

**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
KA 'OIHANA O KA LOIO KUHINA  
THIRTY-THIRD LEGISLATURE, 2026**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 1669, RELATING TO LUNG CANCER SCREENING.

**BEFORE THE:**

HOUSE COMMITTEE ON HEALTH

**DATE:** Wednesday, February 11, 2026      **TIME:** 9:00 a.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Blair Goto, Deputy Attorney General

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Chair Takayama and Members of the Committee:

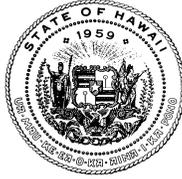
The Department of the Attorney General provides the following comments.

This bill requires the Department of Health to develop educational materials, signs, and a written notice about lung cancer screening and requires every tobacco retailer to display the signs at each point of sale and distribute the written notice to each buyer of a tobacco product.

Because the bill requires tobacco retailers to display and distribute government-designed messaging that does not directly warn consumers about the product itself, these requirements could be subject to challenge under the First Amendment as unconstitutional compelled speech. *See Nat'l Ass'n of Wheat Growers v. Bonta*, 85 F.4th 1263, 1277 (9th Cir. 2023) (citing *Nat'l Inst. of Fam. & Life Advocs. v. Becerra*, 585 U.S. 755, 768-9 (2018)). Therefore, we recommend that the mandatory retailer display and distribution requirements be changed to voluntary provisions by amending section 321- (b) on page 3, lines 4-5, to read:

(b) Beginning January 1, 2027, every retailer engaged in the retail sale of tobacco products [~~shall:~~] may: . . . .

Thank you for the opportunity to provide comments.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony in OPPOSITION to H.B. 1669  
RELATING TO LUNG CANCER SCREENING**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 11, 2026, 9:00 AM

Room Number: Conference Room 329  
and Videoconference

1 **Fiscal Implications:** None

2 **Department Position:** The Department of Health (DOH) respectfully opposes House Bill 1669  
3 (H.B. 1669).

4 **Department Testimony:** The DOH does not find any evidence that tobacco retail environment is  
5 an appropriate venue for disseminating lung cancer screening education. Lung cancer screening  
6 information should be disseminated in a context that involves careful coordination between the  
7 patient and their healthcare provider so that any questions that arise can be sufficiently  
8 addressed by trained professionals and that systems are ready to meet the demand. There is no  
9 evidence that supports combining messages about lung cancer screening and health risks at the  
10 point of sale for tobacco products as an effective method to increase lung cancer screening.

11 Awareness campaigns, when deployed without sufficient coordination and system  
12 readiness, can strain limited clinical resources, create confusion among the public, and  
13 exacerbate inequities in access to care. While the Department promotes evidence-based lung  
14 cancer screening for eligible populations, the approach proposed in H.B. 1669 lacks sufficient  
15 evidence, is not operationally feasible, and risks unintended public health consequences. The

1 DOH respectfully opposes H.B. 1669 and pledges to continue pursuit of carefully coordinated,  
2 evidence-based, and feasible strategies to increase access to lung cancer screening in Hawai'i.

3 The DOH recognizes lung cancer as a leading cause of cancer-related mortality in  
4 Hawai'i<sup>1</sup> and promotes evidence-based screening for individuals who meet clinical eligibility  
5 criteria. Increasing appropriate lung cancer screening remains an important public health goal,  
6 particularly for populations that experience disproportionate disease burden.<sup>2,3</sup> However,  
7 effective screening promotion requires careful alignment with healthcare system capacity,  
8 cultural sensitivity and tailoring, and evidence-based implementation strategies.<sup>4</sup>

9 H.B. 1669 would require the DOH to develop standardized educational materials on lung  
10 cancer screening to be disseminated statewide and mandates tobacco retailers to display  
11 signage and distribute written notices regarding lung cancer screening to purchasers of tobacco  
12 products. Besides being unenforceable, this measure positions tobacco retail environments as a  
13 primary channel for disseminating lung cancer screening information and represents a shift  
14 toward incorporating secondary prevention strategies within tobacco control law and takes  
15 time and resources away from proven strategies to increase the early detection of cancer.

16 **Offered Amendments:** None

17 Thank you for the opportunity to testify on this measure.

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<sup>1</sup> NIH. (2018-2022). *State Cancer Profiles > Quick Profiles*. NIH, CDC. <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statername=hawaii#t=3>

<sup>2</sup> American Association for Cancer Research. (2024). *AACR Cancer Disparities Progress Report*. <https://cancerprogressreport.aacr.org/disparities/>

<sup>3</sup> American Cancer Society. (2024, January 29). *Lung Cancer Early Detection | Lung Cancer Screening*. <https://www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/detection.html>

<sup>4</sup> Lin, X., Lei, F., Lin, J., Li, Y., Chen, Q., Arbing, R., Chen, W.-T., & Huang, F. (2025). Promoting Lung Cancer Screen Decision-Making and Early Detection Behaviors: A Systematic Review and Meta-analysis. *Cancer Nursing*, 48(6), E425. <https://doi.org/10.1097/NCC.0000000000001334>



## Hawaii Medical Association

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HOUSE COMMITTEE ON HEALTH  
Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: February 11, 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 1669** RELATING TO LUNG CANCER SCREENING. DOH; Lung Cancer Screening; Educational Materials; Signage; Written Notice; Cigarettes; Tobacco Products; Retailers  
**Position: Support**

This measure would require the Department of Health to develop by 12/31/2026, standardized educational materials relating to lung cancer screening and language on lung cancer screening information to be included in signage and written notices to be used by retailers of tobacco products; beginning 1/1/2027, would require retailers engaged in the retail sale of tobacco products to display signage on lung cancer screening at each point of sale and provide written notice on lung cancer screening to each buyer of a tobacco product.

National clinical guidelines support annual low-dose CT screening for eligible adults with significant smoking history, emphasizing structured protocols and shared decision-making to ensure patient safety and appropriate follow-up. Increasing awareness of guideline-aligned screening helps reduce disparities, particularly for rural and underserved populations, and supports earlier, more effective treatment.

HMA supports this measure which aligns Hawaii policy with established clinical standards, promotes timely diagnosis of lung cancer and strengthens a coordinated approach to cancer care that benefits Hawaii patients.

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

## REFERENCES AND QUICK LINKS

### 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

ACS Annual Lung Cancer Screening Recommendation (2023 update)

Wolf, Armin M. D., et al. "Screening for Lung Cancer: 2023 Guideline Update from the American Cancer Society." CA: A Cancer Journal for Clinicians, vol. 74, no. 1, Jan. 2024, pp. 42–60. Wiley Online Library, <https://doi.org/10.3322/caac.21811>

Sandler KL, Henry TS, Amini A, Elojeimy S, Kelly AM, Kuzniewski CT, Lee E, Martin MD, Morris MF, Peterson NB, Raptis CA, Silvestri GA, Sirajuddin A, Tong BC, Wiener RS, Witt LJ, Donnelly EF. ACR Appropriateness Criteria® Lung Cancer Screening: 2022 Update. J Am Coll Radiol. 2023 May;20(5S):S94-S101. doi: 10.1016/j.jacr.2023.02.014. PMID: 37236754.

#### **2024 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

#### **2024 Hawaii Medical Association Public Policy Coordination Team**

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

**LATE**

**HB-1669**

Submitted on: 2/10/2026 12:58:15 PM

Testimony for HLT on 2/11/2026 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Allan-Jacob Castillo	American Lung Cancer Screening Initiative	Support	Written Testimony Only

Comments:

On behalf of the American Lung Cancer Screening Initiative, we are writing to express our strong support for HB 1669, which requires the Department of Health to develop by 12/31/2026, standardized educational materials relating to lung cancer screening and language on lung cancer screening information to be included in signage and written notices to be used by retailers of tobacco products. Beginning 1/1/2027, requires retailers engaged in the retail sale of tobacco products to display signage on lung cancer screening at each point of sale and provide written notice on lung cancer screening to each buyer of a tobacco product.

The legislature finds that, according to the American Lung Association, lung cancer is the leading cause of cancer death in the State, with the disease disproportionately affecting Asian Americans, Native Hawaiians, and other Pacific Islanders. The legislature additionally finds that early stage diagnosis through annual low-dose computed tomography screening increases survival rates by detecting and treating the cancer early.

HB 1669 will:

1. Connect community members with federally qualified health centers and hospitals offering lung cancer screening
2. Inform community members on eligibility criteria for lung cancer screening using low-dose computed tomography
3. Educate community members on the benefits and importance of early detection of lung cancer

We urge the Committee to pass this measure to support the health and well-being of Hawai'i's people.

Sincerely,

Allan-Jacob Castillo

American Lung Cancer Screening Initiative

## Hawaii Radiological Society HRS

The state chapter of the American College of Radiology ACR



### HOUSE COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

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

Rep. Terez Amato

Rep. Jenna Takenouchi

Rep. Daisy Hartsfield

Rep. David Alcos III

Rep. Lisa Marten

Rep. Diamond Garcia

Rep. Ikaika Olds

Date: February 8, 2026

From: Hawaii Radiological Society HRS

Ven Seguritan MD, FACR - HRS Legislative Liaison

Manfred Tejerina, DO – President, HRS

**RE HB 1669 Relating to Lung Cancer Screening** - DOH; Lung Cancer Screening; Educational Materials; Signage; Written Notice; Cigarettes; Tobacco Products; Retailers

### **Position: Support**

This measure would require the Department of Health to develop by 12/31/2026, standardized educational materials relating to lung cancer screening and language on lung cancer screening information to be included in signage and written notices to be used by retailers of tobacco products. Beginning 1/1/2027, requires retailers engaged in the retail sale of tobacco products to display signage on lung cancer screening at each point of sale and provide written notice on lung cancer screening to each buyer of a tobacco product. Beginning January 1, 2027, require retailers engaged in the retail sale of tobacco products to display signage on lung cancer screening at each point of sale and provide written notice on lung cancer screening to each buyer of a tobacco product.

According to the American Lung Association, lung cancer is the leading cause of cancer death in the State, with the disease disproportionately affecting Asian Americans, Native Hawaiians, and other Pacific Islanders. The legislature additionally finds that early stage diagnosis through annual low-dose computed tomography screening increases survival rates by detecting and treating the cancer early.

Lung cancer remains the leading cause of cancer-related mortality for men and women in the United States. Screening for lung cancer with annual low-dose CT (LDCT) is saving lives, and the continued implementation of lung cancer screening in clinical practice can save many more. Since the publication of the National Lung Screening Trial (NLST) in 2011, which demonstrated a 20% reduction in lung cancer mortality with annual lung cancer screening, multiple clinical trials have demonstrated similar if not superior results [4-10]. Although there are known potential harms of lung cancer screening, including overdiagnosis and false positive results, the growing evidence has shown that correct implementation of lung cancer screening can provide substantial benefit at low clinical risk. Retrospective analysis of the NLST data using updated standardized reporting specifically has been shown to substantially reduce false-positive rates of this screening test.

As of March 9, 2021, the USPSTF recommends adults aged 50 to 80 years who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years:

- Screen for lung cancer with low-dose computed tomography (LDCT) every year.
- Stop screening once a person has not smoked for 15 years or has a health problem that limits life expectancy or the ability to have lung surgery.

In 2015, the CMS began covering annual lung cancer screening for those who qualified based on the original United States Preventive Services Task Force (USPSTF) lung cancer screening criteria, which included patients 55 to 77 years of age with a 30 pack-year history of smoking, who were either currently using tobacco or who had smoked within the previous 15 years. In 2021, the USPSTF issued new screening guidelines, decreasing the age of eligibility to 50 years and pack years to 20. The recommendation was made following a systematic review of the lung cancer screening literature comprised of 223 publications that included 7 randomized clinical trials. New guidelines are estimated to have doubled the population eligible for lung cancer screening in the United States and, importantly, will increase the number of women, underrepresented minorities, and those of lower socioeconomic status who qualify for this life-saving examination.

Thank you for allowing the Hawaii Radiological Society to testify on this issue.

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3. National Lung Screening Trial Research Team, Aberle DR, Adams AM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. *N Engl J Med*.

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16. Reese TJ, Schlechter CR, Potter LN, et al. Evaluation of Revised US Preventive Services Task Force Lung Cancer Screening Guideline Among Women and Racial/Ethnic Minority Populations. *JAMA Netw Open* 2021;4:e2033769.