



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

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KE KIA'AINA O KA MOKU'AINA 'O HAWAII

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April 15, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Honorable Members

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

RE: **HCR 35 -- RELATING TO COVERAGE FOR BIOMARKER TESTING**

HEARING: Friday, April 17, 2026 @ 1:00 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

HCR 35 is intended to ensure that patients in Hawai'i can access medical appropriate biomarker testing by requiring health insurers, mutual benefit society plans, and HMOs to cover biomarker testing when it is supported by medical and scientific evidence, such as FDA test/drug indications for various medical conditions. Biomarker testing is essential to manage medications and monitor disease progression in heart disease, cancer, and neurodegenerative disease, including Alzheimer's Disease. For a majority of cancer patients, biomarker testing is essential for determining the appropriate treatment, and to assure access to the most effective therapeutics.

Once again, given that this measure appears in the past four annual legislative calendars without resolution, it will important not to simply assess costs of biomarker testing, but rather whether Hawai'i is falling behind the mainland and other nations on access to essential care through lack of reimbursement or prior authorization barriers, as well as in assessing how many patients are being adversely affected.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

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LJ R. Duenas,
Executive Director
Alzheimer's Association

Testimony to the Senate Committee on Health and Human Services Friday, April 17, 1:00 PM, Hawaii State Capitol Conference Room 225 and Videoconference

RE: House Concurrent Resolution 35

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

My name is Coby Chock, and I am testifying on behalf of the Alzheimer's Association Hawaii Chapter. We are in **strong support** of HCR35, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Currently, over 6 million Americans are living with Alzheimer's, yet nearly half remain undiagnosed. Early diagnosis is crucial as it opens doors to essential care and support services, enhances quality of life, and mitigates the financial burden of the disease. With the FDA's recent approval of treatments that slow Alzheimer's progression, early detection has become even more vital to maximize the benefits of these therapies.

Scientific advancements have brought us promising tools, such as a blood test for cognitive decline with a 90% accuracy rate. Despite these breakthroughs, the path to a dementia diagnosis is often lengthy and challenging, depriving families of valuable time. Presently, diagnosis depends heavily on observing cognitive decline, which means significant brain damage has already occurred by the time of diagnosis.

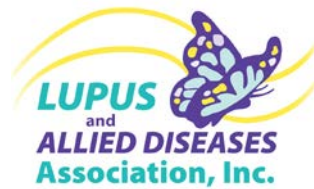
Researchers are diligently working to find straightforward and precise methods to detect Alzheimer's before severe symptoms manifest. Biomarkers, or biological indicators, are among the most promising avenues. Progress in biomarker research now allows us to observe Alzheimer's-related changes in the brain, monitor disease progression, and evaluate treatment efficacy.

However, the benefits of these scientific advancements are not fully realized due to limited accessibility. Insurance coverage for biomarker testing, including blood, saliva, and imaging tests, has not kept up with these innovations. The Alzheimer's Association is dedicated to removing these barriers to ensure that everyone affected by dementia can access these critical diagnostic tools.

Thank you for your attention and support. We urge you to back initiatives that expand access to biomarker testing, ultimately improving the lives of those impacted by Alzheimer's disease. Mahalo for the opportunity to testify in support! If you have questions, please contact me at 808-451-3410 or ckchock@alz.org



Coby Chock
Director of Public Policy and Advocacy
Alzheimer's Association - Hawaii



MEMORANDUM IN SUPPORT

HCR 35

April 15, 2026

On behalf of the Lupus and Allied Diseases Association and the millions of Hawaiians both directly and indirectly affected by autoimmune conditions, cancer and other diseases of unmet need, we passionately urge you to please support HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING in the Committee on Health and Human Services.

HCR 35 is in relation to House Bill No. 1971, introduced in the Regular Session of 2026, that requires insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a person's disease or condition to guide treatment decisions when supported by medical and scientific evidence to ensure that Hawaiians have improved access to innovative therapies by facilitating insurance coverage of biomarker testing.

As patient stakeholders who represent individuals dealing with serious medical conditions on a daily basis and their loved ones who strongly support establishing essential patient protections that improve access to vital therapies, we strongly urge your support and passage of **HCR 35** to ensure that **Hawaiians** have coverage for biomarker testing when medically appropriate. Access to appropriate medication can dramatically improve disease outcome and quality of life and effective treatment can reduce the severity and frequency of disease activity and decelerate its progression, enabling individuals to remain productive.

Due to the heterogeneity of autoimmune diseases like lupus, no two patients are alike and treatment is highly individualized. We have been eagerly awaiting more efficacious and safer groundbreaking treatments that target the offending molecule or cell that disrupts our immune system and in a perfect world, people like us would take one pill a day for treatment instead of forty-eight. We desperately need safer, more innovative treatments that address the pathogenesis of diseases, while impacting what matters most to patients—reducing symptoms and improving daily functioning and quality of life. Biomarker testing will provide the path forward to targeted therapies and precision medicine.

Hawaii has a longstanding record of providing access to affordable healthcare as well as some of the strongest patient protections in the country. By improving coverage and access to biomarker testing, **HCR 35** has the potential to reduce health disparities and inequities for communities of color, individuals with lower socioeconomic status, rural communities, disabled populations, and those receiving care in non-academic medical centers who are all currently less likely to receive testing for biomarkers.

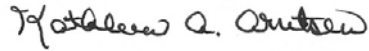
The Lupus and Allied Diseases Association was founded in 1978 and is a national non-profit organization led by people with lupus and allied diseases and their loved ones who are dedicated to ensuring that the patient perspective is included and recognized as an equal stakeholder in the healthcare, regulatory and public policy arenas and across the research continuum. It is our goal to improve access to care and quality of life by fostering collaboration among stakeholders and by wielding the patient voice as a catalyst to advance innovative advocacy, education, awareness and biomedical research initiatives that will identify causes, advance better diagnostics, and discover superior treatments, and cures.

We urge the Committee on Health and Human Services and state legislature to support **HCR 35** and stand with patients and their loved ones by helping to advance biomarker testing and ultimately, precision medicine. There are millions of people who could benefit from innovative drugs now, and many more in the future who are yet to be diagnosed. Patients with rare and chronic diseases of unmet need with only limited or no therapies need access to an array of novel, promising treatments and biomarker testing is the key to unlocking the right treatments for the right patients. Public policy must keep pace with innovation.

Please contact me at 315-264-9101 or kathleen@ladainc.org if you have any questions.

We thank you for considering our unique patient viewpoint.

Respectfully Submitted-



Kathleen A. Arntsen
President & CEO

April 15, 2026

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Dear Chairman, Vice Chair and members of the Committee on Health and Committee on Human Services:

On behalf of the almost 6,075 living with Chronic Kidney Disease, I'm writing to you to ask for your support for HCR 35. This important bill would ensure that patients facing chronic diseases, such as kidney disease, are able to access and afford biomarker testing when necessary. Research shows that there are disparities in who is currently benefitting from biomarker testing people of color, and those in rural communities are less likely to be tested. Improving access to biomarker testing is key for reducing disparities in cancer outcomes and other serious health conditions, including kidney disease.

The American Kidney Fund (AKF) works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, to support people wherever they are in their fight against kidney disease from prevention through post-transplant living. With programs that address early detection, disease management, financial assistance, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF.

Biomarker testing is the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker. Biomarker testing is an important step for accessing precision medicine, including targeted therapies that can lead to improved survivorship and better quality of life for cancer patients. Biomarker testing is increasingly important to cancer care, and for the treatment of other diseases including arthritis, other autoimmune conditions, and rare diseases, including rare kidney diseases. Research into rare kidney disease is progressing rapidly, and precision medicine has the potential to keep many people from ever developing End Stage Renal Disease.

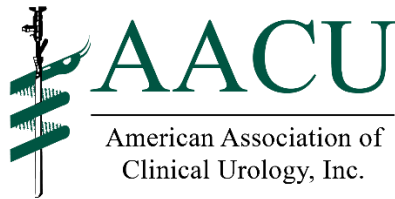
While there are currently only two treatment options for those with end-stage-renal disease specifically dialysis or kidney transplant we are hopeful that other options may be available to patients in the future and believe this is a question of when, not if. As of now, neither dialysis nor transplant are inexpensive treatments, and both have a significant impact on a person's life and quality of life.

Unfortunately, kidney disease disproportionately affects minorities. One of the American Kidney Fund's top priorities is to advocate for health equity, and we believe that healthcare access and affordability are critical components. Without action to expand coverage of promising medical testing, such as biomarker testing, advances in precision medicine will likely lead to an increase in existing disparities in health outcomes. Every person deserves access to affordable biomarker testing.

HCR 35 will increase access to biomarker testing helping doctors to identify the right treatment at the right time. HCR 35 aligns coverage of biomarker testing with the latest science, providing a gateway to targeted therapies that can lead to better health outcomes and improved quality of life. Biomarker testing could allow HCR 35 to bypass costly and ineffective treatments by connecting patients with therapies that will be most effective for their individual disease.

Please support HCR 35 to expand access to biomarker testing. Thank you for your consideration.

Sincerely,
Josie Gamez
Associate Director of State Policy and Advocacy
American Kidney Fund



Hawai'i State Senate
Committee on Health and Human Services
Hawai'i State Capitol
415 South Beretania Street
Honolulu, HI 96813

April 16, 2026

Re: Support for HCR 35 – Biomarker Testing Impact Assessment

The Honorable San Buenaventura, Vice Chair McKelvey and committee members:

On behalf of the American Association of Clinical Urologists (AACU), I write to express our strong support for HCR 35, which requests the State Auditor to assess the social and financial implications of mandating health insurance coverage for biomarker testing.

Founded in 1968 by urologists concerned by the government's increasing role in the practice of medicine, the AACU represents more than 3,700 physicians and affiliated urologic societies nationwide. Our members are on the front lines of diagnosing and treating complex urologic conditions, including cancer, where biomarker testing is increasingly central to clinical decision-making.

HCR 35 reflects a thoughtful and disciplined approach to policymaking. Before expanding mandated coverage, it is critical to understand both the clinical value and the downstream economic implications. Biomarker testing sits at the intersection of precision medicine and cost management. When used appropriately, it can guide treatment selection, avoid ineffective therapies, and improve patient outcomes. At the same time, mandates without a clear understanding of utilization patterns, cost impact, and payer behavior can create unintended consequences across the healthcare system.

From a clinical perspective, urologists are already incorporating biomarker testing into the management of prostate, bladder, and kidney cancers. These tools are not theoretical. They are actively shaping treatment pathways and helping physicians tailor care to individual patients. The question is no longer whether biomarker testing has value. The question is how to integrate it responsibly into coverage frameworks that balance access, affordability, and sustainability.

From a policy perspective, Hawaii is taking the right step. By requesting an independent assessment, the Legislature is ensuring that any future mandate is grounded in data rather than assumption. That approach protects patients, providers, and the broader healthcare system. It also recognizes that coverage decisions increasingly function as market signals, influencing innovation, investment, and care delivery.

This is particularly important in a landscape where precision medicine continues to evolve rapidly. Coverage mandates can either accelerate appropriate adoption or distort it. A clear understanding of both the social benefit and financial impact allows policymakers to move forward with confidence.

For these reasons, the AACU supports HCR 35 and encourages the Committee to advance this resolution. We would welcome the opportunity to serve as a clinical resource as the State evaluates biomarker testing and its role in patient care.

Thank you for your consideration and for your continued leadership on healthcare policy.

Respectfully,

Sincerely,

John Lam, MD
State Advocacy Network Chair
American Association of Clinical Urologists, Inc.

Charles Mark Jackson, MD
President
American Association of Clinical Urologists, Inc.

Ron Lanton Esq.
Government Affairs Director
American Association of Clinical Urologists, Inc



Biotechnology Innovation Organization
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April 17, 2026

The Honorable Joy San Buenaventura
Chair, Senate Committee on Health and Human Services
Hawai'i State Senate
415 S Beretania St.
Honolulu, HI 96813

Dear Senator San Buenaventura and Members of the Committee:

The Biotechnology Innovation Organization (BIO) is pleased to **support HCR 35**, a resolution calling for an Auditor's Study of health insurance coverage for biomarker testing as outlined in HB 1971. BIO supports timely, appropriate, and equitable access to biomarker testing as well as adequate coverage and reimbursement by public and private payers when backed by clinical guidelines or peer-reviewed scientific evidence. Delays in biomarker testing and coverage may lead to worse outcomes for patients.

BIO is the premier biotechnology advocacy organization representing biotech companies, industry leaders, and state biotech associations in the United States and more than 35 countries around the globe. BIO members range from biotech start-ups to some of the world's largest biopharmaceutical companies – all united by the same goal: to develop medical and scientific breakthroughs that prevent and fight disease, restore health, and improve patients' lives. BIO also organizes the BIO International Convention and a series of annual conferences that drive partnerships, investment, and progress within the sector.

Continuing advances in science and genomics are driving an increased understanding of human physiology and how diseases affect the body; these advances are helping researchers identify new biomarkers. As more biomarkers are identified, they have the potential to greatly enhance the drug development process by providing researchers with new ways to measure disease activity, reduce the amount of time required to show a medicine is safe or effective, and enable the development of more personalized, precision medicine—particularly where multiple biomarkers can inform the use of targeted drug combinations. Biomarkers can also allow researchers to better understand how effective a treatment is against a disease with endpoints that are difficult to define, providing clinicians with additional informative measurements in the early diagnosis of a disease and identifying differences in responses between individuals or subpopulations.

The development of personalized medicines that are more tailored to the individual patient using biomarkers helps drive efficiencies and improvements in patient care.

Biomarkers can help identify patients most likely to benefit from a specific treatment. For example, biomarkers are often used in cancer treatments to identify patients with tumors expressing certain genetic characteristics that indicate those patients are likely to respond to a targeted cancer therapy. In another example, they can be used to ensure that a certain patient with a rare disease will most likely benefit from a specific therapy, particularly gene therapy.

Access to biomarker testing should not be delayed, as this may have detrimental effects on patient outcomes. If patients do not have access to biomarker testing, they will not know about life-saving targeted therapies that can improve their overall health outcome. Additionally, it is important that if access to a particular therapy is dependent upon specific biomarker, coverage and testing policies must immediately reflect the new advances in treatment. Coverage policies should never stand in the way of access to treatment.

The identification of biomarkers is not done through at home genetic DNA testing. It is done in a medical setting by healthcare professionals and clinicians within the scope of their license and experience to identify appropriate biomarkers for clinical trials. In addition, genetic counselors guide patients through proper clinical treatment guidelines and options. These health professionals must always have the ability to order all comprehensive biomarker testing panels necessary to ensure appropriate treatment and continuing care. Sadly, a February 2022 report by Milliman found that 48 states have no minimum coverage requirements for biomarker testing.¹

BIO supports the continual assessment of coverage requirements by public and private payers for novel biomarker testing that come to market. Additionally, public, and private payers should regularly review clinical guidelines, existing medical compendia, CMS coverage guidelines, recommendations of health professional organizations, and consensus statements to update their testing policies.

Biomarker testing should not be subject to lifetime limits. As disease stages progress over time and can vary from patient to patient, biomarker testing should be covered for all relevant panels of tests at any time in the continuum of care, if determined necessary by a health care professional.

For these reasons outlined above, **we respectfully urge your YES vote on HCR 35.** If you have any questions, please do not hesitate to contact me to discuss this further.

Sincerely,



Primo J. Castro

Director, State Government Affairs – Western & Puerto Rico Region

¹ Dieguez, G., Carioto, J., *The landscape of biomarker testing coverage in the United States.* (2022).



**Testimony to the Senate Committee on Health and Human Services
Friday, April 17, 2026; 1:00 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: HOUSE CONCURRENT RESOLUTION NO. 035, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Concurrent Resolution No. 035, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

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 implement the requirements of Sections 23-51 and 23-52, Hawaii Revised Statutes, which mandate the adoption of a Concurrent Resolution before the enactment of legislation that would require health insurance coverage for specific health services. The Concurrent Resolution would request the Auditor to perform an analysis of the social and financial effects of the proposed mandated coverage before the enactment of legislation.

The resolution would ask the Auditor to submit a report of findings and recommendations to the 2027 Hawaii State Legislature.

Testimony on House Concurrent Resolution No. 035
Friday, April 17, 2026; 1:00 p.m.
Page 2

In recent years, the American Cancer Society had worked with the sponsor of this Concurrent Resolution to enact legislation that would require insurance coverage for biomarker testing. While the HPCA agrees that the public would truly benefit from utilizing biomarker testing to screen and identify specific diseases in patients, we raised concerns on whether the expansion of covered benefits would impact Hawaii's Prepaid Healthcare Law. [See, House Bill No. 1971, RELATING TO INSURANCE., and Senate Bill No. 2390, RELATING TO INSURANCE., Regular Session 2026; Senate Bill No. 0969, RELATING TO INSURANCE., Regular Session 2025; and House Bill No. 2223, RELATING TO INSURANCE., Regular Session 2024.]

Hawaii is the only state that requires employers to provide health insurance to employees. Hawaii is able to enforce this requirement because the Congress passed legislation exempting Hawaii's 1974 law from certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In part because the Prepaid Health Care Act took effect before ERISA was enacted, Hawaii is the only state with such an exemption. This exemption, however, has frozen the Prepaid Health Care Act in its original form.

The ERISA exemption is limited to Hawaii's Prepaid Health Care Act as it was passed in 1974. As such, the State cannot amend the Act unless specific legislation is passed by the Congress. [See, Testimony by the United States General Accounting Office to the United States Senate Committee on Finance dated September 9, 1992, entitled, State Health Care Reform: Federal Requirements Influence State Reforms, p. 6; <https://www.gao.gov/assets/t-hrd-92-55.pdf>]

The State cannot modify the mandated benefit package for employer-provided insurance, require coverage for dependents, or change the cost-sharing formula for premiums. [See, Ibid, p.6]

The Prepaid Health Care Act requires health plans to offer minimum benefits that include hospital, surgical, medical, diagnosis, and maternity coverage but does not specifically mandate the provision of continuous glucose monitors. [See, Section 393-7, HRS.]

Although this bill seeks to establish mandatory employer-sponsored health insurance coverages with changes to the Insurance Code, one could argue that the practical effect of this approach would be to expand the minimum coverages specified under the Prepaid Health Care Act.

As an organization, the HPCA believes that the Hawaii Prepaid Health Care Act is the main pillar for the entire health care system in Hawaii. Any proposal that might possibly jeopardize its continuation must be taken very seriously. Should employer-mandated health insurance coverage end, the number of uninsured in this State will explode. This would put an enormous strain on Medicaid and FQHCs, threaten the general welfare of citizens, and ultimately denigrate health care outcomes of patients.

Testimony on House Concurrent Resolution No. 035
Friday, April 17, 2026; 1:00 p.m.
Page 3

This Concurrent Resolution would ensure that the Legislature is fully informed of the legal consequences that expansion of mandated benefits might have on Hawaii's Prepaid Health Care Law.

Accordingly, the HPCA wishes to thank the introducer of this Concurrent Resolution along with the American Cancer Society for taking these steps to prevent any unintended consequences that might come up in efforts to help persons afflicted with disease. We pledge to continue our working partnership with them to ensure that the best interests of our citizens are preserved.

The HPCA urges your favorable consideration of this Concurrent Resolution.

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



Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

Hearing Date: Friday, April 17, 2026

ACS CAN IN STRONG SUPPORT FOR HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

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 HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

The American Cancer Society Cancer Action Network (ACS CAN) supports a sunrise analysis of House Bill 1971: Relating to Insurance. We ask you and the members of your committee consider this critical legislation that will improve patient access to care. Timely access to comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve better health outcomes, improved quality of life^{1,2} and reduced costs.

This measure is a step closer to ensure the people of Hawaii covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate. Progress in improving health outcomes increasingly involves the use of precision medicine, which

¹ Gutierrez, M. E., Choi, K., Lanman, R. B., Licitra, E. J., Skrzypczak, S. M., Pe Benito, R., Wu, T., Arunajadai, S., Kaur, S., Harper, H., Pecora, A. L., Schultz, E. V., & Goldberg, S. L. (2017). Genomic Profiling of Advanced Non-Small Cell Lung Cancer in Community Settings: Gaps and Opportunities. *Clinical lung cancer*, 18(6), 651–659. <https://doi.org/10.1016/j.clcc.2017.04.004>

² Mendelsohn, J., Lazar, V., & Kurzrock, R. (2015). Impact of Precision Medicine in Diverse Cancers: A Meta-Analysis of Phase II Clinical Trials. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 33(32), 3817–3825. <https://doi.org/10.1200/JCO.2015.61.5997>

uses information about a person’s own genes or proteins to more accurately diagnose or treat diseases like cancer. Biomarker testing analyzes tissue, blood, or other biospecimens to identify mutations that may impact treatment decisions. This testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients. There is currently limited and disparate access to biomarker testing.^{3,4,5}

According to a recent survey of oncology providers, 66% reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.⁶ Similarly, a peer-reviewed study found that 64% of Hawaii policies reviewed have coverage that is “more restrictive” than NCCN guidelines for biomarker testing for advanced breast, non-small cell lung cancer, melanoma and prostate cancer.⁷ This is evidence that there are Hawaiians who could benefit from biomarker testing that are likely being left behind due to inadequate coverage policies.

Not all communities are benefiting from the latest advancements in biomarker testing and precision medicine. Communities that have been marginalized including communities of color and individuals with lower socioeconomic status are less likely to receive biomarker testing. People in rural communities and those receiving care in nonacademic medical centers are also less likely to benefit from biomarker testing.^{8,9} One jarring example of the current disparities in access to biomarker testing: a recent study showing patients with Medicaid diagnosed with advanced non-small cell lung cancer are not only at a 19% higher risk of not receiving biomarker testing and a 30% higher risk of not benefiting from precision medicine; they also have a 23%

³ Presley, C., Soulos, P., Chiang, A., Longtine, J., Adelson, K., Herbst, R., Nussbaum, N., Sorg, R., Abernethy, A., Agarwala, V., & Gross, C. (2017). Disparities in next generation sequencing in a population-based community cohort of patients with advanced non-small cell lung cancer. *Journal of Clinical Oncology*, 35, 6563-6563. 10.1200/JCO.2017.35.15_suppl.6563.

⁴ Norris, R. P., Dew, R., Sharp, L., Greystoke, A., Rice, S., Johnell, K., & Todd, A. (2020). Are there socio-economic inequalities in utilization of predictive biomarker tests and biological and precision therapies for cancer? A systematic review and meta-analysis. *BMC medicine*, 18(1), 282. <https://doi.org/10.1186/s12916-020-01753-0>.

⁵ Kehl, K. L., Lathan, C. S., Johnson, B. E., & Schrag, D. (2019). Race, Poverty, and Initial Implementation of Precision Medicine for Lung Cancer. *Journal of the National Cancer Institute*, 111(4), 431–434. <https://doi.org/10.1093/jnci/djy202>.

⁶ ACS CAN. “Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers.” Dec, 2021.

https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf

⁷ Wong WB, Anina D, Lin CW, Adams DV. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. *Per Med*. 2022 May;19(3):171-180. doi: 10.2217/pme-2021-0174. Epub 2022 Feb 4. PMID: 35118882.

⁸ Kim, E. S., Roy, U. B., Ersek, J. L., King, J., Smith, R. A., Martin, N., Martins, R., Moore, A., Silvestri, G. A., & Jett, J. (2019). Updates Regarding Biomarker Testing for Non-Small Cell Lung Cancer: Considerations from the National Lung Cancer Roundtable. *Journal of thoracic oncology: official publication of the International Association for the Study of Lung Cancer*, 14(3), 338–342. <https://doi.org/10.1016/j.jtho.2019.01.002>

⁹ F. R., Kerr, K. M., Bunn, P. A., Jr, Kim, E. S., Obasaju, C., Pérol, M., Bonomi, P., Bradley, J. D., Gandara, D., Jett, J. R., Langer, C. J., Natale, R. B., Novello, S., Paz-Ares, L., Ramalingam, S. S., Reck, M., Reynolds, C. H., Smit, E. F., Socinski, M. A., Spigel, D. R., ... Thatcher, N. (2018). Molecular and Immune Biomarker Testing in SquamousCell Lung Cancer: Effect of Current and Future Therapies and Technologies. *Clinical lung cancer*, 19(4), 331–339. <https://doi.org/10.1016/j.clcc.2018.03.014>

higher risk of mortality when compared to commercially insured patients.¹⁰ Ensuring equitable access to biomarker testing by improving coverage for and access to testing across insurance types is key to reducing health disparities. Indeed, without action like this to expand coverage for biomarker testing – including Medicaid – advances in precision oncology could increase existing health disparities.¹¹

As precision medicine becomes the standard of care in treatment for diseases like cancer, mental health, and autoimmune diseases, biomarker testing has risen in importance as the gateway to many of these therapies. Attached to this testimony is a fact sheet showing the support of patient and provider organizations. Biomarker testing impacts more than cancer patients. Patients with lupus, ALS, preeclampsia, or arthritis can also benefit from biomarker testing. There is exciting research underway incorporating biomarker testing into treatment for Alzheimer’s, heart disease and more.

To make sure more Hawaii patients have the access they need to this game changing testing, the legislature should ensure that necessity is determined by doctors and the latest evidence, not insurance companies. This legislation is designed to align the evidence that plans follow in determining which patients can access biomarker testing. The legislation already establishes limits on circumstances when testing should be covered and the evidence that must be demonstrated in order for testing to qualify for coverage. To date, 23 other states including California, Arizona, New Mexico, Texas and New York, have enacted similar laws aligning insurance coverage of biomarker testing with the latest medical and scientific evidence across disease types. HB 1971 would make it possible for more patients to get the right treatment at the right time.

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.

¹⁰ Gross CP, Meyer CS, Ogale S, Kent M, Wong WB. Associations Between Medicaid Insurance, Biomarker Testing, and Outcomes in Patients With Advanced NSCLC. *J Natl Compr Canc Netw.* 2022;20(5):479-487.e2. doi:10.6004/jnccn.2021.7083

¹¹ Huey RW, Hawk E, Offodile AC 2nd. Mind the Gap: Precision Oncology and Its Potential to Widen Disparities. *J Oncol Pract.* 2019 Jun;15(6):301-304. doi: 10.1200/JOP.19.00102. Epub 2019 May 21. PMID: 31112478.

EXPAND ACCESS TO BIOMARKER TESTING IN HAWAII

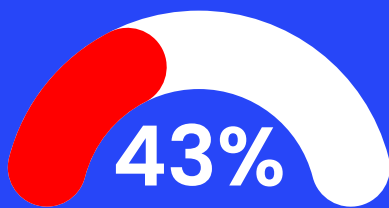
THE RIGHT TREATMENT AT THE RIGHT TIME

WHAT IS BIOMARKER TESTING?

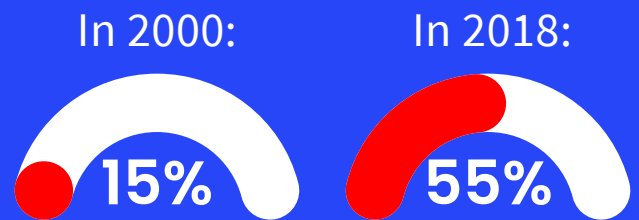
Biomarker testing is often used to help determine the best treatment for a patient.

- It is the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker.
- Biomarker testing is an important step for accessing precision medicine, including targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.
- While most current applications of biomarker testing are in oncology and autoimmune disease, there is research underway to benefit patients with other conditions including heart disease, Alzheimer's disease, and other neurological conditions, rare disease, infectious disease and respiratory illness.

THE IMPORTANCE OF BIOMARKER TESTING



Of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing prior to use¹



Of cancer clinical trials involved biomarkers²

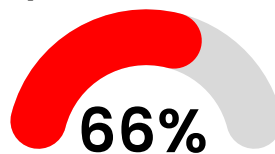
BIOMARKER TESTING & HEALTH EQUITY

- **Not all communities in Hawaii are benefiting from the latest advances in biomarker testing and precision medicine.**
 - Patients who are older, non-white, uninsured or Medicaid-insured, are less likely to be tested for certain guideline-indicated biomarkers.
 - There are lower rates of testing in community settings versus academic medical centers.

THE BOTTOM LINE

Access to appropriate biomarker testing may help to achieve:

- better health outcomes
- improved quality of life
- reduced costs



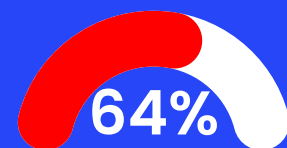
Of oncology providers reported that insurance coverage is a **significant or moderate barrier** to appropriate biomarker testing for their patients

Insurance coverage for biomarker testing is failing to keep pace with innovation and advancement in treatment.

- Without action, this could increase existing disparities in health outcomes by race, ethnicity, income and geography.

Twenty-three states have recently passed legislation to expand coverage of comprehensive biomarker testing.

In Hawaii:



Of fully insured covered lives are enrolled in a plan with coverage that is more restrictive than National Comprehensive Cancer Network guidelines⁴

SUPPORTERS OF HAWAII BIOMARKER TESTING LEGISLATION HCR 35 & SCR 76



Patients should be able to get biomarker testing when it is ordered by their doctor and there is sufficient evidence that it can help guide their treatment. **But that's not what's happening today.** As my experience and others show, currently insurers in Hawai'i can limit access to proven and necessary testing. To help future patients avoid the stress and struggle that I've experienced, I'm urging you to support HCR 35 and SCR 76.



Natalie Hyman - Kailua, O'ahu

- 1 Suehnholz SP, Nissan MH, Zhang H, et al. Quantifying the Expanding Landscape of Clinical Actionability for Patients with Cancer. Cancer Discov. 2023.
- 2 The Evolution of Biomarker Use in Clinical Trials for Cancer Treatments: Key Findings and Implications. Personalized Medicine Coalition, 2019.
- 3 ACS CAN. "Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers." December 2021.
- 4 Wong WB, Anina D, Lin CW, and Adams D. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. Per Med 2022; 10.2217/pme-2021-0174.

For more information please contact:

Cynthia Au, ACS CAN Hawaii Government Relations Director

✉ Cynthia.Au@cancer.org

☎ 808.460.6109

Biomarker testing key to cancer care

By Natalie Hyman

As a Stage 4 breast cancer survivor, I know the importance of maintaining hope after a diagnosis. I was first diagnosed in 2020 and am still here today, thanks in part to something called biomarker testing. For many patients battling cancer across the country, advancements in precision medicine provide hope. Patients and survivors in Hawaii deserve hope. Breakthrough treatments can extend survival; however, many of these treatments are not available without being able to access biomarker testing.

As a volunteer with the American Cancer Society Cancer Action Network (ACS CAN) in Hawaii, I'm urging our state Legislature to support concurrent resolutions HCR 35 and SCR 29, which would help pave the way for improved access to biomarker testing that provides game-changing information for those battling chronic diseases.

Thanks to modern medical breakthroughs, biomarker testing can be used to precisely identify the mutations unique to a patient's cancer. Biomarkers may also guide doctors' treatment decisions by providing information about whether patients will respond to particular treatment options. The results from such testing have led to increased survivorship and quality of life for cancer

patients. This is why we need strong policy, locally, to support access to such innovation. I know biomarker testing has made all the difference in my fight against cancer.

Time is of the essence after a diagnosis. When patients don't have access to testing, their survival and quality of life may immediately be impacted. Without the knowledge provided by biomarker tests, Stage 4 cancer patients, like myself, are more likely to endure ineffective treatments or miss out on new Food and Drug Administration-approved therapies.

Biomarker testing can also identify early-stage cancer patients at low risk for disease progression or recurrence, allowing them to avoid treatments that may not be beneficial or necessary.

Progress in improving cancer outcomes increasingly involves the use of precision medicine. Nearly 60% of all cancer drugs approved in the last five years require or recommend biomarker testing before use.

In Hawaii, existing barriers keep too many residents from having access to biomarker testing. That's because local insurance coverage for this testing is failing to keep pace with innovations in treatment. In a

ISLAND VOICES



Natalie Hyman is a cancer survivor and volunteer for the American Cancer Society Cancer Action Network.

December 2021 survey, 66% of oncology providers reported that insurance coverage is a significant or moderate barrier to appropriate biomarker testing for their patients.

This was my experience, despite having health insurance that was supposed to cover necessary treatment and testing that was considered standard of care.

No cancer patient should be burdened by

insurance coverage fears or face thousands of dollars in out-of-pocket costs when trying to determine the best treatment for their life-threatening disease. Facing a diagnosis is hard enough. We need Hawaii lawmakers to remove barriers to biomarker testing and precision medicine, and ensure more patients benefit from the best care available.

I want to thank the lawmakers who recently listened to my story and heard the message of my fellow patients and survivors during "Cancer Action Day" at the state Capitol. Together, we urged legislators to support increased access to biomarker testing. It's time for Hawaii to join 20 other states in expanding appropriate coverage of such testing for public and private insurance plans.

HCR-35

Submitted on: 4/14/2026 3:14:38 PM

Testimony for HHS on 4/17/2026 1:00:00 PM

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

Comments:

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Mark Willingham, and I am a cancer researcher and a volunteer of the American Cancer Society Cancer Action Network submitting as an individual community member. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

This bill ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs. Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

Mark Willingham, 96813

HCR-35

Submitted on: 4/14/2026 4:47:03 PM

Testimony for HHS on 4/17/2026 1:00:00 PM

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

Comments:

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Friday, April 17, 2026; TIME: 1:00PM

Committee on Health and Human Services

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Cheryl K. Okuma and I am an advocate with the American Cancer Society Cancer Action Network. . I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

I am a breast cancer survivor. In my immediate family of 5, two others have endured other forms of cancer (prostate, colon). On my paternal side, my aunt is also a breast cancer survivor—twice. This causes me to wonder whether genetics is a factor. When I fill out forms for my check ups and exams I am asked if other immediate family members and those on my paternal and maternal side have had cancer, and what type.

Biomarker testing would provide a better way to determine what factors are involved, and in turn lead to the best treatment for cancer patients. Access to biomarker testing will lead to better health outcomes for cancer patients.

While biomarker testing is the current standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—however, many patients face barriers to accessing the needed tests which would determine access to the right treatment.

Progress in improving cancer outcomes increasingly involves the use of precision medicine, using information of a person's genes, proteins or other substances to diagnose and treat cancer in a targeted way. Biomarker testing is a personalized, important step to accessing precision medicine and therapies. This leads to improved survivorship and better quality of life for cancer patients.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

HCR-35

Submitted on: 4/14/2026 9:30:09 PM

Testimony for HHS on 4/17/2026 1:00:00 PM

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

Comments:

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Friday, April 17, 2026; TIME: 1:00PM

Committee on Health and Human Services

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Jennifer Hausler and I am a former cancer caretaker and a volunteer of the American Cancer Society Cancer Action Network. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

.My two late husbands, Glenn Shimada and John Hausler, and my late sister. Lucy Brower Molloy all passed away from the terrible disease of cancer. Chemotherapy does not always prolong life without biomarker testing.

This bill ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—yet too many patients still face barriers to accessing the tests needed to determine if they can have access to the right treatment.

Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

Jennifer Hausler

Pearl City, Hawaii 96782

Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Friday, April 17, 2026

TIME: 1:00PM

Committee on Health and Human Services

Aloha Honorable Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Chelsea Gonzales, and I am a supporter, advocate, and a volunteer of the American Cancer Society Cancer Action Network. I am writing in **strong support** of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

In December 2024, I lost my aunty, a cherished family friend who was as close to me as any family could be. She passed from lung cancer, a disease that came on aggressively and without warning. She had lived a healthy life. There was no reason to see it coming.

In the midst of that storm, the fear, the anxiety, the desperate scramble to find answers... her family faced the added burden of navigating the cost of biomarker testing. It was an expensive decision, but a necessary one. Without it, we simply could not understand how to best fight her cancer or chart the clearest path forward. In the depths of that grief and uncertainty, I found myself asking: why is this not automatically covered? Why, when a family is already drowning, are they also expected to fight an insurance battle just to access their loved one's best chance at survival?

This bill ensures more people in Hawai'i have access to the biomarker testing needed to guide their treatment. Timely access to comprehensive biomarker testing enables patients to access the most effective treatments for their disease and can help achieve the triple aim of health care: better health outcomes, improved quality of life, and reduced costs.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used — yet too many patients still face barriers to accessing the tests needed to determine if they can receive the right treatment.

No family should have to weigh the cost of knowledge against the cost of a life. I urge this committee to support HCR 35 and take a critical step toward ensuring that every cancer patient in Hawai'i has a fighting chance.

Sincerely,
Chelsea Gonzales
Kakaako 96813
Honolulu, HI

TO: Senate Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

DATE: Friday, April 17, 2026
TIME: 1:00 PM
PLACE: Via Videoconference
Conference Room 225

TESTIMONY IN SUPPORT OF HCR 35

Dear Chair Buenaventura, Vice Chair McKelvey, and Members of the Committee,

My name is Dr. Cynthia J. Goto, and I am writing to express my support for HCR 35, requesting the auditor to assess the social and financial effects of mandatory health insurance coverage for biomarker testing.

According to the American Lung Association State of Lung Cancer Report published in 2024¹, 21% of lung cancer cases are caught at an early stage in Hawaii, which is significantly lower than the national rate of 27%. Hawaii ranks 47th among the 47 states with data on diagnosis of lung cancer at an early stage placing it in the bottom tier of stage at diagnosis. In addition, the survival rate of people diagnosed with lung cancer in Hawaii is 25%, which is also significantly lower than the national rate of 28%.

Hawaii has yet to require any insurance coverage of comprehensive biomarker testing, which can help determine what treatment options would be best for individuals with lung cancer and other diseases.

Timely biomarker testing can help achieve better health outcomes, improve quality of life and reduce costs by connecting patients to the most effective treatment for their cancer.

Please support HCR 35 to help save lives by protecting and expanding access to quality and affordable healthcare.

Thank you for the opportunity to testify.

Cynthia J. Goto, M.D.

¹ <https://www.lung.org/research/state-of-lung-cancer/states/hawaii>

Carol Marx
Kailua, Hi 96734

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Friday, April 17, 2026; TIME: 1:00PM

Committee on Health and Human Services

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Carol Marx and I am on the board of ACS Hawaii and Guam and an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

I have a niece whom I lost to colon cancer at age 21 who graduated as the Castle High School student body president in 2016. We lost her in 2021. I also lost my sister-in-law to ovarian cancer who fought for nine years being successful to survive while using clinical trial drugs. In 2022, due to some changes in medical coverage since she lost her job, she passed away at age 61. More access to screening and insurance ensure a healthier community. Revenues from survivors who go back to work help strengthen the financial stability for the public good.

HCR 35 ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. Timely access to guideline-indicated comprehensive biomarker testing will enable more patients to access the most effective treatments for their disease and can potentially help achieve the triple aim of health care: better health outcomes, improved quality of life and reduced costs.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing before they can be used—yet too many patients still face barriers to accessing the tests needed to determine if they can have access to the right treatment.

HCR 35 would make it possible for more patients to get the right treatment at the right time. I urge you to pass HCR 35. Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

Carol Marx
Kailua, Hi 96734

Lynda Asato
1255 Nuuanu Avenue
Honolulu, HI 96817

RE: Strong Support of HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Friday, April 17, 2026; TIME: 1:00PM

Committee on Health and Human Services

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Lynda Asato and I am a cancer survivor/supporter/caretaker and a part of the patient advisory council of the UH Cancer Center. I am writing in strong support of HCR 35: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

I have heard from a friend who paid \$5,000 for biomarker testing that she needed and was denied coverage by her insurance company. Please don't let this happen to another cancer patient whose life depends on this testing to help their doctors to choose the best treatment option to offer those patients. It would be cost efficient and that's what the auditors study would show.

I had to pay for my own genetic testing for Breast Cancer in 1993 and again in 2017. The cost was about \$3,000 each time. Insurance did not pay for the testing. Through the tests, I found out that I am not among those with BRCA genetic disorders. I am PALB2 and have that genetic mutation. The knowledge helps me to make better decisions about my health. I have paid for my own testing in the past and it was very costly, but helpful in my treatment choices over these years.

I am hoping that my insurance will pay for biomarker testing when I need it, should my cancer recur. I'm older and have been through three bouts of cancer, which makes me at higher risk of recurrence. I'm also retired so not able to readily pay for higher cost testing, as well as treatments, when medically necessary, which will require biomarker testing to qualify for now and in the future. Now that I am on a fixed income and retired, I would like to have insurance coverage for myself and others with cancer.

I help to review clinical trials before they are adopted and some of those require biomarker testing, so the patient can be matched with the best treatment option available. Patients have had to pay for the biomarker testing, which is costly but necessary, and also punitive when the patient has to pay for the drugs after the clinical trial is done. We patients do it because we want to live. But help is greatly appreciated.

Thank you for approving this resolution.

Lynda Asato
Honolulu, 96817

Beverly Wong
Honolulu, Hawaii 96818

RE: Strong Support HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

Friday, April 17, 2026; TIME: 1:00PM

Committee on Health and Human Services

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Beverly Wong and I am a caretaker and advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of SCR 76: REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.

My son was diagnosed with Acute Leukemia/Lymphomia a few years ago and is presently undergoing a transplant for full recovery and cure.

Without testing, he would not have been able to fight this dreaded disease.

I strongly ask you to pass this very worthwhile measure which will save lives and spare their families so much heartache.

With thanks,

Beverly Wong
Honolulu, Hawaii 96818

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

LATE

Wednesday, April 17, 2026, 1:00 PM

**TESTIMONY IN STRONG SUPPORT OF HCR 35 – REQUESTING THE AUDITOR TO ASSESS THE
SOCIAL AND FINANCIAL EFFECTS OF MANDATORY HEALTH INSURANCE COVERAGE FOR
BIOMARKER TESTING.**

My name is Pedro Haro, and I am the Executive Director of the American Lung Association in Hawai'i. On behalf of our organization and the thousands of Hawai'i residents we serve, I am writing in strong support of HCR 35, which requests the Auditor to assess the social and financial effects of mandatory health insurance coverage for biomarker testing.

The American Lung Association's mission is to save lives by improving lung health and preventing lung disease. As we work to improve health outcomes across Hawai'i, this resolution is a critical procedural step toward making precision medicine a standard of care for our community.

Biomarker testing has fundamentally changed the landscape of modern medicine, particularly for those facing a lung cancer diagnosis. It allows physicians to identify the specific genetic drivers of a disease and match patients with targeted therapies that are often more effective and less toxic than traditional chemotherapy. In Hawai'i, where we face unique challenges in early diagnosis and health disparities among Native Hawaiian and Pacific Islander populations, access to this testing is not just a medical advancement—it is an issue of health equity.

While science has advanced, insurance coverage has not always kept pace. Patients should not have to face the double burden of a serious diagnosis and the financial stress of out-of-pocket costs for essential diagnostic tools. By authorizing this auditor's report, the Legislature is ensuring that the subsequent discussion regarding House Bill 1971 is grounded in rigorous data regarding cost-effectiveness and long-term social benefits. Ensuring that every patient in Hawai'i has access to the right treatment at the right time is a core priority of our organization.

We urge this committee to pass HCR 35 to move us closer to a future where high-quality, personalized care is accessible to all, regardless of their insurance provider. Mahalo for the opportunity to testify in support of this important measure. Pedro Haro Executive Director American Lung Association in Hawai'i.

Pedro Haro

Executive Director
American Lung Association in Hawai'i
Pedro.haro@lung.org



April 16, 2026

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
Committee on Health and Human Services

LATE

Re: HCR35, Requesting the Auditor to Assess the Social and Financial Effects of Mandatory Health Insurance Coverage for Biomarker Testing

Hearing: Friday, April 17, 2026, 1:00 PM, Conference Room 225 & Videoconference

Dear Chair San Buenaventura, Vice Chair McKelvey, and the Members of the Committee on Health and Human Services:

Hawaii Women Lawyers is a lawyer's trade organization that aims to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

Hawaii Women Lawyers submits testimony in support of HCR35, which requests the State Auditor to conduct an assessment of the social and financial effects of mandating health insurance coverage for medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a person's disease or condition, or to guide treatment decisions when supported by medical and scientific evidence, as provided in H.B. 1971, Regular Session of 2026.

Biomarker testing has become an increasingly important clinical tool for diagnosing and treating a range of diseases, including cancer. According to the American Cancer Society Cancer Action Network, biomarker testing that informs targeted therapy can improve survival and quality of life.¹ However, a 2022 report identified racial and socioeconomic disparities in access to and use of biomarker testing for cancer.² These disparities highlight the importance of policies that improve access to appropriate diagnostic tools.

Expanding access to biomarker testing can support more accurate diagnoses and individualized treatment decisions, helping to improve health outcomes. The Auditor's assessment, which is required pursuant to Hawaii Revised Statutes (HRS) §§ 23-51 and 23-

¹ *Health Equity in Biomarker Testing and Targeted Therapy*, AMERICAN CANCER SOCIETY CANCER ACTION NETWORK (December 2022),

https://www.fightcancer.org/sites/default/files/health_equity_in_biomarker_testing_and_targeted_therapy_.pdf.

² *Id.*

52 before a measure mandating health insurance coverage for a specific health service can be considered, is an important step forward to requiring coverage of biomarker testing.

We appreciate that House Standing Committee Report 1598-26 states that the intent of this resolution is to request the Auditor to conduct an assessment on the social and financial effects of the mandated health insurance coverage for biomarker testing as proposed by H.B. 1971, Regular Session of 2026. We note that there is already a prior study the auditor produced, [Report 25-01](#), on the social and financial impacts of mandating health insurance coverage for “medically necessary” biomarker testing. We respectfully request that Committee should consider further conforming the resolution to assess the impacts of biomarker testing as proposed in H.B. 1971.

For the above reasons, Hawaii Women Lawyers supports SCR76 and respectfully requests that the Committee pass this resolution with amendments.

Thank you for the opportunity to testify in support of this measure.