

2026 Hawaii  
Leadership Board

## Testimony to the House Committee on Health Wednesday, March 25, 9:30 AM Hawaii State Capitol Conference Room 329 and Videoconference

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Caroline Witherspoon,  
President Becker  
Communications

LJ R. Duenas,  
Executive Director  
Alzheimer's Association

### RE: House Concurrent Resolution 35

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Chair Takayama, Vice Chair Sue Keohokapu-Loy and Members of the Committee:

My name is Coby Chock, and I am testifying on behalf of the Alzheimer's Association Hawaii Chapter. We are in **strong support** of HCR35, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Currently, over 6 million Americans are living with Alzheimer's, yet nearly half remain undiagnosed. Early diagnosis is crucial as it opens doors to essential care and support services, enhances quality of life, and mitigates the financial burden of the disease. With the FDA's recent approval of treatments that slow Alzheimer's progression, early detection has become even more vital to maximize the benefits of these therapies.

Scientific advancements have brought us promising tools, such as a blood test for cognitive decline with a 90% accuracy rate. Despite these breakthroughs, the path to a dementia diagnosis is often lengthy and challenging, depriving families of valuable time. Presently, diagnosis depends heavily on observing cognitive decline, which means significant brain damage has already occurred by the time of diagnosis.

Researchers are diligently working to find straightforward and precise methods to detect Alzheimer's before severe symptoms manifest. Biomarkers, or biological indicators, are among the most promising avenues. Progress in biomarker research now allows us to observe Alzheimer's-related changes in the brain, monitor disease progression, and evaluate treatment efficacy.

However, the benefits of these scientific advancements are not fully realized due to limited accessibility. Insurance coverage for biomarker testing, including blood, saliva, and imaging tests, has not kept up with these innovations. The Alzheimer's Association is dedicated to removing these barriers to ensure that everyone affected by dementia can access these critical diagnostic tools.

Thank you for your attention and support. We urge you to back initiatives that expand access to biomarker testing, ultimately improving the lives of those impacted by Alzheimer's disease. Mahalo for the opportunity to testify in support! If you have questions, please contact me at 808-451-3410 or [ckchock@alz.org](mailto:ckchock@alz.org)



Coby Chock  
Director of Public Policy and Advocacy  
Alzheimer's Association - Hawaii

**HCR-35**

Submitted on: 3/23/2026 11:27:18 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mark Vasconcellos	American cancer society action network	Support	Written Testimony Only

Comments:

My name is Mark Vasconcellos, and I am a cancer survivor/supporter/caretaker and an advocate with the American Cancer Society Cancer Action Network (optional). I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

This bill ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—yet too many patients still face barriers to accessing the tests needed to determine if they can have access to the right treatment.

Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

*Mark Vasconcellos*  
*Aiea, Hawaii 96701*



**Testimony to the House Committee on Health  
Wednesday, March 25, 2026; 9:30 a.m.  
State Capitol, Conference Room 329  
Via Videoconference**

**RE: HOUSE CONCURRENT RESOLUTION NO. 035, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.**

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the 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 Concurrent Resolution No. 035, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

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 implement the requirements of Sections 23-51 and 23-52, Hawaii Revised Statutes, which mandate the adoption of a Concurrent Resolution before the enactment of legislation that would require health insurance coverage for specific health services. The Concurrent Resolution would request the Auditor to perform an analysis of the social and financial effects of the proposed mandated coverage before the enactment of legislation.

The resolution would ask the Auditor to submit a report of findings and recommendations to the 2027 Hawaii State Legislature.

**Testimony on House Concurrent Resolution No. 035**  
**Wednesday, March 25, 2026; 9:30 a.m.**  
**Page 2**

In recent years, the American Cancer Society had worked with the sponsor of this Concurrent Resolution to enact legislation that would require insurance coverage for biomarker testing. While the HPCA agrees that the public would truly benefit from utilizing biomarker testing to screen and identify specific diseases in patients, we raised concerns on whether the expansion of covered benefits would impact Hawaii's Prepaid Healthcare Law. [See, House Bill No. 1971, RELATING TO INSURANCE., and Senate Bill No. 2390, RELATING TO INSURANCE., Regular Session 2026; Senate Bill No. 0969, RELATING TO INSURANCE., Regular Session 2025; and House Bill No. 2223, RELATING TO INSURANCE., Regular Session 2024.]

Hawaii is the only state that requires employers to provide health insurance to employees. Hawaii is able to enforce this requirement because the Congress passed legislation exempting Hawaii's 1974 law from certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In part because the Prepaid Health Care Act took effect before ERISA was enacted, Hawaii is the only state with such an exemption. This exemption, however, has frozen the Prepaid Health Care Act in its original form.

The ERISA exemption is limited to Hawaii's Prepaid Health Care Act as it was passed in 1974. As such, the State cannot amend the Act unless specific legislation is passed by the Congress. [See, Testimony by the United States General Accounting Office to the United States Senate Committee on Finance dated September 9, 1992, entitled, State Health Care Reform: Federal Requirements Influence State Reforms, p. 6; <https://www.gao.gov/assets/t-hrd-92-55.pdf>]

The State cannot modify the mandated benefit package for employer-provided insurance, require coverage for dependents, or change the cost-sharing formula for premiums. [See, Ibid, p.6]

The Prepaid Health Care Act requires health plans to offer minimum benefits that include hospital, surgical, medical, diagnosis, and maternity coverage but does not specifically mandate the provision of continuous glucose monitors. [See, Section 393-7, HRS.]

Although this bill seeks to establish mandatory employer-sponsored health insurance coverages with changes to the Insurance Code, one could argue that the practical effect of this approach would be to expand the minimum coverages specified under the Prepaid Health Care Act.

As an organization, the HPCA believes that the Hawaii Prepaid Health Care Act is the main pillar for the entire health care system in Hawaii. Any proposal that might possibly jeopardize its continuation must be taken very seriously. Should employer-mandated health insurance coverage end, the number of uninsured in this State will explode. This would put an enormous strain on Medicaid and FQHCs, threaten the general welfare of citizens, and ultimately denigrate health care outcomes of patients.

**Testimony on House Concurrent Resolution No. 035**  
**Wednesday, March 25, 2026; 9:30 a.m.**  
**Page 3**

This Concurrent Resolution would ensure that the Legislature is fully informed of the legal consequences that expansion of mandated benefits might have on Hawaii's Prepaid Health Care Law.

Accordingly, the HPCA wishes to thank the introducer of this Concurrent Resolution along with the American Cancer Society for taking these steps to prevent any unintended consequences that might come up in efforts to help persons afflicted with disease. We pledge to continue our working partnership with them to ensure that the best interests of our citizens are preserved.

**The HPCA urges your favorable consideration of this Concurrent Resolution.**

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](mailto:eabe@hawaiiipca.net).

**HCR-35**

Submitted on: 3/24/2026 12:35:27 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jeremi Ganotisi	Oncology Nurse Society - Hawai'i Chapter	Support	Written Testimony Only

Comments:

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

On behalf of the Oncology Nursing Society (ONS) and the more than 200 oncology nurse members in the state of Hawaii, we would like to express our strong support for HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING. We believe this legislation is critical in providing advance cancer care for the people of Hawai'i on determining which therapies—such as targeted therapies or immunotherapy—are most effective for a specific cancer, rather than relying on a one-size-fits-all approach. Biomarker testing is a form of precision medicine that allows anti-cancer treatments to be targeted to the right patient at the right time based on the unique genetic profile of one's specific cancer.

Oncology nurses witness firsthand the profound emotional, physical, and psychological toll that a cancer diagnosis and treatment can take on a person. Although biomarker testing has routinely been a standard of care for many cancers, coverage policies across health insurance plans have not kept pace with the speed of innovation. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—and yet too many patients still face barriers to accessing the tests needed to determine if they can have access to the right treatment.

These cancer patient's have expressed frustration, yet, feel passionately for the need of biomarker testing to be accessible as they find hope that precision medicine will help find therapies to be less aggressive with less side effects that ultimately will lead on improved survivorship and better quality of life.

Unfortunately, for many whose insurance does not cover these testings, the high cost biomarker testing can be an insurmountable barrier. This financial burden should not exist for patients who are already battling for their lives. With this bill, it will ensure that the people of Hawai'i will have the opportunity on access to biomarker testing and staying in Hawai'i to receive these advance treatment options, without being burdened by costs or having to travel for cancer care.

We also want to share that **to date, almost half the U.S. have passed legislation to ensure coverage of biomarker testing.** Undoubtedly, state legislatures will continue to play a crucial

role in expanding equitable access to biomarker testing and thereby reducing disparities in diagnosis and treatment for patients with cancer.

Let's not have Hawai'i be the last state to give our patient's this access to care and coverage. Please give them hope which is what sometimes the only thing they can hold onto.

Mahalo,

Oncology Nurse Society (Hawai'i Chapter)

Honolulu, HI

SB2390 Written Testimony

RE: Strong Support of SB 2390 – Relating to Insurance

Wednesday, February 11, 2026;

Time: 1:00pm

Committee on Health and Human Services & Homelessness

Chair San Buenaventura, Vice Chair McKelvey and committee members

As the Executive Board of Directors of the Hawai'i Rheumatology Society, we underscore the essential role that biomarker testing plays in the delivery of high-quality, evidence-based medical care. For patients living with complex autoimmune and inflammatory diseases, timely and accurate biomarker testing enables clinicians to identify the most appropriate, individualized treatment strategies. This precision-based approach leads to improved clinical outcomes, enhanced quality of life, and the avoidance of unnecessary or ineffective therapies.

Although biomarker testing is widely recognized as standard of care, insurance coverage has not kept pace with advancements in medical science. As a result, many patients in Hawai'i face denials or unexpected financial burdens for tests that are medically necessary and central to guiding treatment decisions. These barriers delay appropriate care and undermine the principles of modern, patient-centered medicine.

SB2390 offers a clear and responsible remedy. By requiring Medicaid and state-regulated insurance plans to cover biomarker testing when supported by strong clinical evidence and used to inform the treatment of a disease or condition, this legislation strengthens access to essential diagnostic tools and promotes equitable, effective care across our state.

On behalf of the Hawai'i Rheumatology Society Executive Board of Directors, we respectfully urge support for SB2390 to ensure that patients throughout Hawai'i receive the timely, evidence-based care they deserve.

Kristine Uramoto, MD, President

Daniel Brandt, MD, Vice President

Scott Kawamoto, MD, Secretary

Barry Shibuya, MD Treasurer



Richele Thornburg

To: Cynthia Au; Moore, Amelia [JANUS]

Cc: Kristine Uramoto; doctorshibuya@gmail.com; Jimmy Chen

Wed 2/11/2026 12:59 AM

Aloha Cynthia and Amelia,

**Mahalo for the opportunity to participate in submitting written testimony on behalf of the Hawaii Rheumatology's Executive Board of Directors in strong support of SB 2390:**

SB2390 Written Testimony

RE: Strong Support of SB 2390 – Relating to Insurance

Wednesday, February 11, 2026;

Time: 1:00pm

Committee on Health and Human Services & Homelessness

Chair San Buenaventura, Vice Chair McKelvey and committee members

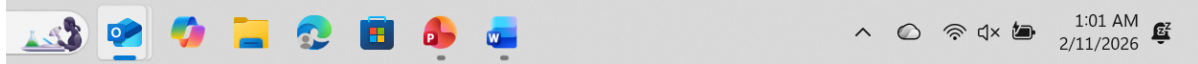
As the Executive Board of Directors of the Hawai'i Rheumatology Society, we underscore the essential role that biomarker testing plays in the delivery of high-quality, evidence-based medical care. For patients living with complex autoimmune and inflammatory diseases, timely and accurate biomarker testing enables clinicians to identify the most appropriate, individualized treatment strategies. This precision-based approach leads to improved clinical outcomes, enhanced quality of life, and the avoidance of unnecessary or ineffective therapies.

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On behalf of the Hawai'i Rheumatology Society Executive Board of Directors, we respectfully urge support for SB2390 to ensure that patients throughout Hawai'i receive the timely, evidence-based care they deserve.

Kristine Uramoto, MD, President



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Testimony being submitted by Richele Thornburg - (richelethornburg@gmail.com)

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Support Oppose Comment

Measure	Position	Status	Hearing
SB2390	Submitted	Submitted	HEARING HHS 02-11-26 Room: CB 225 & Videoconference 100 PM

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**Senate**

- Written testimony submitted by the 24-hour deadline will be posted online prior to the convening of the public hearing.
- Written testimony received after the 24-hour deadline will be posted to the Capital website within 24 hours after the hearing has adjourned and may be marked as "late".

**House**

- The hearing committee gathers all "on-time" testimony in the system for a particular bill, which is testimony submitted at least 24 hours before the hearing, and compiles it into a single document. Staff will try to incorporate additional testimony received within 24 hours of the hearing if possible.
- The hearing committee will post testimony received

**HCR-35**

Submitted on: 3/24/2026 4:37:19 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Pedro Haro	American Lung Association in Hawaii	Support	Remotely Via Zoom

Comments:

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

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

March 25, 2026 - 9:30 AM

RE: HCR 35 – SUPPORTING THE REQUEST FOR AN AUDITOR’S ASSESSMENT OF BIOMARKER TESTING COVERAGE

I am writing to express my strong support for HCR 35, which requests the Auditor to assess the social and financial effects of mandatory health insurance coverage for biomarker testing. As we work to improve health outcomes across Hawaii, this resolution is a critical procedural step toward making precision medicine a standard of care for our community.

Biomarker testing has fundamentally changed the landscape of modern medicine, particularly for those facing a lung cancer diagnosis. It allows physicians to identify the specific genetic drivers of a disease and match patients with targeted therapies that are often more effective and less toxic than traditional chemotherapy. In Hawaii, where we face unique challenges in early diagnosis and health disparities among Native Hawaiian and Pacific Islander populations, access to this testing is not just a medical advancement—it is an issue of health equity.

While the science has advanced, insurance coverage has not always kept pace. Patients should not have to face the double burden of a serious diagnosis and the financial stress of out-of-pocket costs for essential diagnostic tools. By authorizing this auditor's report, the Legislature is ensuring that the subsequent discussion regarding House Bill 1971 is grounded in rigorous data regarding cost-effectiveness and long-term social benefits.

Ensuring that every patient in Hawaii has access to the right treatment at the right time is a core priority of our organization. We urge this committee to pass HCR 35 to move us closer to a future where high-quality, personalized care is accessible to all, regardless of their insurance provider.

Mahalo for the opportunity to testify in support of this important measure.

Pedro Haro  
Executive Director  
American Lung Association in Hawaii



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

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

Hearing Date: Wednesday, March 25, 2026

**ACS CAN IN STRONG SUPPORT FOR HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.**

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 HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

The American Cancer Society Cancer Action Network (ACS CAN) supports a sunrise analysis of House Bill 1971: Relating to Insurance. We ask you and the members of your committee consider this critical legislation that will improve patient access to care. Timely access to comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve better health outcomes, improved quality of life<sup>1,2</sup> and reduced costs.

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<sup>1</sup> Gutierrez, M. E., Choi, K., Lanman, R. B., Licitra, E. J., Skrzypczak, S. M., Pe Benito, R., Wu, T., Arunajadai, S., Kaur, S., Harper, H., Pecora, A. L., Schultz, E. V., & Goldberg, S. L. (2017). Genomic Profiling of Advanced Non-Small Cell Lung Cancer in Community Settings: Gaps and Opportunities. *Clinical lung cancer*, 18(6), 651–659. <https://doi.org/10.1016/j.clcc.2017.04.004>

<sup>2</sup> Mendelsohn, J., Lazar, V., & Kurzrock, R. (2015). Impact of Precision Medicine in Diverse Cancers: A Meta-Analysis of Phase II Clinical Trials. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 33(32), 3817–3825. <https://doi.org/10.1200/JCO.2015.61.5997>

This measure is a step closer to ensure the people of Hawaii covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate. Progress in improving health outcomes increasingly involves the use of precision medicine, which uses information about a person’s own genes or proteins to more accurately diagnose or treat diseases like cancer. Biomarker testing analyzes tissue, blood, or other biospecimens to identify mutations that may impact treatment decisions. This testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients. There is currently limited and disparate access to biomarker testing.<sup>3,4,5</sup>

According to a recent survey of oncology providers, 66% reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.<sup>6</sup> Similarly, a peer-reviewed study found that 64% of Hawaii policies reviewed have coverage that is “more restrictive” than NCCN guidelines for biomarker testing for advanced breast, non-small cell lung cancer, melanoma and prostate cancer.<sup>7</sup> This is evidence that there are Hawaiians who could benefit from biomarker testing that are likely being left behind due to inadequate coverage policies.

Not all communities are benefiting from the latest advancements in biomarker testing and precision medicine. Communities that have been marginalized including communities of color and individuals with lower socioeconomic status are less likely to receive biomarker testing. People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from biomarker testing.<sup>8,9</sup> One jarring example of the current disparities in access to biomarker testing: a recent study showing patients with Medicaid diagnosed with

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<sup>3</sup> Presley, C., Soulos, P., Chiang, A., Longtine, J., Adelson, K., Herbst, R., Nussbaum, N., Sorg, R., Abernethy, A., Agarwala, V., & Gross, C. (2017). Disparities in next generation sequencing in a population-based community cohort of patients with advanced non-small cell lung cancer. *Journal of Clinical Oncology*, 35, 6563-6563. [10.1200/JCO.2017.35.15\\_suppl.6563](https://doi.org/10.1200/JCO.2017.35.15_suppl.6563).

<sup>4</sup> Norris, R. P., Dew, R., Sharp, L., Greystoke, A., Rice, S., Johnell, K., & Todd, A. (2020). Are there socio-economic inequalities in utilization of predictive biomarker tests and biological and precision therapies for cancer? A systematic review and meta-analysis. *BMC medicine*, 18(1), 282. <https://doi.org/10.1186/s12916-020-01753-0>.

<sup>5</sup> Kehl, K. L., Lathan, C. S., Johnson, B. E., & Schrag, D. (2019). Race, Poverty, and Initial Implementation of Precision Medicine for Lung Cancer. *Journal of the National Cancer Institute*, 111(4), 431–434. <https://doi.org/10.1093/jnci/djy202>.

<sup>6</sup> ACS CAN. “Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers.” Dec, 2021.

[https://www.fightcancer.org/sites/default/files/national\\_documents/provider\\_utilization\\_of\\_biomarker\\_testing\\_polling\\_memo\\_dec\\_2021.pdf](https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf)

<sup>7</sup> Wong WB, Anina D, Lin CW, Adams DV. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. *Per Med*. 2022 May;19(3):171-180. doi: 10.2217/pme-2021-0174. Epub 2022 Feb 4. PMID: 35118882.

<sup>8</sup> Kim, E. S., Roy, U. B., Ersek, J. L., King, J., Smith, R. A., Martin, N., Martins, R., Moore, A., Silvestri, G. A., & Jett, J. (2019). Updates Regarding Biomarker Testing for Non-Small Cell Lung Cancer: Considerations from the National Lung Cancer Roundtable. *Journal of thoracic oncology: official publication of the International Association for the Study of Lung Cancer*, 14(3), 338–342. <https://doi.org/10.1016/j.jtho.2019.01.002>

<sup>9</sup> F. R., Kerr, K. M., Bunn, P. A., Jr, Kim, E. S., Obasaju, C., Pérol, M., Bonomi, P., Bradley, J. D., Gandara, D., Jett, J. R., Langer, C. J., Natale, R. B., Novello, S., Paz-Ares, L., Ramalingam, S. S., Reck, M., Reynolds, C. H., Smit, E. F., Socinski, M. A., Spigel, D. R., ... Thatcher, N. (2018). Molecular and Immune Biomarker Testing in SquamousCell Lung Cancer: Effect of Current and Future Therapies and Technologies. *Clinical lung cancer*, 19(4), 331–339. <https://doi.org/10.1016/j.clcc.2018.03.014>

advanced non-small cell lung cancer are not only at a 19% higher risk of not receiving biomarker testing and a 30% higher risk of not benefiting from precision medicine; they also have a 23% higher risk of mortality when compared to commercially insured patients.<sup>10</sup> Ensuring equitable access to biomarker testing by improving coverage for and access to testing across insurance types is key to reducing health disparities. Indeed, without action like this to expand coverage for biomarker testing – including Medicaid – advances in precision oncology could increase existing health disparities.<sup>11</sup>

As precision medicine becomes the standard of care in treatment for diseases like cancer, mental health, and autoimmune diseases, biomarker testing has risen in importance as the gateway to many of these therapies. Attached to this testimony is a fact sheet showing the support of patient and provider organizations. Biomarker testing impacts more than cancer patients. Patients with lupus, ALS, preeclampsia, or arthritis can also benefit from biomarker testing. There is exciting research underway incorporating biomarker testing into treatment for Alzheimer’s, heart disease and more.

To make sure more Hawaii patients have the access they need to this game changing testing, the legislature should ensure that necessity is determined by doctors and the latest evidence, not insurance companies. This legislation is designed to align the evidence that plans follow in determining which patients can access biomarker testing. The legislation already establishes limits on circumstances when testing should be covered and the evidence that must be demonstrated in order for testing to qualify for coverage. To date, 23 other states including California, Arizona, New Mexico, Texas and New York, have enacted similar laws aligning insurance coverage of biomarker testing with the latest medical and scientific evidence across disease types. HB 1971 would make it possible for more patients to get the right treatment at the right time.

Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at [Cynthia.Au@Cancer.org](mailto:Cynthia.Au@Cancer.org) or 808.460.6109.

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<sup>10</sup> Gross CP, Meyer CS, Ogale S, Kent M, Wong WB. Associations Between Medicaid Insurance, Biomarker Testing, and Outcomes in Patients With Advanced NSCLC. *J Natl Compr Canc Netw.* 2022;20(5):479-487.e2. doi:10.6004/jnccn.2021.7083

<sup>11</sup> Huey RW, Hawk E, Offodile AC 2nd. Mind the Gap: Precision Oncology and Its Potential to Widen Disparities. *J Oncol Pract.* 2019 Jun;15(6):301-304. doi: 10.1200/JOP.19.00102. Epub 2019 May 21. PMID: 31112478.

# EXPAND ACCESS TO BIOMARKER TESTING IN HAWAII

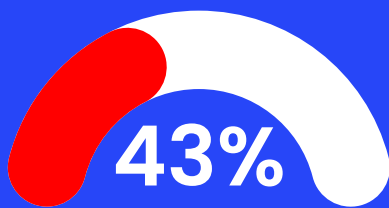
THE RIGHT TREATMENT AT THE RIGHT TIME

## WHAT IS BIOMARKER TESTING?

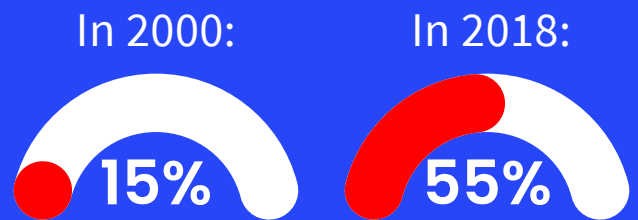
Biomarker testing is often used to help determine the best treatment for a patient.

- It is the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker.
- Biomarker testing is an important step for accessing precision medicine, including targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.
- While most current applications of biomarker testing are in oncology and autoimmune disease, there is research underway to benefit patients with other conditions including heart disease, Alzheimer's disease, and other neurological conditions, rare disease, infectious disease and respiratory illness.

## THE IMPORTANCE OF BIOMARKER TESTING



Of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing prior to use<sup>1</sup>



Of cancer clinical trials involved biomarkers<sup>2</sup>

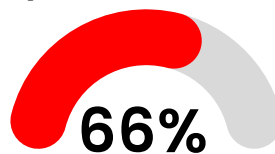
## BIOMARKER TESTING & HEALTH EQUITY

- **Not all communities in Hawaii are benefiting from the latest advances in biomarker testing and precision medicine.**
  - Patients who are older, non-white, uninsured or Medicaid-insured, are less likely to be tested for certain guideline-indicated biomarkers.
  - There are lower rates of testing in community settings versus academic medical centers.

## THE BOTTOM LINE

Access to appropriate biomarker testing may help to achieve:

- better health outcomes
- improved quality of life
- reduced costs



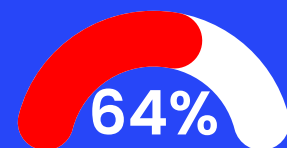
Of oncology providers reported that insurance coverage is a **significant or moderate barrier** to appropriate biomarker testing for their patients

Insurance coverage for biomarker testing is failing to keep pace with innovation and advancement in treatment.

- Without action, this could increase existing disparities in health outcomes by race, ethnicity, income and geography.

Twenty-three states have recently passed legislation to expand coverage of comprehensive biomarker testing.

In Hawaii:



Of fully insured covered lives are enrolled in a plan with coverage that is more restrictive than National Comprehensive Cancer Network guidelines<sup>4</sup>

# SUPPORTERS OF HAWAII BIOMARKER TESTING LEGISLATION HCR 35 & SCR 76



Patients should be able to get biomarker testing when it is ordered by their doctor and there is sufficient evidence that it can help guide their treatment. **But that's not what's happening today.** As my experience and others show, currently insurers in Hawai'i can limit access to proven and necessary testing. To help future patients avoid the stress and struggle that I've experienced, I'm urging you to support HCR 35 and SCR 76.



## Natalie Hyman - Kailua, O'ahu

- 1 Suehnholz SP, Nissan MH, Zhang H, et al. Quantifying the Expanding Landscape of Clinical Actionability for Patients with Cancer. Cancer Discov. 2023.
- 2 The Evolution of Biomarker Use in Clinical Trials for Cancer Treatments: Key Findings and Implications. Personalized Medicine Coalition, 2019.
- 3 ACS CAN. "Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers." December 2021.
- 4 Wong WB, Anina D, Lin CW, and Adams D. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. Per Med 2022; 10.2217/pme-2021-0174.

For more information please contact:

Cynthia Au, ACS CAN Hawaii Government Relations Director

✉ [Cynthia.Au@cancer.org](mailto:Cynthia.Au@cancer.org)

☎ 808.460.6109

# Biomarker testing key to cancer care

By Natalie Hyman

**A**s a Stage 4 breast cancer survivor, I know the importance of maintaining hope after a diagnosis. I was first diagnosed in 2020 and am still here today, thanks in part to something called biomarker testing. For many patients battling cancer across the country, advancements in precision medicine provide hope. Patients and survivors in Hawaii deserve hope. Breakthrough treatments can extend survival; however, many of these treatments are not available without being able to access biomarker testing.

As a volunteer with the American Cancer Society Cancer Action Network (ACS CAN) in Hawaii, I'm urging our state Legislature to support concurrent resolutions HCR 35 and SCR 29, which would help pave the way for improved access to biomarker testing that provides game-changing information for those battling chronic diseases.

Thanks to modern medical breakthroughs, biomarker testing can be used to precisely identify the mutations unique to a patient's cancer. Biomarkers may also guide doctors' treatment decisions by providing information about whether patients will respond to particular treatment options. The results from such testing have led to increased survivorship and quality of life for cancer

patients. This is why we need strong policy, locally, to support access to such innovation. I know biomarker testing has made all the difference in my fight against cancer.

Time is of the essence after a diagnosis. When patients don't have access to testing, their survival and quality of life may immediately be impacted. Without the knowledge provided by biomarker tests, Stage 4 cancer patients, like myself, are more likely to endure ineffective treatments or miss out on new Food and Drug Administration-approved therapies.

Biomarker testing can also identify early-stage cancer patients at low risk for disease progression or recurrence, allowing them to avoid treatments that may not be beneficial or necessary.

Progress in improving cancer outcomes increasingly involves the use of precision medicine. Nearly 60% of all cancer drugs approved in the last five years require or recommend biomarker testing before use.

In Hawaii, existing barriers keep too many residents from having access to biomarker testing. That's because local insurance coverage for this testing is failing to keep pace with innovations in treatment. In a

## ISLAND VOICES



*Natalie Hyman is a cancer survivor and volunteer for the American Cancer Society Cancer Action Network.*

December 2021 survey, 66% of oncology providers reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.

This was my experience, despite having health insurance that was supposed to cover necessary treatment and testing that was considered standard of care.

No cancer patient should be burdened by

insurance coverage fears or face thousands of dollars in out-of-pocket costs when trying to determine the best treatment for their life-threatening disease. Facing a diagnosis is hard enough. We need Hawaii lawmakers to remove barriers to biomarker testing and precision medicine, and ensure more patients benefit from the best care available.

I want to thank the lawmakers who recently listened to my story and heard the message of my fellow patients and survivors during "Cancer Action Day" at the state Capitol. Together, we urged legislators to support increased access to biomarker testing. It's time for Hawaii to join 20 other states in expanding appropriate coverage of such testing for public and private insurance plans.



March 24, 2026

**Re: Support for Hawai'i HCR 35 (Requesting The Auditor To Assess The Social And Financial Effects Of Mandatory Health Insurance Coverage For Biomarker Testing.)**

Chair Takayama and Members of the Committee on Health:

Thank you for the opportunity to submit written testimony in support of HCR 35. As of the writing of this letter, similar legislation has been signed into law by 23 states with bipartisan support.<sup>1</sup>

Biomarker testing has been shown to improve the predictive accuracy of prostate cancer risk, help avoid ineffective treatments, and guide treatment decisions for prostate cancer patients.<sup>2</sup> Because of these benefits, nationally recognized clinical practice guidelines for prostate cancer screening recommend the use of biomarker testing. Although an increasing number of biomarker tests are performed to help treat prostate cancer patients,<sup>2</sup> 66 percent of oncology providers have reported that insurance coverage for biomarker testing is a significant or moderate barrier to appropriate biomarker testing.<sup>3</sup>

Improving insurer coverage for and access to biomarker testing is critical to reducing health disparities in prostate cancer and other diseases. Prostate cancer has the worst racial disparity among all cancers in the United States,<sup>4</sup> with Black men having a two-fold higher rate of prostate cancer mortality relative to men of other races.<sup>5</sup> Unfortunately, Black cancer patients are less likely to receive biomarker testing compared to White patients.<sup>6</sup> Studies have shown that when offered the same access to care as their White counterparts, Black men have similar prostate cancer outcomes, suggesting that the disparity in outcomes stems from social determinants of health and other factors that limit effective access to screening and early detection.<sup>7</sup>

Biomarker testing for prostate cancer patients improves outcomes, is critical to reducing health disparities, and is recommended in clinical practice guidelines. However, insurance plans do not cover biomarker testing for patients who need it. HCR 35 is a step towards requiring Medicaid and state-regulated insurance plans to cover biomarker testing when supported by strong evidence and conducted to guide treatment of conditions and diseases like prostate cancer.

Thank you, and please follow up with me with any questions.

Respectfully,

Georgia Bates

Manager, State Government Relations & Advocacy, ZERO Prostate Cancer

[Georgia@zerocancer.org](mailto:Georgia@zerocancer.org)

<sup>1</sup> Biomarker testing coverage for all state-regulated plans: AZ, CA, CT, GA, IL, IN, IA, KY, MD, MN, MS, NE, NM, NJ, NY, OK, PA, RI, TX Biomarker testing coverage for some plans: AR, CO, FL, LA

<sup>2</sup> Le, T., Rojas, P. S., Fakanle, M., & Huang, F. W. (2023). Racial disparity in the genomics of precision oncology of prostate cancer. *Cancer reports (Hoboken, N.J.)*, 6 Suppl 1(Suppl 1), e1867. <https://doi.org/10.1002/cmr2.1867>

<sup>3</sup> Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers, December 2021, American Cancer Society Cancer Action Network. [https://www.fightcancer.org/sites/default/files/national\\_documents/provider\\_utilization\\_of\\_biomarker\\_testing\\_polling\\_memo\\_dec\\_2021.pdf](https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf)

<sup>4</sup> Siegel, D. A., O'Neil, M. E., Richards, T. B., Dowling, N. F., & Weir, H. K. (2020). Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. In *MMWR. Morbidity and Mortality Weekly Report (Vol. 69, Issue 41, pp. 1473–1480)*. Centers for Disease Control MMWR Office. <https://doi.org/10.15585/mmwr.mm6941a1>

<sup>5</sup> Lowder, D., Rizwan, K., McColl, C., Paparella, A., Ittmann, M., Mitsiades, N., & Kaochar, S. (2022). Racial disparities in prostate cancer: A complex interplay between socioeconomic inequities and genomics. In *Cancer Letters (Vol. 531, pp. 71–82)*. Elsevier BV. <https://doi.org/10.1016/j.canlet.2022.01.028>

<sup>6</sup> Kehl, K. L., Lathan, C. S., Johnson, B. E., & Schrag, D. (2019). Race, Poverty, and Initial Implementation of Precision Medicine for Lung Cancer. *Journal of the National Cancer Institute*, 111(4), 431–434. <https://doi.org/10.1093/jnci/diy202>

<sup>7</sup> Riviere P, Luterstein E, Kumar A, et al. Survival of African American and non-Hispanic white men with prostate cancer in an equal-access health care system. *Cancer*. 2020;126(8):1683-1690. doi:10.1002/cncr.32666



**LATE**

## Testimony in Support of HCR 35

Dear Chair and Members of the Committee,

On behalf of the Global Colon Cancer Association (GCCA), I am pleased to submit testimony in strong support of HCR 35, requesting the Auditor to assess the social and financial effects of mandatory health insurance coverage for biomarker testing.

GCCA is a global patient advocacy organization dedicated to improving outcomes for people affected by colorectal cancer (CRC). We work with patient organizations, clinicians, and policymakers around the world to advance access to high-quality care, promote early detection, and ensure patients can benefit from the latest scientific advances—particularly in precision medicine.

Biomarker testing is a critical tool in modern cancer care, including colorectal cancer, helping connect patients to the most effective, personalized treatments based on the unique characteristics of their disease. In CRC, biomarker testing can guide treatment decisions, identify eligibility for targeted therapies or clinical trials, and ultimately improve survival and quality of life.

Importantly, biomarker testing can also help lower overall health care costs by avoiding ineffective treatments and reducing trial-and-error approaches. Despite being widely recognized as a standard of care in colorectal cancer and other diseases, insurance coverage has not kept pace with medical advances. As a result, too many patients face denials or unexpected out-of-pocket costs for testing that is essential to informing their care.

HCR 35 represents an important step toward addressing these gaps by evaluating the impact of requiring Medicaid and state-regulated insurance plans to cover biomarker testing when supported by strong clinical evidence and used to guide treatment decisions.

Ensuring access to biomarker testing is essential to advancing equitable, high-quality care for patients across Hawai‘i, including those impacted by colorectal cancer. We respectfully urge your support for HCR 35.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Sheahan", written in a cursive style.

Nicole Sheahan  
President  
Global Colon Cancer Association

**HCR-35**

Submitted on: 3/23/2026 10:21:59 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tina Wildberger	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, vice Chair, & Committee Members,

Biomarker testing will save lives and money in our healthcare system. In support for insurance companies covering the cost of these technological advancements that will ensure appropriate care and better diagnoses in many healthcare sectors, please advance this resolution to study the advantages.

Mahalo.

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

House Committee on Human Services & Homelessness  
Representative Lisa Marten, Chair  
Representative Ikaika Olds, Vice Chair

DATE: Wednesday, March 25, 2026

TIME: 9:30 AM

PLACE: Via Videoconference  
Conference Room 329

### **TESTIMONY IN SUPPORT OF HCR 35**

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, Chair Marten, Vice Chair Olds and Members of the Committee,

My name is Dr. Cynthia J. Goto, and I am writing to express my support for HCR 35, requesting the auditor to assess the social and financial effects of mandatory health insurance coverage for biomarker testing.

According to the American Lung Association State of Lung Cancer Report published in 2024<sup>1</sup>, 21% of lung cancer cases are caught at an early stage in Hawaii, which is significantly lower than the national rate of 27%. Hawaii ranks 47<sup>th</sup> among the 47 states with data on diagnosis of lung cancer at an early stage placing it in the bottom tier of stage at diagnosis. In addition, the survival rate of people diagnosed with lung cancer in Hawaii is 25%, which is also significantly lower than the national rate of 28%.

Hawaii has yet to require any insurance coverage of comprehensive biomarker testing, which can help determine what treatment options would be best for individuals with lung cancer and other diseases.

Timely biomarker testing can help achieve better health outcomes, improve quality of life and reduce costs by connecting patients to the most effective treatment for their cancer.

Please support HCR 35 to help save lives by protecting and expanding access to quality and affordable healthcare.

Thank you for the opportunity to testify.

Cynthia J. Goto, M.D.

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<sup>1</sup> <https://www.lung.org/research/state-of-lung-cancer/states/hawaii>

**HCR-35**

Submitted on: 3/23/2026 11:20:24 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daryl Kurozawa	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Wednesday, March 25, 2026; TIME: 9:30AM

Committee on Health and Committee on Human Services & Homelessness

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

My name is Dr. Daryl Kurozawa. I am a surgeon from Hawaii Island and an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

This bill ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—yet too many patients still face barriers to accessing the tests needed to determine if they can have access to the right treatment.

Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

*Daryl Kurozawa, MD*  
*Kealahou, Hawaii. 96750*

**HCR-35**

Submitted on: 3/23/2026 3:00:15 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cheryl K. Okuma	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Wednesday, March 25, 2026; TIME: 9:30AM

Committee on Health and Committee on Human Services & Homelessness

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

My name is Cheryl K, Okuma and I am an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

I am a breast cancer survivor. In my immediate family of 5, two others have endured other forms of cancer (prostate, colon). On my paternal side, my aunt is also a breast cancer survivor—twice. This causes me to wonder whether genetics is a factor. When I fill out forms for my check ups and exams I am asked if other immediate family members and those on my paternal and maternal side have had cancer, and what type.

Biomarker testing would provide a better way to determine what factors are involved, and in turn lead to the best treatment for cancer patients. Access to biomarker testing will lead to better health outcomes for cancer patients.

Progress in improving cancer outcomes increasingly involves the use of precision medicine, using information of a person's genes, proteins or other substances to diagnose and treat cancer in a targeted way. Biomarker testing is a personalized, important step to accessing precision medicine and therapies. This leads to improved survivorship and better quality of life for cancer patients.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

Lynda Asato  
1255 Nuuanu Avenue  
Honolulu, HI 96817

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Wednesday, March 25, 2026; TIME: 9:30AM

Committee on Health & Committee on Human Services & Homelessness

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

My name is Lynda Asato and I am a cancer survivor/supporter/caretaker and a part of the patient advisory council of the UH Cancer Center. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

I have heard from a friend who paid \$5,000 for biomarker testing that she needed and was denied coverage by her insurance company. Please don't let this happen to another cancer patient whose life depends on this testing to help their doctors to choose the best treatment option to offer those patients. It would be cost efficient and that's what the auditors study would show.

I had to pay for my own genetic testing for Breast Cancer in 1993 and again in 2017. The cost was about \$3,000 each time. Insurance did not pay for the testing. Through the tests, I found out that I am not among those with BRCA genetic disorders. I am PALB2 and have that genetic mutation. The knowledge helps me to make better decisions about my health. I have paid for my own testing in the past and it was very costly, but helpful in my treatment choices over these years.

I am hoping that my insurance will pay for biomarker testing when I need it, should my cancer recur. I'm older and have been through three bouts of cancer, which makes me at higher risk of recurrence. I'm also retired so not able to readily pay for higher cost testing, as well as treatments, when medically necessary, which will require biomarker testing to qualify for now and in the future. Now that I am on a fixed income and retired, I would like to have insurance coverage for myself and others with cancer.

I help to review clinical trials before they are adopted and some of those require biomarker testing, so the patient can be matched with the best treatment option available. Patients have had to pay for the biomarker testing, which is costly but necessary, and also punitive when the patient has to pay for the drugs after the clinical trial is done. We patients do it because we want to live. But help is greatly appreciated.

Thank you for approving this resolution.

Lynda Asato  
Honolulu, 96817

Carol Marx  
Kailua, Hi 96734

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Wednesday, March 25, 2026; TIME: 9:30AM

Committee on Health & Committee on Human Services & Homelessness

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

My name is Carol Marx and I am on the board of ACS Hawaii and Guam and an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

I have a niece whom I lost to colon cancer at age 21 who graduated as the Castle High School student body president in 2016. We lost her in 2021. I also lost my sister-in-law to ovarian cancer who fought for nine years being successful to survive while using clinical trial drugs. In 2022, due to some changes in medical coverage since she lost her job, she passed away at age 61. More access to screening and insurance ensure a healthier community. Revenues from survivors who go back to work help strengthen the financial stability for the public good.

HCR 35 ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—yet too many patients still face barriers to accessing the tests needed to determine if they can have access to the right treatment.

HCR 35 would make it possible for more patients to get the right treatment at the right time. I urge you to pass HCR 35. Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

Carol Marx  
Kailua, Hi 96734