



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

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

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

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

1177 Alakea Street, #402, Honolulu, HI 9681

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

March 23, 2026

**TO:** HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, 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 3133-SD2-HD1 -- RELATING TO PREVENTIVE MEDICINE.**

**HEARING:** Wednesday, March 25, 2026 @ 2:00 pm; Conference Room 329

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports SB 3133-SD2-HD1, with comments.

This bill is intended to make sure people in Hawai'i can still get important preventive care, like vaccines and other evidence-based screenings and services, without copays or other cost-sharing if federal protections change. It does this by creating a Hawai'i Preventive Services Advisory Committee to advise the Department of Health, allowing the Department of Health to issue preventive service recommendations and protecting providers who follow those recommendations in good faith.

This bill helps people get preventive care earlier and more easily by keeping important services like vaccines, screenings, and other evidence-based preventive care available without extra out-of-pocket costs if federal protections change. That matters because when people delay preventive care, health problems can get worse, chronic disease can grow, and the risk of infectious disease outbreaks can increase. By allowing the Department of Health to issue recommendations, creating an advisory committee to guide that work, and protecting providers who follow those recommendations in good faith, the bill can help Hawai'i maintain steady access to prevention services and support healthier communities across the state.

We also defer to the DOH and DCCA on any operational details, enforcement, and/or fiscal impacts associated with the worthy intent. Most importantly, we need to assure that Hawaii's public continues to have full access to preventive services regardless of policy changes in Washington. The Western Compact States,

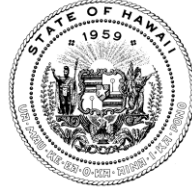
*SB 3133-SD2-HD1: testimony of SHPDA (2026), continued.*

including Hawai'i, could be a useful vehicle for maintaining access to scientifically sound preventive services.

Thank you for hearing SB 3133-SD2-HD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



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  
House Committee on Consumer Protection & Commerce  
Wednesday, March 25, 2026  
2:00 p.m.  
State Capitol, Room 329 and via Videoconference**

**On the following measure:  
S.B. 3133, S.D. 2, H.D. 1, RELATING TO PREVENTIVE MEDICINE**

Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

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

The purpose of this bill is to (1) establish the Hawai'i Preventive Services Advisory Committee to serve in an advisory capacity to the Department of Health on matters relating to clinical preventive services; (2) authorize the Department of Health to issue clinical preventive service recommendations; (3) provide immunity for health care professionals who provide clinical preventive services based on recommendations of the Department of Health; and (4) require coverage of evidence-based clinical preventive services without cost-sharing.

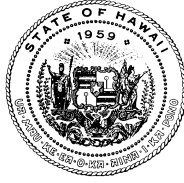
The Department notes that it is unclear whether the amendments in sections 3, 4, 6, 7, 8, 10, and 11 of this bill would trigger the defrayal requirements of 45 Code of Federal Regulations (CFR) § 155.170. Under the Affordable Care Act, if a state

mandates benefits that are "in addition to" the essential health benefits 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 the increased risk in the United States Department of Health and Human Services' Proposed Rule for 2027, which expands the criteria for state-mandated benefits requiring state defrayal to include any requirement enacted after 2011 that is not otherwise federally mandated. This proposal could apply retroactively, forcing the State to pay for benefits already embedded in the existing benchmark plan. While the National Association of Insurance Commissioners (NAIC) has advocated for the rule to apply only prospectively, the final rule remains uncertain following the March 13, 2026, comment deadline. The Department is closely monitoring these federal rules to protect the State from unintended financial liabilities.

Finally, the Department notes that the current draft of the bill incorporates safeguards to mitigate the risk of state defrayal liability under 45 C.F.R. § 155.170. Specifically, subsection (d) in Sections 3 and 4 exempts any health insurance policy from the mandate if federal law would require the State to pay for those benefits as an "addition to" the EHB benchmark.

Thank you for the opportunity to testify on this bill.



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

**Testimony in SUPPORT of S.B. 3133 H.D. 1  
Relating to Preventive Medicine**

REPRESENTATIVE SCOT Z. MATAYOSHI, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

March 25, 2026, 2:00 pm, Room Number: 329

- 1 **Fiscal Implications:** The measure would preserve no-cost access to certain recommended
- 2 clinical preventive services, including immunizations. Should this measure not be enacted, the
- 3 loss of no-cost coverage of preventive services would likely increase out-of-pocket health care
- 4 expenses for Hawaii residents, causing individuals to delay or forego preventive care. Such
- 5 delays would increase the risk of infectious disease outbreaks and contribute to the growing
- 6 burden of chronic disease across the State. For federal marketplace plans, there may be a
- 7 defrayal cost for any mandated and otherwise not covered benefits.
  
- 8 **Department Position:** The Department strongly **SUPPORTS** this measure.
  
- 9 **Department Testimony:** The Disease Outbreak Control Division provides the following
- 10 testimony on behalf of the Department.
  
- 11 Under the Patient Protection and Affordable Care Act, health plans are required to cover
- 12 immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and

1 other clinical preventive services recommended by the US Preventive Services Task Force  
2 (USPSTF) without patient cost-sharing. Although the science has not changed, in the past year  
3 ACIP recommendations have, and the USPSTF has not met since March of 2025. This measure  
4 will:

- 5 • Help ensure that Hawaii's residents continue to have coverage without cost-sharing of  
6 evidence-based immunizations and certain other clinical preventive services for those  
7 who choose to receive them.
- 8 • Reduce confusion for patients and providers by creating a process for clear state-based  
9 decision-making and guidance driven by local healthcare providers to make  
10 recommendations for immunizations and certain clinical preventive services.
- 11 • Expand access, particularly benefitting rural areas, by allowing pharmacists to provide  
12 recommended immunizations.
- 13 • Protect healthcare providers who provide evidence-based clinical preventive services.

14 Long-standing, evidence based, and scientifically validated clinical practice guidelines for  
15 preventive medicine are increasingly at risk due to changing Federal policies and priorities  
16 which depart from recommendations supported by the overwhelming body of medical  
17 evidence, and that may restrict access to evidence-based immunizations and other preventive  
18 services. S.B. 3133 provides a process for DOH to continue to issue a unified set of evidence-  
19 based recommendations for immunizations and for other preventive services. Such guidelines  
20 are critical to both providers and patients.

1 Providers remain the most trusted source of health information, and their active involvement in  
2 the process of developing and implementing these standards would strengthen confidence and  
3 compliance. Their participation on the DOH Hawaii Preventive Services Advisory Committee  
4 would be to make recommendations, grounded in the best available scientific evidence, to  
5 provide clear State-level guidance for Hawaii's healthcare providers, payers, and the public.  
6 However, their willingness to participate is likely dependent on their being protected from  
7 litigation given the current environment.

8 These recommendations would provide State-level guidance and flexibility for Hawaii's  
9 healthcare providers and insurers if changes in Federal policy restrict access to certain  
10 preventive services.

11 Benefits of this measure include removing barriers for pharmacists to be able to administer  
12 immunizations given the current requirements of Hawaii law and recent ACIP and the U.S. Food  
13 and Drug Administration (FDA) changes, which increases access to these recommended  
14 preventive services; and preserving coverage without cost-sharing of USPSTF recommended  
15 clinical preventive services for children including things such as screening for anxiety and  
16 depression, application of fluoride varnish to teeth to prevent caries, and counseling to prevent  
17 sexually transmitted infections and tobacco use.

18 Our goal is to reduce confusion and build trust, and having local providers be the ones  
19 determining the evidence-based vaccination and preventive service recommendations would

1 contribute significantly to that effort. It is critical that we preserve access for those that choose  
2 to follow these recommendations through coverage without cost-sharing, preserving  
3 pharmacists' ability to provide the recommended services, and protecting providers who  
4 deliver the evidence-based preventive services.

5 Thank you for the opportunity to testify on this measure.



**March 25, 2026 at 2:00 pm**  
**Conference Room 329**

**House Committee on Consumer Protection and Commerce**

To: Chair Scot Z. Matayoshi  
Vice Chair Tina Nakada Grandinetti

From: Hilton R. Raethel  
President and CEO  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**SB 3133 SD 2, Relating to Preventive Medicine**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to **support** this measure, which seeks to establish the Hawaii Preventive Services Advisory Committee to bolster public health guidance and services. We believe the establishment of this committee within the Department of Health provides a thoughtful state-level mechanism to review, consider, and adopt evidence-based recommendations to provide clarity to providers and families in the state. Importantly, the bill maintains a clear focus on recommendations that have already met high evidentiary thresholds, reinforcing confidence that covered services are clinically appropriate and supported by strong data.

We also support the provision clarifying immunity for providers who deliver preventive services consistent with recommendations by the committee. Providers should be able to follow evidence-based guidance without fear of professional or civil liability, so long as care is delivered appropriately and within the standard of care. Thank you for the opportunity to provide testimony in support of this measure.



## Hawaii Medical Association

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

### HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Representative Scot Z. Matayoshi, Chair  
Representative Tina Nakada Grandinetti, Vice Chair

Date: March 25, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee  
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

**RE SB 3133 SD2 HD1** RELATING TO PREVENTIVE MEDICINE. DOH; Hawai'i Preventive Services Advisory Committee; Insurance Coverage; Cost-Share; Standing Orders; Immunity; Sunrise Analysis Exemption

#### **Position: Support**

This measure would establish the Hawai'i Preventive Services Advisory Committee to serve in an advisory capacity to the Department of Health on matters relating to clinical preventive services, authorize the Department of Health to issue clinical preventive service recommendations, provide immunity for health care professionals who provide clinical preventive services based on recommendations of the Department of Health, require coverage of evidence-based clinical preventive services without cost-sharing. Effective 7/1/3000. (HD1)

Clinical preventive services, including cancer screenings, immunizations, diabetes, cardiovascular risk screenings, and behavioral health screenings, are proven to detect disease early and promote long-term health, reducing morbidity and health care expenditures when delivered routinely and equitably.

HMA supports this measure to create a preventive services advisory committee in DOH that ensures that coverage decisions are grounded in science and standardized expertise. As federal protections change or are narrowed, state advisory mechanisms will help tailor preventive priorities to our local population health needs and health system characteristics, while maintaining alignment with evidence-based standards. Additionally removing financial barriers like cost sharing will increase screening uptake, vaccination rates, chronic disease management, and early intervention, all of which contribute to improved Hawaii population health outcomes and reduced disparities.

Thank you for allowing the Hawaii Medical Association to submit testimony in support of this measure.

#### **2026 Hawaii Medical Association Public Policy Coordination Team**

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

#### **2026 Hawaii Medical Association Officers**

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President  
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

## REFERENCES AND QUICK LINKS

Tran A et al. "Role of Chronic Conditions in Out-of-Pocket Costs for Preventive Care." *JAMA Network Open*, 2026.

Hoagland A et al. "Social Determinants of Health and Insurance Claim Patterns Related to Preventive Care." *JAMA Network Open*, 2024.

*Kaiser Family Foundation. ACA Preventive Services Tracker.* Kaiser Family Foundation, 2024, <https://www.kff.org/affordable-care-act/aca-preventive-services-tracker/>.

Bronsard M et al. "Use of No-Cost Preventive Services Jeopardized by Federal Litigation." *JAMA Health Forum*, 2025.

Congressional Research Service. *The ACA Preventive Services Coverage Requirement.* CRS, 23 May 2025, <https://www.congress.gov/crs-product/IF13010>.

### **2024 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



To: The Honorable Scot Z. Matayoshi, Chair  
The Honorable Tina Nakada Grandinetti, Vice Chair  
House Committee on Consumer Protection and Commerce

From: Paula Arcena, Senior Vice President of External Affairs  
Mike Nguyen, Senior Director of External Affairs  
Maria Rallojay, Public Policy Specialist

Hearing: Wednesday, March 25, 2026, 2:00pm, Conference Room 329

RE: **SB3133 SD2 HD1 Relating to Preventive Medicine**

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AlohaCare appreciates the opportunity to provide testimony in **support with comments on SB3133 SD2 HD1**. This measure would establish the Hawai'i Preventive Services Advisory Committee and authorizes the Department of Health to issue preventive service recommendations; require health insurance coverage without cost-sharing for Department of Health-recommended clinical preventive services; and provide immunity for healthcare providers' and facilities' provision of recommended clinical preventive services.

AlohaCare is a community-rooted, non-profit health plan founded by Hawai'i's Community Health Centers and the Queen Emma Clinics. We serve over 66,000 Medicaid and Medicaid-Medicare dual-eligible residents on all islands. Since 1994, AlohaCare has partnered with providers, government entities, and community-based organizations to meet the evolving needs of our safety net community as Hawai'i's only health plan focused solely on Medicaid-eligible individuals. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for equitable access to quality, whole-person care for all.

AlohaCare's commitment to quality care and health equity includes promoting access to preventive care across the communities we serve. Evidence-based preventive care, such as recommended screenings, immunizations, and early interventions, keeps people healthier and helps avoid more serious and costly illness later on. For Medicaid/QUEST enrollees, access to these services is especially important for advancing health equity and reducing disparities caused by delayed or foregone care. Nationally, preventive care guidelines issued by the U.S. Preventive Services Task Force determine which services Medicaid covers and reimburses, directly affecting whether patients can access care and whether providers can offer it. As federal preventive health protections face increasing uncertainty, this measure helps protect Hawai'i residents by maintaining a clear commitment to



evidence-based guidelines, ensuring preventive care remains accessible, covered, and grounded in science for our Medicaid/QUEST population.

This measure requires coverage of services potentially not required at the federal level. For the Medicaid/QUEST program, we would ask the Legislature to ensure any services required at the state level are adequately funded for plans and providers alike to ensure sustainable, continued access. For the proposed Preventive Services Advisory Committee, AlohaCare appreciates the inclusion of the Hawaii Association of Health Plans, as we are a member.

For these reasons, AlohaCare supports this measure requesting that the Legislature ensure any preventive services required at the state level but not at the federal level are adequately considered in payment rates to plans and providers.

Mahalo for this opportunity to testify in **support with comments on SB3133 SD2 HD1.**



March 25, 2026

The Honorable Scot Z. Matayoshi, Chair  
The Honorable Tina Nakada Grandinetti, Vice Chair

House Consumer Protection & Commerce

**Re: SB 3133 SD2 HD1 – RELATING TO PREVENTIVE MEDICINE.**

Dear Chair Matayoshi, Vice Chair Grandinetti, Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 3133 SD2 HD1, which establishes the Hawai'i Preventive Services Advisory Committee and authorizes the Department of Health to issue preventive service recommendations. Requires health insurance coverage without cost-sharing for Department of Health-recommended clinical preventive services. Provides immunity for healthcare providers' and facilities' provision of recommended clinical preventive services.

We appreciate the intent of this measure and recognize the challenges created by the constantly shifting landscape of federal health care policy, particularly as it relates to access to preventive health services. After reviewing the proposed legislation, we have identified several questions that we hope the Committee and the Department can help clarify as the measure continues to move forward:

1. **Section 431:10A-; Section 432:1 (pages 6 &7)** Current federal regulations that apply to USPSTF preventive services mandates (see, e.g., 29 CFR § 2590.715-2713), imposes limitations of coverage and it is not clear if the proposed would also provide the same. If it does not, we would respectfully ask that the committee consider these suggestions:
  - a. Make clear that coverage for out-of-network providers is not required and additionally, clarify that insurers are not precluded from imposing cost share for services received from an out-of-network provider.
  - b. Makes clear that the mandate doesn't prevents us from using reasonable medical management to determine frequency, method, treatment, or setting for an item or service to the extent not specified in the recommendation or guideline.
2. **Section 432E-1.4 (page 16; line 18)** The proposed states that preventive services cannot be denied based on medical necessity or subject to prior authorization, except as permitted for reasonable medical management There is no definition for "reasonable medical management," which may lead to confusion.
3. **Section 431:26-103 (Pages 14; lines 1-8)** As it relates to new statutory language in terms of network adequacy, if the preventive services are required to be covered, they would fall under the protections of the existing network adequacy law. We feel that this is duplicative and may even cause confusion as it does not completely track with existing network adequacy law. We would respectfully ask that this section be removed.



We appreciate the Committee's thoughtful consideration of our comments and questions, and we want to reaffirm our support for the Department's ongoing efforts to ensure the safety and well-being of Hawai'i's residents. Thank you for the opportunity to offer comments on this measure.

Sincerely,

A handwritten signature in black ink, appearing to be 'Walden Au', written over a light gray rectangular background.

Walden Au  
Director of Government Relations

# Hawaii Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

Aloha Chair Matayoshi, Vice Chair Grandinetti, and Committee Members,

Thank you for the opportunity to provide testimony in strong support of **SB3133 SD2 HD1**.

The American Academy of Pediatrics, Hawai‘i Chapter (HAAP), strongly supports efforts to ensure that the people of Hawai‘i remain able to receive evidence-based recommendations for preventive care, including but not limited to life-saving vaccines and disease screening, and that preventive care provided in Hawai‘i remains accessible and appropriately covered by insurance without cost-sharing. SB3133 SD2 HD1 ensures that recommendations in Hawai‘i will continue to be evidence-based and driven by science, regardless of changes at the federal level, by giving the Department of Health the authority to issue recommendations regarding preventive services, as well as by providing for a Preventive Services Advisory Committee to support the Director of Health in making appropriate recommendations for the people of Hawai‘i. Additionally, the bill provides important liability protections for healthcare workers who provide preventive care, as well as for members of professional societies such as the HAAP who serve on the Preventive Services Advisory Committee and provide their expert advice to the Director of Health on matters relating to preventive services.

We would like to draw your attention to the use of the outdated and offensive term “crippled children” on page 9, line 17. We respectfully request that the Committee amend the bill by replacing this phrase with a more appropriate and inclusive term, for example “children with special healthcare needs.”

For all the reasons stated above, and especially in a time when public health is under threat, it is essential that we protect the health and wellbeing of our community by passing this bill.

Mahalo,

Maya Maxym, MD, PhD, FAAP on behalf of the American Academy of Pediatrics, Hawai‘i Chapter

March 24, 2026 1:45pm

To: Chair Representative Matayoshi and the House Consumer Protection and Commerce Committee Members

From: Cheryl Toyofuku, (Mother, Grandmother, Retired Registered Nurse, Health Advocate)

Relating to: Opposition to SB3133 SD2 HD1 relating to Preventive Medicine

Hearing scheduled for: Wed, March 25, 2026 at 2:00 pm

Description: Establishes the Hawai'i Preventive Services Advisory Committee and authorizes the Department of Health to issue preventive service recommendations. Requires health insurance coverage without cost-sharing for Department of Health-recommended clinical preventive services. Provides immunity for healthcare providers' and facilities' provision of recommended clinical preventive services.

Aloha Representative Matayoshi and Members of the House Consumer Protection & Commerce Committee,

I am in strong opposition to SB3133 SD2 HD1 which attempts to establish a preventive service advisory committee (HPSAC) and to require health insurance coverage for preventive health services recommended by the Department of Health (DOH). Here are some of my reasons and concerns:

1. It questionably and specifically states that preventive services “such as immunizations and other evidence-based preventive interventions”. Requiring health insurance coverage without cost sharing for DOH’s recommended preventive services, such as vaccinations appears unreasonable, especially since health insurance often does not cover other health preventive services that assist the people of Hawaii in health choices that are more natural and non-toxic. It is not “unwarranted skepticism” towards vaccinations, but our grave concerns over the lack of its safety and effectiveness. Please see this link to a comprehensive site and research vaccine information:

[https://docs.google.com/document/d/1-2O7egoNeA\\_ktiFEKvTQtUumdO962s8fhhgRVM\\_xv6o/edit?tab=t.0](https://docs.google.com/document/d/1-2O7egoNeA_ktiFEKvTQtUumdO962s8fhhgRVM_xv6o/edit?tab=t.0)

2. The Director of Hawaii’s Department of Health has provided a list of recommended members for this advisory committee from various health organizations. Most, if not all of these health care organizations promote toxic vaccinations as a preventive health service. The recommendations of HPSAC will then provide DOH with more overreaching power and authority in supervising and coordinating activities in the fields of preventive medicine. Please note that the first organization listed, the American

Academy of Pediatrics has recently been hit with a lawsuit due to fraudulent vaccine safety claims:

<https://childrenshealthdefense.org/defender/chd-rico-lawsuit-against-aap-fraudulent-vaccine-safety-claims/>

Although some of these health organizations may provide some preventive services, this list obviously omits other health organizations that assist our Hawaii families with preventive services. HD1 does now amend to provide a registered dietician or licensed nutrition professional, but it appears very imbalanced as naturopathic and nutritional organizations that focus on health care programs that safely and effectively help us build up our immune systems to fight diseases are missing on this list.

3. Providing immunity for the DOH, HSPAC, health care providers and facilities drastically decreases the needed accountability for their liabilities and responsibilities in providing health preventive recommendations, such as vaccinations.
4. It is disconcerting that this bill also encompasses the ordering and administering of vaccinations by pharmacists and pharmacy technicians where there is limited knowledge of a patient's long term health history.

Please OPPOSE SB3133 SD2 HD1, an unnecessary bill. Other health insurance coverage for other medical interventions are available already, but requiring vaccinations recommended by the DOH or HSPAC to be covered should NOT be required.

**LATE**

**SB-3133-HD-1**

Submitted on: 3/25/2026 4:04:40 AM

Testimony for CPC on 3/25/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Theresa Armbruster	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE SB3133 SD2 HD1 for several reasons

Don't need a local Advisory Committee(HPSAC) that may conflict with the federal Advisory Committee ACIP. The American Academy of Pediatrics, AAP, one of the proposed members of HPSAC recently filed a lawsuit against the US Health & Human Services over differing vaccine recommendations. And there is a RICO lawsuit against AAP for fraudulent vaccine safety claims

DOH requiring all health insurers to cover DOH recommended preventive health services will increase insurance premiums for Hawaii families And requiring health insurers to provide coverage for vaccines that aren't on the ACIP recommended list may cause federal funding issues!

NO liability for medical providers who follow DOH recommendations--patients would have no legal recourse if harmed by medical provider's services. This does Not build trust if there's NO liability for DOH, HPSAC and medical providers!

HPSAC is a waste of taxpayer \$\$

Urge you to Vote NO on SB3133 SD2 HD1

Mahalo

**LATE**

**SB-3133-HD-1**

Submitted on: 3/25/2026 12:28:01 PM

Testimony for CPC on 3/25/2026 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Terri Yoshinaga	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill.