



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on H.B. 1969 H.D. 1
RELATING TO COLORECTAL CANCER**

REPRESENTATIVE SCOT Z. MATAYOSHI, CHAIR
REPRESENTATIVE TINA NAKADA GRANDINETTI, VICE CHAIR
COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date, Time: February 18, 2026, 2:00 PM

Room Number: Conference Room 329
and Videoconference

- 1 **Fiscal Implications:** The Department of Health (DOH) defers to the Department of Human
- 2 Services (DHS) on the fiscal implications and the Governor's Executive Budget priorities.
- 3 **Department Position:** The DOH defers to the DHS and offers comments.
- 4 **Department Testimony:** House Bill 1969 House Draft 1 (H.B. 1969 H.D. 1) aligns with the
- 5 priority of the DOH's Hawaii Comprehensive Cancer Control Program (HCCCP) to increase
- 6 colorectal cancer screenings statewide and to reduce the incidence of colorectal cancer and
- 7 colorectal cancer-related deaths by increasing access to colorectal cancer screening, especially
- 8 among the gap group of uninsured and underinsured populations. Timely screening can prevent
- 9 and detect cancer early to improve treatment and quality of life outcomes. The HCCCP relies on
- 10 the Centers for Disease Control and Prevention recommendations and the [U.S. Preventive](#)
- 11 [Services Task Force guidelines for screening](#).¹ The recommended age for screening was lowered
- 12 in 2021, and begins from age 45 to age 75 years. In 2020, 70% of people ages 45 to 75 reported

¹ U.S. Preventive Task Force. Colorectal Cancer: Screening. Final Recommendation Statement. May 18, 2021. Retrieved 1/30/26 from: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#tab1>

1 meeting the new colorectal screening guidelines and the rate went down slightly in 2022 to
2 67%. In 2020, when people were asked about their healthcare coverage and meeting screening
3 guidelines, 71% of people with healthcare coverage met the colorectal cancer screening
4 guidelines compared to 42% who did not have healthcare coverage.²

5 **Offered Amendments:**

6 Recommend amending page 2, line 13, to read:

7 (c) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based,
8 blood or direct visualization test.

9 (d) The coverage required under this section shall not be subject to a deductible, copayment,
10 coinsurance, or any other cost-sharing requirements.

11 Recommend amending page 3, line 5, to read:

12 (c) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based,
13 blood or direct visualization test.

14 (d) The coverage required under this section shall not be subject to a deductible, copayment,
15 coinsurance, or any other cost-sharing requirements.

16 Thank you for the opportunity to submit testimony on this measure.

² Hawaii Health Data Warehouse, Hawaii Behavioral Risk Factors Surveillance System, 2020 and 2022. Retrieved 1/30/26 from:
<https://hhdw.org/report/query/result/brfss/ColonScrn4575/ColonScrn4575Crude11.html>

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
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TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 17, 2026



TO: The Honorable Representative Scott Z. Matayoshi, Chair
House Committee on Consumer Protection & Commerce

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1969 HD1 – RELATING TO COLORECTAL CANCER.**

Hearing: February 18, 2026, 2:00 p.m.
Conference Room 329 & via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and offers comments regarding Sections 1, 4, and 5. DHS respectfully requests that this program and appropriation not conflict with, reduce, or replace priorities identified in the executive budget.

The bill requires DHS to write rules to implement a program to pay for colorectal screenings for Hawaii residents who are uninsured, have healthcare coverage that does not provide coverage without cost sharing for colorectal cancer screenings, are permanent United States resident aliens but are ineligible for Medicaid, or are nonresident aliens and are ineligible for Medicaid.

Colorectal screenings are an important tool for preventing and detecting cancer. DHS is supportive of the intent to expand access to these screenings. Some screening tests, such as colonoscopies, can be costly, with costs ranging from several thousand dollars.

DHS notes, however, that we do not currently operate a similar program to reimburse for such screenings for the uninsured or underinsured population, so would need to develop

LATE

the infrastructure to receive applications demonstrating the eligibility criteria outlined in this bill including the individuals (1) are uninsured; (2) have health care coverage that does not provide coverage without cost sharing for colorectal cancer screenings that meet the requirements of sections 431:10A-122 and 432:1-617; (3) are permanent United States resident aliens but are ineligible for Medicaid; or (4) are nonresident aliens and are ineligible for Medicaid.

At a minimum, the new program may require a position to manage the program, including verifying that all claims meet clinical guidelines before processing, up-front costs for system changes, and ongoing operational costs. More detailed estimates for implementation and administrative costs can be developed for future hearings should this bill move forward. We also note that the rule-making process can be lengthy, particularly when no similar program exists, and ask for an extended effective date.

Based on the number of uninsured individuals meeting the colorectal screening age recommendations, and assuming a phased, even utilization over 10 years, the estimated benefit-cost is \$1.6 to \$2 million in state general funds each year. Ideally, appropriations for new programs should be made through the executive budget rather than through a bill, to ensure continuity.

Thank you for the opportunity to provide comments on this measure.



Hawaii Medical Association

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HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE
Representative Scot Z. Matayoshi, Chair
Representative Tina Nakada Grandinetti, Vice Chair

Date: February 18, 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 1969HD1 RELATING TO COLORECTAL CANCER: DHS; Colorectal Cancer Screenings;
State-Funded Public Assistance; Appropriation
Position: Support

This measure would require and appropriate funds for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings for certain persons and require coverage for all colorectal cancer screenings in the State to be consistent with the Affordable Care Act Implementation Frequently Asked Questions published by the United States Department of Labor, United States Department of Health and Human Services, and United States Department of the Treasury.

Colorectal cancer remains a major health concern in Hawaii. According to the University of Hawaii Cancer Center's Hawaii Tumor Registry, colorectal cancer is the third most frequently diagnosed cancer in the State, with approximately 700+ new cases diagnosed each year and about 220–224 deaths annually. Despite long-term rate declines, colorectal cancer continues to contribute substantially to cancer morbidity and mortality in Hawaii, particularly when detected at later stages. Local research also highlights disparities in incidence and outcomes across Hawaii's multiethnic population, including higher mortality rates among Native Hawaiians and differential age patterns of diagnosis.

Evidence shows that screening can prevent colorectal cancer or detect it at an earlier, more treatable stage, yet barriers such as cost, coverage confusion, and lack of navigation support hinder timely uptake, especially for underserved and uninsured residents.

HMA supports this measure to align coverage with federal ACA preventive protections and establish a state assistance program, ensuring that recommended screening tests and crucial follow-up procedures are affordable and accessible for all eligible Hawaii residents.

Thank you for allowing the Hawaii Medical Association to submit testimony in support of 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

University of Hawaii Cancer Center. *Hawaii Colorectal Cancer Data and Statistics*. Hawaii Tumor Registry, University of Hawaii at Mānoa, <https://www.uhcancercenter.org/research/epidemiology/hawaii-cancer-statistics/>. Accessed 1 Feb. 2026.

Nagata M, Miyagi K, Hernandez BY, Kuwada SK. Multiethnic Trends in Early Onset Colorectal Cancer. *Cancers (Basel)*. 2024 Jan 17;16(2):398. doi: 10.3390/cancers16020398. PMID: 38254887; PMCID: PMC10814620.

2024 Hawaii Medical Association Officers

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

2024 Hawaii Medical Association Public Policy Coordination Team

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

Hawaii Radiological Society HRS

The state chapter of the American College of Radiology ACR



HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue Keohokapu-Lee Loy, Vice Chair

HOUSE COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS

Representative Lisa Marten, Chair

Representative Ikaika Olds, Vice Chair

Date: February 17, 2026

From: Hawaii Radiological Society HRS

Ven Seguritan MD, FACR - HRS Legislative Liaison

Manfred Tejerina, DO – President, HRS

RE HB 1969 RELATING TO COLORECTAL CANCER: DHS; Colorectal Cancer Screenings; State Funded Public Assistance; Appropriation

Position: Support

This measure would require and appropriate funds for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings for certain persons and require coverage for all colorectal cancer screenings in the State to be consistent with the Affordable Care Act Implementation Frequently Asked Questions published by the United States Department of Labor, United States Department of Health and Human Services, and United States Department of the Treasury. Colorectal cancer remains a major health concern in Hawaii. According to the University of Hawaii Cancer Center's Hawaii Tumor Registry, colorectal cancer is the third most frequently diagnosed cancer in the State, with approximately 700+ new cases diagnosed each year and about 220–224 deaths annually. Despite long-term rate declines, colorectal cancer continues to contribute substantially to cancer morbidity and mortality in Hawaii, particularly when detected at later stages. Local research also highlights disparities in incidence and outcomes across Hawaii's multiethnic population, including higher mortality rates among Native Hawaiians and differential age patterns of diagnosis. Evidence shows that screening can prevent colorectal cancer or detect it at an earlier, more treatable stage, yet barriers such as cost, coverage confusion, and lack of navigation support hinder timely uptake, especially for underserved and uninsured residents. HRS supports this measure to align coverage with federal ACA preventive protections and establish a state assistance program, ensuring that recommended screening tests and crucial follow-up procedures are affordable and accessible for all

eligible Hawaii residents. Thank you for allowing the Hawaii Radiological Society to submit testimony in support of this measure.

REFERENCES AND QUICK LINKS

University of Hawaii Cancer Center. Hawaii Colorectal Cancer Data and Statistics. Hawaii Tumor Registry, University of Hawaii at Mānoa, <https://www.uhcancercenter.org/research/epidemiology/hawaii-cancer-statistics/>. Accessed 1 Feb. 2026.

Nagata M, Miyagi K, Hernandez BY, Kuwada SK. Multiethnic Trends in Early Onset Colorectal Cancer. *Cancers (Basel)*. 2024 Jan 17;16(2):398. doi: 10.3390/cancers16020398. PMID: 38254887; PMCID: PMC10814620.



House Committee on Consumer Protection & Commerce
Rep. Scot Matayoshi, Chair
Rep. Tina Grandinetti, Vice Chair

Hearing Date: Wednesday, February 18, 2026

ACS CAN STRONG SUPPORT WITH AMENDMENTS
HB 1969 HD1: RELATING TO COLORECTAL CANCER.

Cynthia Au, Government Relations Director – Hawai‘i Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to testify in **STRONG SUPPORT WITH AMENDMENTS** of HB 1969 HD1: Relating to Colorectal Cancer which would strengthen colorectal cancer prevention in Hawai‘i by aligning state law with existing federal guidance and ensuring long-term, consistent access to lifesaving colorectal cancer screenings and to fund a public assistance program to provide uninsured or underinsured individuals access to colorectal cancer screenings.

The American Cancer Society Cancer Action Network (ACS CAN) advocates to ensure that cancer patients and survivors in Hawai‘i—and across the nation—have a fair and just opportunity to prevent, detect, treat, and survive cancer. Ensuring access to needed treatments and preventive services is essential, particularly for those with serious chronic conditions.

Colorectal cancer is one of the most preventable and treatable cancers when detected early. Yet it remains the second leading cause of cancer deaths in Hawai‘i among men and women combined.ⁱ This year alone, ACS estimates that 840 people in Hawaii will be diagnosed and 260 will die from the disease.ⁱⁱ These deaths are largely preventable with timely, equitable access to screening.

Urgent Need for Funding for Colorectal Cancer Screenings for Uninsured and Underinsured Residents of Hawai‘i

Funding for colorectal cancer screenings for uninsured and underinsured residents is a crucial investment in prevention. Cost continues to be one of the most significant barriers to screening. People with insurance are over twice as likely to be up to date on colorectal cancer screening

compared with those without coverage. Uninsured individuals are also far more likely to be diagnosed at later stages, when treatment is more complex, more expensive, and less effective.

This support is especially critical as Hawai'i anticipates changes to health coverage and an expected increase in uninsured adults. Without dedicated funding, more residents will delay or forgo screening entirely, putting them at higher risk for late-stage cancer and avoidable mortality.

A recent American Cancer Society study published in the Journal of the American Medical Association (JAMA) found that colorectal cancer is the only major cancer with rising mortality among people under 50, increasing by 1.1% annually since 2005. In 2023, **it became the leading cause of cancer death among this age group—making it the fastest-growing cancer threat for working-age adults.**ⁱⁱⁱ These alarming trends underscore the need to expand access to preventive care.

Cancer disparities in Hawai'i remain profound. From 2017–2021, Hawai'i's colorectal cancer incidence rate was 38.1%, with a mortality rate of 11.8% (2016–2020).^{iv} Among Asian/Pacific Islander residents, the incidence rate was 37.0%,^v and nearly 59% of diagnosed cases were late-stage.^{vi} These deaths are largely preventable, and expanding access to screening will save lives. As a member of the Colorectal Cancer Task Force under the Hawai'i Comprehensive Cancer Coalition, we have identified persistent barriers to screening for the uninsured and underinsured as a critical gap.

Federal Guidance on No-Cost Follow-Up Colonoscopies

In January 2022, the federal Tri-Agencies (the Department of Labor, Department of Health and Human Services, and the Department of the Treasury) announced that private insurance plans must cover follow-up colonoscopies after a positive stool-based test without cost sharing after a positive stool-based test.^{vii} This ensures that once a patient receives an abnormal noninvasive screening result, they are not burdened with out-of-pocket costs for the medically necessary colonoscopy required to complete the screening process.

Colorectal cancer is one of the few truly preventable cancers, making it one of the most cost-effective population-based preventive screenings.^{viii} The Legislature should codify these federal protections into Hawai'i law to ensure patients have access to colorectal cancer screening without the barrier of cost sharing. The proposed statutory language mirrors existing ACA requirements.

To ensure clarity and align with federal law, ACS CAN respectfully recommends adopting the following amendments:

Page 2, line 13:

(b) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based, blood or direct visualization test.

(c) The coverage required under this section shall not be subject to a deductible, copayment, coinsurance, or any other cost-sharing requirements.

(d) Beginning March 1, 2011,...

Page 3, line 5:

(b) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based, blood or direct visualization test.

(c) The coverage required under this section shall not be subject to a deductible, copayment, coinsurance, or any other cost-sharing requirements.

(d) Beginning March 1, 2011,...

We respectfully urge the Legislature to fund this critical need and adopt the recommended language to expand access to lifesaving colorectal cancer screenings for Hawai'i residents. Furthermore, establishing dedicated funding for screening for uninsured and underinsured residents will address a critical gap in preventive care and ensure that those at highest risk are not left behind.

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

ⁱ American Cancer Society. [Cancer Facts and Figures 2026](#). Atlanta: American Cancer Society; 2026.

ⁱⁱ [American Cancer Society - Cancer Statistics Center](#)

ⁱⁱⁱ Siegel RL, Wagle NS, Jemal A. Leading Cancer Deaths in People Younger Than 50 Years. *JAMA*. Published online January 22, 2026. doi:10.1001/jama.2025.25467

^{iv} [State Cancer Profiles - Incidence Rate Tables](#)

^v [State Cancer Profiles - Incidence Rate Tables](#)

^{vi} [State Cancer Profiles - Incidence Rate Tables](#)

^{vii} ⁱ Tri-Agencies FAQ About ACA Implementation. Released Jan. 10, 2022, page 12. Available at [FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation \(dol.gov\)](#).

^{viii} Ran T, Cheng CY, Misselwitz B, et al. Cost-effectiveness of colorectal cancer screening strategies – A systematic review. *Clin Gastroenterol Hepatol*. 2019; 17(10):1969-81.

COLORECTAL CANCER IN HAWAI'I

Rising Risk. Preventable Disease, Urgent Action.



Colorectal cancer is now the **leading cause of cancer-related death** among men and women under **age 50**.

- American Cancer Society analysis published in the Journal of the American Medical Association

Hawai'i Snapshot (2026)

- ▶ **840** Hawai'i residents are expected to be newly diagnosed with colorectal cancer in 2026
- ▶ **~260** Hawai'i residents are expected to die from colorectal cancer in 2026



Disease Burden

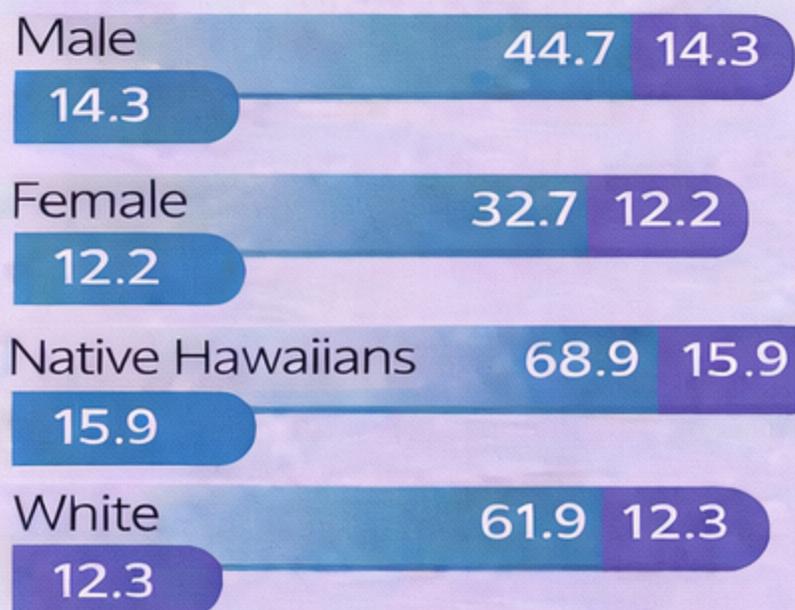
- ▶ **58.6%** of new CRC diagnoses in Hawai'i are, on average, late stage
- ▶ **Only 10.5%** of adults ages **45-75** completed a **stool-based test**, and **only 54%** of those who completed a stool-based test completed a follow-up colonoscopy.

Colorectal cancer is preventable, detectable, and treatable when found early.

Policies that remove financial barriers to screening and follow up could effectively reduce overall colorectal cancer cases and deaths in Hawai'i.

Disease Burden

New Cases vs. Death Rates per 100,000
(State Cancer Profiles):



... higher in men than women and for **Native Hawaiians** than Whites.

Screening Saves Lives

- ▶ In 2021, the USPSTF lowered the recommended CRC screening age from **50 to 45 years**.
- ▶ .. Despite expanded eligibility, screening rates are low in Hawai'i.

Cost & Policy Impact

- ▶ Late-stage colorectal cancer treatment exceeds **\$100,000** per patient
- ▶ In 2022, **64%** of Hawai'i residents reported being **unprepared to pay** for their care in Hawai'i.

- American Cancer Society. *Cancer Facts & Figures 2026*. American Cancer Society, 2026.
- American Cancer Society. *Cancer Statistics Center*. American Cancer Society, 2025. <https://cancerstatisticscenter.cancer.org/>
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- Centers for Disease Control and Prevention (CDC). *Colorectal Cancer*. CDC, 2024. <https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html>
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- Siegel RL, Wagle NS, Jemal A. Leading Cancer Deaths in People Younger Than 50 Years. *JAMA*. Published online January 22, 2026. doi.10.1001/jama.2025.25467
- Fendrick, A. Mark, et al. Cost-Effectiveness of Waiving Coinsurance for Follow-Up Colonoscopy. *Cancer Prevention Research*, PubMed Central.



**Testimony to the House Committee on Consumer Protection and Commerce
Wednesday, February 18, 2026; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 1969, HOUSE DRAFT 1, RELATING TO COLORECTAL CANCER.

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 1969, RELATING TO COLORECTAL CANCER.

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 require public and private health insurers, including managed care plans administered by the Department of Human Services (DHS), to provide coverage for all colorectal cancer screenings in the State. The bill further appropriates an unspecified amount of general funds for fiscal year 2026-2027 for DHS to develop and implement a public assistance program offering state-funded colorectal cancer screenings.

The bill would take effect on July 1, 3000.

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer -- cancer of the colon or rectum -- is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Forces recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be

Testimony on House Bill No. 1969, House Draft 1
Wednesday, February 18, 2026; 2:00 p.m.
Page 2

more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease.

HPCA fully and wholeheartedly supports efforts to promote screening and awareness of colorectal cancer in the State of Hawaii. As a former member of the Colorectal Cancer Screening Working Group that was established in 2017, the HPCA joins the American Cancer Society, the American Cancer Society Cancer Action Network, and other community partners in supporting this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



AMERICAN COLLEGE OF GASTROENTEROLOGY

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February 17, 2026

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Representative Scot Z. Matayoshi, Chair
Representative Tina Nakada Grandinetti, Vice Chair

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

On behalf of the American College of Gastroenterology (ACG) and our 60+ members in Hawaii, we appreciate the opportunity to share our **strong support** of HB 1969, relating to colorectal cancer. ACG is a national physician organization supporting gastroenterologists and digestive health care professionals. As such, we applaud the sponsors of this bill, which would ensure uninsured or underinsured Hawaii residents can access life-saving colorectal cancer screenings.

Our members in Hawaii share stories from local federally qualified health centers, where lower-income patients complete a stool-based colorectal cancer screening test, but then cannot afford or otherwise access the follow-up colonoscopy when that test comes back positive. The ACG [clinical guidelines](#) for colorectal cancer cite multiple studies, all with the same conclusion: a timely follow-up colonoscopy is a vital second step of the colorectal cancer screening continuum. Increased funding will help improve access for this vulnerable population.

This bill, and your committee's hearing, come at a crucial time in the colorectal cancer fight. For 2026, the [American Cancer Society estimates](#) that in Hawaii alone, there will be 840 colorectal cancer diagnoses and, unfortunately, 260 deaths. According to data released just last month, colorectal cancer is now the leading cause of cancer deaths for Americans under 50 years old – a sobering, tragic reality that was not initially projected to occur until 2030. Now is the time to act and increase access to live-saving colorectal cancer screenings, and HB 1969 would support this worthy cause.

ACG is deeply grateful for your consideration of this bill and for the opportunity to register our strong support. Please do not hesitate to contact us if ACG can support your committee's work in any way.

Sincerely,

Gregory Kantor
Communications Manager, Policy & Advocacy
American College of Gastroenterology



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Suite 210, Springfield, MO 65806

(703) 548-1225
FightCRC.org

BY ELECTRONIC SUBMISSION

February 17, 2026

The Honorable Scot Z. Matayoshi
Chair
House Committee on Consumer Protection & Commerce
House District 49

The Honorable Tina Nakada Grandinetti
Vice Chair
House Committee on Consumer Protection & Commerce
House District 20

Dear Chair Matayoshi, Vice Chair Grandinetti, and members of the House Committee on Consumer Protection & Commerce:

My name is Shahryar M. Baig. I am the State Policy Manager at Fight Colorectal Cancer, a national patient advocacy organization dedicated to the colorectal cancer community. Thank you for the opportunity to submit testimony and comments in support of [HB1969](#).

Colorectal cancer is the second leading cause of cancer death for men and women overall and recent data shows that it is now the leading cause of cancer death for men and women under the age of 50. In 2026, the American Cancer Society estimates that 840 Hawaiians will be diagnosed with colorectal cancer, and 260 Hawaiians will die from the disease. This doesn't have to be our reality.

Colorectal cancer is one of the few cancers that is preventable if caught early through timely screening. There are multiple effective screening modalities including non-invasive options that patients can work with their physician to determine which one is best for them. However, should a patient select a non-invasive screening option and receive an abnormal result, it is critical that they receive a follow-up colonoscopy to confirm a diagnosis. This is a vital component of the complete colorectal cancer screening process. We firmly believe that cost should not be a barrier to a patient receiving a follow-up colonoscopy and that is not an expansion of benefits beyond federal minimum standards.

We appreciate the input and concerns of the Departments of Commer and Consumer Affairs as the committee considers HB1969. We believe that there is an opportunity to address these issues through amendment of HB1969 and would encourage the committee to adopt the following additional language:

PAGE 2:

INSERT AT LINE 13 THE FOLLOWING:

(b) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based, blood or direct visualization test.

(c) The coverage required under this section shall not be subject to a deductible, copayment, coinsurance, or any other cost-sharing requirements.

REDESIGNATE THE CURRENT SECTION (b) TO SECTION (d):

(d) Beginning March 1, 2011, ...colorectal cancer and encourage the insured to consult with the insured's physician about available screening options."

PAGE 3

INSERT AT LINE 5 THE FOLLOWING:

(b) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based, blood or direct visualization test.

(c) The coverage required under this section shall not be subject to a deductible, copayment, coinsurance, or any other cost-sharing requirements.

REDESIGNATE THE CURRENT SECTION (b) TO SECTION (d):

(d) Beginning March 1, 2011, ...subscriber's or member's physician about available screening options."

We believe that cost should not be a barrier to colorectal cancer screening for any patient. We appreciate the committee for making this bill a priority and accepting public input as the Committees move forward in consideration of [HB 1969](#). We respectfully urge you to advance [HB 1969](#) and help ensure that all Hawaiians have access to life-saving colorectal cancer screening.

Sincerely,

Shahryar M. Baig
State Policy Manager
Fight Colorectal Cancer

HB-1969-HD-1

Submitted on: 2/13/2026 6:39:55 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laura Jennings	Individual	Support	Written Testimony Only

Comments:

As a retired physician, I strongly support this measure. If citizens can't afford colorectal screening on their own, it makes sense from an ethical and fiscal standpoint for the state to provide this very important service.

HB-1969-HD-1

Submitted on: 2/14/2026 12:17:26 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, STRONGLY SUPPORT

1969 HB RELATING TO COLORECTAL CANCER.

HB-1969-HD-1

Submitted on: 2/16/2026 1:01:22 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Josh Fowler	Individual	Support	Written Testimony Only

Comments:

**RE: Strong Support of HB1969: Relating to Colorectal Cancer
Committee on Health / Committee on Human Services & Homelessness**

Chair Takayama, Chair Marten, and joint committee members:

My name is **Joshua Fowler**, and I am a resident of **Kapolei (96707)**. I am in **STRONG SUPPORT** of HB1969: Relating to Colorectal Cancer.

This bill addresses a critical access gap by providing cost-free colorectal cancer screening to uninsured and underinsured residents. As a working-age adult living in Hawai‘i, I recognize the importance of preventive screening—especially for those who might otherwise delay care due to cost or lack of coverage.

- In Hawai‘i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined.
- Screening rates remain below target, particularly among uninsured adults. HB1969 ensures that individuals who are uninsured, underinsured, or ineligible for Medicaid can still receive timely screening.
- This is a cost-effective measure: screening is far less expensive than treating late-stage cancers, which often result in emergency care and poor outcomes.
- The bill aligns state-funded screening with federal clinical guidelines (U.S. Preventive Services Task Force, Affordable Care Act), ensuring consistency and quality across all coverage types

HB1969_CRC

- According to the American Cancer Society, colorectal cancer is now the leading cause of cancer death in people under 50, with mortality rising 1.1% per year since 2005.

As Hawai‘i anticipates Medicaid work requirement changes in 2027, this program will help prevent growing disparities in access to care. HB1969 is a timely and responsible step to protect the health of vulnerable residents and reduce future healthcare burdens on the state.

Sincerely,
Joshua Fowler
Kapolei, HI 96707

HB-1969-HD-1

Submitted on: 2/16/2026 7:08:34 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Hausler	Individual	Support	Written Testimony Only

Comments:

RE: **Strong Support of HB 1969 HD1**: Relating to Colorectal Cancer

Wednesday, February 18, 2026; TIME: 2:00PM

Committee on Consumer Protection & Commerce

Chair Scot Matayoshi and Vice Chair Tina Grandinetti and committee members:

My name is Jennifer Hausler and I am an advocate for the American Cancer Society Cancer Action Network (optional). I am in STRONG SUPPORT of HB1969 HD1: Relating to Colorectal Cancer.

After having lost my husband to colon cancer and many relatives and good friends, I know screening will keep more people in Hawaii from dying from this terrible disease

- In Hawai‘i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined.
- A new American Cancer Society study shows that colorectal cancer is the only major cancer with rising mortality in people under 50—up 1.1% per year since 2005—making it the leading cause of cancer death in this age group in 2023. This is the fastest-growing cancer threat for working-age adults.
- Cost remains one of the greatest barriers to screening for individuals without health insurance—and without coverage, people are less likely to receive preventive services. As a result, they often go unscreened, leading to later-stage diagnoses, more complex treatments, and worse health outcomes.
- Funding a colorectal screening program for uninsured residents prevents the state from higher late stage treatment costs in the future by closing critical gaps in care.

Sincerely,

Jennifer Hausler

Pearl City, 96782

Carol Marx
Kailua, HI 96734

RE: Strong Support of HB 1969 HD1 – Relating to Colorectal Cancer
Wednesday, February 18, 2026; TIME: 2:00PM
Committee on Consumer Protection & Commerce

Chair Scot Matayoshi and Vice Chair Tina Grandinetti and committee members:

My name is Carol Marx and I am on the board of ACS Hawaii and Guam and an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of HB 1969 HD1: Relating to Colorectal Cancer.

I have a niece whom I lost to colon cancer at age 21 who graduated as the Castle High School student body president in 2016. We lost her in 2019. Colorectal cancer is one of the most preventable and treatable cancers when found early. More access to screening and insurance ensures a healthier community. Revenues from survivors who go back to work help strengthen the financial stability for the public good.

Cost remains one of the greatest barriers to screening for individuals without health insurance—and without coverage, people are less likely to receive preventive services. As a result, they often go unscreened, leading to later-stage diagnoses, more complex treatments, and worse health outcomes.

Funding a colorectal screening program for uninsured residents prevents the state from higher late stage treatment costs in the future by closing critical gaps in care.

Please support HB1969 HD1.

Sincerely,

Carol Marx
Kailua, HI 96734

Lynda Asato
Honolulu, HI 96817

RE: Strong Support of HB 1969 HD1 – Relating to Colorectal Cancer
Wednesday, February 18, 2026; TIME: 2:00PM
Committee on Consumer Protection & Commerce

Chair Scot Matayoshi and Vice Chair Tina Grandinetti and committee members:

My name is Lynda Asato and I am an advocate for the American Cancer Society Cancer Action Network (and a member of the University of Hawaii Cancer Center Patient Advocacy Council). I am in STRONG SUPPORT of HB1969 HD1: Relating to Colorectal Cancer.

I have a grandfather, two uncles and an aunt who have died from colon cancer. I have been having colonoscopies for over forty years because each time my results have shown polyps that could have grown cancerous.

I know the following facts:

- In Hawai'i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined.
- Colorectal cancer is one of the most preventable and treatable cancers when found early.
- If you are uninsured or there is a cost barrier, you are far less likely to get screened and cancers are detected later, treatment is more complex, and outcomes are worse. This bill ensures prevention isn't only available for those who can afford it.
- Funding a colorectal screening program for uninsured residents prevents the state from late-stage treatment costs in the future by closing critical gaps in care. This program is critical as Hawai'i prepares for Medicaid work requirements beginning in 2027, which are expected to increase the number of uninsured adults who would choose to forgo screening.
- A new American Cancer Society study shows that colorectal cancer is the only major cancer with rising mortality in people under 50—up 1.1% per year since 2005—making it the leading cause of cancer death in this age group in 2023. This is the fastest-growing cancer threat for working-age adults.

As a kupuna, I believe that colonoscopies have saved my life and I would like it to be available for others who otherwise could not afford it.

Sincerely,

Lynda Asato
Honolulu, HI 96817

Christel Mailani Pope
Makaweli, Hawaii 96769

RE: Strong Support of HB 1969 HD1 – Relating to Colorectal Cancer
Wednesday, February 18, 2026; TIME: 2:00PM
Committee on Consumer Protection & Commerce

Chair Scot Matayoshi and Vice Chair Tina Grandinetti and committee members:

My name is Christel Pope and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB 1969 HD1: Relating to Colorectal Cancer.

I am a cancer survivor. I was diagnosed with breast cancer in 2021. I lack knowledge of much of my family's health history because I did not meet my biological father until 2021. I found out that my paternal grandmother died of breast cancer at the age of 49. I was also 49 when I received my cancer diagnosis.

In 2024, during a routine checkup with my health care provider I had a wonderful nurse who recommended that I do my colorectal screening test by providing a stool sample. She was so informative and explained the entire process in detail. I felt so comfortable after talking to her that I went home with my test kit. A few days later I collected my stool sample and turned it into the lab. My primary care physician called me and said he had some news about my test results. I told him - "Doc the last time you called me directly with my test results you told me I had cancer." He said that my stool sample tested positive for blood and that I needed more testing done.

Long story short - I went in for a colonoscopy where they found a very large polyp. It was so large that the doctor had to remove it in two pieces. After the pathology report came back I was informed that my polyp was not cancerous but due to the size and the type I needed to come back in a couple years for another colonoscopy.

Many barriers exist and common obstacles include cost, lack of symptoms or family history, fear or embarrassment, and not receiving a recommendation from a healthcare provider. Eliminating financial barriers, such as cost-sharing, has proven effective in my own story.

I beg you to pass this very important bill which will save many lives in the future.

Sincerely,

Christel Mailani Pope
Makaweli, Hawaii 96769

HB-1969-HD-1

Submitted on: 2/17/2026 1:17:02 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Elton Fukumoto	Individual	Support	Written Testimony Only

Comments:

Chair Matayoshi, Vice Chair Grandinitti, and members of the House Consumer Protection Committee:

I support HB1969 HD1.

Several years ago I had two colonoscopies: for the first, I paid 20% of the cost of the procedure; the second time around, five years later, I paid 60% for the same procedure with the same doctor and for the same medical reason. The increase in cost was because my employer changed the insurance company that provided coverage. The new company simply had shifted more of the cost onto the employee. The second procedure cost me a couple of thousand more dollars.

This bill is needed because many people would find the procedure to expensive to undergo. The bill will go some way toward making such procedures more affordable and will help detect colon cancer before it becomes serious.

Elton Fukumoto

Manoa resident

HB-1969-HD-1

Submitted on: 2/17/2026 7:02:05 AM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cheryl K. Okuma	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 1969 HD1: Relating to Colorectal Cancer

Wednesday, February 18, 2026; TIME: 2:00PM

Committee on Consumer Protection & Commerce

Chair Scot Matayoshi and Vice Chair Tina Grandinetti and committee members:

My name is Cheryl K. Okuma and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB1969 HD1: Relating to Colorectal Cancer.

As a cancer survivor, with family members and friends who have battled or are battling cancer—we know that having access to a screening program is critical in our fight against this disease.

- In Hawai‘i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined.
- With early detection this type of cancer is one of the most preventable and treatable cancers.
- Funding a colorectal screening program for those residents who are uninsured or lack adequate insurance coverage avoids the state from incurring higher costs in the future by closing critical gaps in care.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

HB-1969-HD-1

Submitted on: 2/17/2026 12:51:25 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lourdes Vergara Marcelo	Individual	Support	Written Testimony Only

Comments:

I support HB 1969 for the colorectal screening.

As a registered nurse, I believe in early detection and screening for cancer. Thank you .

Lourdes V. Marcelo, RN

808 623 7109

HB-1969-HD-1

Submitted on: 2/17/2026 1:17:18 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
shilpa jain	Individual	Support	Written Testimony Only

Comments:

My husband and I are both Board Certified Gastroenterologist practicing in Honolulu since 2013. I am also the Governor of Hawaii for the American College of Gastroenterology.

We had previously noticed an increasing trend of Early Onset Colon Cancer (patients diagnosed below the age of 50) and published a paper in the Hawaii Journal of Health and Social Welfare on this subject (Jain A, Jain S. Rising Incidence of Colorectal Cancer in Patients Younger than Age 50 in Hawai'i. *Hawaii J Med Public Health*. 2019;78(6):195-199). More recent studies have shown that colorectal cancer is now the leading cause of cancer death in people younger than 50 (Siegel, et al. Leading Cancer Deaths in People Younger than 50 Years. *JAMA*. 2026;335;(7):632-634.).

For this reason, colorectal screening is recommended for all patients beginning at age 45, or sooner with other risk factors. There are various approved methods of colorectal screening but for patients who undergo a hemocult test, and the test comes back positive, it is vital that a follow-up colonoscopy be performed in a timely fashion. In order for patients to comply with this recommendation, the cost of the follow-up colonoscopy should be fully covered as it is part of the screening continuum.

We are therefore requesting your support for this bill.

HB-1969-HD-1

Submitted on: 2/17/2026 1:23:35 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ankur Jain	Individual	Support	Written Testimony Only

Comments:

My wife and I are both Board Certified Gastroenterologist practicing in Honolulu since 2013. I am also the current Chair of the Hawaii Comprehensive Cancer Coalition and a member of the state Colorectal Task Force.

We had previously noticed an increasing trend of Early Onset Colon Cancer (patients diagnosed below the age of 50) and published a paper in the Hawaii Journal of Health and Social Welfare on this subject (Jain A, Jain S. Rising Incidence of Colorectal Cancer in Patients Younger than Age 50 in Hawai'i. *Hawaii J Med Public Health*. 2019;78(6):195-199). More recent studies have shown that colorectal cancer is now the leading cause of cancer death in people younger than 50 (Siegel, et al. Leading Cancer Deaths in People Younger than 50 Years. *JAMA*. 2026;335;(7):632-634.).

For this reason, colorectal screening is recommended for all patients beginning at age 45, or sooner with other risk factors. There are various approved methods of colorectal screening but for patients who undergo a hemocult test, and the test comes back positive, it is vital that a follow-up colonoscopy be performed in a timely fashion. In order for patients to comply with this recommendation, the cost of the follow-up colonoscopy should be fully covered as it is part of the screening continuum.

We are therefore requesting your support for this bill.

**TESTIMONY OF ROBERT TOYOFUKU IN SUPPORT OF H.B. NO. 1969 HD 1
RELATING TO COLORECTAL CANCER**

DATE: Wednesday, February 18, 2026
TIME: 2:00 p.m.

LATE

To: Chairman Scot Matayoshi and Members of the House Committee on Consumer Protection and Commerce:

My name is Bob Toyofuku and I am presenting testimony as an individual in Support of H.B. 1969 HD 1 relating to Colorectal Cancer. I am in support of this measure because of my personal experience with family members who have had colorectal cancer.

The evidence indicates that colorectal cancer is a highly treatable disease if detected early. According to the Center for Disease Control (CDC), colorectal cancer is the third most diagnosed cancer and the third leading cause of cancer deaths. It also appears that colorectal cancer rates are increasing among young adults. An article recently published in the New York Times indicated that this cancer was on the increase in younger adults.

Early detection and regular screening (Colonoscopies) are essential to prevent the cancer from developing. If detected early enough, it can prevent the spreading of the cancer cells. Early screening will prevent potential cancer deaths and will also save future medical costs.

I strongly urge this committee to pass this bill. Thank you for the opportunity to testify.

LATE

HB-1969-HD-1

Submitted on: 2/18/2026 3:34:20 PM

Testimony for CPC on 2/18/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Maria Esperanza Cruz Landro	Individual	Support	Written Testimony Only

Comments:

From: Maria Esperanza Cruz Landro

RE: Strong Support of HB 1969 HD1: Relating to Colorectal Cancer

Wednesday, February 18, 2026; TIME: 2:00PM

Committeon Consumer Protection & Commerce

Chair Scot Matayoshi and Vice Chair Tina Grandinette and Committee Members:

My name is Maria Esperanza Cruz Landro. I am a Registered Nurse and I am in STRONG SUPPORT of HB1969 HD1: Relating to Colorectal Cancer.

Colorectal Cancer is one of the most preventable and treatable cancers when found early. As a healthcare provider and an advocate along with our clinical partners, I positively support implementing evidence based intervention for colon cancer.

Timely screenings per guidelines are lifesaving, often catching tumors before symptoms appear. Early detection frequently allows for treatment without chemotherapy while delay in screening by ignoring symptoms like blood in stool can lead to advanced cancer stages.

More and more younger people are being diagnosed with colon cancer therefore it is our role as healthcare providers to reinforce need for vigilance.

Education on treating screening as a routine, life saving act rather than a scary/embarrassing procedure is a must. Screening with colonoscopy or another screening method is the most effective tool for survival!

Please help pass HB 1969 HD1.

Thank you for your time and consideration.

Respectfully submitted,

Maria Esperanza Cruz Landro, RN, BSN

Kailua, HI 96734

LATE