



**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, RELATING TO HEALTH.

**BEFORE THE:**  
HOUSE COMMITTEE ON HEALTH

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

**LOCATION:** State Capitol, Room 329

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

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Chair Takayama 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:

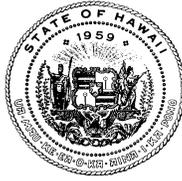
- (1) Page 3, lines 4-8;
- (2) Page 3, line 19, to page 4, line 2;
- (3) Page 5, lines 2-6;
- (4) Page 5, lines 17-21;
- (5) Page 6, line 21, to page 7, line 4; and
- (6) Page 7, lines 15-18, with the following wording (changes in bold and

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  
RELATING TO HEALTH**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

February 11, 2026, 9:00 AM, 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 The Department appreciates the intent of this bill to ensure coverage without cost-sharing for
- 7 vaccinations in Hawaii. However, the proposed measure introduces a significant challenge in
- 8 that there are different and diverging standards between the American Academy of Pediatrics
- 9 (AAP) and the Advisory Committee on Immunization Practices (ACIP). Treating these conflicting
- 10 recommendations as a single standard creates confusion among providers, insurers, and the
- 11 public, confusion that is likely to result in decreased vaccination rates.
- 12 Minimizing this confusion by providing a clear, unified set of evidence-based recommendations
- 13 is critical to both providers and patients. Providers remain the most trusted source of health
- 14 information, and their active involvement in the process of developing and implementing these
- 15 standards would strengthen confidence and compliance. To ensure protection for all age
- 16 groups, coverage of evidence-based recommendations should be for all children and not

1 limited to those 5 years or less. Additionally, in order to preserve access to those who choose to  
2 receive the recommended vaccinations, it would be vital to remove the barriers for pharmacists  
3 to be able to administer vaccine given the current requirements of Hawaii law and recent ACIP  
4 and the U.S. Food and Drug Administration (FDA) changes. Protections for providers from  
5 liability for following the evidence-based recommendations that may differ from ACIP is also  
6 critical.

7 Similarly, it is vital that we are able to preserve the benefits the recommendations of the US  
8 Preventive Services Task Force (USPSTF) provide that under the Patient Protection and  
9 Affordable Care Act (PPACA) health plans are also required to cover without cost-sharing.  
10 USPSTF recommended services for children include things such as screening for anxiety and  
11 depression, application of fluoride varnish to teeth to prevent caries, and counseling to prevent  
12 sexually transmitted infections and tobacco use.

13 Our goal is to reduce confusion and build trust, and having local providers be the ones  
14 determining the evidence-based vaccination and preventive service recommendations would  
15 contribute significantly to that effort. It is critical that we preserve access for those that choose  
16 to follow these recommendations through coverage without cost-sharing, preserving  
17 pharmacists' ability to provide the recommended services, and protecting providers who  
18 deliver the evidence-based preventive services.

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

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

23 "§321-A Hawaii preventive services advisory committee;  
24 established. (a) There is established within the department of

1 health the Hawaii preventive services advisory committee, which  
2 shall serve in an advisory capacity to the department of health  
3 on matters relating to clinical preventive services.

4 (b) The Hawaii preventive services advisory committee  
5 shall be composed of ten members. The director of health or the  
6 director's designee shall serve as an ex officio nonvoting chair  
7 of the advisory committee and invite one representative from  
8 each of the following organizations to serve as the advisory  
9 committee members:

10 (1) Hawaii chapter of the American Academy of Pediatrics;

11 (2) Hawaii chapter of the American Academy of Family Physicians;

12 (3) Hawaii chapter of the American Academy of Obstetricians and Gynecologists;

13 (4) Hawaii chapter of the American College of Physicians;

14 (5) Hawaii Association of Professional Nurses;

15 (6) Hawaii Medical Association;

16 (7) Hawaii Association of Health Plans;

17 (8) Healthcare Association of Hawaii; and

1       (9) Hawaii Primary Care Association, which may nominate a consumer representative  
2       knowledgeable about consumer perspectives or community aspects of clinical prevention.

3       (c) The members of the Hawaii preventive services advisory  
4       committee shall not be deemed officers or employees of the  
5       State; provided that the members shall be subject to chapter 84.  
6       Each member shall serve for a term of up to four years, as  
7       determined by the director of health; provided that no members  
8       shall serve more than eight consecutive years. The director of  
9       health or the director's designee may designate staggered term  
10       lengths for initial members, including terms of one, two, three,  
11       or four years.

12       (d) There shall be no liability on the part of, and no  
13       cause of action of any nature shall rise against, the Hawaii  
14       preventive services advisory committee, the advisory committee  
15       members, or the department of health for any act or omission  
16       done in good faith in the performance of their duties in the  
17       exercise of their functions under this section, including  
18       development, adoption, issuance, or implementation of clinical  
19       preventive service recommendations; provided that this  
20       subsection shall not be construed to limit or affect the  
21       liability of any person arising from the provision of direct  
22       medical care.

1       (e) The members of the Hawaii preventive services advisory  
2 committee shall serve without compensation but shall be  
3 reimbursed for expenses, including travel expenses, necessary  
4 for the performance of their duties.

5       **§321-B Hawaii preventive services advisory committee;**

6 **scope; duties.** (a) The scope of the Hawaii preventive services  
7 advisory committee shall be limited to recommendations relating  
8 to clinical preventive service recommendations of the United  
9 States Preventive Services Task Force that have been assigned a  
10 grade of A or B as of July 1, 2025, and to recommendations  
11 relating to immunizations.

12       (b) The Hawaii preventive services advisory committee  
13 shall base its recommendations on the best available scientific  
14 evidence and shall give due consideration to recommendations  
15 issued by recognized national medical professional  
16 organizations.

17       (c) The Hawaii preventive services advisory committee  
18 shall make its recommendations independently of any  
19 recommendations developed through, or in coordination with, any  
20 multi-state alliance or agreement made for the purpose of  
21 issuing clinical prevention service recommendations.

1       (d) The department of health shall consider  
2 recommendations submitted by the Hawaii preventive services  
3 advisory committee when issuing clinical preventive service  
4 recommendations pursuant to section 321-31.

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

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

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

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

1           "§431:10A-           Preventive services coverage; department of  
2 health recommendations. (a) All health insurance policies  
3 delivered or issued for delivery in the State shall provide  
4 coverage, without any deductible, copayment, coinsurance, or  
5 other cost-sharing requirements, for clinical preventive  
6 services recommended by the department of health pursuant to  
7 section 321-31.

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

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

14           (d) This section shall not apply to disability income,  
15 specified disease, medicare supplement, or hospital indemnity  
16 policies."

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

20           "§432:1-           Preventive services coverage; department of  
21 health recommendations. (a) All individual and group hospital  
22 and medical health service corporation contracts delivered or

1 issued for delivery in the State shall provide coverage, without  
2 any deductible, copayment, coinsurance, or other cost-sharing  
3 requirements, for clinical preventive services recommended by  
4 the department of health pursuant to section 321-31.

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

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

11 (d) This section shall not apply to disability income,  
12 specified disease, medicare supplement, or hospital indemnity  
13 policies."

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 of preventive medicine, including  
20 cancer control, crippled children, epidemiology, geriatrics, laboratories, maternal and child  
21 health, mental hygiene, nutrition, and communicable diseases;

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

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

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

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

13 (6) To make clinical preventive service recommendations based on the recommendations of  
14 the Hawaii preventive services advisory committee established pursuant to section 321-A, or  
15 pursuant to an alliance entered into with another state for the purpose of issuing clinical  
16 preventive service recommendations;

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

18 [~~(6)~~] (8) To perform such other appropriate functions as may be required."

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

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

21 (c) Minimum benefits may be limited to one visit payable  
22 to one provider for all of the services provided at each visit

1 cited in this section, except that the limitations authorized by  
2 this subsection shall not apply to immunizations recommended by  
3 the Advisory Committee on Immunization Practices of the United  
4 States Department of Health and Human Services and the American  
5 Academy of Pediatrics[+], or the recommendations of the  
6 department of health made pursuant to section 321-31; provided  
7 that if [~~the~~] these recommendations [~~of the committee and the~~  
8 ~~academy~~] differ, the department of health shall determine which  
9 recommendations shall apply."

10 SECTION 7. Section 431:10A-206.5, 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 8. Section 431:10A-207, Hawaii Revised Statutes,  
20 is amended to read as follows:

21 "**§431:10A-207 Coverage for specific services.** Every  
22 person insured under a group or blanket disability insurance

1 policy shall be entitled to the reimbursements and coverages  
2 specified in [~~section~~] sections 431:10A-116[-] and 431:10A-\_\_\_\_\_."

3 SECTION 9. Section 431:26-103, Hawaii Revised Statutes, is  
4 amended by amending subsection (a) to read as follows:

5 "(a) Network adequacy requirements shall be as follows:

6 (1) A health carrier providing a network plan shall maintain a network that is sufficient in  
7 numbers and appropriate types of providers, including those that serve predominantly low-  
8 income, medically underserved individuals, to assure that all covered benefits will be accessible  
9 without unreasonable travel or delay; [~~and~~]

10 (2) Covered persons shall have access to emergency services twenty-four hours per day,  
11 seven days per week[-]; and

12 (3) The network shall include an adequate number and geographic distribution of providers  
13 authorized to furnish clinical preventive services for which coverage is required under state law  
14 or rule, including services recommended by the department of health pursuant to section 321-31,  
15 to ensure timely access to those services without unreasonable travel or delay."

16 SECTION 10. Section 432:1-602.5, Hawaii Revised Statutes,  
17 is amended by amending subsections (b) and (c) to read as  
18 follows:

19 "(b) Child health supervision services shall include  
20 twelve visits at approximately the following intervals: birth;

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

16 (c) Minimum benefits may be limited to one visit payable  
17 to one provider for all of the services provided at each visit  
18 cited in this section, except that the limitations authorized by  
19 this subsection shall not apply to immunizations recommended by  
20 the Advisory Committee on Immunization Practices of the United  
21 States Department of Health and Human Services and the American  
22 Academy of Pediatrics[+], or the recommendations of the

1 department of health made pursuant to section 321-31; provided  
2 that if [~~the~~] these recommendations [~~of the committee and the~~  
3 ~~academy~~] differ, the department of health shall determine which  
4 recommendations shall apply."

5 SECTION 11. Section 432D-23, Hawaii Revised Statutes, is  
6 amended to read as follows:

7 **"§432D-23 Required provisions and benefits.**

8 Notwithstanding any provision of law to the contrary, each  
9 policy, contract, plan, or agreement issued in the State after  
10 January 1, 1995, by health maintenance organizations pursuant to  
11 this chapter, shall include benefits provided in sections  
12 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-\_\_\_\_\_, 431:10A-  
13 116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119,  
14 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126,  
15 431:10A-132, 431:10A-133, 431:10A-140, and 431:10A-134, and  
16 chapter 431M."

17 SECTION 12. Section 432E-1.4, Hawaii Revised Statutes, is  
18 amended by amending subsection (a) to read as follows:

19 "(a) For contractual purposes, a health intervention shall  
20 be covered if it is an otherwise covered category of service,  
21 not specifically excluded, recommended by the treating licensed  
22 health care provider, and determined by the health plan's

1 medical director to be medically necessary as defined in  
2 subsection (b). Notwithstanding any determination under this  
3 section, coverage for any clinical preventive service for which  
4 coverage is required under state law or rule, including clinical  
5 preventive services recommended by the department of health  
6 pursuant to section 321-31, shall not be denied on the basis of  
7 medical necessity or subject to prior authorization, except as  
8 permitted for reasonable medical management. A health  
9 intervention may be medically indicated and not qualify as a  
10 covered benefit or meet the definition of medical necessity. A  
11 managed care plan may choose to cover health interventions that  
12 do not meet the definition of medical necessity."

13 SECTION 13. Section 461-11.4, Hawaii Revised Statutes, is  
14 amended by amending its title and subsection (a) to read as  
15 follows:

16 "**§461-11.4 Vaccinations [~~;~~ children]**. (a) A pharmacist,  
17 pharmacy intern, or pharmacy technician under the direct  
18 supervision of a pharmacist may administer a vaccine to a person  
19 three years of age or older; provided that:

20 (1) The vaccine is authorized or approved by the United States Food and Drug  
21 Administration[;] for any indication;

1       (2) The vaccine has been ordered by a pharmacist and administered in accordance with the  
2 recommendations of the Advisory Committee on Immunization Practices of the United States  
3 Department of Health and Human Services[;], or the department of health pursuant to section  
4 321-31;

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

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

11       (5) The pharmacy technician has a Certified Pharmacy Technician certification from either  
12 the Pharmacy Technician Certification Board or National Healthcareer Association;

13       (6) The pharmacist, pharmacy intern, or pharmacy technician has a current certificate in basic  
14 cardiopulmonary resuscitation;

15       (7) The pharmacist or pharmacy technician has completed a minimum of two credit hours in  
16 immunization-related continuing education courses during each licensing biennium;

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

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

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

6 (11) Where a prescription has been ordered by a person other than the pharmacist[;] or a  
7 standing order pursuant to section 321-31, the pharmacist, pharmacy intern, or pharmacy  
8 technician shall verify that the prescriber or the prescriber's authorized agent is the patient's  
9 medical home."

10 SECTION 14. Notwithstanding section 23-51, Hawaii Revised  
11 Statutes, this Act shall be exempt from the requirements for an  
12 impact assessment report on proposed mandatory health insurance  
13 coverage.

14 SECTION 15. The benefit to be provided by health  
15 maintenance organizations corresponding to the benefit provided  
16 under sections 431:10A- , Hawaii Revised Statutes, if any, as  
17 contained in the amendment to section 432D-23, Hawaii Revised  
18 Statutes, in section 11 of this Act, shall take effect for all  
19 policies, contracts, plans, or agreements issued in the State  
20 after January 1, 2027.

1           SECTION 16. Notwithstanding any other law to the contrary,  
2 the coverage for evidence-based clinical preventive services  
3 required under sections 3, 4, 6, 7, 8, 10, 11, and 12 of this  
4 Act shall apply to all health benefits plans under chapter 87A,  
5 Hawaii Revised Statutes.

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

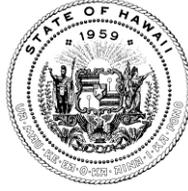
9           SECTION 18. In codifying the new sections added by section  
10 2 and referenced in section 5 of this Act, the revisor of  
11 statutes shall substitute appropriate section numbers for the  
12 letters used in designating the new sections in this Act.

13           SECTION 19. Statutory material to be repealed is bracketed  
14 and stricken. New statutory material is underscored.

15           SECTION 20. This Act, upon its approval, shall take effect  
16 on July 1, 2026.

17

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



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

NADINE Y. ANDO  
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.  
GOVERNOR | KE KIA'ĀINA  
SYLVIA LUKE  
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

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

KA 'OIHANA PILI KĀLEPA  
335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: 1-844-808-DCCA (3222)  
Fax Number: (808) 586-2856  
cca.hawaii.gov

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

**Before the  
House Committee on Health  
Wednesday, February 11, 2026  
9:00 a.m.  
State Capitol, Room 329 and via Videoconference**

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

Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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 on the exchange. By mandating a dual standard that includes AAP recommendations where AAP and ACIP recommendations differ while also authorizing the Department of Health to recommend more comprehensive coverage, the state may be creating a new mandate that are “in addition” to the EHB plan.

Thank you for the opportunity to testify on this bill.

**HB-1898**

Submitted on: 2/6/2026 4:44:24 PM

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

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

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

**I support HB 1898.** 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.



## Hawaii Medical Association

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

### HOUSE COMMITTEE ON HEALTH

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

Date: February 11, 2026

From: Hawaii Medical Association (HMA)

Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

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

**RE HB 1898** 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 establishment of a clear, prevailing medical standard for child health supervision services that ensures that evidence-based preventive care is delivered consistently to Hawaii's keiki, regardless of insurance plan or geography. Aligning health insurance coverage with nationally recognized pediatric standards will promote early detection, continuity of care, and equitable access to essential services that support long-term child and community health.

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

### 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.

### 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



**February 11, 2026 at 9:00 am**  
**Conference Room 329**

**House Committee on Health**

To: Chair Gregg Takayama  
Vice Chair Sue L. Keohokapu-Lee Loy

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

Re: **Testimony in Support**  
**HB 1898, 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.



February 11, 2026

The Honorable Gregg Takayama, Chair  
The Honorable Sue Keohokapu-Lee Loy, Vice Chair

House Committee on Health

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

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 1898, 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.

Sincerely,

Walden Au  
Director of Government Relations

**HB-1898**

Submitted on: 2/6/2026 4:46:07 PM

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

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| RUSSELL ABORDO      | Individual          | Support                   | Written Testimony<br>Only |

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I, Russell Keli'i Abordo, **support HB 1898**. 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**

Submitted on: 2/9/2026 3:49:32 PM

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

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>            |
|---------------------|---------------------|---------------------------|---------------------------|
| Glen Kagamida       | Individual          | Support                   | Written Testimony<br>Only |

Comments:

SUPPORT!

February 10, 2026 8:30a.m.

To: Hawaii House Health Committee Chair Representative Gregg Takayama and Committee Members

From: Cheryl Toyofuku

Relating to: Opposition to HB 1898 relating to Health, Scheduled hearing Wed, Feb 11, 2026 at 9am

Aloha Representative Takayama and Members of the House Health 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, 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 Health Committee when requested.

Please oppose this unnecessary bill.

Mahalo,

Cheryl Toyofuku

Mother, grandmother, retired registered nurse

healthjourney@protonmail.com

**LATE**

**HB-1898**

Submitted on: 2/10/2026 7:14:52 PM

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

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Testify</b>         |
|---------------------|---------------------|---------------------------|------------------------|
| Kim Haine           | Individual          | Oppose                    | Written Testimony Only |

Comments:

RFK Jr is the most honest and brilliant HHS Secretary America has ever had. His changes to ACIP - which initiated this bill - were necessary to break the revolving door between pharma and the captured regulatory agencies. The new ACIP vaccine guidelines are prudent and important if we are to stop the chronic disease epidemic in our children. AAP is a trade organization funded by pharma. Taking recommendations from them has huge conflicts of interest. The always expanding, childhood vaccine schedule has NEVER been tested for cumulative or long-term safety. AAP now rec 88-94 doses of vaccines from birth-18. How many will finally be too many?

Please oppose this bill. Let Secretary Kennedy do his job.

**HB-1898**

Submitted on: 2/11/2026 8:10:19 AM

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

| Submitted By   | Organization | Testifier Position | Testify                |
|----------------|--------------|--------------------|------------------------|
| Jane Yamashiro | Individual   | Support            | Written Testimony Only |

Comments:

**Let's ensure people in Hawaii are safe and can choose to have the vaccinations of their choice.**