



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
KA 'OIHANA PILI KĀLEPA  
335 MERCHANT STREET, ROOM 310  
P.O. BOX 541  
HONOLULU, HAWAII 96809  
Phone Number: 1-844-808-DCCA (3222)  
Fax Number: (808) 586-2856  
cca.hawaii.gov

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

SYLVIA LUKE  
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

NADINE Y. ANDO  
DIRECTOR | KA LUNA HO'OKELE

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

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

**Before the  
Senate Committee on Ways and Means  
Wednesday, April 1, 2026  
10:03 a.m.**

**State Capitol, Conference Room 211 and via Videoconference**

**On the following measure:  
H.B. 1969, H.D. 2, S.D. 1, RELATING TO COLORECTAL CANCER**

**WRITTEN TESTIMONY ONLY**

Chair Dela Cruz, Vice Chair Moriwaki, 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 the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings and treatment for certain persons; (2) require state-funded coverage for follow-up treatment for colorectal cancer for certain persons; (3) require coverage to include a follow-up colonoscopy after a positive test result; and (4) 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.

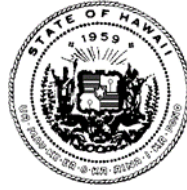
Additionally, we note the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed requesting 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  
KE KIA'ĀINA



RYAN I. YAMANE  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

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

TRISTA SPEER  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

March 31, 2026

TO: The Honorable Senator Donovan M. Dela Cruz, Chair  
Senate Committee on Ways and Means

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1969 HD2 SD1 – RELATING TO COLORECTAL CANCER.**

Hearing: April 1, 2026, 10:03 a.m.  
Conference Room 211 & via Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent and offers comments regarding Sections 5 and 7. DHS respectfully requests that this program and appropriation not conflict with, reduce, or replace priorities identified in the executive budget.

In order to implement this program, DHS would need to develop the infrastructure to receive applications demonstrating the eligibility criteria outlined in this bill. Some screening tests, such as colonoscopies, can be costly, with costs ranging from one to several thousand dollars; some individuals may require additional follow-up screening. Additionally, funding is required to support the cost of treatment for uninsured individuals who screen positive for colorectal cancer.

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. We also request an extended effective date since the required rule-making process can be lengthy and in consideration of the Med-QUEST

March 31, 2026

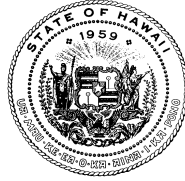
Page 2

Division's focus on implementing programmatic changes required by the One Big Beautiful Bill Act (OBBBA) Public Law 119-21.

Based on the number of individuals meeting the colorectal screening age recommendations that would qualify for this program, 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 OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



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

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P.O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

WRITTEN  
TESTIMONY ONLY

**Testimony COMMENTING on H.B. 1969, H.D. 2, S.D. 1  
RELATING TO COLORECTAL CANCER**

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

Hearing Date: April 1, 2026  
10:03 AM

Room Number: Conference Room 211  
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, Senate Draft 1 (H.B. 1969, H.D. 2, S.D. 1)
- 5 aligns with the priority of the DOH's Hawaii Comprehensive Cancer Control Program (HCCCP) to
- 6 increase colorectal cancer screenings statewide and to reduce the incidence of colorectal cancer
- 7 and colorectal cancer-related deaths by increasing access to colorectal cancer screening,
- 8 especially among the gap group of uninsured and underinsured populations. Timely screening
- 9 can prevent and detect cancer early to improve treatment and quality of life outcomes. The
- 10 HCCCP relies on the Centers for Disease Control and Prevention recommendations and the [U.S.](#)
- 11 [Preventive Services Task Force guidelines for screening](#).<sup>1</sup> 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

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<sup>1</sup> 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 meeting  
3 screening guidelines, 72% of people with healthcare coverage met the colorectal cancer  
4 screening guidelines compared to 29% who did not have healthcare coverage.<sup>2,3</sup>

5 The Department appreciates the amendments in H.B. 1969, H.D. 2, S.D. 1, which includes  
6 treatment for uninsured residents who are screened through the public assistance program.

7 **Offered Amendments:** None

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

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<sup>2</sup> 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>

<sup>3</sup> 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

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

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

**JOHN C. (JACK) LEWIN, MD**  
ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 [www.shpda.org](http://www.shpda.org)

March 31, 2026

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

**LATE**

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

RE: **HB 1969-HD2-SD1 -- RELATING TO COLORECTAL CANCER**

HEARING: Wednesday, April 1, 2026 @ 10:03 am; Conference Room 211

POSITION: SUPPORT

Testimony:

SHPDA strongly supports HB 1969-HD2-SD1. 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

**HB-1969-SD-1**

Submitted on: 3/30/2026 12:06:20 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

Submitted By	Organization	Testifier Position	Testify
Mark Vasconcellos	Testifying for American cancer society action network.	Support	Written Testimony Only

Comments:

Dear Chair Dela Cruz, Vice-Chair Moriwaki and committee members,

My name is Mark Vasconcellos and I am a patient/caretaker/survivor and advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB1969 SD1: Relating to Colorectal Cancer.

As a colon cancer survivor. I can't stress enough how this can help! I'm glad, I caught mines early at stage 1 and survived till today. I receive follow up colonoscopies and till today I'm a survivor.

- 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 SD1. Thank you for your time and consideration.

Sincerely,

Mark vasconcellos

Aiea 96701





## Hawaii Medical Association

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

### SENATE COMMITTEE WAYS AND MEANS

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

Date: April 1, 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 SD1 RELATING TO COLORECTAL CANCER:** DHS; Colorectal Cancer Screenings; State-Funded Public Assistance; Appropriation

### **Position: Support**

This measure would require the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings and treatment for certain persons, require state-funded coverage for follow-up treatment for colorectal cancer for certain persons, requires coverage to include a follow-up colonoscopy after a positive test result, specify that coverage is not subject to a deductible, copayment, coinsurance, or any other cost-sharing requirements, appropriate funds. Effective 7/1/3000. (SD1)

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 and appreciates the amendments of the Senate Committee on Commerce and Consumer protection to align coverage, 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.



Senate Committee on Ways and Means  
Senator Chair Donovan Dela Cruz, Chair  
Senator Sharon Moriwaki, Vice Chair

Hearing Date: Wednesday, April 1, 2026

**ACS CAN STRONG SUPPORT HB 1969 SD1: 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 SD1: 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.<sup>i</sup> This year alone, ACS estimates that 840 people in Hawaii will be diagnosed and 260 will die from the disease.<sup>ii</sup> 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 at the end of this year. 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.**<sup>iii</sup> 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).<sup>iv</sup> Among Asian/Pacific Islander residents, the incidence rate was 37.0%,<sup>v</sup> and nearly 59% of diagnosed cases were late-stage.<sup>vi</sup> 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. Ensuring access to preventive colorectal cancer screening now will help protect those most at risk and reduce long-term costs to the state.

### **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).<sup>vii</sup> 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.<sup>viii</sup> 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.<sup>ix</sup> 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 SD1 aligns 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 SD1. 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](mailto:Cynthia.Au@Cancer.org) or 808.460.6109.

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

<sup>ii</sup> [American Cancer Society - Cancer Statistics Center](#)

<sup>iii</sup> 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

<sup>iv</sup> [State Cancer Profiles - Incidence Rate Tables](#)

<sup>v</sup> [State Cancer Profiles - Incidence Rate Tables](#)

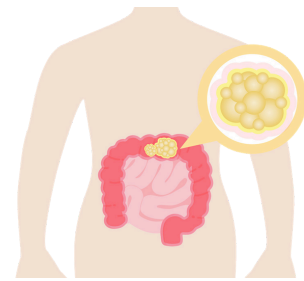
<sup>vi</sup> [State Cancer Profiles - Incidence Rate Tables](#)

<sup>vii</sup> Patient Protection and the Affordable Care Act, P.L. 111-148, §1800 (codified at U.S.C. 42 § 2713(a)(1) (2010))

<sup>viii</sup> <sup>i</sup> 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 \(dol.gov\)](#).

<sup>ix</sup> Ran T, Cheng CY, Misselwitz B, et al. Cost-effectiveness of colorectal cancer screening strategies – A systematic review. *Clin Gastroenterol Hepatol*. 2019; 17(10):1969-81.

# COLORECTAL CANCER DISEASE IN HAWAI'I

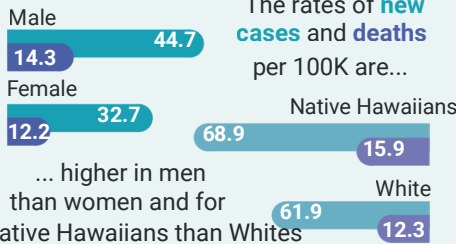
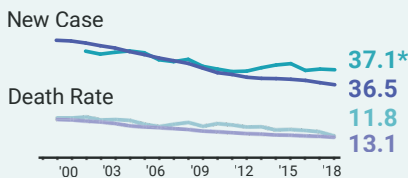


**Colorectal cancer (CRC) is now the leading cause of cancer-related death among men and women under age 50.**

**In Hawaii, 840 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.<sup>1</sup>



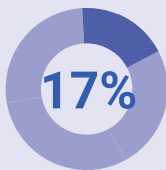
**58.6%** of new CRC diagnoses in Hawaii are, on average, **late-stage**



**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

**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

# 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](mailto:Cynthia.Au@cancer.org)

☎ 808.460.6109



134 Park Central Square  
Suite 210, Springfield, MO 65806

(703) 548-1225  
FightCRC.org

**BY ELECTRONIC SUBMISSION**

**March 31, 2026**

The Honorable Donovan M. Dela Cruz  
Chair  
Senate Committee on Ways and Means

The Honorable Sharon Y. Moriwaki  
Vice Chair  
Senate Committee on Ways and Means

Dear Chair Dela Cruz, Vice Chair Moriwaki, and members of the Senate Committee on Ways and Means:

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 [HB1969HD2 SD1](#). Fight Colorectal Cancer has [submitted testimony and feedback](#) in support of this legislation during the 2026 Regular Session in the House and Senate and we appreciate the opportunity to continue to share our support for this important policy to members of the Senate Committee on Ways and Means.

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 elected representatives in the House and Senate have made amendments, reflected in [HB1969 HD2](#) and in [HB1969 HD2 SD1](#) to make clear that coverage across all payors and mutual benefit societies shall include a follow-up colonoscopy conducted after any abnormal stool-based test, blood test, or direct visualization test and that none of these services will place any cost burden on the patient.



134 Park Central Square  
Suite 210, Springfield, MO 65806

(703) 548-1225  
FightCRC.org

We appreciate the Committee on Ways and Means 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 [HB1969HD2 SD1](#) and help ensure that all Hawaiians have access to life-saving colorectal cancer screening.

Sincerely,

Shahryar M. Baig  
State Policy Manager  
Fight Colorectal Cancer

**HB-1969-SD-1**

Submitted on: 3/30/2026 10:20:00 AM

Testimony for WAM on 4/1/2026 10:03:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mark Morikawa	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Dela Cruz and Vice Chair Moriwaki,

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

## HB1969 HD2 SD1 Relating to Colorectal Cancer

As a stage one colon cancer survivor, I strongly support this measure relating to colorectal cancer screening coverage.

Early detection is the key. My experience is a reminder that access to timely screening can save lives.

Colorectal cancer is a major health issue in Hawaii, ranking as the third most diagnosed cancer and a top cause of cancer death. Approximately **700 to 720** new cases are diagnosed annually in Hawai'i, with about 220–225 deaths occurring each year.

This measure expands access to evidence-based screenings and removes cost barriers, including for necessary follow-up colonoscopies. These are critical steps to ensure individuals do not delay care due to financial concerns.

By increasing access and awareness, this bill will help improve early detection and health outcomes across Hawaii.

Mahalo for the opportunity to testify in support.

Arlina Agbayani

Honolulu, Hawaii 96817

**HB-1969-SD-1**

Submitted on: 3/30/2026 12:39:14 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mark Willingham	Individual	Support	Written Testimony Only

Comments:

Dear Chair Dela Cruz, Vice-Chair Moriwaki and committee members,

My name is Mark Willingham and I am a Community health educator with the University of Hawaii Cancer Center and advocate for the American Cancer Society Cancer Action Network (submitting testimony as an individual citizen). I am in **STRONG SUPPORT** of HB1969 SD1: Relating to Colorectal Cancer. With my work in the communities around the island, I hear about numerous barriers to preventive cancer screenings and often hear about the lack of insurance, or fear of unintended costs that will come along with a cancer diagnosis that deter people from going in for routine cancer screenings. These, along with other barriers, often lead to not engaging in preventive cancer screenings. This bill will help to provide coverage to those who may be uninsured or underinsured, often those who may be at higher risk for colorectal cancer or not know about family history of the disease.

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. However, 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. This can be reduced with life-saving bills such as this one. For these reasons, I respectfully urge you to support HB1969 SD1. Thank you for your time and consideration.

Sincerely,

Mark Willingham, 96813

**HB-1969-SD-1**

Submitted on: 3/30/2026 2:21:43 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

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

Comments:

I, Johnnie-Mae L. Perry, Strongly Support

1969 HB RELATING TO COLORECTAL CANCER.

PREVENTABLE CANCER AND 3RD LEADING DEATH IN THE U.S.A.

**HB-1969-SD-1**

Submitted on: 3/30/2026 2:48:43 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daryl Kurozawa	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer

Wednesday, April 1, 2026; TIME: 10:03AM

Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki 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 SD1: 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.

- 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 SD1. Thank you for your time and consideration.

Sincerely,

Daryl Kurozawa, MD

Kealahou, Hawai'i. 96750



**HB-1969-SD-1**

Submitted on: 3/30/2026 2:53:29 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cheryl K. Okuma	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer

Wednesday, April 1, 2026; TIME: 10:03AM

Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki 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 SD1: 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 SD1. Thank you for your time and consideration.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

**Christel Mailani Pope  
Makaweli, Hawaii 96769**

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer  
Wednesday, April 1, 2026; TIME: 10:03AM  
Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki 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 SD1**: 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. Even with health insurance and 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.

Medical debt is stressful, I've been paying it off slowly 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-SD-1**

Submitted on: 3/30/2026 5:51:30 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Naomi Furutani	Individual	Support	Written Testimony Only

Comments:

Dear Chair Dela Cruz, Vice-Chair Moriwaki and committee members,

My name is Naomi Furutani and I am a friend and family member of very important people to me, who have battled cancer and is currently battling cancer. I am in **STRONG SUPPORT** of HB1969 SD1: Relating to Colorectal Cancer.

Many years ago, my Grandmother passed away from a cancer battle that she could not beat. Recently a good friend of mine has beat her cancer. Currently another good friend of mine is fighting hard to win her battle of advanced stage colorectal cancer. I strongly feel that early detection for colorectal cancer will save lives!! I believe Bill1969 will save lives by providing knowledge and access to early detection.

- 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 SD1. Thank you for your time and consideration.

Sincerely, Naomi Furutani

Mililani, 96789



**HB-1969-SD-1**

Submitted on: 3/30/2026 6:58:27 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

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

Comments:

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer

Wednesday, April 1, 2026; TIME: 10:03AM

Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki and committee members,

My name is Jennifer Hausler and I am a former caretaker/ and volunteer advocate for the American Cancer Society Cancer Action Network . I am in **STRONG SUPPORT of HB1969 SD1: Relating to Colorectal Cancer.**

- In Hawai‘i and nationwide, colorectal cancer remains the second deadliest cancer among men and women combined. My late husband is one of the statistics.
- 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.He was only 27 when he was diagnosed.

For these reasons, I respectfully urge you to support HB1969 SD1. Thank you for your time and consideration.

Sincerely,

Jennifer Hausler

Pearl City, 96782

**TESTIMONY OF ROBERT TOYOFUKU IN SUPPORT OF H.B. NO. 1969 HD2 SD1  
RELATING TO COLORECTAL CANCER**

DATE: Wednesday, April 1, 2026

TIME: 10:03 a.m.

To: Chairman Donovan Dela Cruz and Members of the Senate Committee on Ways and Means:

My name is Bob Toyofuku and I am presenting this testimony as an individual in Support of H.B. 1969 HD 2 SD 1 Relating to Colorectal Cancer. I am in support of this measure because of my personal experience with family members who have had colorectal cancer.

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

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

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

**HB-1969-SD-1**

Submitted on: 3/30/2026 11:29:51 PM

Testimony for WAM on 4/1/2026 10:03:00 AM

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

Comments:

**STRONG SUPPORT**

HB1969 SD1 removes cost barriers to colorectal cancer screening and expands access to early detection for underserved populations.

**Bill Identification**

HB1969 SD1 – Relating to Colorectal Cancer

Committee on Ways and Means

April 1, 2026, 10:03 AM

Chair Dela Cruz, Vice-Chair Moriwaki, and Members of the Committee:

My name is Josh Fowler, a resident of Kapolei. I am writing in **strong support** of HB1969 SD1.

- **Colorectal cancer remains a leading cause of death.**  
It is the second deadliest cancer among men and women combined, despite being one of the most preventable and treatable when detected early.
- **The screening pathway currently has a gap.**  
Stool-based tests are commonly covered, but follow-up colonoscopies after a positive result may still involve cost-sharing. This creates a barrier at a critical point in diagnosis.
- **HB1969 aligns state law with federal guidance.**  
The bill codifies federal Tri-Agency guidance requiring coverage of follow-up colonoscopies without cost-sharing, ensuring consistent application across plans in Hawai‘i.
- **Uninsured and underinsured residents face the greatest barriers.**  
Individuals without coverage are significantly less likely to receive recommended screenings. The bill’s screening program addresses this gap, where delayed detection leads to more complex treatment and worse outcomes.
- **Trends in younger populations are changing.**  
Colorectal cancer incidence and mortality are increasing among individuals under 50, making access to timely screening more relevant for working-age adults.

**Conclusion**

HB1969 SD1 strengthens the full screening pathway and expands access to preventive care. I respectfully urge the Committee to pass this measure.

Sincerely,  
**Josh Fowler**  
Kapolei, Hawai'i 96707

To: Senator Donovan Dela Cruz, Chair  
Senator Sharon Moriwaki, Vice Chair  
Members of the Committee on Ways and Means

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer

Hearing: Wednesday, April 1, 2026; TIME: 10:03AM  
Committee on Ways and Means

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Dear Chair Dela Cruz, Vice-Chair Moriwaki, 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, Kawanānakoā 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 **HB1969 SD1**: 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 **HB1969 SD1**: Relating to Colorectal Cancer.*

**Why HB1969 SD1 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 **HB1969 SD1**. Thank you for your time and consideration.

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

Lynda Asato  
Honolulu, HI 96817

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer  
Wednesday, April 1, 2026; TIME: 10:03AM  
Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki 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 SD1: 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. I have a family history of colon cancer deaths among my grandfather, his two sons and a daughter (my Aunt Betty). That's why I have had colonoscopies on the recommended time frame myself and each time I have had polyps removed that could have become cancerous. I'm blessed to have excellent health insurance, but others are not as fortunate. There are many underinsured and uninsured people who are unable to be as proactive as I am and have been victims of late-stage colon cancer like my family. 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 SD1. Thank you for saving lives.

Sincerely,  
Lynda Asato  
Honolulu, 96817

*Carol Marx*

Kailua, 96734

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer  
Wednesday, April 1, 2026; TIME: 10:03AM  
Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki 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 SD1: 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 SD1. Thank you for your time and consideration.

Sincerely,

*Carol Marx*

Kailua  
96734

Beverly Wong  
Honolulu, HI 96818

RE: Strong Support of HB 1969 SD1: Relating to Colorectal Cancer  
Wednesday, April 1, 2026; TIME: 10:03AM  
Committee on Ways and Means

Dear Chair Dela Cruz, Vice-Chair Moriwaki and committee members:

My name is Beverly Wong and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB1969 SD1: Relating to Colorectal Cancer.

My family was fortunate to enjoy the love and care of our mother for 30 additional years due to her successful surgery and recovery from colon cancer.

I support the passing of this bill so that all families will be able to benefit of having their loved ones for many more years due to the early detection of cancer in the colon.

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 SD1. Thank you for saving lives.

Sincerely,  
Beverly Wong  
Honolulu, 96818

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and committee members:

My name is Becki Ward, and I am writing in strong support of HB1969 SD1: Relating to Colorectal Cancer. My husband died from cancer 20 years ago and, since that time, I have advocated for cancer research and for equity in cancer screening and treatment. Toward this end, I am a volunteer with the American Cancer Society and the UH Cancer Research Center.

Colorectal cancer generally is very treatable when detected early. As the second leading cause of cancer mortality among all groups, and with the rise of colorectal cancer mortality which we have seen in the <50 age group in recent years, access to colorectal cancer screening is crucial. As you know, consistent with Federal requirements, Hawaii currently requires coverage of colorectal cancer by health insurance plans. However, cost is a significant barrier for those who are uninsured or underinsured. As a result, the screening rate among these groups falls far below the rate among the insured population.

In addition to codifying the requirement for coverage by insurance plans, HB1969 SD1 will provide dedicated funding for a colorectal cancer screening program for the uninsured and underinsured, a strong step toward closing this equity gap.

For these reasons, I respectfully urge you to support HB1969 SD1. Mahalo for your consideration.

Sincerely,  
Rebecca "Becki" Ward  
Honolulu, Hawaii 96816