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

**Before the  
Senate Committees on Judiciary  
and Ways and Means  
Wednesday, March 4, 2026  
10:35 a.m.  
State Capitol, Room 211 and via Videoconference**

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

**WRITTEN TESTIMONY ONLY**

Chair Rhoades, Chair Dela Cruz, and Members of the Committees:

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

The purpose of this bill is to (1) establish the Hawai'i Preventive Services Advisory Committee and authorize the Department of Health to issue preventive service recommendations; (2) require health insurance coverage without cost-sharing for Department of Health-recommended clinical preventive services; (3) provide immunity for healthcare providers' and facilities' provision of recommended clinical preventive services.

The Department notes that it is unclear whether the amendments in sections 3, 4, 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.

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 S.D. 1**  
**Relating to Preventive Medicine**

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

SENATOR KARL RHOADS, CHAIR  
SENATE COMMITTEE ON JUDICIARY

March 4, 2026, 10:35 am, Room Number: 211

- 1 **Fiscal Implications:** This measure would require health insurance coverage without cost-
- 2 sharing for DOH Hawaii Preventive Services Advisory Committee-recommended clinical
- 3 preventive services. The measure would preserve no-cost access to essential preventive
- 4 services, including immunizations. The loss of no-cost access to preventive services would likely
- 5 increase out-of-pocket health care expenses for Hawaii residents, causing individuals to delay
- 6 or forego preventive care. Such delays would increase the risk of infectious disease outbreaks
- 7 and contribute to the growing burden of chronic disease across the State.
- 8 **Department Position:** The Department strongly **SUPPORTS** this measure and offers comments.
- 9 **Department Testimony:** **DOCD** provides the following testimony on behalf of the Department.
- 10 Under the Patient Protection and Affordable Care Act, health plans are required to cover
- 11 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. Providers remain the most trusted source of health

1 information, and their active involvement in the process of developing and implementing these  
2 standards would strengthen confidence and compliance.

3 DOH Hawaii Preventive Services Advisory Committee would develop supplemental or  
4 alternative clinical preventive services recommendations, grounded in the best available  
5 scientific evidence, to maintain continuity of care for Hawaii's residents. These  
6 recommendations would provide State-level guidance and flexibility for Hawaii's healthcare  
7 providers and insurers if changes in Federal policy restrict access to certain preventive services.

8 Benefits of this measure include minimizing confusion among healthcare providers and the  
9 public as to whether they will continue to have access to evidence-based immunizations,  
10 removing barriers for pharmacists to be able to administer immunizations given the current  
11 requirements of Hawaii law and recent ACIP and the U.S. Food and Drug Administration (FDA)  
12 changes, and protecting providers from liability for following the evidence-based  
13 recommendations that may differ from ACIP.

14 Similarly, it is vital that we are able to preserve the benefits the recommendations of the US  
15 Preventive Services Task Force (USPSTF) provide that under the Patient Protection and  
16 Affordable Care Act (PPACA) health plans are also required to cover without cost-sharing.  
17 USPSTF recommended services for children include things such as screening for anxiety and  
18 depression, application of fluoride varnish to teeth to prevent caries, and counseling to prevent  
19 sexually transmitted infections and tobacco use.

1 Our goal is to reduce confusion and build trust, and having local providers be the ones  
2 determining the evidence-based vaccination and preventive service recommendations would  
3 contribute significantly to that effort. It is critical that we preserve access for those that choose  
4 to follow these recommendations through coverage without cost-sharing, preserving  
5 pharmacists' ability to provide the recommended services, and protecting providers who  
6 deliver the evidence-based preventive services.

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



**March 4, 2026 at 10:35 am**  
**Conference Room 211**

**Senate Committee on Judiciary**

To: Chair Karl Rhoads  
Vice Chair Mike Gabbard

**Senate Committee on Ways and Means**

To: Chair Donovan M. Dela Cruz  
Vice Chair Sharon Y. Moriwaki

From: Paige Heckathorn Choy  
Vice President, Government Affairs  
Healthcare Association of Hawaii

**Re: Testimony in Support**  
**SB 3133 SD 1, 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.



**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

March 4, 2026

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

SENATE COMMITTEE ON JUDICIARY  
Senator Karl Rhoads, Chair  
Senator Mike Gabbard, 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-SD1 -- RELATING TO PREVENTIVE MEDICINE**

**HEARING:** Wednesday, March 4, 2026 @ 10:35 am; Conference Room 211

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports SB 3133-SD1, with comments.

SHPDA strongly supports this bill's intent, given current changes in Washington policy that could adversely affect funding of prevention services and access to scientifically proven prevention benefits. Preventive services reduce health care costs and contribute to reducing avoidable emergency department use, progression of disease, and preventable disease complications over time. Native Hawaiian and Pacific Islander communities, and low-income families who are most sensitive to even modest copays and deductibles may avoid prevention service due to co-pays.

Because the bill creates the DOH Preventive Services Advisory Committee to oversee ongoing access to preventive services, we defer to the DOH on its ability to manage this new responsibility. They may have other recommendations on how to achieve the intent of the bill. If created and feasible, the Advisory Committee's structure should ensure meaningful input from safety-net, FHQC, primary care providers, and rural perspectives.

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

*SB 3133-SD1: testimony of SHPDA (2026), continued.*

regardless of policy changes in Washington. The Western Compact States, including Hawai'i, could be a useful vehicle for maintaining access to scientifically sound preventive services.

Thank you for hearing SB 3133-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



## Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814  
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### SENATE COMMITTEE ON WAYS AND MEANS

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

### SENATE COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

Date: March 4, 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 SD1** 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 and authorize the Department of Health to issue preventive service recommendations, require health insurance coverage without cost-sharing for Department of Health-recommended clinical preventive services, provide immunity for healthcare providers' and facilities' provision of recommended clinical preventive services. (SD1)

Clinical preventive services, including cancer screenings, immunizations, diabetes and 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



**LATE**

## **SENATE COMMITTEE ON WAYS AND MEANS**

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

Friday, February 27, 2026 10:00 AM Conference Room 308 & Videoconference

### **SUPPORT FOR SB3133**

On behalf of the Hawai'i Academy of Nutrition and Dietetics, we thank you for the opportunity to provide testimony on SB3133, which establishes the Hawaii Preventive Services Advisory Committee and authorizes the Department of Health to issue recommendations regarding clinical preventive services.

We support the intent of this measure to ensure that residents of Hawaii continue to have access to evidence-based preventive services and that the State maintains the capacity to evaluate and recommend preventive interventions grounded in the best available scientific evidence. Strengthening the State's preventive health infrastructure is essential to improving population health outcomes and reducing long-term health care costs.

Nutrition is a foundational component of disease prevention and chronic disease management and is one of the leading modifiable risk factors associated with conditions such as cardiovascular disease, diabetes, obesity, and certain cancers.<sup>1,2,3</sup>

Evidence-based nutrition interventions have consistently been shown to improve health outcomes and reduce health care expenditures when integrated into preventive care strategies.<sup>4</sup>

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<sup>1</sup> Sotos-Prieto M, Bhupathiraju SN, Mattei J, Fung TT, Li Y, Pan A, Willett WC, Rimm EB, Hu FB. Association of Changes in Diet Quality with Total and Cause-Specific Mortality. *N Engl J Med*. 2017 Jul 13;377(2):143-153. doi: 10.1056/NEJMoa1613502.

<sup>2</sup> Li Y, Pan A, Wang DD, Liu X, Dhana K, Franco OH, Kaptoge S, Di Angelantonio E, Stampfer M, Willett WC, Hu FB. Impact of Healthy Lifestyle Factors on Life Expectancies in the US Population. *Circulation*. 2018 Jul 24;138(4):345-355. doi: 10.1161/CIRCULATIONAHA.117.032047. Erratum in: *Circulation*. 2018 Jul 24;138(4):e75. doi: 10.1161/CIR.0000000000000587.

<sup>3</sup> Micha R, Peñalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association Between Dietary Factors and Mortality From Heart Disease, Stroke, and Type 2 Diabetes in the United States. *JAMA*. 2017;317(9):912-924. doi:10.1001/jama.2017.0947

<sup>4</sup> Moloney, L., Rozga, M., Steiber, A., & Handu, D. (2026). The effectiveness of medical nutrition therapy in prevention and treatment of chronic disease: A position paper of the Academy of Nutrition and

Importantly, many of the preventive services evaluated and recommended by the U.S. Preventive Services Task Force (USPSTF) include nutrition-related interventions. For example, the USPSTF recommends behavioral counseling to promote a healthy diet and physical activity for adults with cardiovascular disease risk factors, as well as intensive behavioral interventions for individuals with obesity that incorporate structured nutrition counseling. Additional recommendations include behavioral counseling to support healthy weight gain during pregnancy. Illustrating that nutrition science and interventions are integral components of preventive care.

Given the central role nutrition plays in many preventive service recommendations, we respectfully request that the Committee consider **amending the composition of the Hawaii Preventive Services Advisory Committee to include a Registered Dietitian Nutritionist (RDN) or licensed nutrition professional.**

Registered Dietitian Nutritionists are nationally credentialed and state-licensed health professionals who receive extensive education and clinical training in nutrition science, chronic disease prevention, and evidence-based dietary interventions. RDNs routinely work as part of interdisciplinary health care teams to assess nutrition-related risk, develop individualized nutrition care plans, and implement preventive strategies that improve health outcomes across diverse populations.

Because many preventive services involve dietary counseling, nutrition risk assessment, and evidence-based nutrition interventions, the inclusion of an RDN would strengthen the committee's ability to evaluate preventive services comprehensively and ensure that recommendations reflect the full spectrum of clinical expertise necessary to support population health.

For these reasons, we respectfully request that **SB3133 be amended to include a Registered Dietitian Nutritionist or licensed nutrition professional among the advisory committee membership categories.**

Thank you for your consideration and for your commitment to strengthening preventive health services for the people of Hawaii.

Sincerely,

*Dash Corpe, MS, RDN, LD*

Public Policy Coordinator, Hawai'i Academy of Nutrition and Dietetics

[www.eatrighthawaii.org](http://www.eatrighthawaii.org)



## RE: Support for SB 3133 SD1 - Relating to Preventive Medicine

Aloha Chairs, Vice Chairs, and members of the Committees,

I am writing in support of SB 3133 SD1. This bill is a common-sense measure to protect Hawaii residents from the increasing instability of federal healthcare policy. Currently, essential preventive services like cancer screenings and immunizations are covered without cost-sharing because of the Affordable Care Act. However, recent federal litigation and shifting priorities in Washington have placed such protections in jeopardy. If federal recommendations are withdrawn or invalidated, our residents could face significant out-of-pocket expenses for basic preventive care. I support this bill because it ensures that Hawaii's families can continue to access evidence-based medicine regardless of what happens at the federal level.

I also would like to provide context and address some perceived misdirection provided by the Insurance Commissioner during the last hearing, regarding potential financial impact of this bill. During the bill's prior hearing, the Commissioner's office noted in testimony that it is "unclear" whether this bill would trigger defrayal requirements under 45 CFR § 155.170.

This framing is a selective use of facts that potentially misleads the conversation, and is a tactic commonly used by the Commissioner's office (and certain large insurance carriers, more often than not). To be clear, the federal defrayal requirement the Commissioner cited in his most recent testimony only applies to Qualified Health Plans (QHPs) within the individual and small group market segments (he did say this). This means the "defrayal" narrative **does not apply the vast majority of Hawaii's insured population** (he neglected this important detail):

- **Large Group Market:** These plans cover the bulk of Hawaii's workforce under the Prepaid Health Care Act and are entirely exempt from the federal defrayal rule
- **Self-Insured Plans:** Many large employers in Hawaii are self-insured and governed by federal ERISA law, meaning they are not subject to state-triggered ACA defrayal
- **Medicaid (QUEST):** The defrayal requirement does not apply to Medicaid, which is a massive portion of our local healthcare system
- **Grandmothered & Grandfathered Plans:** Even within the small group market, transitional or grandmothered plans are generally exempt from EHB requirements and thus do not trigger defrayal for new mandates

The Insurance Commissioner is potentially citing a rule that impacts a tiny sliver of the market to cloud a benefit that helps the entire state. If the Insurance Division/Commissioner were truly concerned about providing a transparent and complete picture, they would have noted that the defrayal requirement, if it even were to apply, would apply only for a minute portion of our insured population.

Furthermore, it is worth noting that Hawaii has passed several mandates since 2011 that theoretically should have triggered this same defrayal process for the tiny population covered under a QHP. However, there is no evidence that the Insurance Division has ever actually implemented a formal mechanism to track or pay these costs, largely because CMS has not historically enforced a collection process. For the Commissioner to cite this "paper tiger" as a potential concern without proper context is disingenuous.

I encourage this Committee to ask the Insurance Commissioner directly:

1. Is it true that defrayal only applies to the small fraction of the market comprised of Qualified Health Plans (QHPs) in the individual and small group segments? Can you please put that into perspective?
2. Does the Insurance Division even have a formal mechanism in place today to manage defrayal, and if not, why is it regularly used as a point to potentially stall important public health legislation?

Please support SB 3133 SD1 to ensure that a theoretical federal technicality does not dictate health policy for the people of Hawaii.

Mahalo. -Breanna Zoey (she/they)

March 3, 2026 6:05 am

To: Hawaii Senate Judiciary and Ways & Means Committees

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

Relating to: Opposition to SB3133 relating to Preventive Medicine

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 Chairs Rhoads, Dela Cruz, the Judiciary and Ways & Means Committee Members,

I am in strong opposition to SB3133 which attempts to establish a preventive service advisory committee (HPSAC) and to require health insurance coverage for preventive health services. 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” should continue to be required to be covered by health insurance. 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 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 strangely omits other health organizations that assist our Hawaii families with preventive services. Numerous naturopathic and nutritional organizations that focus on health care programs that often 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.

Please OPPOSE SB3133, an unnecessary bill. Other health insurance coverage for other medical interventions are available already, but requiring vaccinations to be covered should not be required.

**SB-3133-SD-1**

Submitted on: 3/3/2026 6:40:14 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Linda Miyata	Individual	Oppose	Written Testimony Only

Comments:

I am in strong opposition to SB 3133.

It questionably and specifically states that preventive services “such as immunizations and other evidence-based preventive interventions” should continue to be required to be covered by health insurance. 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 OPPOSE SB3133, an unnecessary bill. Other health insurance coverage for other medical interventions are available already, but requiring vaccinations to be covered should not be required.

Linda

**SB-3133-SD-1**

Submitted on: 3/3/2026 8:45:34 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Melissa A. Aiona	Individual	Oppose	Written Testimony Only

Comments:

Bill SB3133 gives way too much power to governor Green... who has demonstrated time and time again - that he is NOT for the people of Hawaii... This bill is totally unnecessary. I strongly oppose it

**SB-3133-SD-1**

Submitted on: 3/3/2026 9:08:36 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stacy Haumea	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and committees,

I support with recommended amendments:

Section 2, (b)

(10) Hawai'i Academy of Nutrition and Dietetics:

- Nutrition is foundational to preventive medicine and chronic disease prevention. Diet-related conditions such as diabetes, cancer, and cardiovascular disease are among the leading drivers of morbidity and health care costs in Hawaii.

<https://health.hawaii.gov/opppd/files/2024/10/SHIP-Chronic-Disease-2024.pdf>

- USPSTF Grade A and B recommendations directly involve nutrition.

- o Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions. Grade B

- o Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions. Grade B

- o High Body Mass Index in Children and Adolescents: Interventions. Grade B

- o Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions. Grade B

- Ensuring nutrition expertise on the advisory committee promotes evidence-based decision-making and balanced clinical recommendations. RDNs are the most qualified healthcare providers to interpret nutrition evidence, inform recommendations about nutrition interventions and nutrition care services, and implement preventive interventions focused on nutrition consistent with national clinical guidelines.

- The bill appropriately provides coverage for services delivered by a provider acting within their scope of license. Including RDN representation ensures preventive nutrition services are implemented effectively and consistently.

Mahalo.

warmest aloha, Stacy Haumea DrBH, MPH, RDN, CDCES, LD

**SB-3133-SD-1**

Submitted on: 3/3/2026 9:21:43 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Laretta Dubin	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSE SB 3133. Definition of "Preventative Medicine" is unclear. The ONLY Prevention humans need is a Strong God CREATED Immune System, easily obtained by Healthy eating of foods not tainted by Chemicals concocted in a Lab. If "vaccines" created in a Lab were "safe & effective", then there would NOT be a "no liability" against any advisory Committee or member as part of SB 3133 as stated on page 4, lines 4 thru 14. Clearly, there is FEAR on behalf of initiators of this Bill. Please, No Fake "Immunity" thrust upon the Keiki, Parents & Kapuna of Hawai'i. BODY AUTONOMY. If you pass this Egregious Bill 3133, this will be a huge Violation of Human Rights. Many people in Hawai'i are AWAKE now to the Heavy handedness of your "vaccine mandates" & physical danger of same. Think long & hard before passing this SB3133.

**SB-3133-SD-1**

Submitted on: 3/3/2026 9:36:52 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Reina Loughlin	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Committee members,

I am in opposition to SB3133.

This bill would centralize medical decision making and care recommendations. It allows for biased recommendations, unwanted mandates, and diminishes informed consent.

I strongly oppose SB3133 and do not consent to such medical authority given to a health committee or any person(s).

Mahalo for allowing our testimony to be considered.

Reina Loughlin

**SB-3133-SD-1**

Submitted on: 3/3/2026 9:40:13 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kim Haine	Individual	Oppose	Written Testimony Only

Comments:

Aloha JDC/WAM Committee members:

I OPPOSE SB3133 SD1

Many of our Governor's current bills seem to be consolidating power into his hands via the creation of more unelected "committees" or panels of appointed "experts".

The people want more input, transparency and accountability....not less.

This bill would also remove liability which only creates a vacuum for less safety and more negligence.

Mahalo,

Kim H

**SB-3133-SD-1**

Submitted on: 3/3/2026 9:48:19 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Renee Dieperink	Individual	Oppose	Written Testimony Only

Comments:

I **oppose** SB3133 SD1

**LATE**

**SB-3133-SD-1**

Submitted on: 3/3/2026 10:54:59 AM

Testimony for JDC on 3/4/2026 10:35:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lois J Young	Individual	Oppose	Written Testimony Only

Comments:

Strongly Oppose!

**LATE**

**SB-3133-SD-1**

Submitted on: 3/3/2026 1:40:38 PM

Testimony for JDC on 3/4/2026 10:35:00 AM

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

Comments:

I oppose this bill.