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

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

Testimony COMMENTING on H.B. 1969, H.D. 2
RELATING TO COLORECTAL CANCER

REPRESENTATIVE CHRIS TODD, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 27, 2026
10:00 AM

Room Number: Conference Room 308
and Videoconference

Fiscal Implications: The Department of Health (DOH) defers to the Department of Human Services (DHS) on the fiscal implications and the Governor's Executive Budget priorities.

Department Position: The DOH defers to the DHS and offers comments.

Department Testimony: House Bill 1969, House Draft 2 (H.B. 1969, H.D. 2) aligns with the priority of the DOH's Hawaii Comprehensive Cancer Control Program (HCCCP) to increase colorectal cancer screenings statewide and to reduce the incidence of colorectal cancer and colorectal cancer-related deaths by increasing access to colorectal cancer screening, especially among the gap group of uninsured and underinsured populations. Timely screening can prevent and detect cancer early to improve treatment and quality of life outcomes. The HCCCP relies on the Centers for Disease Control and Prevention recommendations and the U.S. Preventive Services Task Force guidelines for screening.[1] The recommended age for screening 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

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

Offered Amendments: None

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

JOSH GREEN, M.D.
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STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 26, 2026

TO: The Honorable Representative Chris Todd, Chair
House Committee on Finance

FROM: Ryan I. Yamane, Director

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

Hearing: February 27, 2026, 10:00 a.m.
Conference Room 308 & 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.

JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

STATE OF HAWAII | KA MOKUʻĀINA ʻO HAWAIʻI
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NADINE Y. ANDO
DIRECTOR | KA LUNA HOʻOKELE

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HOʻOKELE

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Finance
Friday, February 27, 2026
10:00 a.m.
State Capitol, Conference Room 308 and via Videoconference

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

Chair Todd, Vice Chair Takenouchi, and Members of the Committees:

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

The purpose of this bill is to: (1) 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. In the United States Department of Health and Human Services' Notice of Benefit and Payment Parameters for 2027 Proposed Rule, the Center for Medicare and Medicaid Services (CMS) "proposes revisions to states' responsibilities when mandating benefits beyond the federally required EHB package. Beginning with plan year (PY) 2027, CMS proposes that any state-required benefit would be considered "in addition to EHB"—and thus not EHB—if it is required by state action after December 31, 2011, applies to the small group and/or individual markets, is specific to required care, treatment, or services, and is not mandated for compliance with federal requirements. Under this proposed policy, states would be required to defray the cost of these additional benefits for enrollees in QHPs offered through the Exchange, regardless of whether the benefit is embedded in the state's EHB-benchmark plan."

Additionally, we would like to 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.

Hawaii Medical Association
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HOUSE COMMITTEE ON FINANCE
Representative Chris Todd, Chair
Representative Jenna Takenouchi, Vice Chair

Date: February 27, 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.

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.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the House Committee on Finance
Friday, February 27, 2026; 10:00 a.m.
State Capitol, Conference Room 308
Via Videoconference

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

Chair Todd, Vice Chair Takenouchi, 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.

ADD 1003 BISHOP STREET PAUAHI TOWER SUITE 1810 HONOLULU, HI 96813 TEL 808.536.8442 WEB HAWAIIPCA.NET

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@hawaiipca.net.

HB-1969-HD-2
Submitted on: 2/25/2026 9:55:48 AM
Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michelle Emura	American Cancer Society Hawaii	Support	Written Testimony Only

Comments:

Aloha! I absolutely support this bill. Not only as a Guam Pacific ACS Director, a Stage 4 Cancer survivor but for all those that have missed that they have colon cancer which is rapdily becoming more treatable if caught early. Getting screened is trending and that is nothing but great news! We need to make it easier and this is certainly one way thru this bill. Lastly my biggest "why" is my dad died of colon/anal cancer. Mahalo for allowing the testimony to hopefully help you decision to support.

HB-1969-HD-2
Submitted on: 2/26/2026 11:02:16 AM
Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mickey LaVarre	Cancer action network	Support	Written Testimony Only

Comments:

Thank you chairman Chris Todd, Jenna Takenouchi and committee members, My name is Mickey LaVarre and I am an advocate for the American Cancer Society Cancer Action Network and a retired Oncology nurse from Wilcox Hospital on Kauai. I am in very strong support of HB1969 HD2 relating to Colorectal cancer. Having been an oncology nurse for the last 20 years on Kauai I have seen younger and younger patients presenting to our unit with advanced colorectal cancer. Many delay treatment due to fear, financial issues and not having any health care coverage. Early detection is the best defense against this treatable cancer.....if we catch it early enough. I know as a state we can do better than we have. This bill is instramental in helping us detect this cancer earlier and getting patients the care that will save their lives. Thank you for your dedication to helping us fight this disease. Sincerely Mickey LaVarre RN from Kapaa 96746

FIGHT COLORECTAL CANCER
134 Park Central Square
Suite 210, Springfield, MO 65806
(703) 548-1225
FightCRC.org

BY ELECTRONIC SUBMISSION

February 26, 2026

The Honorable Chris Todd
Chair
House Committee on Finance
House District 3

The Honorable Jenna Takenouchi
Vice Chair
House Committee on Finance
House District 27

Dear Chair Todd, Vice Chair Takenouchi, and members of the House Committee on Finance:

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

We appreciate that this legislation reflects the input of various stakeholders, including Fight CRC, that makes clear that coverage for colorectal cancer screening includes a follow-up colonoscopy after an approved non-invasive screening test and ensures that cost will not be a barrier for patients.

We thank this committee and its members for their consideration and respectfully urge that you swiftly 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

House Committee on Finance
Rep. Chris Todd, Chair
Rep. Jenna Takenouchi, Vice Chair

Hearing Date: Friday, February 27, 2026

ACS CAN STRONG SUPPORT of 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 guidance to ensure, 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.

Funding colorectal cancer screenings for uninsured and underinsured residents could help Hawai'i prevent avoidable deaths from the disease and the significantly higher late-stage treatment costs by closing critical gaps in preventive care. This is why ensuring access to colorectal cancer screening is so important, as the test can prevent cancer altogether by removing polyps or detecting it during an earlier, more treatable stage.

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 care 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

Questions have been raised about whether the follow-up colonoscopy after a positive noninvasive test is considered part of the preventive screening process. This question has been addressed directly at the federal level. 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, without cost sharing,, after a positive noninvasive 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 colonoscopy that is required to complete the screening process.

This federal clarification reinforces the need for Hawai'i law to codify these protections to ensure clarity, consistency, and full access to colorectal cancer screening for more residents and is reflected in the language as currently drafted.

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. This statutory language mirrors existing ACA requirements.

ACS CAN respectfully urges the Legislature to fund this critical need and adopt the language to expand access to lifesaving colorectal cancer screenings for Hawai'i residents. Furthermore, ensuring uninsured and underinsured residents have access to the colorectal cancer screening they need 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.

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[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.

American Cancer Society

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 colorecal cancer in 2026
- **~260** Hawaii residents are expected to die from colorecal cancer in 2026

Disease Burden

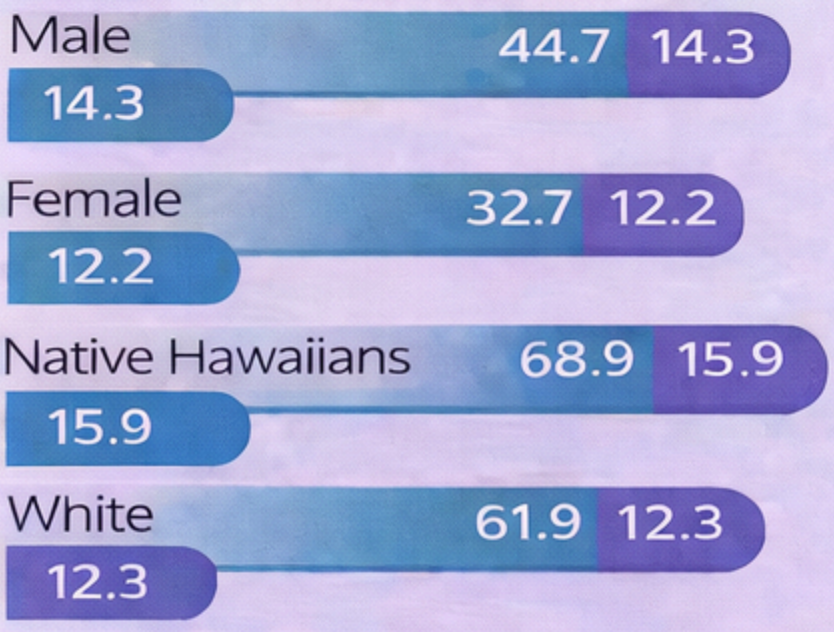
- **58.6%** of new CRC diagnoses in Hawai'i are, on average, late stage
- **Only 10.5%** of adults ages **45-75** completed a **stool-based test,** and **only 54%** of those who completed a stool-based test completed a follow-up colonoscopy.

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

Policies that remove financial barriers to screening and follow up could effectively reduce overal 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

Sources

- American Cancer Society. *Cancer Facts & Figures 2026*. American Cancer Society, 2026.
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- National Cancer Institute & Centers for Disease Control and Prevention. *State Cancer Profiles: Hawai Quick Profile*. 2024.
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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.

HB-1969-HD-2
Submitted on: 2/26/2026 8:47:54 AM
Testimony for FIN on 2/27/2026 10:00:00 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

Friday, February 27, 2026; TIME: 10:00AM

Committee on Finance

Chair Chris Todd, Vice Chair Jenna Takenouchi, and Members of the Committee:

My name is Jennifer Hausler, and I am an advocate with the American Cancer Society Cancer Action Network. I am testifying in strong support of HB1969 HD2: Relating to Colorectal Cancer.

In 1973, my husband—just 27 years old—was diagnosed with adenocarcinoma, a very aggressive form of colon cancer. He underwent emergency surgery on Christmas Eve and faced seven major surgeries in total, involving his colon, kidney, esophagus, the cartilage around his heart, liver, and stomach. Despite every effort, he passed away six years later at the age of 32, leaving me with our 5-year-old and 8-month-old sons. After his diagnosis, even though we both initially worked full time and had HMSA coverage, the medical costs overwhelmed us. We had no choice but to rely on Medicaid and food stamps to survive.

Colorectal cancer remains the second deadliest cancer among men and women combined, in Hawai‘i and across the nation. Yet it is also one of the most preventable and treatable cancers when detected early. Cost continues to be one of the greatest barriers to screening. Individuals without health insurance are far less likely to receive preventive services, which means they often go unscreened—leading to later-stage diagnoses, more complicated and costly treatments, and significantly poorer outcomes.

My family’s experience reflects why this measure is so important. Ensuring that all Hawai‘i residents—regardless of insurance status—have access to timely colorectal cancer screening will save lives, prevent suffering, and protect families from the financial devastation that too often accompanies a cancer diagnosis.

Sincerely,

Jennifer Hausler

Pearl City, HI 96782

HB-1969-HD-2
Submitted on: 2/25/2026 8:51:01 AM
Testimony for FIN on 2/27/2026 10:00:00 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

Friday, February 27, 2026; TIME: 10:00AM

Committee on Finance

Chair Chris Todd and Vice Chair Jenna Takenouchi 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 Sceening 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.

I urge the Legislaure to pass HB 1969 to support colorectal cancer screening.

Sincerely,

Daryl Kurozawa, MD, FACS

Kealakekua, Hawai‘i. 96750

HB-1969-HD-2
Submitted on: 2/25/2026 9:54:12 AM
Testimony for FIN on 2/27/2026 10:00:00 AM

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

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- 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-2
Submitted on: 2/25/2026 1:56:54 PM
Testimony for FIN on 2/27/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mika Mulkey	Individual	Support	Written Testimony Only

Comments:

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

Friday, February 27, 2026; TIME: 10:00AM

Committee on Finance

Aloha Chair Chris Todd and Vice Chair Jenna Takenouchi and committee members:

My name is Mika Mulkey 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.

- 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 cousin lost his life to colorectal cancer in his thirties, and as a person in my fourties, I understand the importance of early detection and prevention.

Mahalo,

Mika Mulkey

Mountain View, 96771

HB-1969-HD-2
Submitted on: 2/25/2026 3:12:56 PM
Testimony for FIN on 2/27/2026 10:00:00 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

Friday, February 27, 2026; TIME: 10:00AM

Committee on Finance

Chair Chris Todd and Vice Chair Jenna Takenouchi 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. This cancer is one of the most preventable and treatable cancers when found early.
- A new American Cancer Society study shows that in 2023 colorectal cancer is the leading cause of cancer death for those under 50 years of age. It is the only major cancer with rising mortality in people under 50—up 1.1% per year since 2005—
- Cost remains one of the greatest barriers to screening for individuals without health insurance. Funding a colorectal screening program for uninsured residents prevents the state from higher late-stage treatment costs.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

HB-1969-HD-2
Submitted on: 2/25/2026 4:10:21 PM
Testimony for FIN on 2/27/2026 10:00:00 AM

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.

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

DATE: Friday, February 27, 2026
TIME: 10:00 a.m.

To: Chairman Chris Todd and Members of the House Committee on Finance:

My name is Bob Toyofuku and I am presenting 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. My father-in-law was diagnosed with colon cancer early enough, so he was able to live into his late 90s. Currently, my wife was diagnosed with colon cancer after a colonoscopy and is now completing over six months of treatment. I am grateful that they diagnosed it early enough, so it did not have a chance to spread.

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. Colorectal cancer rates are increasing among young adults, and 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 and will prevent potential cancer deaths and save future medical costs.

I completely understand that the Finance committee is under pressure because of the state's economic issues, but I feel that it is important to seriously consider preventive measures as a policy matter. This measure will save lives as well as future costs.

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

Lynda Asato
Honolulu, HI 96817

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer
Friday, February 27, 2026; TIME: 10:00AM
Committee on Finance

Chair Chris Todd and Vice Chair Jenna Takenouchi 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

Carol Marx
Kailua, Hi 96734

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer
Friday, February 27, 2026; TIME: 10:00AM
Committee on Finance

Chair Chris Todd and Vice Chair Jenna Takenouchi and committee members:

My name is Carol Marx and I am in STRONG SUPPORT of HB1969 HD2: Relating to Colorectal Cancer.

In 2019, my daughter's best friend died of colon cancer at age 21, having been diagnosed at age 20. My uncle survived colon cancer and lived till age 86. Cancer at any age should be caught with early screening with better funding to encourage participation.

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.

Please support HB1969 HD1.

Sincerely,
Carol Marx
Kailua, 96734

HB-1969-HD-2
Submitted on: 2/24/2026 2:32:27 PM
Testimony for FIN on 2/27/2026 10:00:00 AM

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

Comments:

I strongly **support** this bill. Colon cancer rates are rising. Cancer rates for adults aged 20–39 have risen by about 2% every year since the mid-1990s, with 1 in 5 new diagnoses now occurring in people under 55.

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.

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.

Christel Mailani Pope
Makaweli, Hawaii 96769

RE: Strong Support of HB 1969 HD2: Relating to Colorectal Cancer
Friday, February 27, 2026; TIME: 10:00AM
Committee on Finance

Chair Chris Todd and Vice Chair Jenna Takenouchi 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

HB-1969-HD-2
Submitted on: 2/26/2026 12:47:17 PM
Testimony for FIN on 2/27/2026 10:00:00 AM

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

Comments:

Chair Tpdd. Vice Chair Takenouchi, and members of the House Finance Committee:

My name is Elton Fukumoto, and I support HB1969 HD2.

One of my previous employers switched health insurance companies. When I had my second colonoscopy in five years, I was informed that the new insurance company would cover only 40% of the cost, not 80% like to previous insurer. I had to pay an unexpected additional $2000. Many people cannot afford that kind of expenditure because they do not have $2000 lying around.

This bill will help many people afford the screening care they desperately need.

Thank you.

Elton Fukumoto