

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

February 10, 2026

TO: The Honorable Senator San Buenaventura, Chair  
Senate Committee on Health and Human Services

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 2390 – RELATING TO INSURANCE.**

Hearing: February 11, 2025, 1:00 p.m.  
Conference Room 225 & Videoconference, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent, offers comments, and respectfully requests an amendment.

DHS recognizes the importance of the rapidly evolving biomarking testing for targeted diagnosis, treatment, and management of various diseases in recent years. All of the Med-QUEST Medicaid managed care plans cover biomarker testing when medically necessary, which is the standard in this bill for Medicaid managed care plans. This aligns with the findings of the State Auditor's report to the Legislature, "Assessment of Proposed Mandatory Health Insurance Coverage For Medically Necessary Biomarker Testing; A Report to the Governor and the Legislature of the State of Hawai'i; Report No. 25-01; January 2025." The Auditor concluded that mandated coverage for medically necessary biomarker testing services is redundant with the coverage already required by Hawai'i's Patients' Bill of Rights and Responsibilities Act, specifically, section 432E-1.4, Hawaii Revised Statutes.

The bill also requires DHS to submit State Plan Amendments to cover medically necessary biomarking testing. However, biomarker testing is already a covered service using

February 10, 2026

Page 2

the medically necessary standard, and no State Plan Amendments are needed. Thus, Section 5 (page 9, lines 4-11) mandating (a) reimbursement for the medically necessary services of biomarker testing by all health plans under the State's Medicaid managed care program and (b) DHS to submit a State Plan Amendment, is redundant and would unnecessarily take resources away from administering the Medicaid program. Therefore, DHS respectfully requests that Section 5 in its entirety be deleted from this bill.

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



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 Health and Human Services  
Wednesday, February 11, 2026  
1:00 p.m.  
State Capitol, Room 225 and via Videoconference

On the following measure:  
**S.B. 2390, RELATING TO INSURANCE**

Chair San Buenaventura, Vice Chair McKelvey, 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 beginning 1/1/2027, requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

The Department notes that it is unclear whether the amendments in sections 1 through 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 on the exchange.

The Department notes that Section 6 of the bill explicitly exempts the measure from the auditor's study requirements of sections 23-51 and 23-52, Hawai'i Revised Statutes. 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 is a critical safeguard providing 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.

The Department wishes to clarify that Auditor's Report No. 25-01 was based on House Bill No. 2223, HD1 (2024), which specifically mandated coverage for the "medically necessary services of biomarker testing". The Auditor concluded that H.B. 2223, HD1 would have no social or financial impact - because "medically necessary" services are already mandated under HRS chapter 432E-1.4. This measure, by contrast, omits the "medically necessary" qualifier in the mandate, requiring coverage for "biomarker testing" generally. By removing this limitation and adding medical and scientific evidence to be included when determining coverage (page 1, lines 12 to 16, page 2, lines 1 to 9, page 5, lines 9 to 21, page 6, lines 1 to 2),, the bill mandates a benefit that may exceed existing statutory requirements.

Finally, the Department is unclear how the process to request an exception in both sections 1 and 2, at page 2, lines 16-17, and page 6, lines 8-9, of the bill would operate with section 432E-5, Hawaii Revised Statutes, which requires that a health carrier shall establish and maintain a procedure to provide for the resolution of an enrollee's complaints and internal appeals.

Thank you for the opportunity to testify on this bill.



**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'OKELE

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

February 11, 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:** **SB 2390 -- RELATING TO INSURANCE**

**HEARING:** Wednesday, February 11, 2026 @ 1:00 pm; Conference Room 225

**POSITION:** SUPPORT with COMMENTS

---

Testimony:

SHPDA strongly supports SB 2390 with comments.

This bill is intended to ensure that patients in Hawai'i can access medically 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. For many cancer patients, biomarker testing is increasingly essential for essential care and to assure access to the most effective therapeutics.

This bill was heard last year. Patient concerns about denials of biomarker testing when this is ordered by their clinician is extremely concerning.

Thank you for hearing SB 2390, and for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



Testimony of  
John M. Kirimitsu  
Counsel

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

February 11, 2026  
1:00 pm  
Conference Room 225 & Videoconference

**Re: SB 2390 Relating to Insurance**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB 2390 mandating coverage for biomarker testing.

**Kaiser Permanente Hawaii would like to offer comments.**

Kaiser supports biomarker testing to determine the best treatment options for patients, but believes that this mandate is unnecessary since it is well recognized that Hawaii health plans already cover medically necessary biomarker testing. On Page 5 of the 2025 State Auditor's Report No. 25-01, "*Assessment of Proposed Mandatory Health Insurance Coverage For Medically Necessary Biomarker Testing*," the state auditor reported:

***We found that biomarker testing is already included in health insurance policies issued in Hawai'i.***

***The bill's mandated coverage for medically necessary biomarker testing services is redundant of the coverage already required by Hawai'i's Patients' Bill of Rights and Responsibilities Act.***

On Page 7 of that report, the state auditor concluded:

***For the reasons explained above, we conclude that the coverage that HB 2223, HD 1 seeks to mandate is already mandated by existing law and already provided by Hawai'i's plan providers.***

A copy of the state auditor's report can be found at <https://files.hawaii.gov/auditor/Reports/2025/25-01.pdf>

For the above reasons, we respectfully request that this measure be deferred, but should this bill move forward, Kaiser requests an amendment on Page 5, lines 1-10, to include the nationally recognized "medically necessary" standard, which will ensure that the biomarker treatment is within the accepted

711 Kapiolani Boulevard  
Honolulu, Hawaii 96813  
Office: (808) 432-5224  
Cell: (808) 282-6642  
Facsimile: (808) 432-5906  
Email: [john.m.kirimitsu@kp.org](mailto:john.m.kirimitsu@kp.org)

standards in the medical community and also prevent coverage for unnecessary tests that increase costs without improving care (added language is [bracketed]):

**§432:1- Biomarker testing; coverage.** (a) Each individual or group hospital or medical service plan contract issued or renewed in the State on or after January 1, 2027, shall provide coverage for [medically necessary] biomarker testing for the subscriber or member, or any dependent of the subscriber or member who is covered by the plan contract, for purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a subscriber's, member's, or dependent's disease or condition, or to guide treatment decisions when supported by medical and scientific evidence, including:

Thank you for the opportunity to comment.



February 11, 2026

The Honorable Joy San Buenaventura, Chair  
The Honorable Angus McKelvey, Vice Chair

Senate Committee on Health and Human Services

**Re: SB 2390 – RELATING TO INSURANCE**

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments and express some concerns on SB 2390, which beginning 1/1/2027, requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

While the State Auditor's office provided an assessment on coverage for medically necessary biomarker testing (Auditor's Report No. 25-01), HB 553 seeks to mandate coverage for biomarker testing regardless of medical necessity. There already is a definition in statute for what is deemed medically necessary in Hawaii.

If the committee chooses to move this measure forward, we request that the bill be amended to ensure that the mandated biomarker testing be for only those that are medically necessary.

While these tests can save lives if the right test is performed, unproven tests can be both harmful and costly. As an example, Arizona recently legislated coverage for an unproven and fraudulent biomarker test. The mandate resulted in unnecessary appointments, unneeded medication, invasive diagnostic tests, and eventually a \$4.65 million consumer-fraud settlement.

We, along with other health plans, are constantly monitoring scientific evidence of clinical benefit and update our policies regularly based on new information.

Thank you for the opportunity to testify on this measure.

Sincerely,

Walden Au  
Director of Government Relations

**COMMITTEE ON HEALTH AND HUMAN SERVICES**  
**Senator Joy A. San Buenaventura, Chair**  
**Senator Angus L.K. McKelvey, Vice Chair**

**Wednesday, February 11, 2026**  
**1:00 PM – Room 225**

**TESTIMONY IN STRONG SUPPORT OF SB 2390 – RELATING TO INSURANCE**

My name is Pedro Haro, and I am the Executive Director of the American Lung Association in Hawai'i. The American Lung Association strongly supports SB 2390, which requires health insurers, mutual benefit societies, health maintenance organizations, and Medicaid managed care plans to provide coverage for biomarker testing starting January 1, 2027.

Biomarker testing is a revolutionary step in the fight against lung cancer and other serious diseases. It allows doctors to look at the genes, proteins, and other substances (called biomarkers or tumor markers) that provide information about a person's specific cancer. This is the foundation of "precision medicine"—ensuring that the right patient gets the right treatment at the right time.

The American Lung Association supports this measure for the following reasons:

1. **Personalized Treatment and Better Outcomes:** Biomarker testing helps determine if a patient is a candidate for targeted therapy or immunotherapy. For lung cancer patients, certain biomarkers like EGFR, ALK, and PD-L1 can dictate whether a specific drug will be effective. Without this testing, patients may undergo standard treatments like chemotherapy that may be less effective or cause unnecessary side effects [1].
2. **Efficiency in Care:** By identifying the specific molecular makeup of a tumor, biomarker testing can eliminate the "trial and error" approach to cancer treatment. This not only improves the quality of life for the patient but also reduces long-term healthcare costs by avoiding ineffective treatments and hospitalizations [2].
3. **Addressing Health Equity:** Currently, access to biomarker testing is often determined by a patient's insurance type or socioeconomic status. By requiring coverage across all plans, including Medicaid, SB 2390 ensures that all Hawai'i residents—regardless of income—have access to the latest advancements in cancer care. This is a critical step in reducing health disparities in our state [3].
4. **Alignment with National Standards:** Biomarker testing is increasingly recognized as a standard of care by major oncology guidelines. For many lung cancer patients, testing for specific mutations is no longer "optional"—it is a clinical necessity for survival [1].

The American Lung Association in Hawai'i believes that no patient should be denied the best chance at survival because they cannot afford the diagnostic tests necessary to identify the correct treatment. SB 2390 will save lives by making precision medicine accessible to all.

We respectfully urge your committee to pass SB 2390.

Mahalo for your time and for your commitment to the health of Hawai'i's people.

Sincerely,

Pedro Haro  
Executive Director  
American Lung Association in Hawai'i

[Pedro.haro@lung.org](mailto:Pedro.haro@lung.org)

**Citations:**

1. **American Lung Association. (2024). "Biomarker Testing for Lung Cancer."**
2. **National Cancer Institute (NCI). (2023). "Biomarker Testing for Cancer Treatment."**
3. **ACS CAN. (2022). "Improving Access to Evidence-Based Biomarker Testing."**

2025 Hawaii  
Leadership Board

## Testimony to the Senate Committee on Health and Human Services Wednesday, February 11, 1:00 PM Hawaii State Capitol, Conference Room 225, and Videoconference

### RE: Senate Bill No. 2390 – RELATING TO INSURANCE

---

Travis Kikuchi, *Chair*  
*Senior Vice President*  
*Central Pacific Bank*

Lori McCarney, *Immediate*  
*Past Chair Community*  
*Advocate*

Tricia Medeiros, *Past Chair*  
*Chief Operating Officer*  
*The Plaza Assisted Living*

Gina Fujikami, *MD*  
*The Queen's Medical*  
*Center*

Kai Ohashi,  
*Financial Advisor Edward*  
*Jones*

Michael Robinson,  
*Vice President Hawaii Pacific*  
*Health*

Kimberly Soares, *Vice*  
*President Atlas Insurance*

Gino Soquena,  
*Executive Director*  
*Hawaii Building and*  
*Construction Trade Council*

Gordon Takaki, *Past*  
*President Hawaii Island*  
*Chamber of Commerce*

Cary Tanaka,  
*Past President*  
*Island Insurance*  
*Companies*

Caroline Witherspoon,  
*President Becker*  
*Communications*

LJ R. Duenas,  
*Executive Director*  
*Alzheimer's Association*

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 proud to stand with the Hawaii Biomarker Testing Coalition in **strong support** of SB2390, which relates to insurance. The Alzheimer's Association is the largest voluntary health organization in Alzheimer's and dementia care, support and research, in addition to the largest Alzheimer's advocacy organization in the world, and that is why we are part of this Coalition supporting this important legislation.

Currently, over 32,000 Hawaii residents 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.

FDA-approved biomarker tools such as brain imaging and cerebrospinal fluid tests can be used to aid in the diagnosis of Alzheimer's and other types of dementia and just last year, scientific advancements have brought us new promising tools approved by the FDA, blood test with accuracy rate of 90% or greater. 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 as biological brain changes due to the accumulation of amyloid plaque has been shown to begin decades before any cognitive symptoms become apparent.

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 much like you would for other chronic diseases.

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.



Without taking action on this legislation, dementia diagnoses may take up to two years, increasing the long-term costs to the individual, family and the state. Because diagnosis leads to lower costs of care for people living with dementia, access to biomarker testing can accelerate these cost savings. In a 2018 analysis, diagnosis led to projected cost savings of approximately \$63,000 of which \$30,000 was in Medicare savings, \$20,000 in Medicaid savings, and \$13,000 in other savings. (2018 Alzheimer's Facts and Figures)

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](mailto:ckchock@alz.org)

A handwritten signature in purple ink that reads "Coby Chock". The signature is written in a cursive, flowing style.

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



**Biotechnology Innovation Organization**  
1201 New York Avenue, NW, Suite #1300  
Washington, DC, 20005  
202-962-9200

February 11, 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 SB 2390**, which would require health plans to include coverage for biomarker testing, as specified. 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.<sup>1</sup>

**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 SB 2390.** 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

---

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



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

Hearing Date: Wednesday, February 11, 2026

**ACS CAN IN STRONG SUPPORT FOR SB 2390 – RELATING TO INSURANCE.**

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 SB 2390: Relating to Insurance.

The American Cancer Society Cancer Action Network (ACS CAN) writes to you today in strong support of SB 2390. We ask you and the members of your committee to pass 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 the triple aim of health care: better health outcomes, improved quality of life<sup>1,2</sup> and reduced costs.<sup>3,4,5</sup>

This legislation will ensure the people of Hawaii covered by Medicaid and state regulated insurance plans have coverage for biomarker testing when medically appropriate. Progress in

---

<sup>1</sup> 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>

<sup>2</sup> 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>

<sup>3</sup> Brito RA, Cullum B, Hastings K, et al. Total cost of lung cancer care associated with broad panel versus narrow panel sequencing. *Journal of Clinical Oncology* 2020; 38, no. 15\_suppl; 7077. [https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15\\_suppl.7077](https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15_suppl.7077)

<sup>4</sup> Economic Impact of Next-Generation Sequencing Versus Single-Gene Testing to Detect Genomic Alterations in Metastatic Non-Small-Cell Lung Cancer Using a Decision Analytic Model  
DOI: 10.1200/PO.18.00356 *JCO Precision Oncology* - published online May 16, 2019.

<sup>5</sup> Budget Impact of Next-Generation Sequencing for Molecular Assessment of Advanced Non-Small Cell Lung Cancer  
<https://doi.org/10.1016/j.jval.2018.04.1372>

improving health outcomes increasingly involves the use of precision medicine, which 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.<sup>6,7,8</sup>

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.<sup>9</sup> 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.<sup>10</sup> 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.<sup>11,12</sup> 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%

---

<sup>6</sup> 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](https://doi.org/10.1200/JCO.2017.35.15_suppl.6563).

<sup>7</sup> 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>.

<sup>8</sup> 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>.

<sup>9</sup> 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](https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testing_polling_memo_dec_2021.pdf)

<sup>10</sup> 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.

<sup>11</sup> 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>

<sup>12</sup> 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 Squamous Cell 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.<sup>13</sup> 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.<sup>14</sup>

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, 22 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. SB 2390 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](mailto:Cynthia.Au@Cancer.org) or 808.460.6109.

---

<sup>13</sup> 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

<sup>14</sup> 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

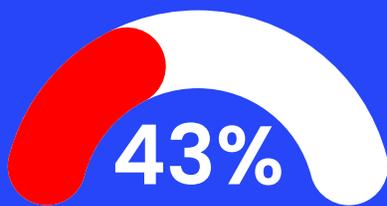
THE RIGHT TREATMENT AT THE RIGHT TIME

## WHAT IS BIOMARKER TESTING?

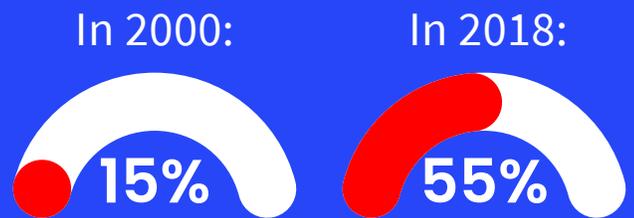
Biomarker testing is often used to help determine the best treatment for a patient.

- 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 use<sup>1</sup>



Of cancer clinical trials involved biomarkers<sup>2</sup>

## 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



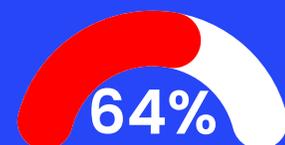
Of oncology providers reported that insurance coverage is a **significant or moderate barrier** to appropriate biomarker testing for their patients

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-two 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 guidelines<sup>4</sup>

# SUPPORTERS OF HAWAII BIOMARKER TESTING LEGISLATION SB 2390



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 SB 2390.



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

☎ 808.460.6109

# Biomarker testing key to cancer care

By Natalie Hyman

**A**s 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.

Good afternoon, Chair, Vice Chairs, and members of the committee.

My name is Jared Giarrusso-Khlok, and I am here today on behalf of The Michael J. Fox Foundation for Parkinson's Research, and more importantly, on behalf of the thousands of Hawai'i residents living with Parkinson's disease today.

Parkinson's is a relentless, progressive neurological disease. It takes away movement, independence, and eventually the ability to do the most basic human things. For decades, patients and families have lived with uncertainty. No definitive diagnostic test. No way to predict progression. No way to personalize care. Just waiting.

That is beginning to change.

In 2023, researchers supported by our Foundation identified the first-ever biological marker for Parkinson's disease, allowing the disease to be detected in living people based on its underlying biology, not just visible symptoms. This breakthrough opens the door to earlier diagnosis, more precise treatment decisions, and faster development of therapies that can truly change the course of the disease.

But that promise only matters if people can access the testing.

SB 2390 ensures that health insurers, health plans, and Medicaid managed care programs provide coverage for biomarker testing when supported by medical and scientific evidence, helping patients receive appropriate diagnosis, treatment, and ongoing disease management.

Coverage matters because without it, only those who can afford to pay out of pocket will benefit from these advances. That creates inequity at the very moment science is offering hope.

Biomarker testing helps ensure patients receive the right care at the right time, reduces misdiagnosis, supports better clinical decision-making, and promotes more efficient use of health care resources.

This legislation ensures that Hawai'i continues to put patients first. It gives families clarity. It gives clinicians better tools. And it ensures that innovation translates into real care, not just scientific possibility.

On behalf of the Parkinson's community, I respectfully urge your support.

February 11, 2026

**To: Chair San Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services (HHS)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Feb. 11, 2026; 1:00 p.m./Conference Room 225 & Videoconference

**Re: Comments on SB 2390 – Relating to Insurance**

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to offer comments on SB 2390. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP's member organizations recognize the significant benefits of biomarker testing in cancer treatment. However, we are concerned that the current bill lacks a medical necessity component. This omission could lead to the coverage of biomarker tests that are not clinically justified, resulting in increased healthcare costs that would ultimately be passed on to consumers. We urge you to consider this important aspect.

Thank you for the opportunity to offer **comments** on SB 2390.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



**Oncology Nursing  
Society**

*Support. Synergy. Strength.*

February 9, 2026

The Honorable Joy San Buenaventura  
Committee on Health and Human Services  
The Hawaii State Senate  
Room 213, State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

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

On behalf of the Oncology Nursing Society (ONS) and the more than 200 nurse members in the state of Hawaii, I am writing to express our strong support for **SB2390** which would allow health insurance and Medicaid coverage of biomarker testing. We believe that this legislation is critical in ensuring that oncology patients receive the most effective and personalized treatments available.

A biomarker is a biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. It may be used to see how well the body responds to a treatment for a disease or condition.

Biomarker testing is a significant advancement in cancer care and plays a vital role in modern oncology by helping identify the specific characteristics of an individual's cancer. Personalized treatment plans based on biomarker results allow oncologists to match patients with the most effective therapies for their unique cancer profile. This targeted approach not only improves treatment outcomes but also minimizes unnecessary side effects associated with ineffective treatments.

Research consistently demonstrates the positive impact of biomarker utilization on patient care. Studies have shown that patients receiving targeted therapies based on biomarker testing have improved progression-free survival rates and quality of life compared to those receiving conventional treatments. Additionally, as cancer treatment continues to evolve, the importance of access to biomarker testing becomes increasingly significant in navigating the rapidly changing landscape of oncological care.

Providing coverage for biomarker testing fosters equity in access to the latest advancements in cancer treatment. It ensures that patients, regardless of their financial situation, can benefit from critical testing that can inform their treatment decisions. Furthermore, by supporting a wider range of treatment options, this legislation empowers the oncology community to provide tailored care, giving them the tools necessary to make informed clinical decisions.



**Oncology Nursing  
Society**

*Support. Synergy. Strength.*

In conclusion, **SB2390** represents an important opportunity for improving care for patients in Hawaii and we strongly urge you to sign this legislation into law to ensure that all cancer patients have access to the biomarker testing necessary for their care.

Thank you for your attention to this important matter. Should you require any further information or wish to discuss our support, please feel free to contact [healthpolicy@ons.org](mailto:healthpolicy@ons.org)

Sincerely,

The Oncology Nursing Society (ONS)

*ONS is a professional association that represents the over 100,000 oncology nurses in the United States and is the professional home to more than 35,000 members. ONS is committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve the quality of life and outcomes for patients with cancer and their families.*

27 West Morten Avenue  
Phoenix, AZ 85021-7246

phone (602) 618-0183 · fax (602) 926-8109  
programs@askican.org · askican.org



## **ICAN Boards and Councils**

### **Founding Chairman**

Sidney M. Rosen, Esq.

### **Chair, Board of Trustees**

Sherry Weinstein

### **President and CEO**

Marcia K. Horn, JD

### **Chair, Advisory Council**

Cathy Dalzell

### **Chair, National Board of Advisors**

Donna Stone

### **Honorary Co-Chairs, Board of Trustees**

Cheryl J. Hintzen-Gaines

James Carey Gregory III

### **Honorary Chairman, International**

#### **Corporate Advisory Council**

Robert T. Hanlon, PhD

### **Co-Chairs, Golf Invitational**

Cathy Dalzell and Wendy Look

### **Chairman, Texas Board of Advisors**

Chuck Clayton

### **Health Equities Council**

Katina Bland, Chair

Andrew J. Brown, Jr.

L. Michele Tate

### **Biomarker Collaborative**

James Creeden, MD, PhD, Honorary Chair

Razelle Kurzrock, MD, Honorary Chair

### **Exon 20 Group**

John V. Heymach, MD, PhD, Honorary Chair

Robert T. Hanlon, PhD, Chair

### **Exon 20 International Research Consortium**

Stephen B. Baylin, MD, Co-Chair

Afshin Beheshti, PhD, Co-Chair

John W. Lawson, PhD, Co-Chair

### **MET Crusaders**

Ravi Salgia, MD, PhD, Honorary Chair

### **NRG1 Energizers**

Alison Schram, MD, Honorary Chair

### **PD-L1 Amplifiers**

Razelle Kurzrock, MD, Honorary Chair

### **Scientific Advisory Board**

Scott M. Kahn, PhD, Chair

Colin B. Bier, PhD, Co-Chair

### **Drug Development Council**

Steven J. Potts, PhD, Chair

### **Radiology Council**

Mitchell D. Achee, MD, Chair

### **Interventional Radiology Council**

Fabio Komlos, MD and Charles Nutting, DO,

Co-Chairs

### **Anatomic Pathology Council**

Arthur E. Sitelman, MD, Chair

### **Molecular Diagnostics Council**

Anthony M. Magliocco, MD, Chair

Eric J. Thompson, PhD, Co-Chair

### **Artificial Intelligence Council**

Max Doppelt, Chair

### **Director, Research Projects**

Ashraf Abdelghany, MD

### **Director, Oncology Nursing Services**

Carm Fazio, RN

**Testimony of Marcia K. Horn, JD  
President and CEO  
ICAN, International Cancer Advocacy Network**

**before the:**

**Senate Committee on Health and Human Services**

**The Honorable Joy A. San Buenaventura  
Chair**

**The Honorable Angus L.K. McKelvey  
Vice Chair**

**Hawai'i State Senate  
Hawai'i State Capitol  
415 South Beretania Street  
Honolulu, HI 96813**

**February 11, 2026**

**Re: Strong Support of SB 2390—Relating to Insurance  
(Biomarker Testing)**

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

Thank you for this opportunity to testify in strong support of  
SB 2390 to require health insurers, mutual benefit societies,  
health maintenance organizations, and health plans under the  
state's Medicaid managed care program to provide coverage  
for biomarker testing beginning on January 1, 2027.

The human impact of passing SB 2390 is that more accurate  
testing sooner in the patient's journey both extends lives and  
saves many lives. The full fiscal impact must include two  
factors, a) the long-term fiscal impact of getting people on the  
right treatment sooner as this saves money for the health care  
system, including those systems managed by the state, and b)  
the economic impact of the regained productivity (and tax  
payments) of anyone who is or will be in the workforce.

Hawai'i will have more tax revenues from a healthier  
workforce by extending lives through better treatments, and by

saving lives through curing that patient—and both of these are direct impacts of increased biomarker testing.

Founded in 1996, ICAN, International Cancer Advocacy Network, is a Phoenix-based non-profit that has helped over 20,000 Stage IV metastatic cancer patients in Hawai'i, throughout the United States, and in 85 countries. ICAN's mission is to assist and empower late-stage cancer patients with cutting-edge information regarding anticancer drugs in clinical trials and physician referrals. We work with outstanding cancer centers in Hawai'i and dozens of community oncologists throughout the state. We advocate for cancer patients and for research that is critical to their care, and we work to improve access to affordable and innovative treatments for all patients.

Our goal is to find the right drugs at the right time for each individual patient. Nothing is more critical in achieving that goal than testing for the ever-increasing number of actionable biomarkers identified in cancer. This testing allows the choice of the targeted drug most likely to reduce or eliminate that individual patient's specific cancer. Biomarker testing replaces educated guesswork with scientific evidence and makes truly personalized, precision medicine possible.

Stage IV metastatic cancer patients simply do not have the time to try any but the most optimal treatment options. Without the correct tests, delays in finding the right drugs at the right time lead to adverse consequences for the patient when the cancer progresses to a more serious stage. This puts the patient in a weakened condition when and if the right drugs are finally found—thus making that therapy less effective.

The negative result for the healthcare system—a very avoidable negative result—is that the patient's care actually costs more overall: the costs of the wrong drugs initially, and then the higher costs for all the conditions that the patient suffers as a result of the inadequately treated and worsening disease.

For patients dealing with cancer, or other lethal or chronic diseases, finding “the right drug” for relief, treatment, or cure, can be a long struggle. The last thing that should happen is to make the patient (or an often overworked and overmatched oncology practice) fight with an insurance company to get the right test to know which drugs are most likely to work.

To delay the optimal treatment for any patient is wrong. To delay the optimal treatment for a Stage IV metastatic cancer patient is simply cruel beyond belief.

SB 2390 ensures that the most vulnerable patients can quickly receive the treatments that biomarker tests indicate are most likely to be effective.

Codifying these critical patient protections into Hawai'ian law is the right thing to do. Please let Stage IV metastatic cancer patients and their physicians fight cancer, not insurance companies.

Expanding coverage for biomarker testing will also help achieve other critical objectives of our health care system: reducing health disparities for the poor, for underserved ethnic or racial groups, and for residents of rural areas who lack access to comprehensive cancer centers.

We realize there may be an effort to restrict biomarker testing only to cancer, or to argue that the costs of biomarker testing are a reason for delay in considering SB 2390. We have dealt with the fiscal argument above—biomarker testing saves dollars as well as lives. As for the possible restriction of the bill to only cover cancer, we strongly support biomarker testing for all diseases where it is medically appropriate.

Ask yourself this: if a loved one had a lethal or chronic disease, whether cancer or any other, wouldn't you want them to have access to the tests that can lead them to a better course of treatment and possibly be the difference in whether they survive?

If your answer is yes, then please ensure that the loved ones of others also have the ability to access biomarker testing for all diseases by supporting SB 2390.

On behalf of all the patients we serve in Hawai'i who will be helped by SB 2390, we thank you for your consideration of this very worthy legislation, and we look forward to seeing it successfully go through the legislative process and be signed into law.

That will be a day that all Hawai'ians can celebrate.

Please do not hesitate to contact me at [marcia@askican.org](mailto:marcia@askican.org) or (602) 513-9217 if you need any additional information. Thank you for your consideration.

Respectfully submitted,

*Marcia K. Horn*

Marcia K. Horn, JD

President and CEO

ICAN, International Cancer Advocacy Network

27 West Morten Avenue

Phoenix, AZ 85021-7246

(602) 618-0183

[marcia@askican.org](mailto:marcia@askican.org)

<https://askican.org>



Chair San Buenaventura, Vice Chair McKelvey and members of the Committee on Health and Human Services & Homelessness:

My name is Nicole Sheahan, and I submit this testimony on behalf of the Global Colorectal Cancer Association, a colorectal cancer advocacy organization, in strong support of SB 2390.

Biomarker testing is a critical component of modern colorectal cancer care. These tests help identify the molecular characteristics of a patient's cancer and guide treatment decisions, including the use of targeted therapies, immunotherapies, and clinical trials. For many colorectal cancer patients, biomarker testing is considered standard of care.

Unfortunately, access to biomarker testing is inconsistent. Patients in Hawai'i often face insurance denials, delays, or high out-of-pocket costs, which can delay treatment and limit options at a time when every decision matters. These barriers disproportionately affect patients with limited resources and those enrolled in Medicaid managed care plans.

SB 2390 would help close this gap by requiring coverage for biomarker testing when medically appropriate, ensuring that patients can access personalized, evidence-based care regardless of insurance type. Improving access to biomarker testing leads to better outcomes, avoids ineffective treatments, and supports more efficient use of healthcare resources.

We respectfully urge the Committee to advance SB 2390 and support equitable, high-quality colorectal cancer care for patients across Hawai'i.

Thank you for the opportunity to submit testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Sheahan".

Nicole Sheahan  
President  
Global Colon Cancer Association



February 10, 2026

**Re: Support for Hawai'i SB 2390 (Relating to Insurance and Biomarker Testing)**

Chair Buenaventura and Members of the Committee on Health and Human Services:

Thank you for the opportunity to submit written testimony in support of SB 2390 which will expand access to comprehensive biomarker testing for patients in Hawai'i. As of the writing of this letter, similar legislation has been signed into law by 22 states with bipartisan support.<sup>1</sup>

Biomarker testing has been shown to improve the predictive accuracy of prostate cancer risk, help avoid ineffective treatments, and guide treatment decisions for prostate cancer patients.<sup>2</sup> Because of these benefits, nationally recognized clinical practice guidelines for prostate cancer screening recommend the use of biomarker testing. Although an increasing number of biomarker tests are performed to help treat prostate cancer patients,<sup>2</sup> 66 percent of oncology providers have reported that insurance coverage for biomarker testing is a significant or moderate barrier to appropriate biomarker testing.<sup>3</sup>

Improving insurer coverage for and access to biomarker testing is critical to reducing health disparities in prostate cancer and other diseases. Prostate cancer has the worst racial disparity among all cancers in the United States,<sup>4</sup> with Black men having a two-fold higher rate of prostate cancer mortality relative to men of other races.<sup>5</sup> Unfortunately, Black cancer patients are less likely to receive biomarker testing compared to White patients.<sup>6</sup> Studies have shown that when offered the same access to care as their White counterparts, Black men have similar prostate cancer outcomes, suggesting that the disparity in outcomes stems from social determinants of health and other factors that limit effective access to screening and early detection.<sup>7</sup>

Biomarker testing for prostate cancer patients improves outcomes, is critical to reducing health disparities, and is recommended in clinical practice guidelines. However, insurance plans do not cover biomarker testing for patients who need it. Therefore, I urge your support for SB 2390, to expand access to biomarker testing for patients.

Thank you, and please follow up with me with any questions.

Respectfully,

Georgia Bates

Manager, State Government Relations & Advocacy, ZERO Prostate Cancer

[Georgia@zerocancer.org](mailto:Georgia@zerocancer.org)

---

<sup>1</sup> Biomarker testing coverage for all state-regulated plans: AZ, CA, CT, GA, IL, IN, IA, KY, MD, MN, NE, NM, NJ, NY, OK, PA, RI, TX. Biomarker testing coverage for some plans: AR, CO, FL, LA.

<sup>2</sup> Le, T., Rojas, P. S., Fakanle, M., & Huang, F. W. (2023). Racial disparity in the genomics of precision oncology of prostate cancer. *Cancer reports (Hoboken, N.J.)*, 6 Suppl 1(Suppl 1), e1867. <https://doi.org/10.1002/cnr2.1867>

<sup>3</sup> Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers, December 2021, American Cancer Society Cancer Action Network. [https://www.fightcancer.org/sites/default/files/national\\_documents/provider\\_utilization\\_of\\_biomarker\\_testiNg\\_polling\\_memo\\_dec\\_2021.pdf](https://www.fightcancer.org/sites/default/files/national_documents/provider_utilization_of_biomarker_testiNg_polling_memo_dec_2021.pdf)

<sup>4</sup> Siegel, D. A., O'Neil, M. E., Richards, T. B., Dowling, N. F., & Weir, H. K. (2020). Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. In *MMWR. Morbidity and Mortality Weekly Report (Vol. 69, Issue 41, pp. 1473–1480)*. Centers for Disease Control MMWR Office. <https://doi.org/10.15585/mmwr.mm6941a1>

<sup>5</sup> Lowder, D., Rizwan, K., McColl, C., Paparella, A., Ittmann, M., Mitsiades, N., & Kaochar, S. (2022). Racial disparities in prostate cancer: A complex interplay between socioeconomic inequities and genomics. In *Cancer Letters (Vol. 531, pp. 71–82)*. Elsevier BV. <https://doi.org/10.1016/j.canlet.2022.01.028>

<sup>6</sup> 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/diy202>

<sup>7</sup> Riviere P, Luterstein E, Kumar A, et al. Survival of African American and non-Hispanic white men with prostate cancer in an equal-access health care system. *Cancer*. 2020;126(8):1683-1690. doi:10.1002/cncr.32666



**AdvaMed**

Advanced Medical Technology Association



**AdvaMedDx**

Vital Insights | Transforming Care

1301 Pennsylvania Avenue,  
NW  
Suite 400  
Washington, D.C. 20004  
**P** :: 202.783.8700  
**F** :: 202.783.8750  
**W**:: AdvaMed.org

February 10, 2026

Senator Joy A. San Buenaventura  
Chair, Committee on Health and Human Services  
Hawai'i State Senate  
415 South Beretania St  
Honolulu, HI 96813

**RE: SB 2390 (Gabbard) Support**

Dear Chair San Buenaventura:

On behalf of AdvaMed, the MedTech Association, I am writing in support of SB 2390, legislation that will improve patient outcomes by ensuring access to vital biomarker testing.

AdvaMed is the world's largest association representing the full spectrum of medical technology innovators and manufacturers. AdvaMedDx, a division of AdvaMed, represents over 80 manufacturers of *in vitro* diagnostic (IVDs) tests and technologies. Our member companies produce advanced IVD tests and technologies that allow early detection of disease, facilitate evidence-based medicine, improve patient and public health, and enable precision medicine. AdvaMedDx is the only advocacy organization exclusively addressing policy issues facing diagnostic manufacturers in the United States and abroad.

The significance of biomarker testing in patient care cannot be overstated. It is a game-changer in tailoring patient management and prevention plans by integrating individual medical histories and clinical symptoms. This approach is instrumental not just in cancer treatment but also across various medical fields like cardiology, neurology, infectious diseases, and autoimmune disorders. Conditions such as Alzheimer's Disease, Rheumatoid Arthritis, and Preeclampsia are just a few examples where biomarker testing can make a substantial difference.

Unfortunately, current health care coverage for biomarker testing is failing to keep pace with scientific advancements. SB 2390 aims to bridge this gap by requiring state-regulated health care plans to cover comprehensive biomarker testing when supported by medical and scientific evidence, including nationally recognized clinical practice guidelines. Timely access to



appropriate biomarker testing will result in better health outcomes, advance health equity, and reduce costs. For these reasons, AdvaMed strongly supports SB 2390.

Your support can transform the landscape of patient care, and we look forward to your leadership in this critical healthcare initiative.

Sincerely,



Zach Rothstein  
Executive Director  
AdvaMedDx



Darbi Gottlieb  
Senior Director, State Government and Regional Affairs  
Advanced Medical Technology Association (AdvaMed)





February 9, 2026

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

**Re: S.B. 2390, Relating to Insurance**

**Hearing: Wednesday, February 11, 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 S.B. 2390**, which requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

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.<sup>1</sup> However, a 2022 report identified racial and socioeconomic disparities in access to and use of biomarker testing for cancer.<sup>2</sup> These disparities highlight the importance of policies that improve access to appropriate diagnostic tools.

Requiring insurance coverage of biomarker testing would improve access to health care services. Expanding access to biomarker testing can support more accurate diagnoses and individualized treatment decisions, helping to improve health outcomes.

**For the above reasons, we support S.B. 2390 and respectfully request that the Committee pass this measure.**

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

---

<sup>1</sup> *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](https://www.fightcancer.org/sites/default/files/health_equity_in_biomarker_testing_and_targeted_therapy_.pdf).

<sup>2</sup> *Id.*



February 10<sup>th</sup>, 2026

Hawaii Legislature  
Senate Committee on Health and Human Services  
State Capitol  
415 South Beretania Street

**Re: SB 2390 Regarding Biomarker Testing**

On behalf of the EveryLife Foundation for Rare Diseases, we are pleased to submit testimony in support of SB 2390. The EveryLife Foundation for Rare Diseases is powered by the rare disease community to improve health outcomes by driving change through evidence-based policy, leading science-driven policy and regulatory research, activating the community to advocate for their rights and needs, and strengthening the rare disease community.

For the more than 30 million Americans living with one of the more than 10,000 rare diseases,<sup>1</sup> living with unanswered questions has long played an outsized role in their diagnostic odyssey. Navigating a rare disease diagnosis can require, on average, more than 6 years and 17 medical interventions after symptoms begin. These interventions can include hospitalizations, emergency room visits, out-of-state specialist appointments, and other health-related activities.<sup>2</sup> A recent study revealed that for some rare diseases, the economic impact of a delayed diagnosis exceeded \$500,000 per patient.

Biomarker testing, including genetic tests, plays a crucial role in shortening a patient's diagnostic journey. Improved access to biomarker testing enables appropriate care by identifying an individual's specific mutations, tailoring treatment plans, and preventing unnecessary tests and treatments that are unlikely to work. With 80 percent of rare diseases being genetic in origin,<sup>3</sup> timely and sustainable access to biomarker testing is fundamental to rare disease patients' health and well-being.

Unfortunately, these tests remain out of reach for thousands of rare disease families, as many face barriers such as coverage denials, lengthy prior authorization processes, and requirements to utilize other tests that are less likely to provide answers. SB 2390 changes this reality by requiring

---

<sup>1</sup> National Human Genome Research Institute. (2019, March 9). *Rare Diseases FAQ*. Genome.gov. <https://www.genome.gov/FAQ/Rare-Diseases>

<sup>2</sup> EveryLife Foundation for Rare Diseases, February 2021. *The National Economic Burden of Rare Disease Study*, [www.everylifefoundation.org/burden-landing/](http://www.everylifefoundation.org/burden-landing/)

<sup>3</sup> National Human Genome Research Institute, Accessed April 2024. *Rare Genetic Diseases*, [www.genome.gov/dna-day/15-ways/rare-genetic-disease](http://www.genome.gov/dna-day/15-ways/rare-genetic-disease).

that biomarker testing be covered for the purposes of diagnosis, treatment, management, and ongoing monitoring of diseases, giving patients holistic access to essential information for treatment and an improved quality of life.

By requiring insurance coverage of clinically appropriate biomarker testing, SB 2390 removes unnecessary hurdles to healthcare access and empowers individuals to make informed decisions about their health. For these reasons, we ask you to support SB 2390.

Sincerely,



Dylan Simon  
Senior Director of Policy  
EveryLife Foundation for Rare Diseases



Kathryn Poe  
State Policy Manager  
EveryLife Foundation for Rare Diseases

CC:

Michael Pearlmutter, Chief Executive Officer, EveryLife Foundation for Rare Diseases  
Annie Kennedy, Chief Mission Officer, EveryLife Foundation for  
Rare Diseases  
Amy Gaviglio, Chair, Board of Directors, EveryLife Foundation for Rare Diseases



February 10, 2026

**RE: Support for SB2390 – An Act to Require Health Insurance Coverage for Biomarker Testing**

Dear Honorable Members of the Hawai'i Senate Health and Human Services Committee:

The National Comprehensive Cancer Network® (NCCN®) appreciates the opportunity to comment on SB2390, an act relating to coverage for biomarker testing. Biomarker Testing is of paramount importance as it relates to NCCN's mission of improving and facilitating, quality, effective, equitable, and accessible cancer care and prevention. NCCN will focus our supportive comments on the importance of comprehensive biomarker testing for residents of Hawai'i and the role of clinical practice guidelines in determining appropriate care.

**NCCN Background**

As an alliance of 33 leading academic cancer centers in the United States, NCCN® is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals and payers alike. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States. NCCN Guidelines® and Library of Compendia products help ensure access to appropriate care and are used by payers representing more than 85% of covered lives in the United States including CMS. NCCN imposes strict policies to shield the guidelines development processes from external influences. The guidelines development is supported exclusively by the Member Institutions' dues and does not accept any form of industry or other external financial support for the guidelines development program. The NCCN Guidelines are updated at least annually in an evidence-based process integrated with the expert judgment of multidisciplinary panels of expert physicians from NCCN Member Institutions. The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and are available through a multitude of health information technology (HIT) vendors.

**NCCN Biomarkers Compendium®**

The NCCN Guidelines® include biomarkers used for the purposes of diagnosis, screening, monitoring, surveillance, prediction, therapeutic decision-making and prognostication. The NCCN Biomarkers Compendium® contains biomarker information derived directly from the NCCN Guidelines to support decision-making around the use of biomarker testing in patients with cancer and is intended to be a resource for payers, providers, and health care entities navigating the rapidly changing evidence base for medically necessary biomarker testing in oncology. Information is provided in a searchable database that is updated continuously in conjunction with the NCCN Guidelines® to remain evergreen. In addition to providing information regarding clinical indication(s) for specific biomarker testing, the NCCN Biomarkers Compendium provides essential details for testing methodologies recommended within the NCCN Guidelines.

### **Biomarker Testing Impact on Cancer Care Outcomes**

Numerous independent studies have found adherence to NCCN Guidelines® improves care delivery and outcomes for patients with cancer, including at least one study demonstrating that access to guideline adherent biomarker testing can improve overall survival with appropriately utilized targeted therapy in the first-line setting and later lines of treatment.<sup>1</sup> Guideline adherence for both treatment and biomarker testing has also been shown across numerous studies to decrease costs to payers and patients.<sup>2,3,4,5</sup> Additionally, the majority of newly approved cancer therapies in recent years were biomarker-specific treatments requiring accompanying biomarker testing to determine their potential role in a given treatment plan.<sup>6,7</sup> Non-adherence to guidelines has also been identified as a key contributor to inequities in care outcomes across race and ethnicity with some studies finding these disparities greatly reduced or eliminated when guideline adherent care is received.<sup>8,9</sup> Adherence to nationally-recognized guidelines improves care outcomes including quality of life and overall survival, may reduce inequities in care outcomes, and reduces cost of care to both the payer and the patient.

Despite a wide body of literature supporting the need for guideline adherent biomarker testing, coverage, and access to appropriate biomarker testing is still widely variable leaving many patients unable to access appropriate care. A 2022 study evaluating publicly available insurance policies for biomarker testing found that 71% of plans were more restrictive than NCCN Guideline recommendations.<sup>10</sup> This critical care gap must be addressed to ensure all people can access optimal cancer care. SB2390 creates coverage for appropriate biomarker testing that adheres to nationally recognized evidence-based clinical practice guidelines. As such, NCCN is pleased to support SB2390.

### **NCCN Supports Clinically Appropriate Biomarker Testing**

NCCN recommends covering biomarker testing as delineated in evidence-based nationally recognized clinical practice guidelines. NCCN would like to note that the most recent versions of our Guidelines are always available on our website. As NCCN Guidelines® and the NCCN Biomarkers Compendium® are continuously updated to stay current with the evidence, NCCN encourages your committee to refer to the current recommendations and Guideline versions on the NCCN website as a health policy tool to ensure those decisions are up to date with the standard of care.

NCCN appreciates the opportunity to comment on and support SB2390. We are proud to support this legislation in harmony with our coalition partners. As a nationally recognized clinical guidelines organization, NCCN is happy to serve as a resource during the legislative process. We look forward to working together to ensure access to high-quality cancer care.

Sincerely,

Crystal Denlinger, MD, FACP  
Chief Executive Officer  
National Comprehensive Cancer Network  
denlinger@nccn.org 267.622.6654

## References

- 1 Aggarwal C, Marmarelis ME, Hwang WT, et al. Association of comprehensive molecular genotyping and overall survival in patients with advanced non-squamous non-small cell lung cancer. *JCO*. 2022;40(16\_suppl):9022-9022. doi:10.1200/JCO.2022.40.16\_suppl.9022
- 2 Newcomer LN, Weininger R, Carlson RW. Transforming prior authorization to decision support. *Journal of Oncology Practice*. 2017;13(1). doi:10.1200/jop.2016.015198
- 3 Williams CP, Azuero A, Kenzik KM, et al. Guideline discordance and patient cost responsibility in medicare beneficiaries with metastatic breast cancer. *Journal of the National Comprehensive Cancer Network*. 2019;17(10):1221-1228. doi:10.6004/jnccn.2019.7316
- 4 Sapkota U, Cavers W, Reddy S, Avalos-Reyes E, Johnson KA. Total cost of care differences in National Comprehensive Cancer Center (NCCN) concordant and non-concordant breast cancer patients. *JCO*. 2022;40(16\_suppl):e18833-e18833. doi:10.1200/JCO.2022.40.16\_suppl.e18833
- 5 Sapkota U, Cavers W, Reddy S, Avalos-Reyes E, Johnson KA. Total cost of care differences in National Comprehensive Cancer Center (NCCN) concordant and non-concordant patients with colon cancer. *JCO*. 2022;40(16\_suppl):3624-3624. doi:10.1200/JCO.2022.40.16\_suppl.3624
6. York OH PharmD, MPH, BCPS, BCGP Professor, Department of Pharmacy Practice St John's University College of Pharmacy & Health Sciences Queens, New. Trends in FDA-Approved Cancer Therapies. [www.uspharmacist.com](http://www.uspharmacist.com). <https://www.uspharmacist.com/article/trends-in-fdaapproved-cancer-therapies>
7. Suehnholz SP, Kundra R, Zhang H, et al. Tracking the FDA precision oncology drug approval landscape in OncoKB. *Journal of Clinical Oncology*. 2024;42(16\_suppl):e13507-e13507. doi:[https://doi.org/10.1200/jco.2024.42.16\\_suppl.e13507](https://doi.org/10.1200/jco.2024.42.16_suppl.e13507)
8. Fang P, He W, Gomez D, Hoffman KE, Smith BD, Giordano SH, Jagsi R, Smith GL. Racial disparities in guideline-concordant cancer care and mortality in the United States. *Adv Radiat Oncol*. 2018 May 4;3(3):221-229. doi: 10.1016/j.adro.2018.04.013. PMID: 30202793; PMCID: PMC6128037.
9. Blom EF, Ten Haaf K, Arenberg DA, de Koning HJ. Disparities in Receiving Guideline-Concordant Treatment for Lung Cancer in the United States. *Ann Am Thorac Soc*. 2020 Feb;17(2):186-194. doi: 10.1513/AnnalsATS.201901-094OC. PMID: 31672025; PMCID: PMC6993802.
- 10, 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. *Personalized Medicine*. 2022;19(3):171-180. doi:10.2217/pme-2021-0174

**SB-2390**

Submitted on: 2/8/2026 4:34:21 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

<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 SB 2390 – Relating to Insurance

Wednesday, February 11, 2026; TIME: 1:00PM

Committee on Health and Human Services & Homelessness

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Cheryl K. Okuma and I am a cancer survivor and an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of SB2390: Relating to Insurance.

As a cancer survivor, with family members and friends who have battled or are battling cancer—ensuring effective and timely treatment is critical to our fight against this disease.

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

While biomarker testing is now standard of care for various cancer insurance coverage, it 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 that are necessary to determine the right treatment.

SB2390 would make it possible for more patients to get the right treatment at the right time. I urge you to pass SB 2390. Biomarker testing can lead to improved survivorship and better quality of life for cancer patients.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

**SB-2390**

Submitted on: 2/9/2026 8:36:56 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

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

Comments:

RE: Strong Support of SB 2390 – Relating to Insurance

Wednesday, February 11, 2026; TIME: 1:00PM

Committee on Health and Human Services & Homelessness

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Jennifer Hausler[Name], and I am a cancer supporter and former caretaker and an advocate with the American Cancer Society Cancer Action Network . I am writing in strong support of SB2390: Relating to Insurance.

Biomarker testing saves lives and the bill will ensure more people in Hawaii will have access to have the correct treatment, Many are dying now without biomarker testing. It will enhance so many patients lives as it now does in 22 states on the Mainland.

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.

SB2390 would make it possible for more patients to get the right treatment at the right time. I urge you to pass SB2390. 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*



**SB-2390**

Submitted on: 2/9/2026 10:09:53 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Anamalia Su'esu'e	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Anamalia Su'esu'e and I am writing in strong support of SB2390: Relating to Insurance.

Although biomarker testing is now standard of care for many cancers, insurance coverage has not kept pace with clinical advancements. Forty-three percent 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. This gap is not theoretical. My father passed away from cancer, and while our family was fortunate to have insurance that covered his care, many others are not—particularly Native Hawaiian and Pacific Islander communities in Hawai‘i, who already experience significant cancer disparities. For these patients, lack of coverage for biomarker testing can mean delayed diagnoses, limited treatment options, or no access to lifesaving therapies at all.

SB2390 would make it possible for more patients to get the right treatment at the right time. I urge you to pass SB2390. 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,  
Anamalia Su'esu'e  
Volcano, HI 96785

**SB-2390**

Submitted on: 2/9/2026 2:08:15 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Laeton J Pang	Individual	Support	Written Testimony Only

Comments:

I am writing in support of SB 2390, which if passed would require health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing beginning 1/1/27.

I have worked as a radiation oncologist in Hawaii for over 31 years and during that time have witnessed the remarkable improvements in patient outcomes even in patients with metastatic disease, mostly attributable to the advent of new drug therapies that can be very helpful in patients whose disease exhibits certain biomarkers.

Biomarker testing is also proving to be useful for cancer screening and could prove useful in early detection and risk assessment, although at this time there are limitations in accuracy, sensitivity and specificity, often requiring confirmation with additional testing.

A common frustration amongst oncologists and our patients are delays in prior authorization for biomarker testing that can prolong the interval between diagnosis and treatment initiation.

Please pass SB 2390 and feel free to contact me if you've further questions.

Sincerely,

Laeton J Pang, MD, MPH, FACR, FACRO, FACCC, FASTRO

Recipient of the 2026 Gold Medal Award from the American College of Radiation Oncology

President Elect, Council of Affiliated Regional Radiation Oncology Societies

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

DATE: Wednesday, February 11, 2026  
TIME: 1:00 PM  
PLACE: Via Videoconference  
Conference Room 225

### **TESTIMONY IN SUPPORT OF SB 2390, RELATING TO INSURANCE**

Dear Chair San 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 Senate Bill 2390, relating to insurance. This bill requires health insurers, mutual benefit societies, health maintenance organizations, and health plans under the State's Medicaid managed care program to provide coverage for biomarker testing.

According to the American Lung Association State of Lung Cancer Report published in 2024<sup>1</sup>, 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 47<sup>th</sup> 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 Senate Bill 2390 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.

---

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

**SB-2390**

Submitted on: 2/9/2026 3:31:06 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nicole Mahealani Lum	Individual	Support	Written Testimony Only

Comments:

RE: SB 2390 – SUPPORT

Aloha e Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

My name is Dr. Nicole Mahealani Lum, and I write in support of SB2390, which requires health insurance coverage for biomarker testing.

As a family medicine physician practicing primary care in Honolulu, I recognize the value of biomarker testing as a critical component of modern healthcare, particularly in oncology. It facilitates precision medicine, which improves patient outcomes and prevents the waste of healthcare resources on treatments that are ineffective for a patient’s specific molecular profile. Despite being the standard of care, many patients—particularly those on Medicaid—lack equitable access to these tests.

SB 2390 will:

1. **Improve Health Outcomes:** Connect patients with targeted therapies that have higher success rates according to clinical guidelines.
2. **Increase Health Equity:** Ensure that a patient's income or insurance type does not determine their access to the best available care.
3. **Reduce Costs:** Lower overall system costs by avoiding a "trial and error" approach to treatment.

Thank you for this opportunity to provide testimony in support of SB2390. I urge the Committee to pass this measure to support the health and well-being of Hawai‘i's people.

Sincerely,

Dr. Nicole M. Lum, D.O

RE: Strong Support of SB2390 – Relating to Insurance  
Wednesday, February 11, 2026; TIME: 1:00PM  
COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair, and committee members:

My name is Natalie Hyman and I am a patient advocate living with Stage IV metastatic breast cancer. I am in STRONG SUPPORT of SB2390.

**I was diagnosed with stage IV metastatic breast cancer in 2020 and am still here today thanks in part to biomarker testing.** At the time of my initial diagnosis, my oncologist ordered biomarker testing of my tumor. This tumor testing was the professional standard of care in breast cancer oncology. This is probably why my local oncologist ordered this test without expressing any concerns to me about possible insurance denial. The results of this test would reveal if any targeted therapies might work on my cancer.

**My insurer denied coverage for this test based on their determination of medical necessity.** The company's reason for denying me coverage for this standard of care biomarker testing was: "The use of comprehensive genomic profiling (expanded cancer mutation panels) for selecting targeting cancer treatment does not meet payment determination criteria because there is a lack of evidence that this technique improves health outcomes."

Many patients give up upon initial insurance denial because they do not have the energy or knowledge to appeal it. In my case, the testing company agreed to appeal on my behalf with help from my oncologist. Despite their months-long efforts, the insurer still refused to pay for this test. The cost was \$5,800. This biomarker test arguably meets the definition of medical necessity under current Hawaii law.

**Medically necessary - as decided by the insurance plan's medical director – is often inconsistent with the recommendations of the treating physician, professional standards of care, and clinical practice guidelines.** This legislation will ensure that plans follow the same evidence on what testing should be covered and under what circumstances.

Another example of my insurer denying coverage for a medically necessary biomarker test happened to me in 2023. In July 2023, my cancer progressed, which meant I needed to change treatments. Earlier that year (January 27, 2023), the FDA approved elacestrant for ESR1-mutated metastatic breast cancer with disease progression following at least one line of endocrine therapy. The FDA also approved a companion diagnostic device (a specific biomarker test) to identify patients with breast cancer for treatment with elacestrant. My cancer subtype and treatment history aligned with this newly approved drug; therefore, my oncologist ordered the corresponding test. It revealed that I did have the ESR1 mutation, and I was approved to receive elacestrant treatment. However, my insurer did not approve coverage for this biomarker test. This test costs \$9,650. **This biomarker testing upon my cancer progression fit within the Hawaii statutory definition of "medical necessity" and yet the insurer will not pay for it. This test was FDA approved and directly impacted my ability to use a new drug – that may be my best**

**chance against cancer. Moreover, ESR1 biomarker testing is specifically recommended in the National Comprehensive Cancer Network (NCCN) Guidelines for breast cancer.**

Hawaii's statutory definition of "medical necessity" depends upon the insurance company's medical director agreeing that the requested health intervention is indeed medically necessary. This puts the insurance company's interests above patient health outcomes. Current Hawaii law allows insurance companies to deny coverage by using the ambiguous and subjective definition of "medical necessity."

**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 our state can use their own determinations of medical necessity to limit access to proven and necessary testing. In order to help future patients avoid the stress and struggle that I've experienced, I urge you to support SB2390.

With thanks,

Natalie Hyman  
Kailua, Hawaii 96734

**SB-2390**

Submitted on: 2/9/2026 11:27:13 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Crissy T. Kawamoto	Individual	Support	Written Testimony Only

Comments:

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

My name is Crissy Kawamoto, and I am a resident of Pālolo Valley. I am writing in **STRONG SUPPORT** of SB 2390.

Biomarker testing is essential to helping a patient's care team identify the treatment that is most likely to work, saving time, resources, and, ultimately, lives.

When a family member or friend is diagnosed with a serious illness, they should have access to the most effective treatment available. Biomarker testing makes that possible by allowing doctors to tailor treatments to a patient's specific genetic profile based on established clinical evidence. No one in Hawai'i should be denied a chance at survival or experience a delay in treatment because their insurance doesn't cover these diagnostic tests.

I respectfully urge you to pass SB 2390 to ensure all residents have equal access to life-saving precision medicine.

Mahalo,

Crissy T. Kawamoto

Beverly Wong  
Honolulu, Hawaii 96818

RE: Strong Support of SB 2390 – Relating to Insurance  
Wednesday, February 11, 2026; TIME: 1:00pm  
Committee on Health and Human Services

---

Chair Joy San Buenaventura, Vice Chair Angus McKelvey and committee members:

My name is Lynda and I am an advocate for the American Cancer Society Cancer Action Network as well as a cancer survivor of 30 + years. I am in STRONG SUPPORT of SB 2390: Relating to Insurance.

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

Without the Cancer Research funding, he would not have been alive to fight this dreaded disease.

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

With thanks,

Beverly Wong  
Honolulu, Hawaii 96818

Lynda Asato  
1255 Nuuanu Avenue  
Honolulu, HI 96817

RE: Strong Support of SB 2390 – Relating to Insurance  
Wednesday, February 11, 2026; TIME: 1:00pm  
Committee on Health and Human Services

---

Chair Joy San Buenaventura, Vice Chair Angus McKelvey and committee members:

My name is Lynda and I am an advocate for the American Cancer Society Cancer Action Network as well as a cancer survivor of 30 + years. I am in STRONG SUPPORT of SB 2390: Relating to Insurance.

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.

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.

I believe 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 like me.

For these reasons, I'm a strong supporter of SB 2390. Thank you for accepting my testimony.

Mahalo,

Lynda Asato, Retired health advocate and educator  
1255 Nuuanu Avenue  
Honolulu, HI 96817

**SB-2390**

Submitted on: 2/10/2026 10:06:05 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Karen Copeland	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Karen Copeland, and I am a cancer survivor and an advocate with the American Cancer Society Cancer Action Network. I am writing in strong support of SB2390: Relating to Insurance.

I was diagnosed with a type of rare high grade cancer in 2017. I am only alive today because I had the means and ability to travel off island for care. Most people who live in Hawaii are not as lucky and do not have the insurance needed to survive such a diagnosis. I continue to fly off island for appointments and I continue to be cancer free, but I know things could have turned out much different. All people who live in Hawaii deserve a fighting chance which is why this bill is so important. Everyone is touched by cancer in some way during their lives so this bill is for you and your loved ones as much as anyone else living in this beautiful state.

This bill ensures more people in Hawai'i have access to biomarker testing needed to guide their treatment. With cancer every second is critical and makes a difference between life or death. 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.

SB2390 would make it possible for more patients to get the right treatment at the right time. I urge you to pass SB2390. 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,

*Karen Copeland*  
Ewa Beach, Hawaii 96706



Carol Marx  
Kailua, HI 96734

RE: Strong Support of SB 2390 – Relating to Insurance  
Wednesday, February 11, 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 SB2390: Relating to Insurance.

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.

SB 2390 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.

SB2390 would make it possible for more patients to get the right treatment at the right time. I urge you to pass SB2390. 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

To: Senator San Buenaventura, Chair  
Senator McKelvey, Vice Chair  
Members of the Committee on Health and Human Services & Homelessness

RE: RE: Strong Support of SB 2390 – Relating to Insurance

Hearing: Wednesday, February 11, 2026; TIME: 1:00PM  
Committee on Health and Human Services & Homelessness

---

Chair San Buenaventura, Vice Chair McKelvey and committee members:

My name is Michelle Hashimoto, a current Pu'unui resident, 1988 graduate of Moanalua High School, and 1992 graduate of University of Hawai'i at Mānoa ... and long time cancer fighter in my community. 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 SB2390: Relating to Insurance.

*As a caregiver for my father who battled cancer, a concerned parent, and an active community member, I am in STRONG SUPPORT of SB2390.*

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.

SB2390 would make it possible for more patients to get the right treatment at the right time. I urge you to pass SB2390. 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.

My 86-year old father was diagnosed with esophageal cancer a few months before his passing. Although he didn't pass from cancer, 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 for today and ... for our future.

I humbly ask for your STRONG SUPPORT of SB2390: Relating to Insurance.

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

**LATE**

**SB-2390**

Submitted on: 2/11/2026 12:46:10 AM  
Testimony for HHS on 2/11/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Richele Thornburg	Testifying for Hawaii Rheumatology Society	Support	Written Testimony Only

Comments:

SB2390 Written Testimony

RE: Strong Support of SB 2390 – Relating to Insurance

Wednesday, February 11, 2026;

Time: 1:00pm

Committee on Health and Human Services & Homelessness

Chair San Buenaventura, Vice Chair McKelvey and committee members

As the Executive Board of Directors of the Hawai‘i Rheumatology Society, we underscore the essential role that biomarker testing plays in the delivery of high-quality, evidence-based medical care. For patients living with complex autoimmune and inflammatory diseases, timely and accurate biomarker testing enables clinicians to identify the most appropriate, individualized treatment strategies. This precision-based approach leads to improved clinical outcomes, enhanced quality of life, and the avoidance of unnecessary or ineffective therapies.

Although biomarker testing is widely recognized as standard of care, insurance coverage has not kept pace with advancements in medical science. As a result, many patients in Hawai‘i face denials or unexpected financial burdens for tests that are medically necessary and central to guiding treatment decisions. These barriers delay appropriate care and undermine the principles of modern, patient-centered medicine.

SB2390 offers a clear and responsible remedy. By requiring Medicaid and state-regulated insurance plans to cover biomarker testing when supported by strong clinical evidence and used to inform the treatment of a disease or condition, this legislation strengthens access to essential diagnostic tools and promotes equitable, effective care across our state.

On behalf of the Hawai‘i Rheumatology Society Executive Board of Directors, we respectfully urge support for SB2390 to ensure that patients throughout Hawai‘i receive the timely, evidence-based care they deserve.

Kristine Uramoto, MD, President

Daniel Brandt, MD, Vice President

Scott Kawamoto, MD, Secretary

Barry Shibuya, MD Treasurer



# American Urological Association

**LATE**

February 9, 2026

Hon. Joy San A. Buenaventura

Chair, Health and Human Services Committee

Hon. Angus L.K. McKelvey

Vice Chair, Health and Human Services Committee

*Re: Support HI HB1971/ SB 2390 – Coverage for Biomarker Testing*

Dear Chair San Buenaventura and Vice Chair McKelvey,

On behalf of the American Urological Association (AUA) we are writing to express our support for HI HB1971/ SB 2390, which would ensure the coverage of biomarker testing for Hawaii, when medically appropriate, for diagnosis, treatment, management, or ongoing monitoring. Progress in improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person's own genes or proteins to prevent, diagnose, or treat diseases like cancer. Biomarker testing is an important step in accessing precision medicine, which includes targeted therapies that can lead to improved survivorship, better quality of life, and reduced costs.

The AUA is a globally engaged organization with more than 22,000 physician, physician assistant, and advanced practice nursing members in more than 100 countries. Our members represent the world's largest collection of expertise and insight into treating urologic disease. Of the total AUA membership, more than 15,000 are based in the United States, with 58 practicing urologists in Hawaii and provide invaluable support to the urologic community by fostering the highest standards of urologic care through education, research, and the formulation of health policy.

Biomarker testing is increasingly important for cancer care – and for treating other diseases. A 2021 report showed that 37 of the 62 oncology drugs launched in the past five years require or recommend biomarker testing before use.<sup>1</sup> Biomarker testing is increasingly important to enrolling patients in clinical trials as the number and percentage of cancer clinical trials that involve biomarkers has grown significantly.<sup>1</sup>

Precision treatments in cancers through biomarker testing have been shown to reduce costs and improve quality of life, which is particularly important to the AUA, State Society, and our members in the prostate cancer space. The use of a urine sample in conjunction with a prostate specific antigen (PSA) test has been shown to reduce the number of unnecessary biopsies of the prostate by up to 41%, compared to 11% with a PSA test alone.<sup>3</sup> With the American Cancer Society projecting prostate cancer to have the highest rate of new cancer cases in the state in <sup>2</sup>2025, 950,<sup>4</sup> reducing the number of unnecessary biopsies could significantly reduce costs to the health care system as well as complications.

- 
1. IQVIA Institute (2021). *Global Oncology Trends 2021*. Retrieved January 2025.
  2. Personalized Medicine Coalition. (n.d.). *The evolution of biomarker use in clinical trials for cancer treatment*. Retrieved from [https://www.personalizedmedicinecoalition.org/Userfiles/PMC-Corporate/file/The Evolution of Biomarker Use in Clinical Trials for Cancer Treatments.pdf](https://www.personalizedmedicinecoalition.org/Userfiles/PMC-Corporate/file/The_Evolution_of_Biomarker_Use_in_Clinical_Trials_for_Cancer_Treatments.pdf)
  3. Tosoian, J. J., Zhang, Y., Xiao, L., et al. (2024). Development and validation of an 18-gene urine test for high-grade prostate cancer. *JAMA Oncology*, 10(6), 726–736. <https://doi.org/10.1001/jamaoncol.2024.0455>
  4. American Cancer Society. (n.d.). *Cancer statistics center: Prostate cancer*. Retrieved January 17, 2025, from <https://cancerstatisticscenter.cancer.org/#!/cancer-site/Prostate>

Unfortunately, not all communities benefit from the latest biomarker testing and precision medicine advancements. Communities that have been marginalized, including communities of color and individuals with lower socioeconomic status, are less likely to receive biomarker testing.<sup>5</sup> People in rural communities and those receiving care in nonacademic medical centers are also less likely to have access to biomarker testing.<sup>6,7</sup> Improving access to biomarker testing and, thereby, access to targeted therapies is also an important strategy to reduce health disparities and improve outcomes for cancer patients. Legislation to expand coverage of biomarker testing in Hawaii would allow more patients to get the right treatment at the right time. For these reasons, we respectfully request that the committee advances HB1971/ SB 2390 for consideration by the entire Legislature.

Thank you for your consideration.

Sincerely,



Brian Duty, MD, MBA  
Chair, State Advocacy Committee



Hans Arora, MD, PhD  
Chair-Elect, State Advocacy Committee

- 
5. 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(15\_suppl), 6563–6563. [https://doi.org/10.1200/JCO.2017.35.15\\_suppl.6563](https://doi.org/10.1200/JCO.2017.35.15_suppl.6563)
  6. 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

**LATE**

**SB-2390**

Submitted on: 2/10/2026 10:28:12 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sara Harris	Individual	Support	Written Testimony Only

Comments:

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

My name is Sara Harris and I am a board certified OBGYN on Oahu. I would like to express my strong support for SB 2390, which requires health insurance coverage for biomarker testing.

Biomarker testing is a critical component of modern healthcare, particularly in oncology. It facilitates precision medicine, which improves patient outcomes and prevents the waste of healthcare resources on treatments that are ineffective for a patient's specific molecular profile. Despite being the standard of care, many patients—particularly those on Medicaid—lack equitable access to these tests.

SB 2390 will:

1. **Improve Health Outcomes:** Connect patients with targeted therapies that have higher success rates according to clinical guidelines.
2. **Increase Health Equity:** Ensure that a patient's income or insurance type does not determine their access to the best available care.
3. **Reduce Costs:** Lower overall system costs by avoiding a "trial and error" approach to treatment.

I urge the Committee to pass this measure to support the health and well-being of Hawai'i's people.

Sincerely,

Sara C Harris, MD

**LATE**

**SB-2390**

Submitted on: 2/11/2026 7:57:43 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
ann chang	Individual	Support	Written Testimony Only

Comments:

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

My name is Ann Chang and I am a resident of Honolulu. I am writing in strong support of SB 2390.

When a family member or friend is diagnosed with a serious illness, they should have access to the most effective treatment available. Biomarker testing makes that possible by allowing doctors to tailor treatments to a patient's specific genetic profile based on established clinical evidence. No one in Hawai'i should be denied a chance at survival because their insurance doesn't cover the diagnostic tests that align with the current medical standard of care.

I respectfully urge you to pass SB 2390 to ensure all residents have equal access to life-saving precision medicine.

Mahalo,

Ann Chang

**LATE**

**SB-2390**

Submitted on: 2/11/2026 10:43:25 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Josh Fowler	Individual	Support	Written Testimony Only

Comments:

**STRONG SUPPORT**

SB2390 ensures patients in Hawai‘i have insurance coverage for evidence-based biomarker testing so they can receive the most appropriate treatment without unnecessary delay.

**Bill Identification**

SB2390 – Relating to Insurance

**Submitted by:**

Josh Fowler

Kapolei, Hawai‘i 96707

Chair and Members of the Committee:

I am writing in strong support of SB2390.

Biomarker testing is now a standard part of cancer care. It helps doctors determine which treatments are most likely to work for a specific patient based on the biology of their tumor. However, insurance coverage has not consistently kept pace with advances in precision medicine. As a result, some patients face delays or denials for testing that is necessary to guide their care.

SB2390 would require health insurers, health maintenance organizations, mutual benefit societies, and Medicaid managed care plans in Hawai‘i to cover biomarker testing when it is supported by medical and scientific evidence. The bill ties coverage to nationally recognized clinical practice guidelines, federal coverage determinations, and Food and Drug Administration indications. This ensures that only evidence-based testing is required, not experimental or unsupported services.

Access to comprehensive biomarker testing matters because many cancer treatments now depend on identifying specific genetic or molecular markers. A significant portion of recently approved oncology drugs require biomarker testing before they can be prescribed. Without access to testing, patients may be unable to receive the most effective therapy for their condition.

The bill also includes important patient protections. If coverage is restricted, insurers must provide a clear and accessible exception process. It further ensures that cost-sharing requirements are not more burdensome than those applied to other medical services.

SB2390 would help more patients receive the right treatment at the right time. Timely biomarker testing supports better health outcomes, improves quality of life, and can reduce unnecessary or ineffective treatments.

I respectfully urge you to pass SB2390.

Sincerely,  
Josh Fowler  
Kapolei, Hawai'i 96707