consistently higher in Hawai'i compared to the US,
12 reaching three times as many deaths in 2019. Most of these deaths were among Asian and
13 Pacific Islander residents. For the same period, most hepatitis C-related deaths in Hawai'i
14 occurred earlier than that rest of the state: 88% did not reach age 75, and 40% died before
15 retirement age at 65.

16 **Opportunities to Intervene Exist**

Hepatitis B and C can be eliminated in Hawai'i through existing interventions: universal hepatitis screening and immunization; culturally-based care coordination; and safe, effective treatments, including a cure for hepatitis C. Most residents can get these covered by insurance, so this measure will support efforts to leverage insurance-paid services. With only 2 Federally-funded positions and no dedicated program funds, the Department has focused on coalition-building (via Hep Free Hawai'i) to coordinate a statewide hepatitis elimination strategy ("Hep Free 2030") since 2011. Successes include hepatitis C treatment in local jails and prisons as well as electronic medical record integration in Neighbor Island health centers. This progress points to the impact that an adequately funded and staffed hepatitis prevention program could have.

Sufficient Infrastructure Needed

The Department is seeking positions to scale up the State's response to preventable, treatable, but life-threatening, hepatitis. The requested positions include:

- Section Supervisor (1 F.T.E. Program Specialist V): Provide overall coordination of section activities as well as strategic planning and partnership development;
- Intervention Specialist/Case Investigator (1 F.T.E. Epidemiological Specialist IV): Conduct disease surveillance and investigation activities to effectively allocate resources;
- Office Assistant (1 F.T.E. Office Assistant III): Provide administrative support.

The Department estimates that \$827,484 in annual program funds, including \$282,484 for personnel costs and \$545,000 for operations, would be sufficient to support targeted community-based hepatitis testing, immunizations, care coordination, and treatment. This amount is based on a draft budget developed for the program and attached to this testimony.

If unfunded, the State will not be able to effectively curtail high rates of hepatitis mortality and related costs to the workforce, despite the availability of known interventions.

Thank you for the opportunity to testify on this measure

Draft Budget for Hepatitis Prevention Program

Hepatitis prevention services are currently supported by \$315,000 in federal funds (Viral Hepatitis Cooperative Agreement). The federal funds support 2 positions: a Program Specialist IV and an Epidemiologist. Federal funding for the Epidemiologist position is new, and the position has been filled since January 2024. The federal funds do not support any program activities.

In each of the past several years, DOH has been able to utilize approximately \$120,000 from other related DOH programs to support hepatitis prevention activities. These activities have included modestly funded-short-term projects that offer “proof of concept” for the community-based services outlined below.

DOH estimates that State general funds of **\$827,484** are needed to staff and implement a comprehensive Hepatitis Prevention Program.

I. DOH Infrastructure for a Hepatitis Elimination Section: \$322,484

A. Staffing: 3.0 FTE new positions

1. Hepatitis Elimination Section Supervisor (Program Specialist V) – new SR-24 \$71,016
2. Hepatitis Epidemiologist – *existing, federally funded (staff in place since January 2024)*
3. Hepatitis Community Coordinator (Program Specialist IV) – *existing, federally funded (staff in place)*
4. Intervention Specialist/Case Investigator (Epidemiological Specialist IV) – new SR-22 \$63,096
5. Office Assistant III – new SR-08 \$37,872

Salary (7/1/24 salary schedules):	\$171,984
Fringe (64.25%, interim FY24 rate):	\$110,500
Total new personnel:	\$282,484

B. Operations

1. Equipment, supplies, printing, mailing, phone, inter-island travel, training \$20,000
2. Translation of educational materials \$10,000

- Section Supervisor would provide overall coordination of section activities as well as strategic planning and coordination with other parts of DOH.

- Epidemiologist and Intervention Specialist/Case Investigator would implement disease surveillance activities for hepatitis B and C. Case investigation capacity is essential for obtaining information required to establish a case record, deduplicate cases, and obtain complete case information needed for robust epidemiological analysis, including but not limited to gender, race/ethnicity, behavioral risk factors, country of birth, birthing parent's country of birth. These are essential in describing the impact of disease and trends to effectively allocate resources to affected communities in Hawai'i.
- Community Prevention Coordinator builds community partnerships and identifies organizations with capacity for highest impact hepatitis services.
- Office Assistant would provide overall administrative support for the hepatitis elimination section.

II. Community-based Services

\$515,000

A. Contracts with community-based organizations to provide targeted outreach, awareness, testing, vaccination, and care coordination: \$280,000

- Statewide
- 5-6 sites, at least one provider per county
- Fund high impact programs: syringe exchange program, methadone treatment centers, community health centers, HIV service agencies, programs with access to individuals who are incarcerated or recently released from incarceration.

B. Contracts with community-based medical providers to increase their capacity to provide hepatitis care and treatment: \$90,000

- 2 sites per year
- Support novel innovation to improve patient engagement, screening, diagnosis, and treatment. Examples include supporting a pharmacy's capacity to treat and/or coordinate treatment of hepatitis; and supporting a community health center's capacity to leverage Electronic Medical Record data to identify patients who could benefit from screening or treatment.

C. Vaccines: \$50,000

- Hepatitis A and B vaccine, approximately 700 doses for full (multi-dose series) hepatitis A and/or B vaccination of approximately 315 individuals
- Vaccination provided by DOH staff or community partners
- Vaccination to individuals unable to access vaccination through insurance

D. Testing \$95,000

1. Point-of-Care testing; screening, rapid tests, \$75,000

- Hepatitis C testing to approximately 3,400 individuals
 - Point-of-Care tests performed by DOH staff or trained community partners
2. Laboratory testing; confirmatory and follow-up testing, \$20,000
- Hepatitis C screening and confirmatory testing; Hepatitis B screening and laboratory follow-up
 - Hepatitis C testing to approximately 100 individuals
 - Hepatitis B testing to approximately 200 individuals
 - Laboratory tests requisitioned by DOH staff or community partners



SB1431 SD1 Viral Hepatitis Funding

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Mar 14, 2025: 9:00: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports SB1431 SD1:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.

1. **We can eliminate hepatitis.** Now that effective medication is available to treat viral hepatitis, we support Hawaii's plan to eliminate hepatitis by 2030. Wow. What an opportunity.
2. **It's expensive to not treat.** Untreated hepatitis is most expensive to our healthcare systems. A modest investment can save many lives and bundles of dollars.
3. **Leverage insurance funding.** Moreover, this funding will allow the patients to access insurance payments to cover most of the costs.
4. **Intervention strategies that work.** Let's provide intervention strategies to prevent and effectively treat a disease that has plagued Hawaii's Asian and Pacific Islander populations for decades.

We appreciate the opportunity to provide testimony and are available for questions.

SB-1431-SD-1

Submitted on: 3/11/2025 2:24:03 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Hep Free Hawaii	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

We **support SB1431 SD1**. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

The lack of public health resources dedicated to viral hepatitis has contributed to higher death rates in the state, especially for vulnerable communities such as Asian and Pacific Islander (API) residents.

- Two of the leading causes of liver cancer in Hawai‘i are hepatitis B and C, which can also lead to premature deaths.
- Per HDOH, annual liver cancer death rates in Hawai‘i were higher than the national average from 2000 to 2020
- Per HDOH, most state residents with hepatitis C (88%) died earlier than the rest of state.

Given this impact on Hawaii, we support this bill to establish and fund a formal hepatitis program in HDOH. This would ensure that necessary and effective services—including surveillance, vaccination, screening, treatment—can be provided to affected communities with sufficient HDOH staffing and infrastructure.

Undiagnosed and untreated viral hepatitis increases the costs to private and public systems of care each year. This bill provides a modest investment to make significant impact on a preventable, treatable health issue. Please pass this bill to help save local lives!



HAWAII' I HEALTH &
HARM REDUCTION CENTER

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Honolulu, HI 96813

(808) 521-2437

www.hhhrc.org

*"Reducing harm,
promoting health,
creating wellness, and
fighting stigma
in Hawai'i and
the Pacific."*

TESTIMONY IN SUPPORT OF SB 1431, SD 1

TO: Chair Takayama, Vice Chair Keohokapu-Lee Loy, & HLT Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: March 14, 2025 (9:00 AM)

Hawai'i Health & Harm Reduction Center (HHHRC) strongly supports SB 1431, which establishes and appropriates funds for a hepatitis prevention program within the state Department of Health to "address preventable morbidity and mortality from viral hepatitis" among this state's residents. These positions will strengthen current efforts to collect needed data and to pursue strategies that broaden access to screening, prevention, and care services.

Over the past decade, HHHRC has worked with Hep Free Hawai'i and over 200 community partners in recent years on a strategy to eliminate viral hepatitis A, B, and C on a statewide basis. "Hep Free 2030" identifies five priorities to eliminate hepatitis in Hawai'i: awareness and education, access to services, advocacy at all levels, equity in everything, and data for decision making. It also articulates four core values: harm reduction, social justice, intersectionality, and aloha.

The federal Centers for Disease Control and Prevention (CDC) broadly recommends vaccination for hepatitis B and that all adults over 18 get tested for hepatitis B and C at least once. In 2020 the CDC declared viral hepatitis a "winnable battle," making it a national public health priority where significant progress can be made in a relatively short timeframe.

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those related to substance use and mental health conditions, and have also been deeply impacted by trauma related to histories of physical, sexual, and psychological abuse.

Mahalo for the opportunity to provide testimony.



To: The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair
House Committee on Health

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Director of Public Policy
Sarielyn Curtis, External Affairs Specialist

Hearing: Friday, March 14, 2025, 9:00 AM, Conference Room 329

RE: **SB1431 SD1 Relating to Viral Hepatitis**

AlohaCare appreciates the opportunity to provide testimony in **support** of **SB1431 SD1**. This measure establishes and appropriates funds for a Hepatitis Prevention Program within the Department of Health; repeals the authority given to the Department of Health to provide medications for the treatment of certain newborns; repeals the no implied warranty provision for blood injections and transfusions with regard to the serum hepatitis virus; establishes positions; and appropriates funds.

Founded in 1994 by Hawai‘i’s community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 70,000 Medicaid and dual-eligible health plan members on all islands. Approximately 37 percent of our members are keiki. We are Hawai‘i’s only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare’s commitment to whole-person care includes improving access, health equity, and addressing the social determinants of health. We are aligned with our Hep Free Hawai‘i Coalition partner and support this measure because it will increase access to hepatitis education, prevention, and treatment services. According to the Department of Health’s (DOH) *Hepatitis B Mortality and Liver Cancer report*, Hawai‘i is facing a high mortality rate of 1.17 deaths per 100,000 people, compared to the national average of .42 per 100,000.

In the same report, DOH found that hepatitis b disproportionately affects Asian and Pacific Islander residents, as the mortality rate has increased to 1.4 times the State’s average rate from 2000-2020.¹ This measure will help reduce health disparities such as these and contribute to Hep Free 2030, Hawai‘i’s Hepatitis Elimination Strategy², as well as our State’s health equity and SDOH priorities set forth in the recently renewed Section 1115 Medicaid Demonstration waiver.³

¹ [Harm Reduction Services Branch | New Hep B Mortality Report!](#)

² [Elimination Priorities — Hep Free Hawaii](#)

³ [Hawaii's Medicaid State Plan and Demonstration](#)



Mahalo for this opportunity to testify in **support** of **SB1431 SD1**.



In **OPPOSITION** to SB1431/HB1112

The Libertarian Party of Hawaii is in opposition to this bill, specifically the repeal of the no implied warranty provision for blood injections and transfusions with respect to the serum hepatitis virus. This repeal would expose patients to unnecessary risks by removing the basic assurance that blood products provided for transfusions and injections are safe and free from hepatitis.

Individuals have the right to make informed choices about healthcare. This change would allow healthcare providers and blood banks to operate without the obligation to guarantee the safety of blood products. Patients rely on these assurances when making critical healthcare decisions, especially in circumstances requiring blood transfusions. How is a patient supposed to trust a blood supply that will not guarantee basic safety procedures?

Individuals have the right to understand the risks associated with medical treatments and to make decisions accordingly. In simple terms: They have the right to informed consent. By repealing the warranty provision, patients would have no legal recourse if they were to suffer adverse effects from contaminated blood products. This lack of accountability diminishes the integrity of informed consent, and makes the average reader question the motives behind such an idea.

It is imperative that we safeguard our healthcare system against potential harm, not against potential lawsuits. The government has a role in ensuring that the rights of citizens are protected, particularly when it comes to their health and well-being. Retaining the no implied warranty provision is essential to uphold the duty of healthcare providers to their patients. We must ensure that our healthcare system maintains standards of safety and integrity.

We urge you to **oppose this measure**. Protecting individuals from the risks associated with medical treatments aligns with inherent values of personal responsibility, informed consent, and accountability.

SB-1431-SD-1

Submitted on: 3/11/2025 2:21:54 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kunane Dreier	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I **support SB1431 SD1**. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

The lack of public health resources dedicated to viral hepatitis has contributed to higher death rates in the state, especially for vulnerable communities such as Asian and Pacific Islander (API) residents.

- Two of the leading causes of liver cancer in Hawai‘i are hepatitis B and C, which can also lead to premature deaths.
- Per HDOH, annual liver cancer death rates in Hawai‘i were higher than the national average from 2000 to 2020
- Per HDOH, most state residents with hepatitis C (88%) died earlier than the rest of state.

Given this impact on Hawaii, we support this bill to establish and fund a formal hepatitis program in HDOH. This would ensure that necessary and effective services—including surveillance, vaccination, screening, treatment—can be provided to affected communities with sufficient HDOH staffing and infrastructure.

Undiagnosed and untreated viral hepatitis increases the costs to private and public systems of care each year. This bill provides a modest investment to make significant impact on a preventable, treatable health issue. Please pass this bill to help save local lives!

SB-1431-SD-1

Submitted on: 3/11/2025 2:58:45 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Shavon Fenton	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee,

I support SB1431 SD1. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

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Given this impact on Hawaii, we support this bill to establish and fund a formal hepatitis program in HDOH. This would ensure that necessary and effective services—including surveillance, vaccination, screening, treatment—can be provided to affected communities with sufficient HDOH staffing and infrastructure.

Undiagnosed and untreated viral hepatitis increases the costs to private and public systems of care each year. This bill provides a modest investment to make significant impact on a preventable, treatable health issue. Please pass this bill to help save local lives!

Sincerely,

Shavon Fenton

SB-1431-SD-1

Submitted on: 3/11/2025 3:44:59 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jason Yaris	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I support SB1431 SD1. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

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impact on a preventable, treatable health issue. Please pass this bill to help save local lives!

SB-1431-SD-1

Submitted on: 3/11/2025 11:01:08 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the HLT committee,

As a public health profession in Hawai'i and as someone someone who lost a family member to hepatitis, **I write in unequivocal support of SB1431 SD1.** This bill provides a small investment in local health infrastructure, which will make significant impact on a preventable, treatable, and deadly disease. SB1431 SD1 can save lives!

Personally, I have experienced how lack of sufficient public health education and resources contributed to the death of my uncle from hepatitis B. By the time it was diagnosed, his liver was already failing. He passed quickly and in pain, leaving behind a wife and three daughters. This was completely avoidable.

The lack of public health resources dedicated to viral hepatitis has contributed to higher death rates in the state, especially for vulnerable communities such as Asian and Pacific Islander (API) residents.

- Two of the leading causes of liver cancer in Hawai'i are hepatitis B and C, which can also lead to premature deaths.
- Annual liver cancer death rates in Hawai'i were higher than the national average from 2000 to 2020.
- Most Hawai'i residents with hepatitis C (88%) died earlier than the rest of state.

However, we know we can eliminate hepatitis in Hawai'i because viral hepatitis is both preventable and treatable. Models and interventions already exist and are being deployed locally by Hep Free Hawai'i coalition and its government and community partners. A more sustainable investment would ensure that this effective work continues.

Please pass this bill to help save local lives!

Mahalo,

Thaddeus Pham

Makiki, HI

SB-1431-SD-1

Submitted on: 3/11/2025 11:32:33 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Usman Ghani	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I support SB1431 SD1. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

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Given this impact on Hawai‘i, we support this bill to establish and fund a formal hepatitis program in HDOH. This would ensure that necessary and effective services—including surveillance, vaccination, screening, treatment—can be provided to affected communities with sufficient HDOH staffing and infrastructure.

Undiagnosed and untreated viral hepatitis increases the costs to private and public systems of care each year. This bill provides a modest investment to make significant impact on a preventable, treatable health issue. Please pass this bill to help save local lives!

SB-1431-SD-1

Submitted on: 3/12/2025 5:53:03 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Maddalynn Sesepasara	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I support SB1431 SD1. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

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Given this impact on Hawaii, we support this bill to establish and fund a formal hepatitis program in HDOH. This would ensure that necessary and effective services—including surveillance, vaccination, screening, treatment—can be provided to affected communities with sufficient HDOH staffing and infrastructure.

Undiagnosed and untreated viral hepatitis increases the costs to private and public systems of care each year. This bill provides a modest investment to make significant impact on a preventable, treatable health issue. Please pass this bill to help save local lives!

Mahalo,

Maddalynn Sesepasara

SB-1431-SD-1

Submitted on: 3/12/2025 6:05:54 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Griff Jurgens	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I **support SB1431 SD1**. This bill aligns with [Hep Free 2030](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai‘i (HFH) coalition and the Hawai‘i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai‘i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai‘i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

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Aloha.

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I **support SB1431 SD1.**

Hepatitis C virus (HCV) is a curable viral infection and remarkably unique for this fact. No vaccines exist to prevent infection. Daily pill treatment for 8-12 weeks cures 95 to 98% of infections. Untreated, hepatitis C infection can lead to cirrhosis, liver transplant and death. Because of this treatment efficacy, national and international efforts to eliminate hepatitis C by 2030 are ongoing.

Hepatitis B virus (HBV) is treatable, but not curable. Safe vaccines exist that effectively prevent HBV infection. Daily, but lifelong, pill treatments reduce or eliminate the risk of transmission and the development of complications. Asian-American populations are at higher risk of infection through mother to child transmission.

The lack of public health resources dedicated to viral hepatitis has contributed to higher death rates in the state, especially for vulnerable communities such as Asian and Pacific Islander (API) residents.

- Two of the leading causes of liver cancer in Hawai'i are hepatitis B and C.
- Per a HDOH study, annual liver cancer death rates in Hawai'i were higher than the national average from 2000 to 2020
- And, most state residents with hepatitis C (88%) died earlier than the rest of state.

Given this impact on Hawaii, we support this bill to establish and fund a formal hepatitis program in HDOH. This would ensure that necessary and effective services—including surveillance, vaccination, screening, treatment—can be provided to affected communities with sufficient HDOH staffing and infrastructure.

This bill aligns with [*Hep Free 2030*](#), the statewide strategy to eliminate viral hepatitis, as developed by the Hep Free Hawai'i (HFH) coalition and the Hawai'i Department of Health (HDOH). *Hep Free 2030* aims to eliminate viral hepatitis in Hawai'i by 2030 through key partnerships and culturally appropriate services and policies. We know we can eliminate hepatitis in Hawai'i because viral hepatitis is both preventable and treatable; models and interventions already exist and are being deployed locally.

Undiagnosed and untreated viral hepatitis increases the costs to private and public systems of care each year. This bill provides a modest investment to make significant impact on a preventable, treatable health issue. Please pass this bill to help save local lives!

Sincerely,

Daniel Saltman, MD FACP

Associate Clinical Professor, Dept of Medicine, John A. Burns School of Medicine, University of Hawai'i

Director, Project ECHO: Hawai'i Learning Groups

SB-1431-SD-1

Submitted on: 3/14/2025 12:55:31 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Melissa Bumgardner	Individual	Support	Written Testimony Only

Comments:

I support SB 1431. Efforts to eliminate viral hepatitis are not currently funded in our state. This bill will help the Hep Free Hawai'i Coalition, of which I am a member, achieve our statewide strategy to eliminate viral hepatitis by 2030. 2025 marks my 30th year serving my community in the profession of pharmacy. Hepatitis C is one of the few chronic medical conditions I have had the privilege of partnering with patients to CURE in my career. It only takes a simple 8 or 12 week treatment. The problem is that, right now, only about one-third of patients currently diagnosed with Hepatitis C in our country currently achieve cure. This is often because patients don't know they have the condition or don't realize that there are new, highly effective treatment options available. Allocating resources to the Hawai'i Department of Health can help fund outreach efforts to raise awareness of this curable condition, fund testing and linkage-to-care services in our community and provide resources to continue to increase the pool of providers offering treatment. Hepatitis B is a vaccine-preventable disease that could also benefit from additional resources for awareness and outreach. Both conditions accounted for 2 out of 3 liver cancer cases in Hawai'i in 2018, a condition for which Hawai'i has higher incidence and rates of deaths compared to other states.

I strongly encourage the committee to pass this bill to help save local lives.