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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Consumer Protection & Commerce  
Tuesday, March 3, 2026  
2:00 p.m.  
State Capitol, Room 329 and via Videoconference**

**On the following measure:  
H.B. 1898, H.D. 1, RELATING TO HEALTH**

Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

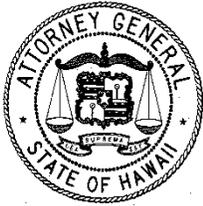
My name is Scott K. Saiki, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to clarify that the Department of Health is to presume both the recommendations by the American Academy of Pediatrics (AAP) and the recommendations by the Advisory Committee on Immunization Practices (ACIP) of the United States Department of Health and Human Services constitute the prevailing medical standard for child health supervision services for purposes of health insurance coverage.

The Department notes that it is unclear whether the amendments in sections 2 through 4 of this bill 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 sold on the exchange. In the United States Department of Health and Human Services' Notice of Benefit and Payment Parameters for 2027 Proposed Rule, the Center for Medicare and Medicaid Services (CMS) "proposes revisions to states' responsibilities when mandating benefits beyond the federally required EHB package. Beginning with plan year (PY) 2027, CMS proposes that any state-required benefit would be considered "in addition to EHB"—and thus not EHB—if it is required by state action after December 31, 2011, applies to the small group and/or individual markets, is specific to required care, treatment, or services, and is not mandated for compliance with federal requirements. Under this proposed policy, states would be required to defray the cost of these additional benefits for enrollees in QHPs offered through the Exchange, regardless of whether the benefit is embedded in the state's EHB-benchmark plan."

Thank you for the opportunity to testify on this bill.



**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. 1898, H.D. 1, RELATING TO HEALTH.

**BEFORE THE:**

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

**DATE:** Tuesday, March 3, 2026

**TIME:** 2:00 p.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Kaena N. Keao, Deputy Attorney General

---

Chair Matayoshi and Members of the Committee:

The Department of the Attorney General offers the following comments.

The purposes of the bill are to require the Department of Health (DOH) to presume both the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) recommendations constitute the prevailing medical standard for child health supervision services for purposes of health insurance coverage, and allow DOH to deviate from the presumption to recommend more comprehensive coverage or, with clear and convincing evidence, that a specific recommendation is not in the best interest of public health.

The bill requires DOH to use a "clear and convincing evidence" standard when deviating from the presumption if the recommendations of the ACIP and the AAP are not in the best interests of public health. The "clear and convincing" standard is not translatable to a non-legal, non-evidentiary setting without a closed evidentiary record. The "clear and convincing" standard in a legal context requires "that degree of proof which will produce in the mind of the trier of fact a firm belief or conviction as to the allegations sought to be established, and requires the existence of a fact be highly probable." Tauese v. State, Dep't of Lab. & Indus. Rels., 113 Hawai'i 1, 36, 147 P.3d 785 (2006), as corrected (Nov. 21, 2006).

It is unclear how the "clear and convincing" evidentiary standard as envisioned in this bill would apply because the DOH has no traditional triers of fact, such as juries.

While the DOH would use its best judgment to determine what is in the best interests of public health, it is not clear whether that would satisfy the standard of clear and convincing evidence that is normally for a jury to weigh following a trial.

Additionally, we note that the term "department" is used to refer to DOH. However, "department" in chapters 431:10A and 432:1, Hawaii Revised Statutes, is not defined as the "department of health".

To address both the issue of a lack of a definition of "department" and the potential implementation challenges with the application of a "clear and convincing" evidentiary standard in a non-legal setting, we recommend amending the bill in the following places:

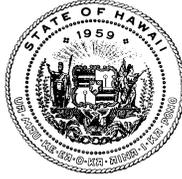
- (1) Page 3, lines 4-8;
- (2) Page 3, line 19, to page 4, line 2;
- (3) Page 5, lines 2-6;
- (4) Page 5, lines 17-21;
- (5) Page 6, line 21, to page 7, line 4; and
- (6) Page 7, lines 15-19, with the following wording (changes in bold and

Ramseyered against the wording in the bill):

The department **of health** shall only deviate from this presumption [~~to recommend more comprehensive coverage or if the department finds, by clear and convincing evidence, that~~] **if, based on the best available scientific evidence,** a specific recommendation is not in the best interests of public health. **The department of health may recommend more comprehensive coverage than prevailing medical standards.**

Finally, we note that the bill amends "prevailing medical standards" to "prevailing medical standard" on page 2, lines 15-17, page 4, lines 13-15, and page 6, lines 11-13. This amendment could lead to confusion because it insinuates that there can only be one prevailing medical standard. However, the ACIP and AAP make recommendations independently of each other and, therefore, constitute two separate medical standards. We recommend not amending "prevailing medical standards" to "prevailing medical standard."

Thank you for the opportunity to provide comments.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on H.B. 1898 H.D. 1  
RELATING TO HEALTH**

REPRESENTATIVE SCOT Z. MATAYOSHI, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

March 3, 2026, 2:00 PM, Rm 329/video

- 1 **Fiscal Implications:** This bill does not propose the appropriation of new funds.
- 2 **Department Position:** The Department of Health (“Department”) offers comments and
- 3 proposed amendments.
- 4 **Department Testimony:** The Disease Outbreak Control Division (DOCD) provides the following
- 5 testimony on behalf of the Department.
- 6
- 7 The Department supports the intent of this bill to ensure coverage without cost-sharing for
- 8 vaccinations in Hawaii. We greatly appreciate the purpose of the measure to protect children
- 9 and families by preserving access to clinical preventive services without cost-sharing for those
- 10 who choose to receive them.
- 11
- 12 The Department offers amendments that we believe may help further the intent of the bill by:

- 1 • Providing a clear, unified set of evidence-based recommendations to both providers and  
2 patients in order to minimize confusion with regard to evidence-based preventive  
3 practices and preserve choice for people of Hawaii;
- 4 • Removing the barriers for pharmacists to be able to administer vaccine given the  
5 current requirements of Hawaii law and recent ACIP and the U.S. Food and Drug  
6 Administration (FDA) changes, to expand access particularly in rural areas;
- 7 • Protecting providers from liability for following evidence-based recommendations;
- 8 • Preserving the preventive services recommended by the US Preventive Services Task  
9 Force (USPSTF) and currently covered without cost-sharing under the Patient Protection  
10 and Affordable Care Act (PPACA). USPSTF recommended services for children include  
11 things such as screening for anxiety and depression, application of fluoride varnish to  
12 teeth to prevent caries, and counseling to prevent sexually transmitted infections and  
13 tobacco use.

14 Our goal is to reduce confusion, reduce barriers, and ensure access to science-based clinical  
15 preventive services for those that choose to receive them.

16

17 **Offered Amendments:** DOCD offers the following amendments to this bill:

18 SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
19 amended by adding to part II three new sections to be  
20 appropriately designated and to read as follows:

1        §321- Preventive services; immunity. (a) No person shall  
2        be subject to civil or criminal liability or professional  
3        disciplinary action or deemed to have engaged in unprofessional  
4        conduct for providing clinical preventive services in accordance  
5        with recommendations made pursuant to section 321-31.

6        (b) No professional organization or association, health  
7        care provider, or health care facility shall subject any person  
8        to discipline, suspension, loss of license, loss of privileges,  
9        loss of membership, or other penalty for providing clinical  
10       preventive services in accordance with recommendations made  
11       pursuant to section 321-31.

12       (c) Nothing in this section shall be construed to limit,  
13       restrict, or prohibit any claim, cause of action, or right of  
14       recovery against any person or entity for injury arising from  
15       negligence."

16       SECTION 3. Chapter 431, Hawaii Revised Statutes, is  
17       amended by adding to article 10A, part I, a new section to be  
18       appropriately designated and to read as follows:

19       "§431:10A- Preventive services coverage; department of  
20       health recommendations. (a) All health insurance policies  
21       delivered or issued for delivery in the State shall provide  
22       coverage, without any deductible, copayment, coinsurance, or

1 other cost-sharing requirements, for clinical preventive  
2 services recommended by the department of health pursuant to  
3 section 321-31.

4 (b) Coverage under this section shall include items and  
5 services furnished by a provider acting within the scope of the  
6 provider's license.

7 (c) This section shall not be construed to limit any  
8 broader coverage or benefits related to preventive services  
9 otherwise required under this chapter.

10 (d) This section shall not apply to disability income,  
11 specified disease, medicare supplement, hospital indemnity  
12 policies, or any health insurance policy for which federal law  
13 would require the state to pay the defrayal cost of otherwise  
14 noncovered state mandated benefits."

15 SECTION 4. Chapter 432, Hawaii Revised Statutes, is  
16 amended by adding to article 1, part VI, a new section to be  
17 appropriately designated and to read as follows:

18 **"§432:1- Preventive services coverage; department of**  
19 **health recommendations.** (a) All individual and group hospital  
20 and medical health service corporation contracts delivered or  
21 issued for delivery in the State shall provide coverage, without  
22 any deductible, copayment, coinsurance, or other cost-sharing

1 requirements, for clinical preventive services recommended by  
2 the department of health pursuant to section 321-31.

3 (b) Coverage under this section shall include items and  
4 services furnished by a provider acting within the scope of the  
5 provider's license.

6 (c) This section shall not be construed to limit any  
7 broader coverage or benefits related to preventive services  
8 otherwise required under this chapter.

9 (d) This section shall not apply to disability income,  
10 specified disease, medicare supplement, hospital indemnity  
11 policies, or any health insurance policy for which federal law  
12 would require the state to pay the defrayal cost of otherwise  
13 noncovered state mandated benefits."

14 SECTION 5. Section 321-31, Hawaii Revised Statutes, is  
15 amended to read as follows:

16 "**§321-31 Functions of the department.** The powers, duties,  
17 and functions of the department of health relating to preventive  
18 medicine shall be as follows:

19 (1) To supervise and coordinate activities in the fields  
20 of preventive medicine, including cancer control,  
21 crippled children, epidemiology, geriatrics,

1 laboratories, maternal and child health, mental  
2 hygiene, nutrition, and communicable diseases;

3 (2) To formulate and put into effect throughout the State  
4 educational programs for the purposes of preventing  
5 and reducing disease and disability;

6 (3) To engage in the collection and analysis of  
7 statistical information pertinent to any of its  
8 activities;

9 (4) To cooperate with and propose methods and programs to  
10 other governmental agencies relating to the fields of  
11 preventive medicine;

12 (5) To serve as the coordinating agency for programs  
13 [~~which~~] that provide for a range of child abuse and  
14 neglect prevention services in relation to assessed  
15 needs, regardless of whether the programs are  
16 conducted by the department, other government  
17 agencies, or private organizations and to coordinate  
18 the prevention programs with child abuse and neglect  
19 treatment services; provided that this paragraph shall  
20 not be interpreted to compel a specified level of  
21 services; [~~and~~]

1       (6) To make recommendations relating to clinical  
2       preventive service recommendations of the United  
3       States Preventive Services Task Force that have been  
4       assigned a grade of A or B as of July 1, 2025, and  
5       relating to immunizations;

6       (7) To issue standing orders for medications and  
7       immunizations; and

8       ~~[(6)]~~ (8) To perform such other appropriate functions as  
9       may be required."

10       SECTION 6. Section 431:10A-115.5, Hawaii Revised Statutes,  
11 is amended by amending subsections (b) and (c) to read as  
12 follows:

13       "(b) Child health supervision services shall include  
14 twelve visits at approximately the following intervals: birth;  
15 two months; four months; six months; nine months; twelve months;  
16 fifteen months; eighteen months; two years; three years; four  
17 years; and five years. Services to be covered at each visit  
18 shall include a history, physical examination, developmental  
19 assessment, anticipatory guidance, immunizations, and laboratory  
20 tests, in keeping with prevailing medical standards. For  
21 purposes of this subsection, the term "prevailing medical  
22 standards" means the recommendations of the Advisory Committee

1 on Immunization Practices of the United States Department of  
2 Health and Human Services and the American Academy of  
3 Pediatrics[~~+~~], or the recommendations of the department of  
4 health made pursuant to section 321-31; provided that if [~~the~~]  
5 these recommendations [~~of the committee and the academy~~] differ,  
6 the department of health shall determine which recommendations  
7 shall apply.

8 (c) Minimum benefits may be limited to one visit payable  
9 to one provider for all of the services provided at each visit  
10 cited in this section, except that the limitations authorized by  
11 this subsection shall not apply to immunizations recommended by  
12 the Advisory Committee on Immunization Practices of the United  
13 States Department of Health and Human Services and the American  
14 Academy of Pediatrics[~~+~~], or the recommendations of the  
15 department of health made pursuant to section 321-31; provided  
16 that if [~~the~~] these recommendations [~~of the committee and the~~  
17 ~~academy~~] differ, the department of health shall determine which  
18 recommendations shall apply."

19 SECTION 7. Section 431:10A-206.5, Hawaii Revised Statutes,  
20 is amended by amending subsections (b) and (c) to read as  
21 follows:

1           "(b) Child health supervision services shall include  
2 twelve visits at approximately the following intervals: birth;  
3 two months; four months; six months; nine months; twelve months;  
4 fifteen months; eighteen months; two years; three years; four  
5 years; and five years. Services to be covered at each visit  
6 shall include a history, physical examination, developmental  
7 assessment, anticipatory guidance, immunizations, and laboratory  
8 tests, in keeping with prevailing medical standards. For  
9 purposes of this subsection, the term "prevailing medical  
10 standards" means the recommendations of the Advisory Committee  
11 on Immunization Practices of the United States Department of  
12 Health and Human Services and the American Academy of  
13 Pediatrics[+], or the recommendations of the department of  
14 health made pursuant to section 321-31; provided that if [~~the~~]  
15 these recommendations [~~of the committee and the academy~~] differ,  
16 the department of health shall determine which recommendations  
17 shall apply.

18           (c) Minimum benefits may be limited to one visit payable  
19 to one provider for all of the services provided at each visit  
20 cited in this section, except that the limitations authorized by  
21 this subsection shall not apply to immunizations recommended by  
22 the Advisory Committee on Immunization Practices of the United

1 States Department of Health and Human Services and the American  
2 Academy of Pediatrics~~[+]~~, or the recommendations of the  
3 department of health made pursuant to section 321-31; provided  
4 that if [~~the~~] these recommendations [~~of the committee and the~~  
5 ~~academy~~] differ, the department of health shall determine which  
6 recommendations shall apply."

7 SECTION 8. Section 431:10A-207, Hawaii Revised Statutes,  
8 is amended to read as follows:

9 "**§431:10A-207 Coverage for specific services.** Every  
10 person insured under a group or blanket disability insurance  
11 policy shall be entitled to the reimbursements and coverages  
12 specified in [~~section~~] sections 431:10A-116~~[+]~~ and 431:10A-\_\_\_\_\_."

13 SECTION 9. Section 432:1-602.5, Hawaii Revised Statutes,  
14 is amended by amending subsections (b) and (c) to read as  
15 follows:

16 "(b) Child health supervision services shall include  
17 twelve visits at approximately the following intervals: birth;  
18 two months; four months; six months; nine months; twelve months;  
19 fifteen months; eighteen months; two years; three years; four  
20 years; and five years. Services to be covered at each visit  
21 shall include a history, physical examination, developmental  
22 assessment, anticipatory guidance, immunizations, and laboratory

1 tests, in keeping with prevailing medical standards. For  
2 purposes of this subsection, the term "prevailing medical  
3 standards" means the recommendations of the Advisory Committee  
4 on Immunization Practices of the United States Department of  
5 Health and Human Services and the American Academy of  
6 Pediatrics[+], or the recommendations of the department of  
7 health made pursuant to section 321-31; provided that if [~~the~~]  
8 these recommendations [~~of the committee and the academy~~] differ,  
9 the department of health shall determine which recommendations  
10 shall apply.

11 (c) Minimum benefits may be limited to one visit payable  
12 to one provider for all of the services provided at each visit  
13 cited in this section, except that the limitations authorized by  
14 this subsection shall not apply to immunizations recommended by  
15 the Advisory Committee on Immunization Practices of the United  
16 States Department of Health and Human Services and the American  
17 Academy of Pediatrics[+], or the recommendations of the  
18 department of health made pursuant to section 321-31; provided  
19 that if [~~the~~] these recommendations [~~of the committee and the~~  
20 ~~academy~~] differ, the department of health shall determine which  
21 recommendations shall apply."

1 SECTION 10. Section 432D-23, Hawaii Revised Statutes, is  
2 amended to read as follows:

3 **"§432D-23 Required provisions and benefits.**

4 Notwithstanding any provision of law to the contrary, each  
5 policy, contract, plan, or agreement issued in the State after  
6 January 1, 1995, by health maintenance organizations pursuant to  
7 this chapter, shall include benefits provided in sections  
8 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-\_\_\_\_\_, 431:10A-  
9 116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119,  
10 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126,  
11 431:10A-132, 431:10A-133, 431:10A-140, and 431:10A-134, and  
12 chapter 431M."

13 SECTION 11. Section 432E-1.4, Hawaii Revised Statutes, is  
14 amended by amending subsection (a) to read as follows:

15 "(a) For contractual purposes, a health intervention shall  
16 be covered if it is an otherwise covered category of service,  
17 not specifically excluded, recommended by the treating licensed  
18 health care provider, and determined by the health plan's  
19 medical director to be medically necessary as defined in  
20 subsection (b). Notwithstanding any determination under this  
21 section, coverage for any clinical preventive service for which  
22 coverage is required under state law or rule, including clinical

1 preventive services recommended by the department of health  
2 pursuant to section 321-31, shall not be denied on the basis of  
3 medical necessity or subject to prior authorization, except as  
4 permitted for reasonable medical management. A health  
5 intervention may be medically indicated and not qualify as a  
6 covered benefit or meet the definition of medical necessity. A  
7 managed care plan may choose to cover health interventions that  
8 do not meet the definition of medical necessity."

9 SECTION 12. Section 461-11.4, Hawaii Revised Statutes, is  
10 amended by amending its title and subsection (a) to read as  
11 follows:

12 "**§461-11.4 Vaccinations**~~[, children]~~. (a) A pharmacist,  
13 pharmacy intern, or pharmacy technician under the direct  
14 supervision of a pharmacist may administer a vaccine to a person  
15 three years of age or older; provided that:

16 (1) The vaccine is authorized or approved by the United  
17 States Food and Drug Administration~~[+]~~ for any  
18 indication;

19 (2) The vaccine has been ordered by a pharmacist and  
20 administered in accordance with the recommendations of  
21 the Advisory Committee on Immunization Practices of  
22 the United States Department of Health and Human

1            Services[~~r~~], or the department of health pursuant to  
2            section 321-31;

3            (3) The pharmacy intern has completed a practical training  
4            program approved by the Accreditation Council for  
5            Pharmacy Education that includes hands-on injection  
6            technique, clinical evaluation of indications and  
7            contraindications of vaccines, and the recognition and  
8            treatment of emergency responses to vaccines;

9            (4) The pharmacy technician has completed a practical  
10           training program approved by the Accreditation Council  
11           for Pharmacy Education that includes hands-on  
12           injection technique;

13           (5) The pharmacy technician has a Certified Pharmacy  
14           Technician certification from either the Pharmacy  
15           Technician Certification Board or National  
16           Healthcareer Association;

17           (6) The pharmacist, pharmacy intern, or pharmacy  
18           technician has a current certificate in basic  
19           cardiopulmonary resuscitation;

20           (7) The pharmacist or pharmacy technician has completed a  
21           minimum of two credit hours in immunization-related

1 continuing education courses during each licensing  
2 biennium;

3 (8) The pharmacist is in compliance with all applicable  
4 recordkeeping and reporting requirements, including  
5 complying with adverse events reporting requirements;

6 (9) The pharmacist, pharmacy intern, or pharmacy  
7 technician has reviewed the patient's vaccination  
8 records before administering the vaccine;

9 (10) The pharmacist has informed the patient and the  
10 patient's primary guardian or caregiver of the  
11 importance of a well-child visit with a pediatrician  
12 or other licensed primary care provider and has  
13 referred the patient as appropriate; and

14 (11) Where a prescription has been ordered by a person  
15 other than the pharmacist<sup>[7]</sup> or a standing order  
16 pursuant to section 321-31, the pharmacist, pharmacy  
17 intern, or pharmacy technician shall verify that the  
18 prescriber or the prescriber's authorized agent is the  
19 patient's medical home."

20 SECTION 13. Notwithstanding section 23-51, Hawaii Revised  
21 Statutes, this Act shall be exempt from the requirements for an

1 impact assessment report on proposed mandatory health insurance  
2 coverage.

3 SECTION 14. The benefit to be provided by health  
4 maintenance organizations corresponding to the benefit provided  
5 under sections 431:10A- , Hawaii Revised Statutes, if any, as  
6 contained in the amendment to section 432D-23, Hawaii Revised  
7 Statutes, in section 11 of this Act, shall take effect for all  
8 policies, contracts, plans, or agreements issued in the State  
9 after January 1, 2027.

10 SECTION 15. Notwithstanding any other law to the contrary,  
11 the coverage for evidence-based clinical preventive services  
12 required under sections 3, 4, 6, 7, 8, 10, 11, and 12 of this  
13 Act shall apply to all health benefits plans under chapter 87A,  
14 Hawaii Revised Statutes.

15 SECTION 16. This Act does not affect rights and duties  
16 that matured, penalties that were incurred, and proceedings that  
17 were begun before its effective date.

18 SECTION 17. In codifying the new sections added by section  
19 2 and referenced in section 5 of this Act, the revisor of  
20 statutes shall substitute appropriate section numbers for the  
21 letters used in designating the new sections in this Act.

1 Section 18. If any provision of this Act, or the application  
2 thereof to any person or circumstances, triggers a cost to the  
3 State pursuant to section 45 Code of Federal regulations  
4 155.170, that provision shall be repealed but does not affect  
5 other provisions or applications of the Act that can be given  
6 effect without triggering costs to the State pursuant to section  
7 45 Code of Federal Regulations 155.170, and to this end the  
8 provisions of this Act are severable.

9

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



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

**JOSH GREEN, MD**  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

March 2, 2026

**TO:** HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair  
Honorable Members

**FROM:** John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to  
Governor Josh Green, MD on Healthcare Innovation

**RE: HB 1898-HD1 -- RELATING TO HEALTH**

**HEARING:** Tuesday, March 3, 2026 @ 2:00 pm; Conference Room 329

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports HB 1898-HD1, with comments.

This bill clarifies that Hawai'i's "prevailing medical standard" for child health supervision services includes both the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices recommendations, ensuring that insurance coverage keeps pace with nationally recognized pediatric and immunization guidelines. By establishing this clear presumption, the bill promotes consistent, evidence-based coverage of well-child services across health plans in the State.

SHPDA recognizes the full confidence in AAP on immunization practices. SPHDA also notes AAP does not make recommendations on adult vaccinations, which also need to be scientifically based. SHPDA notes a growing lack of confidence from recommendations by DHHS as the reason for this legislative proposal. SHPDA also notes the western alliance on immunization practices has provided an additional means of offering accurate scientific recommendations to participating states. SHPDA supports promoting the best science for the health of our citizens and defer to DOH.

Thank you for hearing HB 1898-HD1. Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

**HB-1898-HD-1**

Submitted on: 2/27/2026 3:18:24 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Aaron Ruddick	Hep Free Hawaii	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi, Vice Chair Grandinetti and members of the committee

Hep Free Hawaii **supports HB 1898 HD1**. The American Academy of Pediatrics (AAP) recommends that all children receive regular health supervision services — also called well-child visits — to ensure growth, development, and preventive care. These visits are a cornerstone of pediatric care and are covered under certain insurance programs.

The American Academy of Pediatrics strongly recommends immunizations as the safest and most cost-effective way of preventing disease, disability and death. The AAP calls for the on-time, routine immunization of all children and adolescents according to its policy, [Recommended Immunization Schedules for Children and Adolescents Aged 18 Years or Younger, United States](#).



**March 3, 2026 at 2:00 pm**  
**Conference Room 329**

**House Committee on Consumer Protection and Commerce**

To: Chair Scot Z. Matayoshi  
Vice Chair Tina Nakada Grandinetti

From: Paige Heckathorn Choy  
Vice President, Government Affairs  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**HB 1898 HD 1, Relating to Health**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to **support** this measure, which reinforces Hawaii's long-standing commitment to public health by ensuring that families, providers, and insurers are aligned around comprehensive, evidence-based standards for childhood immunization and preventive care. This measure helps to affirm that the recommendations of *both* the American Academy of Pediatrics and the Advisory Committee on Immunization Practices constitute the prevailing medical standard. This affirmation will help to ensure that the state's public health policy is built on the collective expertise of nationally recognized medical authorities and provide clarity and consistency for Hawaii families who must make choices regarding their care.

We appreciate that this measure will help to empower providers and parents to access important information and will forward our shared goal of protecting public health through prevention, early intervention, and equitable access to care. Thank you for the opportunity to support this measure.

**HB-1898-HD-1**

Submitted on: 2/28/2026 3:24:14 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Ching, MD	American Academy of Pediatrics, Hawaii Chapter	Support	Written Testimony Only

Comments:

TO: House Committee on Consumer Protection & Commerce (CPC)

RE: Support for HB1898 HD1, Relating to Health

Aloha Chair Matayoshi, Vice Chair Nakada Grandinetti, and Members of the Committee,

On behalf of the American Academy of Pediatrics (AAP), Hawaii Chapter, I am writing to express our strong support for HB1898 HD1. This measure is a critical step in ensuring that Hawaii's children continue to receive comprehensive, evidence-based healthcare covered by their insurance.

The AAP is dedicated to the health of all children, and our clinical recommendations are developed through rigorous, peer-reviewed processes. HB1898 HD1 addresses a vital need for clarity in insurance coverage by establishing that the recommendations of the American Academy of Pediatrics, alongside those of the Advisory Committee on Immunization Practices (ACIP), constitute the "prevailing medical standard" for child health supervision services.

Currently, Hawaii Revised Statutes require coverage for twelve preventative child health visits from birth through age five. By clarifying that both AAP and ACIP recommendations should be presumed as the standard for these visits, this bill:

1. **Protects Freedom of Choice:** It ensures parents and pediatricians can follow the highest medical standards without fear of insurance denials.
2. **Guarantees Continuity of Care:** It prevents gaps in coverage that may arise if different national bodies offer differing timelines or recommendations for immunizations and screenings.
3. **Prioritizes Public Health:** The bill appropriately empowers the Department of Health to deviate from this presumption only when necessary to recommend more comprehensive coverage or if there is clear evidence that a recommendation is not in the best interest of public health.

As pediatricians, our priority is ensuring that every child in Hawaii has access to the preventative services they need to thrive. HB1898 HD1 provides the statutory framework necessary to maintain those standards across all health insurance plans in the state.

We respectfully urge the Committee to pass HB1898 HD1. Thank you for the opportunity to testify on this important matter.

Mahalo,

Michael Ching, MD, MPH

Vice President

American Academy of Pediatrics, Hawaii Chapter



March 3, 2026

The Honorable Scot Z. Matayoshi, Chair  
The Honorable Tina Nakada Grandinetti, Vice Chair

House Committee on Consumer Protection and Commerce

**Re: HB 1898 HD1 - RELATING TO HEALTH.**

Dear Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 1898 HD1, which clarifies that the Department of Health is to presume both the recommendations by the American Academy of Pediatrics (AAP) and the recommendations by the Advisory Committee on Immunization Practices (ACIP) of the United States Department of Health and Human Services constitute the prevailing medical standard for child health supervision services for purposes of health insurance coverage.

HMSA recognizes the challenges and uncertainty created by the constantly shifting landscape of federal health care policy. As a health organization, our commitment to our members and to the state has led us to expand our immunization policies to include recommendations beyond ACIP — including, but not limited to, guidance from the Hawai'i Department of Health and the American Academy of Pediatrics (AAP) periodicity schedule. We believe that vaccinations improve health outcomes and want to ensure that individuals who choose to be vaccinated continue to have reliable access to coverage.

While we appreciate the intent of the measure, we are concerned that, as written, it may create confusion. The measure requires the department to presume that when conflicting, both recommendations represent the prevailing medical standard, but then allows deviation from this presumption only under two narrow circumstances:

1. When the department seeks to recommend more comprehensive coverage, or
2. When the department finds, by clear and convincing evidence, that a specific recommendation is not in the best interests of public health.

Thank you for the opportunity to offer testimony on HB 1898 HD1.

Sincerely,

Walden Au  
Director of Government Relations



## Hawaii Medical Association

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### HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

Date: March 3, 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 1898 HD1** RELATING TO HEALTH. Department of Health; Child Health Supervision Services; Immunization; Prevailing Medical Standard; Recommendations

### **Position: Comments**

This measure would clarify that the Department of Health (DOH) is to presume both the recommendations by the American Academy of Pediatrics and the recommendations by the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services constitute the prevailing medical standard for child health supervision services for purposes of health insurance coverage.

HMA appreciates the intent of our lawmakers to strengthen vaccine guidelines and align with best practices endorsed by public health authorities. However two sets of recommendations may still be subject to interpretation and provide less flexibility for DOH to adapt as expert guidance continues to evolve.

HMA supports the Department of Health's proposal to establish the Hawaii preventive services advisory committee, that may serve in a collective consultative role on matters relating to clinical preventive services. We further support language requiring reliance on the best available scientific evidence and consideration of recognized national medical organizations to ensure that Hawaii's preventive care standards remain rigorous, transparent, and locally accountable.

Aligning health insurance coverage with nationally recognized preventive care and pediatric standards will promote early detection, continuity of care, and equitable access to essential services for long-term child and community health.

Thank you for allowing the Hawaii Medical Association to submit comments on 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

American Medical Association. *Why Vaccines Matter to Your Health*. 2025, [www.ama-assn.org/system/files/vaccines-patients.pdf](http://www.ama-assn.org/system/files/vaccines-patients.pdf). Accessed 7 Feb. 2026.

American Academy of Pediatrics. *Red Book: 2024–2027 Report of the Committee on Infectious Diseases*. 33rd ed., American Academy of Pediatrics, 2024.

### **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



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

## TESTIMONY IN SUPPORT OF HB 1898 HD1

TO: Chair Matayoshi, Vice Chair Grandinetti and members of the committee

FROM: Heather Lusk, Executive Director

DATE: Tuesday, March 3, 2026

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Aloha,

Hawai'i Health & Harm Reduction Center supports HB 1898 HD1. The American Academy of Pediatrics (AAP) recommends that all children receive regular health supervision services — also called well-child visits — to ensure growth, development, and preventive care. These visits are a cornerstone of pediatric care and are covered under certain insurance programs.

The American Academy of Pediatrics strongly recommends immunizations as the safest and most cost-effective way of preventing disease, disability, and death. The AAP calls for the on-time, routine immunization of all children and adolescents according to its policy, [Recommended Immunization Schedules for Children and Adolescents Aged 18 Years or Younger, United States](#).

Mahalo for the opportunity to provide testimony.

Heather Lusk

Executive Director  
Hawai'i Health & Harm Reduction Center



**HB-1898-HD-1**

Submitted on: 2/27/2026 4:41:36 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

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

Comments:

Aloha Chair Matayoshi, Vice Chair Grandinetti and members of the CPC committee,

As a public health professional and concerned citizen, I write in strong **support of HB 1898 HD1**. This will ensure that general public and consumers in Hawai‘i can receive care that aligns with best practice, rather than political grandstanding.

The American Academy of Pediatrics (AAP) recommends that all children receive regular health supervision services — also called well-child visits — to ensure growth, development, and preventive care. These visits are a cornerstone of pediatric care and are covered under certain insurance programs.

Please ensure that access to evidence-based healthcare products and services are available for all people in Hawai‘i.

Mahalo,

Thaddeus Pham

**HB-1898-HD-1**

Submitted on: 3/1/2026 9:31:20 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Johnnie-Mae L. Perry	Individual	Comments	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Comment 1898 HB RELATING TO HEALTH.

COMMENT HOW WOULD HB 1898 PROTECT HAWAII CHILDREN IN PK ONWARD FROM NEW RESIDENTS/CHILDREN RELOCATING TO HAWAII?

March 1, 2026

To: Hawaii House Consumer Protection and Commerce Committee

From: Cheryl Toyofuku

Relating to: Opposition to HB 1898 relating to Health, Scheduled hearing on Tues, March 3, 2026 at 2pm

Aloha Representative Matayoshi and Members of the House Consumer Protections & Commerce Committee,

I strongly oppose HB 1898 clarifying the Department of Health (DOH) to presume that the recommendations by the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP) constitute the prevailing medical standards for child health supervision for health insurance coverage.

Hawaii's families continue to question the standards of both AAP and ACIP. Frequent visits to pediatricians are usually to receive their updated vaccine injections, often without fully informed consent to the ingredients, benefits and risks of vaccinations. Vaccines have often been found NOT to be safe and effective, yet this has been the narrative of AAP. As lawmakers of consumer protection, please do your research on vaccines. Here is a comprehensive website with vaccine information.

Vaccine Information:

[https://docs.google.com/document/d/1-2O7egoNeA\\_ktiFEKvTQtUumdO962s8fhhgRVM\\_xv6o/edit?tab=t.0](https://docs.google.com/document/d/1-2O7egoNeA_ktiFEKvTQtUumdO962s8fhhgRVM_xv6o/edit?tab=t.0)

Please note that the American Academy of Pediatrics has recently been hit with a lawsuit due to fraudulent vaccine safety claims:

<https://childrenshealthdefense.org/defender/chd-rico-lawsuit-against-aap-fraudulent-vaccine-safety-claims/>

Over the many years, there are also similar concerns with the Advisory Committee on Immunization Practices. More research can be provided to this Hawaii House Consumer Protection & Commerce Committee when requested.

Please oppose this unnecessary bill.

Mahalo,

Cheryl Toyofuku

Mother, grandmother, retired registered nurse, health advocate

healthjourney@protonmail.com

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Committee Members,

I am writing in strong support of HB 1898 HD1, a bill to add the recommendations of the American Academy of Pediatrics (AAP) to the legal definition of “prevailing medical standard”.

The recent takeover of the Advisory Committee on Immunization Practices by anti-vaccine activists is alarming and their current recommendations differ greatly from established medical standards and practice, including when it comes to children’s health. These new recommendations are not backed by science nor the greater medical community. For that reason, we must allow the recommendations of actual experts, backed by documented science and medicine, to guide our hand.

For decades the AAP has been the leading voice on children’s health and medicine, backed by rigorous science. Their recommended immunization schedule is endorsed by more than 200 organizations together representing well over a million doctors and nurses, and pharmacists. Adding their recommendations to the legal definition of “prevailing medical standard” will ensure that Hawai’i residents will still be able to follow those recommendations and have them covered by health insurance. This will help our keiki to stay healthy as they grow up and avoid preventable disease.

Mahalo for your time,

Michael Paul, Resident of House District 27

**HB-1898-HD-1**

Submitted on: 3/2/2026 10:34:57 AM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jamie Humphrey	Individual	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi, Vice Chair Grandinetti and members of the committee

I **support HB 1898 HD1**. The American Academy of Pediatrics (AAP) recommends that all children receive regular health supervision services — also called well-child visits — to ensure growth, development, and preventive care. These visits are a cornerstone of pediatric care and are covered under certain insurance programs.

**HB-1898-HD-1**

Submitted on: 3/2/2026 11:22:25 AM

Testimony for CPC on 3/3/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kim Haine	Individual	Oppose	Written Testimony Only

Comments:

Aloha CPC Committee:

Please OPPOSE HB1898 which would codify our health authorities follow all recommendations of both ACIP and AAP.

The new ACIP under RFK Jr. has made very judicious and necessary changes to the CDC childhood vaccination schedule such as removing the Hep B vaccine (for a sexually transmitted disease) rec at birth and the removal of the COVID vaccine for infants (infants are not at risk). Both are still available for high risk individuals.

The USA has the sickest children (over 60% suffer with one or more chronic illness) of all the first world countries yet we have historically given the most vaccines...without ANY inert placebo (pre-licensure) or cumulative (post-marketing) safety studies.

Since the 1986 NCVIA removed injury liability from vaccine manufacturers, the **childhood vaccine schedule has exploded to over 90 vaccine doses given by 18yo** - with zero oversight. How many is too many???? No one is looking: until now. The current ACIP is doing their due diligence. The chronic disease epidemic is an existential threat to a functioning future country and must be balanced with the threats of infectious disease.

Doctors already consider AAP recommendations as they are a trade organization for doctors and heavily funded by pharma. Also: AAP is currently being sued in a devastating RICO case that will no doubt reveal incriminating actions during discovery. Codifying we follow this organization could seriously backfire in the near future.

<https://childrenshealthdefense.org/defender/chd-rico-lawsuit-against-aap-fraudulent-vaccine-safety-claims/>

Protect our keiki our future

OPPOSE THIS BILL

Mahalo,

Kim Haine



**HB-1898-HD-1**

Submitted on: 3/2/2026 12:09:09 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lois J Young	Individual	Oppose	Written Testimony Only

Comments:

Dear Committee Chairman and Members of the Committee,

I strongly oppose this bill.

Recommendations are fine as long as they are NOT mandatory. Every patient must be given informed consent and the public schools should not require immunizations based on "standards". How can 2 organizations funded by pharmaceutical companies give fair recommendations?

I support medical freedom to choose what goes into our bodies.

Mahalo, Lois Young

**LATE**

**HB-1898-HD-1**

Submitted on: 3/2/2026 3:16:29 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Terri Yoshinaga	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.