

JOSH GREEN, M.D.
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DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWE LAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 3, 2026

TO: The Honorable Representative Gregg Takayama, Chair
House Committee on Health

The Honorable Representative Lisa Marten, Chair
House Committee on Human Services & Homelessness

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1969 – RELATING TO COLORECTAL CANCER.**

Hearing: February 4, 2026, 9:00 a.m.
Conference Room 329 & via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and offers comments regarding Sections 1, 4, and 5. DHS respectfully requests that this program and appropriation not conflict with, reduce, or replace priorities identified in the executive budget.

The bill requires DHS to write rules to implement a program to pay for colorectal screenings for Hawaii residents who are uninsured, have healthcare coverage that does not provide coverage without cost sharing for colorectal cancer screenings, are permanent United States resident aliens but are ineligible for Medicaid, or are nonresident aliens and are ineligible for Medicaid.

Colorectal screenings are an important tool for preventing and detecting cancer. DHS is supportive of the intent to expand access to these screenings. Some screening tests, such as colonoscopies, can be costly, with costs ranging from several thousand dollars.

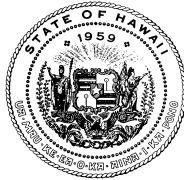
DHS notes, however, that we do not currently operate a similar program to reimburse for such screenings for the uninsured or underinsured population, so would need to develop the infrastructure to receive applications demonstrating the eligibility criteria outlined in this bill including the individuals (1) are uninsured; (2) have health care coverage that does not provide coverage without cost sharing for colorectal cancer screenings that meet the requirements of sections 431:10A-122 and 432:1-617; (3) are permanent United States resident aliens but are ineligible for Medicaid; or (4) are nonresident aliens and are ineligible for Medicaid.

At a minimum, the new program may require a position to manage the program, including verifying that all claims meet clinical guidelines before processing, up-front costs for system changes, and ongoing operational costs. More detailed estimates for implementation and administrative costs can be developed for future hearings should this bill move forward. We also note that the rule-making process can be lengthy, particularly when no similar program exists, and ask for an extended effective date.

Based on the number of uninsured individuals meeting the colorectal screening age recommendations, and assuming a phased, even utilization over 10 years, the estimated benefit-cost is \$1.6 to \$2 million in state general funds each year. Ideally, appropriations for new programs should be made through the executive budget rather than through a bill, to ensure continuity.

Thank you for the opportunity to provide comments on this measure.

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

STATE OF HAWAII
DEPARTMENT OF HEALTH
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WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on H.B. 1969
RELATING TO COLORECTAL CANCER**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE LISA MARTEN, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date, Time: February 4, 2026, 9:00 AM

Room Number: Conference Room 329
and Videoconference

- 1 **Fiscal Implications:** The Department of Health (DOH) defers to the Department of Human
- 2 Services (DHS) on the fiscal implications and the Governor's Executive Budget priorities.
- 3 **Department Position:** The DOH defers to the DHS and offers comments.
- 4 **Department Testimony:** House Bill 1969 aligns with the priority of the DOH's Hawaii
- 5 Comprehensive Cancer Control Program (HCCCP) to increase colorectal cancer screenings
- 6 statewide and to reduce the incidence of colorectal cancer and colorectal cancer-related deaths
- 7 by increasing access to colorectal cancer screening, especially among the gap group of
- 8 uninsured and underinsured populations. Timely screening can prevent and detect cancer early
- 9 to improve treatment and quality of life outcomes. The HCCCP relies on the Centers for Disease
- 10 Control and Prevention recommendations and the [U.S. Preventive Services Task Force](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#tab1)
- 11 [guidelines for screening](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#tab1).¹ The recommended age for screening was lowered in 2021, and begins

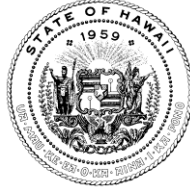
¹ U.S. Preventive Task Force. Colorectal Cancer: Screening. Final Recommendation Statement. May 18, 2021. Retrieved 1/30/26 from:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#tab1>

1 from age 45 to age 75 years. In 2020, 70% of people ages 45 to 75 reported meeting the new
2 colorectal screening guidelines and the rate went down slightly in 2022 to 67%. In 2020, when
3 people were asked about their healthcare coverage and meeting screening guidelines, 71% of
4 people with healthcare coverage met the colorectal cancer screening guidelines compared to
5 42% who did not have healthcare coverage.²

6 **Offered Amendments:** Change “Medicare” to “Medicaid” on page 1, line 16.

7 Thank you for the opportunity to submit testimony on this measure.

² Hawaii Health Data Warehouse, Hawaii Behavioral Risk Factors Surveillance System, 2020 and 2022. Retrieved 1/30/26 from:
https://hhdw.org/report/query/result/brfss/ColonScrn4575/ColonScrn4575Crude11_.html



JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committees on
Health
and
Human Services & Homelessness
Wednesday, February 4, 2026
9:00 a.m.

State Capitol, Conference Room 329 and via Videoconference

On the following measure:
H.B. 1969, RELATING TO COLORECTAL CANCER

Chair Takayama, Chair Marten, and Members of the Committees:

My name is Scott K. Saiki, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to: (1) require and appropriate funds for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings for certain persons; and (2) require coverage for all colorectal cancer screenings in the State to 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 United States Department of the Treasury.

The Department appreciates the bill's intent in sections 2 and 3 to clarify coverage requirements for colorectal cancer screenings by referencing the Affordable Care Act Implementation Frequently Asked Questions (FAQs). As currently drafted, HB 1969 requires that colorectal cancer screening coverage be consistent with and the FAQs in addition to the United States Preventive Services Task Force (USPSTF) recommendations already mandated by Hawaii Revised Statutes sections 431:10A-122 and 432:1-617. The Department notes that the measure refers to the FAQs without specifying a set number or publication year. Because the federal government often issues new FAQs to update or change prior requirements, referencing them without specific citations creates ambiguity that may lead to inconsistent benefit application and hinder the Insurance Division's ability to regulate this measure.

Additionally, because the FAQs are considered sub-regulatory guidance and not federal law, it is unclear whether the amendments would trigger the defrayal requirements under 45 Code of Federal Regulations (CFR) § 155.170. Under the Affordable Care Act (ACA), if a state mandates benefits that are "in addition to" the essential health benefits (EHB) defined in the state's benchmark plan, the State is required to defray the cost of those additional benefits. This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans on the exchange.

Thank you for the opportunity to testify.



**Testimony to the House Joint Committee on Health, and Human Services and
Homelessness
Wednesday, February 4, 2026; 9:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 1969, RELATING TO COLORECTAL CANCER.

Chair Takayama, Chair Marten, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 1969, RELATING TO COLORECTAL CANCER.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would require public and private health insurers, including managed care plans administered by the Department of Human Services (DHS), to provide coverage for all colorectal cancer screenings in the State 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 the Treasury. In addition, the bill clarifies that the new requirements applicable to DHS be contingent upon the availability of general funds for that purpose.

The bill would take effect on July 1, 2026.

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer -- cancer of the colon or rectum -- is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests,

Testimony on House Bill No. 1969

Wednesday, February 4, 2026; 9:00 a.m.

Page 2

sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Forces recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease.

HPCA fully and wholeheartedly supports efforts to promote screening and awareness of colorectal cancer in the State of Hawaii. As a former member of the Colorectal Cancer Screening Working Group that was established in 2017, the HPCA joins the American Cancer Society, the American Cancer Society Cancer Action Network, and other community partners in supporting this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



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

House Committee on Human Services and Homelessness
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair

Hearing Date: Wednesday, February 4, 2026

ACS CAN STRONG SUPPORT HB 1969: RELATING TO COLORECTAL CANCER.

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

Thank you for the opportunity to testify in **STRONG SUPPORT** of HB 1969: Relating to Colorectal Cancer. The American Cancer Society Cancer Action Network (ACS CAN) advocates to ensure that cancer patients and survivors in Hawai'i—and across the nation—have a fair and just opportunity to prevent, detect, treat, and survive cancer. Ensuring access to needed treatments and preventive services is essential, particularly for those with serious chronic conditions.

Colorectal cancer is one of the most preventable and treatable cancers when detected early. Colorectal cancer is the second leading cause of cancer deaths in Hawai'i among men and women combined.ⁱ Funding a publicly assisted colorectal cancer screening program for uninsured residents to have access to colorectal cancer screenings could help Hawai'i avoid significantly higher late-stage treatment costs by closing critical gaps in preventive care. This investment is especially important as the state prepares for Medicaid work requirements beginning in 2027, which are anticipated to increase the number of uninsured adults who may be more likely to forgo screening.

A recent American Cancer Society study published in the Journal of the American Medical Association (JAMA) found that colorectal cancer is the only major cancer with rising mortality among people under 50, increasing by 1.1% annually since 2005. In 2023, it became the leading cause of cancer death among this age group—making it the fastest-growing cancer threat for working-age adults.ⁱⁱ

This year alone, ACS estimates that 840 people in Hawaii will be diagnosed and 260 will die from the disease.ⁱⁱⁱ Native Hawaiian and Pacific Islander communities experience disproportionate impacts due to barriers in accessing preventive screenings. From 2017–2021, Hawai‘i’s colorectal cancer incidence rate was 38.1, with a mortality rate of 11.8 (2016–2020).^{iv} Among Asian/Pacific Islander residents, the incidence rate was 37.0^v, and nearly 59% of diagnosed cases were late-stage.^{vi} These deaths are largely preventable, and expanding access to screening will save lives. (More information available in the attached infographic.)

ACS CAN supports evidence-based screening programs that reduce cancer incidence and mortality. People with insurance are over twice as likely to be up-to-date with colorectal cancer screening than people without coverage.^{vii} Uninsured individuals are more likely to have their cancer detected at later stages, when cancer treatments are more costly and less effective. Not attending regular screening, or failure to receive timely follow up testing is associated with cancer progression and premature mortality,^{viii ix} and with worse outcomes due to missed opportunities to detect and treat cancer early in marginalized populations.^{x xi xii}

HB 1969 strengthens colorectal cancer prevention in Hawai‘i by aligning state law with federal guidance and expanding access to lifesaving screenings. In January 2022, the federal Tri-Agencies (Department of Labor, Department of Health and Human Services, and Department of the Treasury) clarified that private insurance plans must cover follow-up colonoscopies after a positive stool-based test without cost-sharing. This bill codifies that requirement into Hawai‘i law to ensure consistent, long-term protection for patients.

By establishing dedicated funding for a colorectal cancer screening program for uninsured and underinsured residents, this bill addresses a critical gap in preventive care. Cost is one of the most significant barriers to screening for people without insurance—and without coverage, individuals are far less likely to receive preventive services. As a result, they often go unscreened, leading to later-stage diagnoses, more complex treatment, and poorer health outcomes. This support will become even more essential as Hawai‘i anticipates an increase in residents losing health care coverage when Medicaid work requirements begin in 2027. Ensuring access to preventive colorectal cancer screening now will help protect those most at risk and reduce long-term costs to the state.

Everyone deserves equitable access to preventive care. As a member of the Colorectal Cancer Task Force under the Hawai‘i Comprehensive Cancer Coalition, we have identified persistent barriers to screening for the uninsured and underinsured. We respectfully urge the legislature to fund this public assistance program to expand access to colorectal cancer screenings statewide.


Thank you for the opportunity to provide testimony in strong support. 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.

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- ⁱ American Cancer Society. [Cancer Facts and Figures 2026](#). Atlanta: American Cancer Society; 2026.
- ⁱⁱ Siegel RL, Wagle NS, Jemal A. Leading Cancer Deaths in People Younger Than 50 Years. *JAMA*. Published online January 22, 2026. doi:10.1001/jama.2025.25467
- ⁱⁱⁱ [American Cancer Society - Cancer Statistics Center](#)
- ^{iv} [State Cancer Profiles - Incidence Rate Tables](#)
- ^v [State Cancer Profiles - Incidence Rate Tables](#)
- ^{vi} [State Cancer Profiles - Incidence Rate Tables](#)
- ^{vii} Fedewa SA, Yabroff KR, Bandi P, Smith RA, Nargis N, Zheng Z, Drope J, Jemal A. Unemployment and cancer screening: Baseline estimates to inform health care delivery in the context of COVID-19 economic distress. *Cancer*. 2022. <https://doi.org/10.1002/cncr.33966>
- ^{viii} Rutter CM, Kim JJ, Meester RGS, et al. Effect of Time to Diagnostic Testing for Breast, Cervical, and Colorectal Cancer Screening Abnormalities on Screening Efficacy: A Modeling Study. *Cancer Epidemiol Biomarkers Prev*. Feb 2018; 27(2):158-164. doi:10.1158/1055-9965.EPI-17-0378
- ^{ix} Doubeni CA, Gabler NB, Wheeler CM, et al. Timely follow-up of positive cancer screening results: A systematic review and recommendations from the PROSPR Consortium. *CA Cancer J Clin*. May 2018; 68(3):199-216. doi:10.3322/caac.21452
- ^x Berrian JL, Liu Y, Lian M, Schmaltz CL, Colditz GA. Relationship between insurance status and outcomes for patients with breast cancer in Missouri. *Cancer*. Mar 15 2021;127(6):931-937. doi:10.1002/cncr.33330
- ^{xi} Zhao J, Han X, Nogueira L, et al. Health insurance status and cancer stage at diagnosis and survival in the United States. *CA Cancer J Clin*. Nov 2022;72(6):542-560. doi:10.3322/caac.21732
- ^{xii} Ellis L, Canchola AJ, Spiegel D, Ladabaum U, Haile R, Gomez SL. Trends in Cancer Survival by Health Insurance Status in California From 1997 to 2014. *JAMA Oncol*. Mar 1 2018;4(3):317-323. doi:10.1001/jamaoncol.2017.3846



COLORECTAL CANCER IN HAWAI'I

Rising Risk. Preventable Disease, Urgent Action.

 **Colorectal cancer** is now the **leading cause of cancer-related death** among men and women under **age 50**.

- American Cancer Society analysis published in the Journal of the American Medical Association

Hawai'i Snapshot (2026)

- ▶ **840** Hawai'i residents are expected to be newly diagnosed with colorectal cancer in 2026
- ▶ **~260** Hawai'i residents are expected to die from colorectal cancer in 2026



Disease Burden

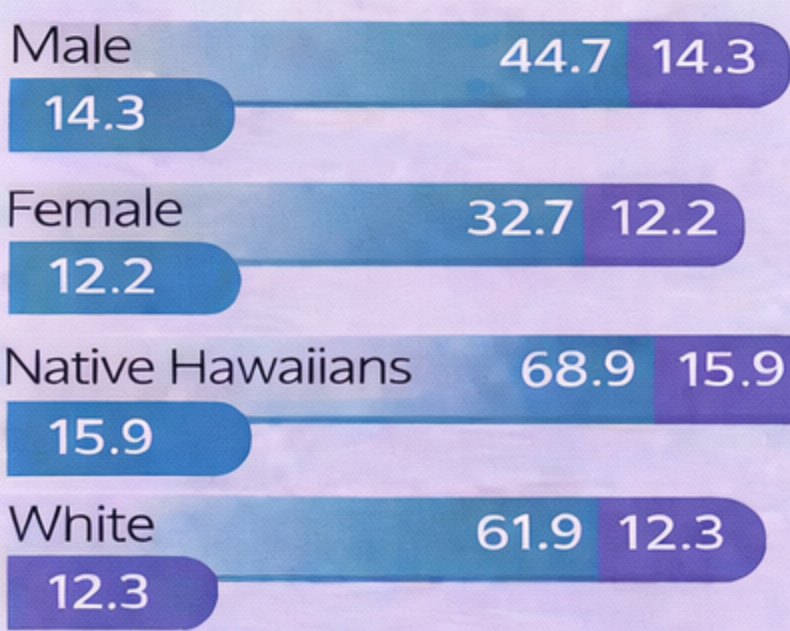
- ▶ **58.6%** of new CRC diagnoses in Hawai'i are, on average, late stage
- ▶ **Only 10.5%** of adults ages **45-75** completed a **stool-based test**, and **only 54%** of those who completed a stool-based test completed a follow-up colonoscopy.

Colorectal cancer is preventable, detectable, and treatable when found early.

Policies that remove financial barriers to screening and follow up could effectively reduce overall colorectal cancer cases and deaths in Hawai'i.

Disease Burden

New Cases vs. Death Rates per 100,000 (State Cancer Profiles):



... higher in men than women and for **Native Hawaiians** than Whites.

Screening Saves Lives

- ▶ In 2021, the USPSTF lowered the recommended CRC screening age from **50 to 45 years**.
- ▶ .. Despite expanded eligibility, screening rates are low in Hawai'i.

Cost & Policy Impact

- ▶ Late-stage colorectal cancer treatment exceeds **\$100,000** per patient
- ▶ In 2022, **64%** of Hawai'i residents reported being **unprepared to pay** for their care in Hawai'i.

- American Cancer Society. *Cancer Facts & Figures 2026*. American Cancer Society, 2026.
- American Cancer Society. *Cancer Statistics Center*. American Cancer Society, 2025. <https://cancerstatisticscenter.cancer.org/>
- American Cancer Society Cancer Action Network. *Survivor Views: Cancer & Medical Debt*. American Cancer Society Cancer Action Network, 2025.
- Centers for Disease Control and Prevention (CDC). *Colorectal Cancer*. CDC, 2024. <https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html>
- National Cancer Institute & Centers for Disease Control and Prevention. *State Cancer Profiles: Hawai Quick Profile*. 2024.
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- Siegel RL, Wagle NS, Jemal A. Leading Cancer Deaths in People Younger Than 50 Years. *JAMA*. Published online January 22, 2026. doi.10.1001/jama.2025.25467
- Fendrick, A. Mark, et al. Cost-Effectiveness of Waiving Coinsurance for Follow-Up Colonoscopy. *Cancer Prevention Research*, PubMed Central.

HB-1969

Submitted on: 2/2/2026 10:20:04 PM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Daryl Kurozawa	American Cancer Society	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 1969: Relating to Colorectal Cancer

Wednesday, February 4, 2026; TIME: 9:00AM

Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint committee members:

My name is Dr. Daryl Kurozawa and I am an ACS Hawai'i regional board member and an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB1969: Relating to Colorectal Cancer.

I am a general surgeon based on Hawaii Island. As a surgeon I have care for many patients with colorectal cancer. In addition I have close friends who have been diagnosed with colon cancer, some have done well and unfortunately many are no longer with us.

As in many cancers, early detection and access to care are key factors in good outcomes. Colorectal cancer is one of the most preventable and treatable cancers when found early. Hence, it is important that everyone in Hawaii have access to colorectal screening.

However, If a Hawaii resident is uninsured or if there is a cost barrier, they are far less likely to get screened and cancers are detected later, treatment is more complex, and outcomes are worse. This bill ensures prevention isn't only available for those who can afford it.

The Colorectal Scening program for uninsured residents will save lives. Earlier diagnosis will save the state health care dollars by minimizing emergency and late stage treatment costs. This cost savings is critical as Hawai'i prepares for Medicaid work requirements beginning in 2027, which are expected to increase the number of uninsured adults who would otherwise forgo screening.

I urge the Legislaure to pass HB 1969 to support colorectal cancer screening.

Sincerely,

Daryl Kurozawa, MD, FACS

Kealahou, Hawaii. 96750



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

HOUSE COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS

Representative Lisa Marten, Chair
Representative Ikaika Olds, Vice Chair

Date: February 4, 2026

From: Hawaii Medical Association (HMA)

Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

RE HB 1969 RELATING TO COLORECTAL CANCER: DHS; Colorectal Cancer Screenings; State-Funded Public Assistance; Appropriation

Position: Support

This measure would require and appropriate funds for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings for certain persons and require coverage for all colorectal cancer screenings in the State to 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 United States Department of the Treasury.

Colorectal cancer remains a major health concern in Hawaii. According to the University of Hawaii Cancer Center's Hawaii Tumor Registry, colorectal cancer is the third most frequently diagnosed cancer in the State, with approximately 700+ new cases diagnosed each year and about 220–224 deaths annually. Despite long-term rate declines, colorectal cancer continues to contribute substantially to cancer morbidity and mortality in Hawaii, particularly when detected at later stages. Local research also highlights disparities in incidence and outcomes across Hawaii's multiethnic population, including higher mortality rates among Native Hawaiians and differential age patterns of diagnosis.

Evidence shows that screening can prevent colorectal cancer or detect it at an earlier, more treatable stage, yet barriers such as cost, coverage confusion, and lack of navigation support hinder timely uptake, especially for underserved and uninsured residents.

HMA supports this measure to align coverage with federal ACA preventive protections and establish a state assistance program, ensuring that recommended screening tests and crucial follow-up procedures are affordable and accessible for all eligible Hawaii residents.

Thank you for allowing the Hawaii Medical Association to submit testimony in support of this measure.

2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, Immediate Past President
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

REFERENCES AND QUICK LINKS

University of Hawaii Cancer Center. *Hawaii Colorectal Cancer Data and Statistics*. Hawaii Tumor Registry, University of Hawaii at Mānoa, <https://www.uhcancercenter.org/research/epidemiology/hawaii-cancer-statistics/>. Accessed 1 Feb. 2026.

Nagata M, Miyagi K, Hernandez BY, Kuwada SK. Multiethnic Trends in Early Onset Colorectal Cancer. *Cancers (Basel)*. 2024 Jan 17;16(2):398. doi: 10.3390/cancers16020398. PMID: 38254887; PMCID: PMC10814620.

2024 Hawaii Medical Association Officers

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2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



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Suite 210, Springfield, MO 65806

(703) 548-1225
FightCRC.org

BY ELECTRONIC SUBMISSION

February 3, 2026

The Honorable Gregg Takayama,
Chair
House Committee on Health
House District 34
Hawai'i State Capitol, Room 404

The Honorable Lisa Marten
Chair
House Committee on Human Services & Homelessness
House District 51
Hawai'i State Capitol, Room 426

Dear Chair Takayama and Chair Marten:

On behalf of Fight Colorectal Cancer, a national patient advocacy organization dedicated to the colorectal cancer community, we appreciate the opportunity to share our strong support for Hawaii [House Bill 1969](#) ("HB1969"). We thank all sponsors in the legislature for working together to introduce and support this legislation that will ensure that all Hawaii residents can receive timely and regular colorectal cancer screenings without any cost obligation.

As you may be aware, colorectal cancer is the second leading cause of cancer death for men and women combined. Earlier this year, research published in the [Journal of the American Medical Association](#) found that colorectal cancer is now the number one cause of cancer death for men and women under the age of 50. According to the [American Cancer Society](#), in 2026, it is estimated that 840 Hawaiians will be diagnosed with colorectal cancer and 260 will die from the disease.

It does not have to be this way. Colorectal cancer is one of the few cancers that is preventable if caught early through timely screening. There are multiple effective screening modalities including non-invasive, at-home options. Removing financial barriers is critical to increasing access and ultimately saving lives.

We believe that cost should not be a barrier to colorectal cancer screening for any patient. We appreciate the committee making this bill a priority to start this session and welcome all opportunities to engage with members of the Committee on Health and Committee on Human Services & Homelessness as further debate and consideration of the [HB 1969](#) proceeds.

Sincerely,

Shahryar M. Baig
State Policy Manager
Fight Colorectal Cancer

HB-1969

Submitted on: 1/30/2026 8:33:00 PM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry Support

1969 HB RELATING TO COLORECTAL CANCER.	HLT/HSB	329 VIA VIDEOCONFERENCE	Feb 4, 2026 9:00 AM
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HB-1969

Submitted on: 1/31/2026 11:18:47 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Josh Fowler	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB1969: Relating to Colorectal Cancer**Wednesday, February 4, 2026 · TIME: 9:00AM****Committee on Health / Committee on Human Services & Homelessness**

Chair Takayama, Chair Marten, and joint committee members:

My name is **Joshua Fowler**, and I am a resident of **Kapolei (96707)**. I am in **STRONG SUPPORT** of HB1969: Relating to Colorectal Cancer.

This bill addresses a critical access gap by providing cost-free colorectal cancer screening to uninsured and underinsured residents. As a working-age adult living in Hawai‘i, I recognize the importance of preventive screening—especially for those who might otherwise delay care due to cost or lack of coverage.

- In Hawai‘i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined.
- Screening rates remain below target, particularly among uninsured adults. HB1969 ensures that individuals who are uninsured, underinsured, or ineligible for Medicaid can still receive timely screening.
- This is a cost-effective measure: screening is far less expensive than treating late-stage cancers, which often result in emergency care and poor outcomes.
- The bill aligns state-funded screening with federal clinical guidelines (U.S. Preventive Services Task Force, Affordable Care Act), ensuring consistency and quality across all coverage types

HB1969_CRC

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- According to the American Cancer Society, colorectal cancer is now the leading cause of cancer death in people under 50, with mortality rising 1.1% per year since 2005.

As Hawai‘i anticipates Medicaid work requirement changes in 2027, this program will help prevent growing disparities in access to care. HB1969 is a timely and responsible step to protect the health of vulnerable residents and reduce future healthcare burdens on the state.

Sincerely,
Joshua Fowler
Kapolei, HI 96707

HB-1969

Submitted on: 2/1/2026 1:08:08 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

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

Comments:

RE: Strong Support of HB 1969: Relating to Colorectal Cancer

Wednesday, February 4, 2026; TIME: 9:00AM

Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint 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 HB1969: Relating to Colorectal Cancer.

My first husband lost his life to colon cancer at age 32, back in 1979 leaving me and two sons, age 5 and 8 months old.

Today colorectal cancer is one of the most preventable and treatable cancers when found early.

If you are uninsured or there is a cost barrier, you are far less likely to get screened and cancers are detected later, treatment is more complex, and outcomes are worse. This bill ensures prevention isn't only available for those who can afford it.

Not only is colon cancer a terrible disease, it is also an expensive one. Funding a colorectal screening program for uninsured residents prevents the state from higher emergency and late stage treatment costs in the future by closing critical gaps in care. This program is critical as Hawai'i prepares for Medicaid work requirements beginning in 2027, which are expected to increase the number of uninsured adults who would otherwise forgo screening.

A new American Cancer Society study shows that colorectal cancer is the only major cancer with rising mortality in people under 50—up 1.1% per year since 2005—making it the leading cause of cancer death in this age group in 2023. This is the fastest-growing cancer threat for working-age adults.

Sincerely,

Jennifer Hausler

Pearl City, 96782

HB-1969

Submitted on: 2/1/2026 8:14:49 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cheryl K. Okuma	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB1969: Relating to Colorectal Cancer

Wednesday, February 4, 2026; TIME: 9:00AM

Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint committee members:

My name is Cheryl K. Okuma and I am an advocate for the American Cancer Society Cancer Action Network (optional). I am in STRONG SUPPORT of HB1969: Relating to Colorectal Cancer.

As a cancer survivor, with family members who also survived cancer, I know how critical it is that people have access to colorectal screening. Everyone should have access to screening and early detection.

- Colorectal cancer is one of the most preventable and treatable cancers when found early.
- According to a new American Cancer Society study colorectal cancer is the only major cancer with rising mortality in people under 50—up 1.1% per year since 2005—making it the leading cause of cancer death in this age group in 2023. This is the fastest-growing cancer threat for working-age adults.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

HB-1969

Submitted on: 2/2/2026 8:47:46 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Karen Story	Individual	Support	Written Testimony Only

Comments:

Chair Takayama, Chair Marten and joint committee members:

My name is Karen Story and I am a member of the UH Cancer Center's Community Advisory Board. I am in STRONG SUPPORT of HB1969: Relating to Colorectal Cancer. I am a 2 year cancer survivor and work in cancer program administration for one of the large health systems in our state.

Colorectal cancer is the second leading cause of cancer death in our state. Colonoscopy is incredibly effective as both a diagnostic and preventative procedure. However, the best screening is the one the patient will do, which sometimes is a home stool-based test. Often times, it is our most vulnerable community members who choose this screening type because they can't take time off work for a screening colonoscopy. Then, if the stool test comes back positive, a colonoscopy should be the next step. I have seen over and over again that our underinsured or low income community members choose to NOT have a diagnostic colonoscopy for two reasons: 1) they can't take time off work and 2) they can't afford the cost sharing related to a diagnostic procedure. This bill would remove that 2nd barrier. Stool-based tests are very effective and cost-effective, but only when the patient can get in to a diagnostic colonoscopy as follow-up. Please help our community access this important aspect of cancer prevention and screening.

HB-1969

Submitted on: 2/2/2026 4:01:36 PM

Testimony for HLT on 2/4/2026 9:00:00 AM

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

Comments:

Chair Takayama, Chair Marten and joint committee members:

My name is Mark Willingham. 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 HB1969: Relating to Colorectal Cancer. In Hawai'i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined. Colorectal cancer is one of the most preventable and treatable cancers when found early; however, many do not engage in Colorectal Cancer screenings because of access and various other barriers to care. My work with various communities has highlighted numerous barriers that different individuals face throughout the life course, and access to life-saving screenings because of the fear of unintended costs or health insurance coverage should be provided to all. The bill expands access to colorectal screening for uninsured and underinsured residents by establishing dedicated state funding and this is essential to public health as many now face the loss of medical insurance and access to proper care.

I am in STRONG SUPPORT of HB1969: Relating to Colorectal Cancer and I urge the Legislature to pass this bill to help protect public health and advance cancer equity. Thank you.

Sincerely,

Mark Willingham

Honolulu, 96813

Lynda Asato
Honolulu, HI 96817

RE: Strong Support of HB 1969: Relating to Colorectal Cancer
Wednesday, February 4, 2026; TIME: 9:00AM
Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint committee members:

My name is Lynda Asato and I am an advocate for the American Cancer Society Cancer Action Network (and a member of the University of Hawaii Cancer Center Patient Advocacy Council). I am in STRONG SUPPORT of HB1969: Relating to Colorectal Cancer.

I have a grandfather, two uncles and an aunt who have died from colon cancer. I have been having colonoscopies for over forty years because each time my results have shown polyps that could have grown cancerous.

I know the following facts:

- In Hawai'i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined.
- Colorectal cancer is one of the most preventable and treatable cancers when found early.
- If you are uninsured or there is a cost barrier, you are far less likely to get screened and cancers are detected later, treatment is more complex, and outcomes are worse. This bill ensures prevention isn't only available for those who can afford it.
- Funding a colorectal screening program for uninsured residents prevents the state from late-stage treatment costs in the future by closing critical gaps in care. This program is critical as Hawai'i prepares for Medicaid work requirements beginning in 2027, which are expected to increase the number of uninsured adults who would choose to forgo screening.
- A new American Cancer Society study shows that colorectal cancer is the only major cancer with rising mortality in people under 50—up 1.1% per year since 2005—making it the leading cause of cancer death in this age group in 2023. This is the fastest-growing cancer threat for working-age adults.

As a kupuna, I believe that colonoscopies have saved my life and I would like it to be available for others who otherwise could not afford it.

Sincerely,

Lynda Asato
Honolulu, HI 96817

Christel Mailani Pope
Makaweli, Hawaii 96769

RE: Strong Support of HB 1969: Relating to Colorectal Cancer
Wednesday, February 4, 2026; TIME: 9:00AM
Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint 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 HB 1969: Relating to Colorectal Cancer.

I am a cancer survivor. I was diagnosed with breast cancer in 2021. I lack knowledge of much of my family's health history because I did not meet my biological father until 2021. I found out that my paternal grandmother died of breast cancer at the age of 49. I was also 49 when I received my cancer diagnosis.

In 2024, during a routine checkup with my health care provider I had a wonderful nurse who recommended that I do my colorectal screening test by providing a stool sample. She was so informative and explained the entire process in detail. I felt so comfortable after talking to her that I went home with my test kit. A few days later I collected my stool sample and turned it into the lab. My primary care physician called me and said he had some news about my test results. I told him - "Doc the last time you called me directly with my test results you told me I had cancer." He said that my stool sample tested positive for blood and that I needed more testing done.

Long story short - I went in for a colonoscopy where they found a very large polyp. It was so large that the doctor had to remove it in two pieces. After the pathology report came back I was informed that my polyp was not cancerous but due to the size and the type I needed to come back in a couple years for another colonoscopy.

Many barriers exist and common obstacles include cost, lack of symptoms or family history, fear or embarrassment, and not receiving a recommendation from a healthcare provider. Eliminating financial barriers, such as cost-sharing, has proven effective in my own story.

I beg you to pass this very important bill which will save many lives in the future.

Sincerely,

Christel Mailani Pope
Makaweli, Hawaii 96769

HB-1969

Submitted on: 2/3/2026 2:02:30 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Elton Fukumoto	Individual	Support	Written Testimony Only

Comments:

To the Chairs and members of the HLT and HSH Committees:

I support HB1969.

Colorectal screening is necessary, yet expensive, even with insurance. The financial assistance provided by this bill will make screening more widely available and thus be able to detect colon cancer at early manageable stages.

Elton Fukumoto

RE: STRONG SUPPORT OF HB 1969: Relating to Colorectal Cancer Screening

Hearing Date: Wednesday, February 4, 2026; Time 09:00hr

Committee on Health

To the Honorable Chair Gregg Takayama, Vice Chair, and Members of the Committee:

My name is Keith B. Kanetani, and I respectfully submit this testimony in strong support of HB1969, relating to colorectal cancer screening. I am a Big Island resident and a metastatic prostate cancer patient, diagnosed with Stage IV disease in late 2021.

I consider myself fortunate that my current physician is diligent in scheduling routine and preventive screenings, including colorectal cancer screening. Unfortunately, that consistency was not present during a period when my care transitioned between physicians. During that time, timely PSA screening did not occur, and as a result, my prostate cancer was not detected until it had already metastasized to 5 areas throughout my body.

I share this not to assign fault, but to underscore a critical truth: delays in routine screening can carry life-altering consequences. Cancer does not wait for continuity of care, clean handoffs, or system efficiency. When screening falls through the cracks, even unintentionally, the outcomes can be devastating.

Colorectal cancer, like prostate cancer, is often highly treatable when detected early. Screening saves lives, reduces the need for aggressive treatment, and lowers long-term healthcare costs. Yet too many individuals delay or forgo screening due to cost, access barriers, or lack of consistent follow-up.

HB1969 represents a meaningful step toward closing those gaps. By expanding access to recommended colorectal cancer screening and reducing financial and systemic barriers, this measure helps ensure that early detection is not a matter of luck, geography, or timing, but a standard of care available to all.

As someone living with the long-term physical, emotional, and financial impacts of late-stage cancer, I strongly believe that no one should learn too late that a preventable cancer went undetected. HB1969 affirms Hawai'i's commitment to prevention, equity, and compassion in healthcare.

I respectfully urge your support for HB1969.

Mahalo nui loa for your time, your service, and your commitment to the health and well-being of the people of Hawai'i.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Keith B. Kanetani', with a long, sweeping horizontal stroke extending to the right.

Keith B. Kanetani

Big Island, Hawai'i

Metastatic Prostate Cancer Patient

Inaugural Community Research Scientist, 2024

University of Hawai'i Cancer Center

HB-1969

Submitted on: 2/3/2026 7:24:10 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Anamalia Su'esu'e	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Takayama, Chair Marten and joint committee members,

My name is Anamalia and I am in STRONG SUPPORT of HB1969: Relating to Colorectal Cancer.

Colorectal cancer is one of the most preventable and treatable cancers when it's caught early, yet my own family has lost loved ones to this disease, and I wish more had been done sooner. When people are uninsured or face cost barriers, they're far less likely to get screened, which often means cancers are found later, treatment is more complex, and outcomes are worse. This is especially concerning as colorectal cancer deaths among people under 50 have been rising by about 1% each year since 2005, making it the leading cause of cancer death in this age group. This bill makes prevention accessible to everyone, not just those who can afford it, while also saving the state money by avoiding costly late-stage care as Hawai'i prepares for an increase in uninsured adults in the coming years.

Sincerely,
Anamalia
Volcano, 96785

HB-1969

Submitted on: 2/3/2026 8:41:03 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

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

Comments:

I strongly **support** this bill. Colon cancer rates are rising. Cancer rates for adults aged 20–39 have risen by about 2% every year since the mid-1990s, with 1 in 5 new diagnoses now occurring in people under 55.

I discovered I had colon cancer at age 34. My coworker died of colon cancer at age 36. Early detection saved my life and could have saved my coworker.

Colorectal cancer is one of the most preventable and treatable forms of cancer when detected early, yet cost and insurance barriers continue to prevent many people from getting screened. By funding a state-administered public assistance program, this bill removes critical financial obstacles and promotes early detection.

This legislation will not only save lives, but also reduce long-term healthcare costs by identifying cancer earlier, when treatment is more effective and far less expensive. Investing in preventive care is both fiscally responsible and ethically necessary.

**TESTIMONY OF ROBERT TOYOFUKU IN SUPPORT OF H.B. NO. 1969 RELATING
TO COLORECTAL CANCER**

DATE: Wednesday, February 4, 2026

TIME: 9:00 a.m.

To: Chairpersons Gregg Takayama and Lisa Marten and Members of the House Committee on Health and the House Committee on Human Services and Homelessness:

My name is Bob Toyofuku and I am presenting testimony as an individual in Support of H.B. 1969 relating to Colorectal Cancer. I am in support of this measure because of my personal experience with family members who have had colorectal cancer.

The evidence indicates that colorectal cancer is a highly treatable disease if detected early. According to the Center for Disease Control (CDC), colorectal cancer is the third most diagnosed cancer and the third leading cause of cancer deaths. It also appears that colorectal cancer rates are increasing among young adults.

Early detection and regular screening (Colonoscopies) are essential to prevent the cancer from developing. If detected early enough, it can prevent the spreading of the cancer cells. Early screening will prevent potential cancer deaths and will also save future medical costs.

I strongly urge this committee to pass this bill. Thank you for the opportunity to testify.

LATE

HB-1969

Submitted on: 2/4/2026 6:57:21 AM

Testimony for HLT on 2/4/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Bree Kipilii	Individual	Support	Written Testimony Only

Comments:

Aloha e Chairs and Members of the Committee,

My name is Bree Kipilii, and I am a current graduate social work student in Hawai'i with work in health promotion.

I am writing in support of HB 1969. This bill is especially meaningful to me because colorectal cancer has personally affected my family. After losing loved ones to late-stage diagnosis, I see early screening as an essential act of prevention that can protect lives and families.

Colorectal cancer is one of the most common causes of cancer deaths in the United States, yet it is also one of the most preventable cancers when detected early ([Siegel et al., 2023](#)). Currently, the U.S. Preventive Services Task Force recognizes routine colorectal cancer screenings beginning at age 45 for adults at average risk, with earlier screenings for individuals with higher risk factors such as family history or certain medical conditions. Screening at earlier ages allows precancerous polyps to be identified and removed before they develop into cancer.

Despite these screening recommendations, screening rates remain significantly lower among uninsured and underinsured adults, who are more likely to be diagnosed at later stages of the disease ([Joseph et al., 2020](#); [Song et al., 2021](#)). Too often, we see people die or avoid screening because of cost, lack of coverage, uncertainty about reliability, or distrust of the medical community. When screenings are postponed, cases are more likely to be detected later, when treatment is more invasive, more costly, and less effective.

Lack of insurance is associated with later-stage colorectal cancer diagnosis and higher mortality, not because people do not care about their health, but because structural barriers delay access to care. By removing financial and eligibility barriers, HB 1969 shifts responsibility away from individuals and towards systems that can prevent more harm before it occurs.

The bill recognizes that access alone is not enough; people must be informed, supported, and welcomed in taking preventive steps. State and federally supported colorectal cancer screening programs that provide no-cost screening to uninsured adults have been shown to increase screening participants and frequently identify advanced precancerous polyps and

early-stage cancer that would have otherwise gone undetected without interventions ([Eberth et al., 2019](#); [Bitler et al., 2021](#)). When preventive care is accessible and supported, people do take action, and lives are saved.

Both my personal experience and professional training support HB 1969, as it represents a compassionate and practical investment in early detection, health equality, and the well-being of individuals and families across Hawai'i.

Mahalo piha for your time and consideration.