



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, March 24, 2026
9:35 a.m.
State Capitol, Conference Room 229 and via Videoconference**

**On the following measure:
H.B. 1969, H.D. 2, RELATING TO COLORECTAL CANCER**

Chair Keohokalole, Vice Chair Fukunaga, 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: (1) 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; (2) require coverage to include a follow-up colonoscopy after a positive test result; and (3) specify that coverage is not subject to a deductible, copayment, coinsurance, or any other cost-sharing requirements.

The Department notes that it is unclear whether the amendments in sections 2 and 3 of this bill would trigger the defrayal requirements under 45 Code of Federal Regulations (CFR) § 155.170. Under the Affordable Care Act (ACA), if a state mandates benefits that are "in addition to" the essential health benefits (EHB) defined in

the state's benchmark plan, the State is required to defray the cost of those additional benefits. This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans sold on the exchange.

The defrayal risk of these mandates is enhanced by the United States Department of Health and Human Services' Proposed Rule for 2027. Under this proposal, the Center for Medicare and Medicaid Services (CMS) intends to broaden the criteria for what constitutes a state-mandated benefit that requires state funding. Specifically, any benefit required by state action after December 31, 2011, that is not otherwise mandated by federal law would be considered "in addition to" the federal EHB requirements. If this rule is finalized, it would be applied retroactively, and the State would be required to pay the costs for these benefits for exchange enrollees, even if the benefit is already embedded in the State's existing EHB-benchmark plan.

The National Association of Insurance Commissioners (NAIC) recognizes that in particular, the retroactive nature of the proposed rule will have a harsh impact on states. NAIC has therefore submitted testimony to, among other things, propose that the rule apply prospectively. The comment period ended on March 13, 2026, and it is unclear if CMS will amend the rule as well as the timeline for approval, if any.

The Department will continue to monitor the status of the proposed federal rule and mitigate its impact on Hawaii. Please note that defrayment principles exist in the existing ACA law. However, the current federal administration seems intent on rigorously implementing and enforcing them.

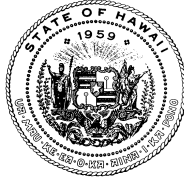
Additionally, we note the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage." Although the auditor did complete Report No. 10-02, "Study of Proposed Mandatory Health Insurance Coverage for Colorectal Cancer

Screening,” the Department notes that the auditor’s report was based on House Bill No. 823, Regular Session 2009 (HB 823), which was the basis of the existing statute.

The purpose of the auditor’s report is twofold. First, the report determines the actual public demand for the service and whether its lack of coverage results in financial hardship or restricted access to care. Second, the report evaluates the potential financial impact of the new mandated benefit, including potential impacts to premiums, total cost of health care, and state defrayal. The completion of the report before the bill is enacted provides the Legislature with the objective data necessary to balance the benefits of the proposed coverage against its potential economic impact. Additionally, the auditor’s report could be used in the Department’s actuarial analysis in determining whether an issuer’s proposed rates are justified.

Thank you for the opportunity to testify.

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



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

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DEPARTMENT OF HEALTH
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**Testimony COMMENTING on H.B. 1969, H.D. 2
RELATING TO COLORECTAL CANCER**

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: March 24, 2026
9:35 AM

Room Number: Conference Room 229
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 2 (H.B. 1969, H.D. 2) 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
- 9 prevent and detect cancer early to improve treatment and quality of life outcomes. The HCCCP
- 10 relies on the Centers for Disease Control and Prevention recommendations and the [U.S.](#)
- 11 [Preventive Services Task Force guidelines for screening](#).¹ The recommended age for screening
- 12 was lowered in 2021, and begins from age 45 to age 75 years. In 2020, 70% of people ages 45

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 to 75 reported meeting the new colorectal screening guidelines and the rate went down slightly
2 in 2022 to 67%. In 2024, when people were asked about their healthcare coverage and
3 meeting screening guidelines, 72% of people with healthcare coverage met the colorectal
4 cancer screening guidelines compared to 29% who did not have healthcare coverage.^{2,3}

5 The Department is concerned that for those who are uninsured and may have delayed
6 screening, some may require treatment.

7 **Offered Amendments:** Should there be amendments, the Department recommends
8 considering including coverage for eligible uninsured people who are screened and require
9 treatment.

10 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>

³ Hawaii Health Data Warehouse, Hawaii Behavioral Risk Factors Surveillance System, 2024, Retrieved 2/25/2026 from:
<https://hhdw.org/report/query/result/brfss/ColonScrn4575/ColonScrn4575Crude11.html>



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

LATE

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

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ADMINISTRATOR

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March 23, 2026

TO: SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Honorable Members

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

RE: HB 1969-HD2 -- RELATING TO COLORECTAL CANCER

HEARING: Tuesday, March 24, 2026 @ 09:35 am; Conference Room 229

POSITION: SUPPORT

Testimony:

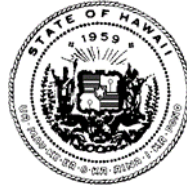
SHPDA strongly supports HB 1969-HD2. We defer to DHS Med-QUEST Division on details and costs, but recognize that colorectal cancer is the second leading cause of cancer deaths in this state, and with almost 800 new cases annually. It is particularly a concern for Native Hawaiians and Pacific Islanders, who face higher mortality and earlier onset. Screening should begin at age 45; and we agree with DOH that are far behind our goal to reach all citizens for prevention.

Providing a screening program for uninsured persons is both a humanitarian and financially smart approach to reaching out to vulnerable uninsured populations – actually, all preventive services need to be offered to these folks. Given that most folks will be screened with very inexpensive initial tests, and only those positive will require a colonoscopy, this will be a reasonably modest but important investment. We incidentally need to be thinking together about how to provide comprehensive prevention and primary care services -- at minimum -- to all uninsured persons during this period of federal cutbacks and of financial stresses on our health care system. Actually, it's in many ways a non-system; and we have to fix that too.

Thanks for hearing this bill and for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

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
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TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

March 23, 2026

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1969 HD2 – RELATING TO COLORECTAL CANCER.**

Hearing: March 24, 2026, 9:35 a.m.
Conference Room 229 & 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 one to several thousand dollars.

In order to implement this program, DHS would need to develop 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 request an extended effective date since the required rule-making process can be lengthy.

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, making this appropriation through the executive budget would better ensure program continuity.

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



Senate Committee on Consumer Protection & Commerce
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Hearing Date: Tuesday, March 24, 2026

**ACS CAN STRONG SUPPORT WITH AMENDMENTS HB 1969 HD2: 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** of HB 1969 HD2: Relating to Colorectal Cancer which would strengthen colorectal cancer prevention in Hawai‘i by aligning state law with existing federal standards to ensure long-term, consistent access to lifesaving colorectal cancer screenings and provide funding for colorectal cancer screenings for uninsured and underinsured individuals.

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 care including 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 colorectal cancer 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. **It is now 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 Requirements for Colorectal Cancer Screening, Including No-Cost Follow-Up Colonoscopies

Currently, the Affordable Care Act (ACA) requires coverage without cost sharing of preventive services that receive an A or B rating from the United States Preventive Services Task Force (USPSTF).^{vii} In January 2022, the federal Tri-Agencies (the Department of Labor, Department of Health and Human Services, and the Department of the Treasury) issued clarifying guidance announcing that private insurance plans must cover follow-up colonoscopies after a positive stool-based test without cost sharing.^{viii} 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.^{ix} 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 in the event the existing Tri-Agency clarifying guidance is altered. The proposed statutory language mirrors existing ACA requirements.

HB1969 HD2 would align Hawai'i statute with federal standards and ensure funding for colorectal cancer screening for uninsured and underinsured individuals is in line with current guidelines.

Establishing dedicated funding for colorectal cancer screening for uninsured and underinsured residents will help to address a critical gap in preventive care.

We respectfully urge the Legislature to fund this critical need and support HB1969 HD2. to ensure access to lifesaving colorectal cancer screenings for Hawai'i residents. 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} Patient Protection and the Affordable Care Act, P.L. 111-148, §1800 (codified at U.S.C. 42 § 2713(a)(1) (2010))

^{viii} 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 \(dol.gov\)](#).

^{ix} 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.



Hawaii Medical Association

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SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Date: March 24, 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 1969 HD2 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



**Testimony to the Senate Committee on Commerce and Consumer Protection
Tuesday, March 24, 2026; 9:35 a.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: HOUSE BILL NO. 1969, HOUSE DRAFT 2, RELATING TO COLORECTAL CANCER.

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 1969, House Draft 2, 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:

- (1) Require the Department of Human Services to provide State-funded financial assistance, as appropriated by the Legislature, to pay for colorectal cancer screenings for eligible residents of the State;
- (2) Require health insurance coverage to include a follow-up colonoscopy after a positive test result; and
- (3) Specify that coverage not subject the insured to a deductible, copayment, coinsurance, or any other cost-sharing requirement.

The bill would take effect on July 1, 3000.

Testimony on House Bill No. 1969, House Draft 1
Tuesday, March 24, 2026; 9:35 a.m.
Page 2

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 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.



134 Park Central Square
Suite 210, Springfield, MO 65806

(703) 548-1225
FightCRC.org

BY ELECTRONIC SUBMISSION

March 23, 2026

The Honorable Jarrett Keohokalole
Chair
Senate Committee on Consumer Protection & Commerce
Senate District 24

The Honorable Carol Fukunaga
Vice Chair
Senate Committee on Consumer Protection & Commerce
Senate District 11

Dear Chair Keohokalole, Vice Chair Fukunaga, and members of the Senate 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](#) before the Senate Committee on Consumer Protection & Commerce. Fight Colorectal Cancer has [submitted testimony and feedback](#) during this 2026 Regular Session on this legislation and we appreciate the opportunity to share our support for this important policy.

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 colorectal cancer screening process.

We firmly believe that cost should not be a barrier to a patient receiving a follow-up colonoscopy and we are grateful that the House Committee on Consumer Protection & Commerce made amendments, reflected in [HB1969 HD2](#), to make clear that coverage across all payors shall include a follow-up colonoscopy conducted after any positive stool-based test, blood test, or direct visualization test and that none of these services will place any deductible, copayment, coinsurance, or any other cost-sharing requirements on policy-holders.



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(703) 548-1225
FightCRC.org

We appreciate the committee for making this bill a priority and allowing Fight Colorectal Cancer to share its strong support for this legislation. We respectfully urge you to advance [HB 1969 HD2](#) and help ensure that all Hawaiians have access to life-saving colorectal cancer screening.

Sincerely,

Shahryar M. Baig
State Policy Manager
Fight Colorectal Cancer

LATE

HB-1969-HD-2

Submitted on: 3/23/2026 12:01:48 PM

Testimony for CPN on 3/24/2026 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Elton Fukumoto	Testifying for American Cancer Society Cancer Action Network	Support	Written Testimony Only

Comments:

Chair Keohokalole, Vice Chair Fukunaga, and members of the Senate Commerce and Consumer Protection Committee:

My name is Elton Fukumoto, and I am a volunteer with the American Cancer Society's Cancer Action Network.

I write in support of HB1969 HD2.

This bill would provide for government assistance for patients who are underinsured or uninsured with respect to colorectal screening.

Colorectal cancer is largely preventable. Let's be honest: cancer in general, and colorectal cancer specifically, can cause not only death but intense and unbearable pain and suffering. That's why cancer is such a feared disease. Colorectal screening can prevent the disease from advancing to debilitating stages. This bill will not only save individual patients from unnecessary pain and suffering, but will save society as a whole from paying for costly treatments for Stage 4 cancer.

Thank you for considering my testimony.

Elton Fukumoto

HB-1969-HD-2

Submitted on: 3/21/2026 3:55:24 PM

Testimony for CPN on 3/24/2026 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Kimberly Omine	Testifying for American Cancer Society Action Network Pacific Hawaii	Support	Remotely Via Zoom

Comments:

Aloha, ‘o "Ryley Omine" ko‘u inoa. Ke kāhea nei au mai "Pearl City". Ke kāhea nei au e noi iā Senatoa Keohokalole e ho‘onohonoho i ka hālāwai ho‘olohe mana‘o ma CPN no HB1969 HD2 i hiki i nā po‘e o Hawai‘i ke ho‘omau i ke komo ‘ana i nā hō‘ike ‘ana i ka ma‘i ma‘i colorectal pale. Mālama nā ki‘i i nā ola. Mahalo.

Aloha, my name is "Ryley Omine". I'm calling from "Pearl City". I am calling to ask Senator Keohokalole to schedule a hearing in CPN for HB1969 HD2 so that the people of Hawai‘i can maintain access to preventive colorectal cancer screenings. Screenings saves lives it saved my moms life.

Mahalo.

In testomony to my mom.

In 2024 my Mom Kim Omine was diagnosed with Blood Cancer. Currently she is in remission. She recieved fast treatment with the diagnosis use of Biomarker Testing. Although she have one single dose left to do in June 2026, she will have to continue other screenig and one of it is Colo rectal Screening. Though she is not out of the woods and is still monitering the 4 tumor on her Thyroid, I am hopeful that the colorectal testing will be available when time in needs.

Mahalo Nui,

Ryley Omine Kamehameha School 10th Grade

LATE

HB-1969-HD-2

Submitted on: 3/23/2026 11:31:39 PM

Testimony for CPN on 3/24/2026 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Jeremi Ganotisi	Testifying for Oncology Nurse Society - Hawai'i Chapter	Support	Written Testimony Only

Comments:

Dear Chair Keohokalole, Vice-Chair Fukunaga and committee members,

My name is Jeremi Ganotisi and on behalf of the Oncology Nurse Society and the more than 200 oncology nurse members in the state of Hawai'i, we would like to express our **STRONG SUPPORT** of HB1969 HD2: Relating to Colorectal Cancer Screening and Prevention. We believe this legislation is critical in ensuring that the people of Hawai'i can prevent or treat colorectal cancer when found early, which helps save lives.

Oncology nurses witness firsthand the emotions, challenges and barriers that influences patients choices on their health and placing it low on their priority due to the cost. We're also seeing that our colorectal cancer patients are getting diagnosed as early as their early 30's where is where most are starting their family. Currently, colorectal screening is recommend at 45 years old, yet, due to the trend of colorectal cancer being seen early, there is a likelihood that early screening will change from 45 years to 40 years in the near future if we don't take action now on preventative care. American Cancer Society study shows colorectal cancer is the only major cancer with rising mortality in people under 50—now the leading cause of cancer death in this age group and the fastest-growing cancer threat for working-age adults.

HB1969 HD2 also strengthens colorectal cancer prevention in Hawai'i by aligning state law with federal guidance and expanding access to lifesaving screening. In January 2022, the federal Tri-Agencies (Department of Labor, Department of Health and Human Services, and the Treasury) announced that private insurance plans must cover follow-up colonoscopies after a positive stool-based test with no cost-sharing. HB1969 codifies this requirement into Hawai'i law to ensure consistent, long-term protection for patients.

For these reasons, we respectfully urge you to support HB1969 HD2. Thank you for your time and consideration.

Sincerely,

Oncology Nurse Society (Hawai'i Chapter)

Honolulu, HI

LATE

HB-1969 HD-2

Submitted on 3/24/2026 09:35:00 AM

Testimony for CPN on 3/24/2026 9:35:00 AM

Chair, Vice chair, senators–

My name is Kevin Lye; I graduated from medical school almost 30 years ago and went on to complete a fellowship with the Yale Gastric Pathobiology Research Group in New Haven.

Nonetheless I speak today to note that the instances of subsection (c) proposed for each of Sections 431 :10A-122 and Section 432 :1-617 as referenced in the latest draft beginning with "(c) Coverage shall include.. " should still likely be amended

from

" (c) Coverage shall include a follow–up colonoscopy conduct after a positive stool-based test, blood test, or direct visualization test. "

to

"(c) Coverage shall include a follow-up colonoscopy conducted after a positive stool-based test, blood-based test, or direct visualization test for colorectal cancer screening."

Thank you for considering this proposed amendment.

-Kevin Lye

HB-1969-HD-2

Submitted on: 3/20/2026 3:03:03 PM

Testimony for CPN on 3/24/2026 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Mark Morikawa	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Keohokalole and Vice Chair Fukunaga,

I strongly support this bill. Colorectal cancer is now the leading cause of cancer death in adults under 50 in the United States.

I discovered I had colon cancer at age 34. My coworker died of colon cancer at age 36. Early detection saved my life and could have saved my coworker if he learned sooner.

Colorectal cancer is one of the most preventable and treatable forms of cancer when detected early, yet cost and insurance barriers continue to prevent many people from getting screened. By funding a state-administered public assistance program, this bill removes financial obstacles and promotes early detection.

This legislation will not only save lives, but also reduce long-term healthcare costs by identifying cancer earlier, when treatment is more effective and far less expensive. Investing in preventive care is both fiscally responsible and ethically necessary.

Mahalo.

HB-1969-HD-2

Submitted on: 3/21/2026 9:54:42 AM

Testimony for CPN on 3/24/2026 9:35:00 AM

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

Comments:

I, Johnnie-Mae L. Perry, Support 3RD LEADING CAUSE OF DEATH

1969 HB RELATING TO COLORECTAL CANCER.

HB-1969-HD-2

Submitted on: 3/21/2026 4:54:42 PM

Testimony for CPN on 3/24/2026 9:35:00 AM

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

Comments:

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer

Tuesday, March 24, 2026; TIME: 9:35AM

Committee on Commerce and Consumer Protection

Dear Chair Keohokalole, Vice-Chair Fukunaga and committee members,

My name is Jennifer Hausler and I am an advocate for the American Cancer Society Cancer Action Network. I am in **STRONG SUPPORT** of **HB1969 HD2: Relating to Colorectal Cancer**.

My late husband Glenn Shimada, age 32 passed away from colon cancer leaving me a widow and two sons age 5 and 8 months without a father. This bill might have prolonged his life especially since colon cancer is one of the most preventable.

I respectfully urge you to support HB1969 HD2. Thank you for your time and consideration.

Sincerely,

Jennifer Hausler

Pearl City, 96782

HB-1969-HD-2

Submitted on: 3/22/2026 7:22:27 AM

Testimony for CPN on 3/24/2026 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Daryl Kurozawa	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer

Tuesday, March 24, 2026; TIME: 9:35AM

Committee on Commerce and Consumer Protection

Dear Chair Keohokalole, Vice-Chair Fukunaga and committee members,

My name is Dr. Daryl Kurozawa and I am an ACS Hawai'i regional board member and an advocate for the American Cancer Society Cancer Action Network. I am in **STRONG SUPPORT** of HB1969: Relating to Colorectal Cancer.

I am a general surgeon based on Hawai'i Island. As a surgeon I have care for many patients with colorectal cancer. In addition I have close friends who have been diagnosed with colon cancer, some have done well and unfortunately many are no longer with us.

As in many cancers, early detection and access to care are key factors in good outcomes. Colorectal cancer is one of the most preventable and treatable cancers when found early. Hence, it is important that everyone in Hawai'i have access to colorectal screening.

However, If a Hawai'i resident is uninsured or if there is a cost barrier, they 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.

The Colorectal Scening program for uninsured residents will save lives. Earlier diagnosis will save the state health care dollars by minimizing emergency and late stage treatment costs. This cost savings 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 otherwise forgo screening.

For these reasons, I respectfully urge you to support HB1969 HD2. Thank you for your time and consideration.

Sincerely,

Daryl Kurozawa, MD

Kealahou, Hawaii. 96750

HB-1969-HD-2

Submitted on: 3/22/2026 7:28:44 AM

Testimony for CPN on 3/24/2026 9:35:00 AM

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

Comments:

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer

Tuesday, March 24, 2026; TIME: 9:35AM

Committee on Commerce and Consumer Protection

Dear Chair Keohokalole, Vice-Chair Fukunaga 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 HD2: Relating to Colorectal Cancer.

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

- In Hawai‘i and nationwide, colorectal cancer remains the second deadliest cancer among men and women. A new American Cancer Society study shows colorectal cancer is the only major cancer with rising mortality in people under 50—it is the fastest-growing cancer threat for working-age adults. This cancer is one of the most preventable and treatable cancers when found early.
- Lack of insurance is a major barrier to getting recommended screenings. For those without insurance, cost remains a significant obstacle, leading to fewer preventive services, delayed diagnoses, and worse health outcomes.

For these reasons, I respectfully urge you to support HB1969 HD2. Thank you for your time and consideration.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

**TESTIMONY OF ROBERT TOYOFUKU IN SUPPORT OF H.B. NO. 1969 HD 2
RELATING TO COLORECTAL CANCER**

DATE: Tuesday, March 24, 2026

TIME: 9:35 a.m.

To: Chairman Jarrett Keohokalole and Members of the Senate Committee on Commerce and Consumer Protection:

My name is Bob Toyofuku and I am presenting this testimony as an individual in Support of H.B. 1969 HD 2 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.

HB-1969-HD-2

Submitted on: 3/23/2026 12:32:42 AM

Testimony for CPN on 3/24/2026 9:35:00 AM

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

Comments:

STRONG SUPPORT

HB1969 HD2 expands access to colorectal cancer screening and removes cost barriers for follow-up care, improving early detection and outcomes.

Bill Identification

HB1969 HD2 – Relating to Colorectal Cancer

Committee on Commerce and Consumer Protection

March 24, 2026, 9:35 AM

Chair Keohokalole, Vice-Chair Fukunaga, and Members of the Committee:

My name is Josh Fowler, a resident of Kapolei. I am writing in **strong support** of HB1969 HD2.

- **Colorectal cancer remains a leading cause of cancer death.**
In Hawai‘i and nationwide, it is the second deadliest cancer among men and women combined. At the same time, it is one of the most preventable and treatable cancers when detected early.
- **Cost barriers disrupt the screening process.**
Stool-based screening tests are often covered, but follow-up colonoscopies after a positive result may still involve cost-sharing depending on the plan. This creates a break in the care pathway, where patients may delay or forgo necessary diagnostic procedures.
- **HB1969 aligns state law with federal guidance.**
The bill codifies the 2022 federal Tri-Agency guidance requiring private insurance plans to cover follow-up colonoscopies after a positive stool-based test without cost-sharing. This provides consistency and reduces uncertainty for patients.
- **Uninsured and underinsured residents remain at risk.**
Individuals without coverage are significantly less likely to receive recommended screenings. The bill’s funding for a screening program directly addresses this gap, where lack of access leads to later-stage diagnoses and more complex treatment.
- **Trends among younger adults are concerning.**
Recent data indicate rising colorectal cancer mortality in individuals under 50, making early detection and access to screening increasingly important for working-age populations.

Conclusion

HB1969 HD2 removes a clear barrier in the screening pathway and expands access for populations currently underserved. I respectfully urge the Committee to pass this measure.

Sincerely,

Josh Fowler

Kapolei, Hawai'i 96707

To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Members of the Committee on Commerce and Consumer Protection

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer

Hearing: Tuesday, March 24, 2026; TIME: 9:35 AM
Committee on Commerce and Consumer Protection

Dear Chair Keohokalole, Vice-Chair Fukunaga, and Committee Members:

My name is Michelle Hashimoto, a current Pu'unui resident, 1988 graduate of Moanalua High School, 1992 graduate of University of Hawai'i at Mānoa, current staff of the University of Hawai'i Cancer Center ... and long-time cancer fighter in my community. My two young adult kids went to Ma'ema'e Elementary School, Kawanakoa Middle School, Roosevelt High School / McKinley High School, and Honolulu Community College, Kapiolani Community College, and the University of Hawai'i at West O'ahu. I am also an advocate for the American Cancer Society Cancer Action Network and the University of Hawai'i Cancer Center. I am writing in STRONG SUPPORT of **HB 1969 HD2**: Relating to Colorectal Cancer.

*As a caregiver for my father who battled cancer, a concerned parent of two young adults, and an active community member, I am in STRONG SUPPORT of **HB 1969 HD2**: Relating to Colorectal Cancer.*

Why HB 1969 HD2 is Urgently Needed

- 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.
- Lack of insurance is a major barrier to getting recommended screenings. People with coverage are more than twice as likely to be up-to-date with colorectal cancer screening. For those without insurance, cost remains a significant obstacle, leading to fewer preventive services, delayed diagnoses, and worse health outcomes.
- A new American Cancer Society study shows colorectal cancer is the only major cancer with rising mortality in people under 50—now the leading cause of cancer death in this age group and the fastest-growing cancer threat for working-age adults.

My 86-year old father was diagnosed with esophageal cancer a few months before his passing. My father went into cancer remission before passing from health issues including Parkinson's Disease. Please know that through research studies, lifesaving findings help folks like my father get diagnosed earlier as well as have more treatment options and **better health outcomes**. Our families and friends need your support today and ... for our future.

Thankfully, I have medical insurance because of one of my two jobs. During the two colonoscopies that I have had in my lifetime, my doctor found polyps and cut them out right away. This normal procedure lessened the risk of the polyps turning cancerous if left undetected and untreated.

I humbly ask for your **STRONG SUPPORT** of **HB 1969 HD2**. Thank you for your time and consideration.

Sincerely,
Michelle Hashimoto
2533 Stream Drive
Honolulu, HI 96817 / (808) 741-5854

**Christel Mailani Pope
Makaweli, Hawaii 96769**

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer
Tuesday, March 24, 2026
Senate Committee on Consumer Protection & Commerce

Chair Jarrett Keohokalole and Carol Fukunaga and committee members:

My name is Christel Pope and I am a cancer survivor and advocate for the American Cancer Society Cancer Action Network. I am in **STRONG SUPPORT of HB 1969 HD2**: Relating to Colorectal Cancer.

I am in medical debt after a preventive colonoscopy screening.

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.

The colonoscopy itself went fine, but afterwards the doctor told me they had found a large polyp. It was so big that they had to remove it in two pieces. Thankfully, the biopsy showed it was not cancerous, and I know firsthand that early detection saved my life.

But despite this being a *preventive* screening, I was billed thousands of dollars. With only part-time income, I couldn't keep up, and the charges eventually went to collections. I was in medical debt simply for following screening recommendations. I was in medical debt.

That was stressful—on top of everything else. I've been paying it off because I don't want it to hurt my credit.

No one should fear crushing bills for trying to prevent cancer. Cost barriers stop people from getting lifesaving screenings, especially those with limited income or support. My experience shows why eliminating cost-sharing is urgent and necessary.

I respectfully urge you to pass this important bill—it will save lives.

Sincerely,

Christel Mailani Pope
Makaweli, Hawaii 96769

SUPPORTERS OF ACCESS TO COLORECTAL SCREENINGS LEGISLATION: HB 1970

Without a routine reminder and screening, my tumor would have continued to grow undetected. If I waited, it would have been worse. Cost should never be a barrier to lifesaving preventive care like colorectal cancer screening.



Mark Vasconcellos - Aiea, O'ahu

Having survived breast cancer already, I know firsthand the importance of early detection. I was screened for colon cancer, and my doctor discovered a large polyp which was eventually removed and found to be non-cancerous. I'm grateful it was found early. I hope through my story and others, Hawai'i legislators see the importance of preventive care.

Christel Pope - Makaweli, Kaua'i

My husband might be alive today if we had access to early detection. He was a son, brother, uncle, husband and father when he died of colon cancer at age 32. I can't overstate the importance of getting screened early. Money shouldn't be a barrier, which is why I'm urging Hawai'i legislators to expand access to colorectal cancer screenings for residents.



Jenny Hausler - Pearl City, O'ahu



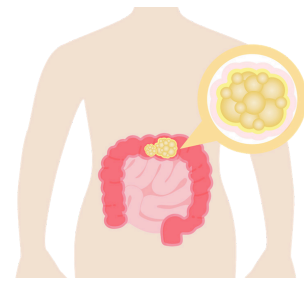
For more information please contact:

Cynthia Au, ACS CAN Hawaii Government Relations Director

✉ Cynthia.Au@cancer.org

☎ 808.460.6109

COLORECTAL CANCER DISEASE IN HAWAI'I

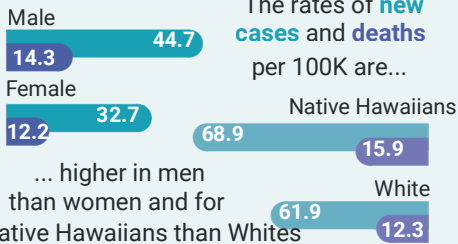
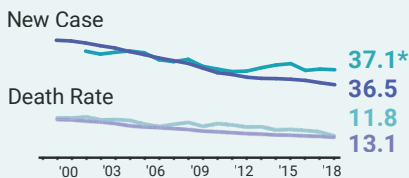


Colorectal cancer (CRC) is now the leading cause of cancer-related death among men and women under age 50.

In Hawaii, 820 residents will be newly diagnosed with CRC, and 260 will die, in 2026.

Colorectal cancer is the 2nd most diagnosed and deadliest cancer in Hawai'i and the U.S. among men and women. Screening prevents CRC and helps with early detection.

Hawaii's CRC new case rates per 100K are above U.S. rates.1



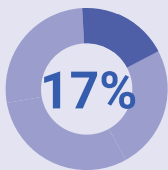
58.6% of new CRC diagnoses in Hawaii are, on average, **late-stage**



Screening is the key to reducing CRC new cases and deaths.

Only 10.5% of Hawaii residents ages 45-75 completed a stool test in 2022 and only 54% completed a colonoscopy.

17% of individuals completed a stool test prior to a colonoscopy.



In 2021, The USPSTF** lowered the screening age range from 50-75 to 45-75 years.

45 years screening age

AANHPI are screened at lower rates than their white counterparts

41% of AANHPI ages 45 for CRC.

57% of white individuals aged 45 years and older are screened for CRC.

Despite increased accessibility, CRC screenings remain low compared to breast and cervical cancer screenings.

Barriers to screening include:

- financial barriers, such as cost-sharing or lack of health coverage
- failure to recommend screening by providers
- transportation.
- language barriers
- patient fear 6

Removing financial barriers such as cost-sharing is an effective way to improve screening rates.

For late stage diagnoses, colorectal cancer treatment can cost over \$100,000.

In 2020, the total medical expenditure for CRC care was approximately \$24.3 billion, making it the second most costly cancer type after breast cancer.

Why is this important?



In 2022, **64%** Hawai'i residents reported being **unprepared to pay** for their cancer treatment.

A study among Medicare enrollees found that removing the 20% coinsurance for a colonoscopy with a polyp removal or a follow-up colonoscopy would be **cost effective** if the screening rate increased by only 0.6 percentage points.



Sources: 1. American Cancer Society. Cancer Facts & Figures 2026. American Cancer Society, 2026.

2. American Cancer Society. Cancer Statistics Center. American Cancer Society, 2025. <https://cancerstatisticscenter.cancer.org/>.

3. American Cancer Society Cancer Action Network. Survivor Views: Cancer & Medical Debt. American Cancer Society Cancer Action Network, 2025.

4. American Cancer Society Cancer Action Network. Survivor Views: Cancer & Medical Debt. American Cancer Society Cancer Action Network, 2025.

5. Centers for Disease Control and Prevention. Colorectal Cancer. CDC, 2024. <https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html>.

6. "Psychological Barriers and Healthcare Utilization." PubMed Central, U.S. National Library of Medicine.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11674532>.

7. National Cancer Institute and Centers for Disease Control and Prevention. State Cancer Profiles: Hawaii Quick Profile. 2024

Lynda Asato
Honolulu, HI 96817

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer
Tuesday, March 24, 2026
Senate Committee on Consumer Protection & Commerce

Chair Jarrett Keohokalole and Carol Fukunaga and committee members:

My name is Lynda Asato and I am an advocate for the American Cancer Society Cancer Action Network and a Patient Advocacy Council member of the U.H. Cancer Center. I am in STRONG SUPPORT of HB1969 HD2: Relating to Colorectal Cancer.

Throughout my thirty years of breast cancer occurrences, I have consistently had colonoscopies and endoscopies done as preventive measures because my maternal grandfather and his four children, my aunt and three uncles, died of colorectal cancers. Each time I had these colonoscopies the surgeon's found polyps which they removed to prevent cancers from forming. I'm insured but many others are not. This lifesaving procedure can save their lives.

Some facts:

- 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.
- Colorectal cancer is one of the most preventable and treatable cancers when found early.
- 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.

My family suffered tragedy from colorectal cancer, so I strongly support the passage of this bill HB1969 HD2. Thank you for saving lives.

Sincerely,
Lynda Asato
Honolulu, 96817

LATE

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer
Tuesday, March 24, 2026; TIME: 9:35AM
Committee on Commerce and Consumer Protection

Dear Chair Keohokalole, Vice-Chair Fukunaga and committee members,

My name is Carol Marx and I am an advocate for the American Cancer Society (ACS) Cancer Action Network. I also volunteer on the board for ACS Hawaii/Guam. I am in STRONG SUPPORT of HB1969 HD2: Relating to Colorectal Cancer.

My daughter lost her best friend at age 21, having been diagnosed with colon cancer only eight months earlier. While it was too late for her, there are many in our community who can have more time with their family if they have access to early screening. The costs are less when the community is healthier and able to contribute to the economic revenues of the state.

- 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.
- Lack of insurance is a major barrier to getting recommended screenings. People with coverage are more than twice as likely to be up-to-date with colorectal cancer screening. For those without insurance, cost remains a significant obstacle, leading to fewer preventive services, delayed diagnoses, and worse health outcomes.
- A new American Cancer Society study shows colorectal cancer is the only major cancer with rising mortality in people under 50—now the leading cause of cancer death in this age group and the fastest-growing cancer threat for working-age adults.

For these reasons, I respectfully urge you to support HB1969 HD2. Thank you for your time and consideration.

Sincerely,

Carol Marx

Kailua
96734