



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

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

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

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

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April 6, 2026

TO: SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

SENATE COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, 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-HD2-SD1 -- RELATING TO HEALTH

HEARING: Wednesday, April 8, 2026 @ 10:15 am; Conference Room 211

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1898-HD2-SD1, with comments.

This bill expands Hawai'i's approach to preventive care by strengthening access to science-based clinical preventive services and clarifying the Department of Health's role in recommending those services for purposes of coverage and implementation. In addition to addressing child health supervision services, the bill now more broadly requires coverage of clinical preventive services, authorizes the DOH to issue recommendations and standing orders for medications and immunizations, and helps reduce barriers to access by prohibiting denials based on medical necessity and prior authorization.

SHPDA recognizes the importance of relying on sound, evidence-based recommendations for preventive services and immunization practices. SHPDA notes that the American Academy of Pediatrics provides well-established guidance for pediatric care, while broader preventive service and adult immunization policy also require scientifically grounded recommendations across the lifespan.

SHPDA supports the bill's goal of promoting access to the best available science for the health of Hawai'i's residents and defers to the Department of Health on the

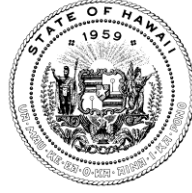
HB 1898-HD2-SD1: testimony of SHPDA (2026), continued

development and implementation of appropriate recommendations and standing orders under this measure.

Thank you for hearing HB 1898-HD2-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committees on Judiciary
and
Ways and Means
Wednesday, April 8, 2026
10:15 a.m.
State Capitol, Room 211 and via Videoconference

On the following measure:
H.B. 1898, H.D. 2, S.D. 1, RELATING TO HEALTH

WRITTEN TESTIMONY ONLY

Chair Rhoads, Chair Dela Cruz, and Members of the Committees:

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

The purpose of this bill is to (1) specify that no person is subject to liability for providing clinical preventive services in accordance with Department of Health recommendations; (2) require health insurers, mutual benefit societies, health maintenance organizations, and plans established by the Hawai'i Employer-Union Health Benefits Trust to provide coverage for clinical preventive services; (3) authorize the Department of Health to make recommendations relating to clinical preventive services and issue standing orders for medications and immunizations; (4) clarify that,

for coverage for child health supervision services, the prevailing medical standards include recommendations by the Department of Health; (5) specify that coverage for clinical preventive services shall not be denied on the basis of medical necessity or subject to prior authorization; (6) specify that a registered pharmacist may order a vaccine in accordance with the recommendations from the Department of Health; and (7) exempt this measure from an Auditor impact assessment report.

The Department notes that it is unclear whether the amendments in sections 3, 4, and 10 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.

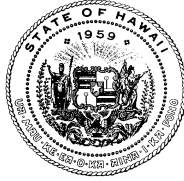
The Department notes the increased risk in the United States Department of Health and Human Services’ Proposed Rule for 2027, which expands the criteria for state-mandated benefits requiring state defrayal to include any requirement enacted after 2011 that is not otherwise federally mandated. This proposal could apply retroactively, forcing the State to pay for benefits already embedded in the existing benchmark plan. While the National Association of Insurance Commissioners (NAIC) has advocated for the rule to apply only prospectively, the final rule remains uncertain following the March 13, 2026, comment deadline. The Department is closely monitoring these federal rules to protect the State from unintended financial liabilities.

In addition, the Department notes that the current draft of the bill incorporates safeguards to mitigate the risk of state defrayal liability under 45 C.F.R. § 155.170. Specifically, subsection (d) in Sections 3 and 4 exempts any health insurance policy from the mandate if federal law would require the State to pay for those benefits as an “addition to” the EHB benchmark. Furthermore, Section 17 contains a self-executing repeal mechanism, stipulating that any provision later determined to trigger defrayal

shall be repealed. Together, these provisions shift the fiscal risk away from the State by ensuring the mandate remains operative so long as it does not trigger ACA defrayal.

Finally, we note that “reasonable medical management” (page 15, line 1) is undefined and may lead to confusion on when medical necessity or prior authorization is permitted to determine coverage for any clinical preventive service required under state law or rule.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
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doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of H.B. 1898 S.D. 1
RELATING TO HEALTH**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

April 8, 2026, 10:15 AM, Rm 211/video

- 1 **Fiscal Implications:** The measure would preserve no-cost access to certain recommended
- 2 clinical preventive services, including immunizations. Should this measure not be enacted, the
- 3 loss of no-cost coverage of preventive services would likely increase out-of-pocket health care
- 4 expenses for Hawaii residents, causing individuals to delay or forego preventive care. Such
- 5 delays would increase the risk of infectious disease outbreaks and contribute to the growing
- 6 burden of chronic disease across the State. For federal marketplace plans, there may be a
- 7 defrayal cost for any mandated and otherwise not covered benefits.

- 8 **Department Position:** The Department strongly **SUPPORTS** this measure.

- 9 **Department Testimony:** The Disease Outbreak Control Division provides the following
- 10 testimony on behalf of the Department.

1 Under the Patient Protection and Affordable Care Act, health plans are required to cover
2 immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and
3 other clinical preventive services recommended by the US Preventive Services Task Force
4 (USPSTF) without patient cost-sharing. Although the science has not changed, in the past year
5 ACIP recommendations have, and the USPSTF has not met since March of 2025. This measure
6 will:

- 7 • Help ensure that Hawaii's residents continue to have coverage without cost-sharing of
8 evidence-based immunizations and certain other clinical preventive services for those
9 who choose to receive them.
- 10 • Reduce confusion for patients and providers by creating a process for clear state-based
11 decision-making and guidance driven by local healthcare providers to make
12 recommendations for immunizations and certain clinical preventive services.
- 13 • Expand access, particularly benefitting rural areas, by allowing pharmacists to provide
14 recommended immunizations.
- 15 • Protect healthcare providers who provide evidence-based clinical preventive services.

16 Long-standing, evidence based, and scientifically validated clinical practice guidelines for
17 preventive medicine are increasingly at risk due to changing Federal policies and priorities
18 which depart from recommendations supported by the overwhelming body of medical
19 evidence, and that may restrict access to evidence-based immunizations and other preventive
20 services.

1 This measure would provide a process for DOH to issue a unified set of evidence-based
2 recommendations and ensure coverage without cost-sharing for immunizations and other
3 preventive services, such as screening for anxiety and depression, application of fluoride
4 varnish to teeth to prevent caries, and counseling to prevent sexually transmitted infections
5 and tobacco use. Such guidelines are critical to both providers and patients.

6 Benefits of this measure include removing other potential barriers by ensuring pharmacists
7 ability to administer immunizations, given the current requirements of Hawaii law and recent
8 ACIP and the U.S. Food and Drug Administration (FDA) changes, and protecting healthcare
9 providers' provision of recommended preventive services.

10 In summary, this measure seeks to preserve and remove barriers to access science-based
11 preventive services for those that choose to receive them through coverage without cost-
12 sharing, preserving pharmacists' ability to provide the recommended services, and protecting
13 providers who deliver the evidence-based preventive services.

14

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



April 8, 2026 at 10:15 am
Conference Room 211

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Sharon Y. Moriwaki

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Mike Gabbard

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

Re: Testimony in Support
HB 1898 HD 2 SD 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.



HIPHI Board

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Department of Pediatrics*

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John A. Burns School of Medicine, Native
Hawaiian Research Office

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COVID-19 Response

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Hawai'i Drug & Alcohol-Free Coalitions

Hawai'i Farm to School Network

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Collective/Healthy Aging &
Community Living

Public Health Workforce Development

Date: April 6, 2026

To: Sen. Karl Rhoads, Chair
Sen. Mike Gabbard, Vice Chair
Members of the Senate Committee on Judiciary

Sen. Donovan M. Dela Cruz, Chair
Sen. Sharon Y. Moriwaki, Vice Chair
Members of the Senate Committee on Ways and Means

RE: Support for HB 1898 HD2 SD1, Relating To Health

Hrg: Wednesday, April 8, 2026, at 10:15 AM, Conference Room 211

Hawai'i Public Health Institute (HIPHI)¹ is in **support of HB 1898 HD2 SD1**, which requires health insurers to provide coverage for clinical preventive services, including immunizations in accordance with Department of Health recommendations.

Immunization is critical to public safety. Vaccines can prevent common diseases that seriously harm or cause the death of infants, children, and adults. The direct benefits of vaccination in reducing disease morbidity and mortality in a cost-effective manner have been well-established by medical research.

This measure strengthens Hawai'i's commitment to public health by reinforcing evidence-based standards for childhood immunization and preventive care. It affirms that recommendations from leading medical associations reflect prevailing medical standards, thereby ensuring that nationally recognized expertise guides health policy put forward by the Hawai'i Department of Health (DOH) and, in turn, shielding medical providers from unfounded liability claims when they follow DOH guidance.

Benefits of Immunization

According to a landmark study published by The Lancet in 2024, vaccination has likely averted 154 million deaths since 1974, including 146 million among children younger than 5 years old and 101 million infants.² The World Health Organization (WHO) has called immunization "one of modern medicine's greatest success

¹ Hawai'i Public Health Institute's mission is to advance health and wellness for the people and islands of Hawai'i. We do this through expanding our understanding of what creates health of people and place, fostering partnerships, and cultivating programs to improve policies, systems, and the environments where people live, learn, work, age, and play.

² ["Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization"](#), The Lancet, May 2024.



stories.” The WHO notes that immunization not only protects public health, but also advances broader gains in education and economic development worldwide.³ An analysis conducted by researchers from Johns Hopkins University and the Center for Disease Dynamics found that preventing vaccine-preventable infectious diseases helps avert associated out-of-pocket medical expenses, healthcare provider costs, and losses in wages of patients and caregivers, while improving cognition, school attainment, and long-term economic productivity.⁴

Immunization Is Safe

Vaccines are safe for public use, including for our keiki. According to the Centers for Disease Control and Prevention (CDC), new vaccines are extensively lab-tested to ensure that they are medically secure. Once clinical trials involving people begin, it can often take years of additional testing before a vaccine is licensed. After a vaccine is licensed, the Food and Drug Administration, CDC, National Institutes of Health, and other federal agencies rigorously monitor potential safety concerns.⁵

Unfortunately, a substantial majority of schools in Hawai'i continue to fall below optimal immunization thresholds. In prior reporting, of 382 schools, 282—or nearly 75 percent—had more than 5 percent of students not up to date on required vaccinations, including dozens of schools where vaccination gaps were significantly higher.⁶ Statewide, approximately 21 percent of students—nearly 40,000 keiki—were not up to date on required immunizations during the 2023–2024 school year. The Centers for Disease Control and Prevention (CDC) has found similar vaccination gaps for our state.⁷

To keep our state safe from preventable illness, we urge your committee to pass this bill.

Mahalo,

A handwritten signature in black ink that reads 'Kris Coffield'.

Kris Coffield
Policy and Advocacy Associate

³ [Immunization Policy Statement, World Health Organization](#), December 5, 2019.

⁴ [“Why vaccines matter: understanding the broader health, economic, and child development benefits of routine vaccination”](#), Arindam Nandi et al., *Human Vaccines & Immunotherapeutics*, 2020.

⁵ [Reasons to Vaccinate Policy Statement, U.S. Centers for Disease Control and Prevention](#), August 9, 2024.

⁶ [“State Health Department: Number of keiki without up-to-date immunizations increases”](#), *Kaua'i Now*, January 10, 2025.

⁷ [Vaccination Coverage and Exemptions among Kindergartners](#), U.S. Centers for Disease Control and Prevention, July 2025.



**Testimony to the Senate Joint Committee on Judiciary and Ways and Means
Wednesday, April 8, 2026; 10:15 a.m.
State Capitol, Conference Room 211
Via Videoconference**

RE: HOUSE BILL NO. 1898, HOUSE DRAFT 2, SENATE DRAFT 1, RELATING TO HEALTH.

Chair Rhoads, Chair Dela Cruz, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA offers **COMMENTS** on House Bill No. 1864, House Draft 2, Senate Draft 1, RELATING TO HEALTH.

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:

- (1) Provide immunity from malpractice liability under State law for any professional organization or association, health care provider, or health care organization for providing clinical preventative services;
- (2) Require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for clinical preventative services recommended by the Hawaii State Department of Health (DOH);
- (3) Prohibit insurers, mutual benefit societies, and health maintenance organizations from levying any deductible, copayment, coinsurance, or other cost-sharing requirements for clinical preventative services recommended by the DOH; and
- (4) Exempt this measure from the requirements of Sections 23-51 and 23-52, Hawaii Revised Statutes.

Testimony on House Bill No. 1898, House Draft 2, Senate Draft 1
Wednesday, April 8, 2026; 10:15 a.m.
Page 2

This bill would take effect on January 30, 2050.

The HPCA has grave concerns that the enactment of this bill, as presently drafted, might result in serious, unintended consequences to Hawaii's Prepaid Health Care Act, Chapter 393, Hawaii Revised Statutes (HRS).

At the outset, while this bill would apply to accident and sickness policies and coverages applicable to private insurers, mutual benefit societies, and health maintenance organizations, it is unclear how this requirement would apply to public insurers, namely Medicaid and Medicare. Since any benefit provided under either program requires consent by the federal Centers for Medicare and Medicaid Services, it is questionable whether any such requirement under State law could be enforced for either program. But even if such a requirement could be applied to health care providers treating Medicare or Medicaid patients in the State of Hawaii, would such a requirement demand that the Hawaii State Department of Human Services cover the cost of these services using General Funds alone?

With that said, 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.

Testimony on House Bill No. 1898, House Draft 2, Senate Draft 1
Wednesday, April 8, 2026; 10:15 a.m.
Page 3

Seeking advice from the Attorney General, Insurance Commissioner, and the Department of Labor and Industrial Relations would seem prudent. However, ultimately it would be left to the courts to determine the final outcome.

If this Committee wishes to proceed with this measure, the HPCA strongly recommends that it seek a legal opinion from the Employee Benefits Security Administration of the United States Department of Labor, the federal agency that administers ERISA. Specifically, we ask that you request advice on the following questions:

- (1) Would the exemption from federal ERISA preemption afforded to Hawaii's Prepaid Health Care Act remain valid if this bill was enacted?; and
- (2) Would the enactment of this bill be preempted under ERISA?

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.

Accordingly, we respectfully ask that you proceed cautiously.

Lastly, with regard to the dispute between the federal and state governments on immunization recommendations, the HPCA strongly supports the use of prevailing medical standards when it comes to childhood immunizations. We agree with the bill's findings that the public good is achieved when citizens have access to science-based, clinical preventative services. Yet, because we represent federally qualified health centers, the services that our members provide must be in accordance with **BOTH** the federal and state governments. It is our hope that a solution can be reached that will allow for a unified approach on the provision of essential services for our people. No one wants a situation where different levels of service are provided based on whether those services are covered by public or private insurance. And, unfortunately, that appears to be the direction we are headed for with this bill.

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@hawaiipca.net.



Hawaii Medical Association

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SENATE COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

SENATE COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Date: April 8, 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 HD2 SD1 RELATING TO HEALTH. DOH; Insurance; Preventive Services Coverage; Recommendations; Standing Orders; Child Health Supervision Services; Immunization; Prevailing Medical Standards; Pharmacists; EUTF

Position: Support with comments

This measure would specify that no person is subject to liability for providing clinical preventive services in accordance with Department of Health (DOH) recommendations, require health insurers, mutual benefit societies, health maintenance organizations, and plans established by the Hawai'i Employer-Union Health Benefits Trust to provide coverage for clinical preventive services, authorize the Department of Health to make recommendations relating to clinical preventive services and issue standing orders for medications and immunizations, clarify that, for coverage for child health supervision services, the prevailing medical standards include recommendations by the Department of Health, specify that coverage for clinical preventive services shall not be denied on the basis of medical necessity or subject to prior authorization, specify that a registered pharmacist may order a vaccine in accordance with the recommendations from the Department of Health, exempt this measure from an Auditor impact assessment report. Effective 1/30/2050. (SD1)

HMA appreciates the intent of our lawmakers to strengthen vaccine guidelines and align with best practices endorsed by public health authorities, and HMA supports the measure as amended with comments.

Pharmacists can significantly expand access to immunizations, particularly in underserved and rural communities, due to their geographic reach and extended hours. HMA also supports care coordination of DOH with pharmacy and state health information systems to ensure patient safety and continuity of care. HMA respectfully defers to the DOH for rulemaking that allows for careful implementation protocols and defined guardrails regarding vaccine ordering and administration in the interests of Hawaii public health.

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 testimony in support with 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. 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.

American Medical Association, et al. *Letter Opposing H.R. 3164, the Ensuring Community Access to Pharmacist Services (ECAPS) Act*. 24 July 2025, www.aan.com/siteassets/home-page/policy-and-guidelines/advocacy/comment-letters/2025/25-ama-sign-on-letter-h.r.3164-ecaps.pdf

HB-1898-SD-1

Submitted on: 4/6/2026 11:30:13 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Vanessa Murthy | Individual | Support | Written Testimony Only |

Comments:

I **support** HB 1898 HD2 SD1. 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.](#)

HB-1898-SD-1

Submitted on: 4/6/2026 12:31:17 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

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

Comments:

Aloha Chair Dela Cruz, Chair Rhoads, and Committee members,

As a public health professional and concerned citizen, I write in strong **support of HB 1898 HD2 SD1**. 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-SD-1

Submitted on: 4/6/2026 2:40:32 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Emma Waters | Individual | Support | Written Testimony Only |

Comments:

Writing in strong support of this important bill related to preventive health services. Mahalo.

April 7, 2026

To: Hawaii Senate Judiciary and Ways & Means Committee Chairs and Members

From: Cheryl Toyofuku, mother, grandmother, retired registered nurse, health advocate

Re: Opposition to HB1898 HD2 SD1 relating to Health, Scheduled hearing on Wed, April 8, 2026 at 10:15am

Aloha Senate Chairs Rhoads and DelaCruz and the Members of the Judiciary and Ways & Means Committees,

I strongly oppose HB1898 HD2 SD1. There should be a major alert on this bill with the drastic changes in the bill's description being noted. It indicates the capture of this bill to provide more overreaching power and authority to Hawaii's Department of Health. Please note the difference:

Description of HB1898 HD1: Clarifies that the Department of Health 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.

Description of HB1898 HD2 SD1: Specifies that no person is subject to liability for providing clinical preventive services in accordance with Department of Health recommendations. Requires health insurers, mutual benefit societies, health maintenance organizations, and plans established by the Hawaii Employer-Union Health Benefits Trust to provide coverage for clinical preventive services. Authorizes the Department of Health to make recommendations relating to clinical preventive services and issue standing orders for medications and immunizations. Clarifies that, for coverage for child health supervision services, the prevailing medical standards include recommendations by the Department of Health. Specifies that coverage for clinical preventive services shall not be denied on the basis of medical necessity or subject to prior authorization. Specifies that a registered pharmacist may order a vaccine in accordance with the recommendations from the Department of Health. Exempts this measure from an Auditor impact assessment report.

Here are my concerns and reasons for opposition to HB1898 HD2 SD1:

- The bill specifies that no person in the Dept of Health (DOH) will be held liable for recommendations provided for clinical preventive services. Providing immunity for DOH decreases the accountability for the liabilities and responsibilities that DOH provides for health preventive recommendations, such as for vaccinations.
- What happened to DOH presuming that the recommendations by the American Academy of Pediatrics (AA) and the Advisory Committee on Immunization Practices (ACIP) constitute the "prevailing medical standard for child health supervision services"? Although these two organizations are still mentioned in the bill, it appears that it now gives the DOH the authorization to make recommendations relating to clinical preventive services and issue standing orders for medications and immunizations. Furthermore, HB1898 HD2 SD1 is clarifying now that the recommendations by DOH are the "prevailing medical standards" for child health supervision services.

- Did this change in the bill's description occur because 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/>

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 health and consumer protection, please do your research on vaccines. Here is a comprehensive website with vaccine information:

https://docs.google.com/document/d/1-2O7egoNeA_ktiFEKvTQtUumdO962s8fhhgRVM_xv6o/edit?tab=t.0

- Over the many years, there are also similar concerns with the Advisory Committee on Immunization Practices. More research can be provided to your HHS & CCP Committees when requested.
- Has the accountability and responsibility for the American Academy of Pediatrics in providing health preventive recommendations and services, such as vaccinations, now being abdicated to Hawaii's Department of Health?
- Is it necessary to require health insurers, HMOs, mutual benefit societies and plans by the Hawaii Employer-Union Health Benefits Trust to provide coverage for preventive services, especially for toxic vaccinations? Other preventive recommendations and services that provide natural and non-toxic preventive services are unfortunately often not covered by health insurance.
- It is very disconcerting that HB1898 HD2 SD1 also encompasses the ordering and administering of vaccinations by pharmacists and pharmacy technicians where there is limited knowledge of a patient's long-term health history.

Please oppose HB1898 HD2 SD1. This is an unnecessary bill.

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

TESTIMONY IN SUPPORT OF HB 1898, HD2, SD1 - RELATING TO HEALTH.

Aloha Chair Dela Cruz, Chair Rhoads, Vice Chair Moriwaki, Vice Chair Gabbard, Senator Hashimoto for my Maui district, Senator DeCoite of Maui, and Members of the Committee,

My name is Christine Andrews and I am an attorney licensed for over 25 years and a long-term resident of Wailuku, Maui. I write to you today in **strong support of HB 1898, HD2, SD1**, Relating to Health, which specifies that no person is subject to liability for providing clinical preventive services in accordance with Department of Health recommendations; requires health insurers, mutual benefit societies, health maintenance organizations, and plans established by the Hawai'i Employer-Union Health Benefits Trust to provide coverage for clinical preventive services; authorizes the Department of Health to make recommendations relating to clinical preventive services and issue standing orders for medications and immunizations; clarifies that, for coverage for child health supervision services, the prevailing medical standards include recommendations by the Department of Health; specifies that coverage for clinical preventive services shall not be denied on the basis of medical necessity or subject to prior authorization; specifies that a registered pharmacist may order a vaccine in accordance with the recommendations from the Department of Health; and exempts this measure from an Auditor impact assessment report.

Early in my career, I was the founding Project Manager of the Women in Technology Project of the Maui Economic Development Board, the first project of its kind funded by the U.S. Department of Labor to address equity in science, technology, engineering and math (STEM) as a workforce development issue. While I had chosen to attend a college based largely on the fact that it only required one science and one math course to graduate, I somehow found myself ten years later working to promote science. I was engaged in this work before my oldest child was born, and have a picture of her as an infant holding an issue of Scientific American. My children had limited screen time as a rule, with the exception of unlimited science-related screen time. We watched Discovery and Science channels habitually. In sixth grade, my oldest child instructed her teacher on the structure of the atom, because he did not know.

In second grade my oldest child read a book about scarlet fever. The story of a child impacted by this illness so impacted my child that from that point forward, they wanted to pursue a career in virology. They are now a student studying virology in one of the best graduate programs in virology in the world. It is inconceivable to both of us that an anti-vaccine internet-influencer is now the head of the federal government agency responsible for public health and that access to vaccines that have saved millions of lives is now in jeopardy. My child and I are both immune compromised. We are both put in danger when otherwise able-bodied people choose not to vaccinate, increasing the potential harm of exposure to viruses for people like us, not to mention defenseless newborns and infants and those unable to take vaccines.

I respectfully request your **support** of HB 1898, HD2, SD1 as a common sense, science- and evidence-based measure to restore sanity and access to proven preventative health care.

Mahalo for protecting vulnerable community members,

Christine Andrews, JD

HB-1898-SD-1

Submitted on: 4/7/2026 8:57:17 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|-----------------------|---------------------|---------------------------|------------------------|
| Maddalynn Seseapasara | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I **support** HB 1898 HD2 SD1. 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,

Maddalynn Seseapasara

Aloha Chairs Rhoads and Dela Cruz, Vice Chairs Gabbard and Moriwaki, and the Members of the JDC and WAM Committees,

I am writing in strong support of HB 1898 HD2 SD1, 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

HB-1898-SD-1

Submitted on: 4/7/2026 9:44:10 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Linda Miyata | Individual | Oppose | Written Testimony Only |

Comments:

I respectfully oppose HB 1898 HD2.

No business should be free of liability. Everyone should always be accountable. Follow the money.

Mahalo for voting NO on HB 1898 HD2.

Linda

HB-1898-SD-1

Submitted on: 4/7/2026 9:59:38 AM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Theresa Armbruster | Individual | Oppose | Written Testimony Only |

Comments:

Strongly OPPOSE HB1898 HD2 SD1

Director of DOH & All who follow DOH vaccine recommendations Must be Liable for any harm or death caused by these vaccines, especially those No longer on Federal Advisory Committee(ACIP) list, such as Covid vaccine, which has caused Huge numbers of adverse reactions, serious injuries & deaths(refer to CDC Vaccine Adverse Event Reports(VAERS))!

Mandated health insurance coverage for vaccines no longer on ACIP list will increase costs to health insurers & increase insurance premiums for All with medical insurance--Not Pono to have to pay for vaccines even if don't want them!!

DOH Standing Orders--Mandates medical providers to follow orders, But orders Must respect & uphold a person's Constitutional Right to Choose & Informed Consent Right to Refuse medical treatment & vaccines!!!

American Academy of Pediatrics(AAP) is listed as a source for "prevailing medical standards" Please Note AAP is currently facing a RICO lawsuit for fraudulent vaccine safety claims while receiving funding from vaccine manufactures(Pfizer Moderna, Merck & Sanofi)--Conflict of Interest?!? This lawsuit details Decades of malfeasance--harming numerous children, & 3 deaths, for following AAP "recommendations". AAP touts safety of vaccines is "evidence-based", yet NO study has been done comparing health outcomes of vaccinated & unvaccinated children(noted by Institute of Medicine, now National Academy of Medicine). Where is "evidence" that all vaccines are "safe and effective"?!?

Pharmacists, interns & techs should Not be allowed to order or administer vaccines--they do Nof know a person's medical history!

For all these reasons, Oppose this Bill, and Request legislators Require the impact assessment Audit; No Mandated health insurance coverage; Require Accountability & Liability to Director/DOH & All who follow DOH recommendations; Protect Constitutional Rights/Freedoms!!!

Vote NO on HB1898 HD2 SD1 Or Defer in its entirety!!!

Mahalo

LATE

HB-1898-SD-1

Submitted on: 4/7/2026 12:18:46 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Reina Loughlin | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Chair, Vice Chair, and Committee,

I oppose HB1898 HD2 SD1.

This bill does not reflect a rigorous standard for public safety and does not include requirements for informed consent. One of the intents of this bill is to support best practices and standard of care with recommendations that are scientifically evidence-based. Immunizations and vaccinations are strongly agreed upon by health organizations and physicians as best standard of care, but it has been carelessly accepted and implemented as such. Decades of harmful side effects, life long injuries, and death from vaccinations and immunizations have been suppressed and disregarded. This bill lacks informed consent requirements, additional to having no liability guidelines which is, reckless and dismissive to public safety.

We must consider valid safety concerns that have been and still are being investigated. Public trust in recommendations of vaccinations during COVID19 have resulted in lawsuits and investigations of injuries and deaths that are still pending because they were not the best preventive care as the public was assured. The measles vax was also used as a preventive yet Vaers reported 127 deaths from the measles vax but only 2 deaths from measles itself from 2003 to sometime beyond 2015.

The people of Hawaii as a whole is not consenting to any oligarchy like the Department of Health to be given such authority and public trust for health recommendations under the pretense of best preventive standard care. This is not the answer to ensuring Hawaii's health, and should it be seen as such, there must be accountability, liability, and auditing to back it.

Mahalo for allowing me to share my opposition.

Reina Loughlin

LATE

HB-1898-SD-1

Submitted on: 4/7/2026 1:44:05 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Vernelle Oku | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill.

Please protect the people and not the profits.

LATE

HB-1898-SD-1

Submitted on: 4/7/2026 2:18:36 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Ashley Thomas | Individual | Oppose | Written Testimony Only |

Comments:

If women can say "my body my choice" and get abortions, if children can decide what gender they want to be and make life changing decisions like taking hormone blockers and having gender surgery, if men can one day wake up and say "hey I wanna be a woman or identify as a young girl", then why are we mandating vaccines and medications? I should be able to make that choice of getting any vaccinations or medications, my children should be able to rely on me to make right decisions for them if it has to do with vaccinations and medications. You want to mandate these things and potentially harm MY body or my child's body but the government doesn't want to take responsibility if things go wrong with those vaccines or medications?! THAT'S WRONG!

LATE

HB-1898-SD-1

Submitted on: 4/7/2026 6:02:27 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Terri Yoshinaga | Individual | Oppose | Written Testimony Only |

Comments:

I oppose this bill.

LATE

HB-1898-SD-1

Submitted on: 4/7/2026 9:51:31 PM

Testimony for JDC on 4/8/2026 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Patty Takahashi | Individual | Oppose | Written Testimony Only |

Comments:

OPPOSE

Why are bills coming out that goes away from accountability, this is lawlessness!

absolutely Oppose and those who propose these kinds of bills should have no position in government.