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DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health
Wednesday, March 18, 2026
9:00 a.m.
State Capitol, Room 329 and via Videoconference**

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

Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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 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, 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.

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'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

March 16, 2026

TO: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Representative Lisa Marten, Chair
Representative Ikaika Olds, 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 -- RELATING TO PREVENTITIVE MEDICINE**

HEARING: Wednesday, March 18, 2026 @ 09:00 am; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB3133-SD2, 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

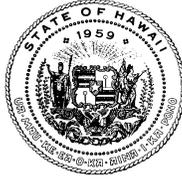
SB 3133-SD2: testimony of SHPDA (2026), continued.

to assure that Hawaii's public continues to have full access to preventive services 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 SB3133-SD2.

Mahalo for the opportunity to testify.

- -- Jack Lewin, MD, Administrator, SHPDA



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony in SUPPORT of S.B. 3133 S.D. 2
Relating to Preventive Medicine**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE LISA MARTEN, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

March 18, 2026, 9:00 am, 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 and offers
- 9 amendments.

- 10 **Department Testimony:** The Disease Outbreak Control Division provides the following
- 11 testimony on behalf of the Department.

1 Under the Patient Protection and Affordable Care Act, health plans are required to cover
2 immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and
3 other clinical preventive services recommended by the US Preventive Services Task Force
4 (USPSTF) without patient cost-sharing. Although the science has not changed, in the past year
5 ACIP recommendations have, and the USPSTF has not met since March of 2025. This measure
6 will:

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

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

1 based recommendations for immunizations and for other preventive services. Such guidelines
2 are critical to both providers and patients.

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

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

13 Benefits of this measure include removing barriers for pharmacists to be able to administer
14 immunizations given the current requirements of Hawaii law and recent ACIP and the U.S. Food
15 and Drug Administration (FDA) changes, which increases access to these recommended
16 preventive services; and preserving coverage without cost-sharing of USPSTF recommended
17 clinical preventive services for children including 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

8 **Offered Amendments:**

9 Amend Section 2 by adding the following to Section 321-A:

10 “(e) There shall be no liability on the part of, and no cause of action of any nature
11 shall arise against, the Hawaii preventive services advisory committee, the advisory committee
12 members, or the department of health for any act or omission done in good faith in the
13 performance of their duties in the exercise of their functions under this section, including
14 development, adoption, issuance, or implementation of clinical preventive service
15 recommendations; provided that this subsection shall not be construed to limit or affect the
16 liability of any person arising from the provision of direct medical care.”

17 Amend Section 3 by making the following changes to Section 431:10A- :

1 “ (d) This section shall not apply to disability income, specified disease, medicare
2 supplement, [~~or~~] hospital indemnity policies, or any health insurance policy for which federal
3 law would require the State to pay the defrayal cost of otherwise noncovered state mandated
4 benefits.”

5 Amend Section 4 by making the following changes to Section 432:1- :

6 “ (d) This section shall not apply to disability income, specified disease, medicare
7 supplement, [~~or~~] hospital indemnity policies, or any health insurance policy for which federal
8 law would require the State to pay the defrayal cost of otherwise noncovered state mandated
9 benefits.”

10

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

12



March 18, 2026 at 9:00 am
Conference Room 329

House Committee on Health

To: Chair Gregg Takayama
Vice Chair Sue L. Keohokapu-Lee Loy

House Committee on Human Services and Homelessness

To: Chair Lisa Marten
Vice Chair Ikaika Olds

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.



HOUSE COMMITTEE ON HEALTH
Rep. Gregg Takayama, Chair Representative
Rep. Sue Keohokapu-Lee Loy Vice Chair

Wednesday, March 18, 2026 9:00 AM Conference Room 329 & 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.^{1,2,3}

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

¹ 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.

² 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.

³ 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

⁴ 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



HOUSE COMMITTEE ON HEALTH
SB 3133 SD2 Relating to Preventive Medicine
March 18, 2026, at 9:00 AM, State Capitol CR 329 and Videoconference

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee,

Thank you for the opportunity to testify in OPPOSITION to SB 3133 SD2.

SB3133 SD2 specifies that preventive services, including immunizations and other evidence-based interventions, should remain mandatory health insurance coverage.

Many health insurance plans do not cover certain preventive services that support Hawaii residents in pursuing more natural and non-toxic health options to support natural immunity. This position is not rooted in unwarranted skepticism toward vaccinations; rather, there are published double-blind studies that raise concern regarding their safety and efficacy.

This bill places excessive authority in the hands of unelected bureaucrats. It could lead to centralized control over medical decisions and care guidelines. As a result, it may introduce biased advice, impose unwelcome mandates, and diminish informed consent. Informed consent is a formal conversation between you and your healthcare provider about your treatment plan. It's required by law and the medical code of ethics.

May I respectfully remind this committee that mandates have a limited life span, which is not the case for constitutional law.

Please vote NO on SB3133 SD2.

Respectfully submitted,
Jamie Detwiler, President, Hawaiian Islands Republican Women



March 18, 2026

The Honorable Gregg Takayama, Chair
The Honorable Sue Keohokapu-Lee Loy, Vice Chair

House Committee on Health

Re: SB 3133 SD2 – RELATING TO PREVENTIVE MEDICINE.

Dear Chair Takayama, Vice Chair Sue Keohokapu-Lee Loy, Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 3133 SD2, 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 Chairs San Buenaventura and Keohokalole, Vice Chairs McKelvey and Fukunaga, and Committee Members,

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

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 that preventive care provided in Hawai'i remains accessible and appropriately covered by insurance without cost-sharing. This bill ensures that recommendations in Hawai'i will continue to be evidence-based and driven by science 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.

For all these reasons, and especially in a time when public health is under threat, it is essential that we protect our communities by passing this bill.

Mahalo,

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



Hawaii Medical Association

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HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair

Date: March 18, 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 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. (SD2)

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

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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

SB-3133-SD-2

Submitted on: 3/14/2026 11:37:06 AM

Testimony for HLT on 3/18/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Malialani Dullanty	Individual	Support	Written Testimony Only

Comments:

Aloha mai kākou,

My name is Malialani Dullanty, I am a resident of Moku o Keawe and I am writing today in strong support for SB3133. Living in a rural area with minimal access to emergency services, it is vital that preventable medicine be made available to ensure residents are healthy and safe.

There are many Hawai'i residents who struggle to have access to basic healthcare services, and many others who can't afford co-pays, which also deters access. Placing the cost of preventative services on insurance companies, which make billions in profit every year, would improve the overall health of Hawai'i nei as it would allow citizens to avoid potentially more expensive and invasive emergency care.

Please support this bill.

Me ka mahalo nui,

Malialani Dullanty

SB-3133-SD-2

Submitted on: 3/16/2026 9:05:46 PM

Testimony for HLT on 3/18/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sheila Medeiros	Individual	Oppose	Written Testimony Only

Comments:

Testimony in Opposition to S.B. 3133, S.D. 2

Relating to Preventive Medicine

Submitted by: Sheila Medeiros

Kapolei, Hawaii

Date: March 16, 2026

Aloha Chair and Members of the Committee,

I oppose S.B. 3133, S.D. 2. While the goal of protecting preventive care access is valid, this bill creates unnecessary problems:

1. Unneeded and potentially politicized state advisory committee
The new Hawaii Preventive Services Advisory Committee duplicates the expert, evidence-based work of national bodies (USPSTF and ACIP). A state panel risks local influences or shifts in priorities that could diverge from scientific consensus.
2. Increased insurance costs for Hawaii families and employers
Mandating no-cost coverage for DOH-recommended services (without a sunrise analysis) will likely raise premiums. Hawaii already aligns with federal ACA rules for A/B-rated services and vaccines; a broad, permanent state mandate adds unnecessary costs.
3. Overbroad immunity provisions
Granting broad civil/criminal and professional immunity for following DOH recommendations reduces accountability and could shield care that deviates from national standards.
4. Fragmented standards across statutes
Changes to pharmacist vaccinations, child health visits, and network adequacy tie them to state recommendations over federal ones, creating confusion for providers, insurers, and patients.

This bill overreaches with bureaucracy and cost increases in response to hypothetical federal changes. Hawaii should monitor federal developments and pursue targeted, cost-neutral solutions if needed.

I urge the Committee to defer or significantly amend this measure.

Mahalo for considering my testimony.

Sheila Medeiros
Kapolei Resident

March 16, 2026 10:50 pm

To: Chair Representative Gregg Takayama and the Members of the House Health Committee

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

Relating to: Opposition to SB3133 SD2 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 Representative Takayama and Members of the House Health Committee,

I am in strong opposition to SB3133 SD2 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

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. Numerous 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. 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, 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-2

Submitted on: 3/17/2026 12:48:02 AM

Testimony for HLT on 3/18/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lois J Young	Individual	Oppose	Written Testimony Only

Comments:

Dear committee Chair and Members,

I strongly oppose this bill.

Alarming that health professionals are absolved from liability regarding recommendations.

I believe health decisions should be made between a Doctor and patient, not a government board.

Health is not a one size fits all.

Mahalo, Lois

SB-3133-SD-2

Submitted on: 3/17/2026 7:57:56 AM

Testimony for HLT on 3/18/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr Karen Parsell Miller	Individual	Support	Written Testimony Only

Comments:

I am a pediatrician at Kapi'olani Medical Center and am asking for you to kindly strongly support this bill for the children of Hawai'i.

SB-3133-SD-2

Submitted on: 3/17/2026 8:33:00 AM

Testimony for HLT on 3/18/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerald Tariao Montano	Individual	Support	Written Testimony Only

Comments:

Dear Chair, Vice Chair, and Members of the Committee.

I am a pediatrician on Maui and practice evidence based medicine. I strongly support this SB3133. Please pass it out of committee.

Regards,

Gerald Montano, DO

Kahului

Re: **SB3133** - RELATING TO PREVENTIVE MEDICINE- IN SUPPORT

Aloha Chair San Buenaventura, Vice-Chair Aquino, and members of the Committee:

My name is Dr. Casandra Simonson MD and I am a pediatrician on Maui where I have been treating keiki for the last 12 years. My testimony is my own and not representative of others. I am writing to testify in support of SB3133 to help protect the medical providers of Hawaii from being forced to comply with inaccurate standards that may be instituted by federal government agencies.

Thank you for the opportunity to express my concerns on this important issue for our community.

Sincerely,

Dr. Casandra Simonson MD
Pediatrics Chair, CCM

LATE

SB-3133-SD-2

Submitted on: 3/17/2026 9:09:20 AM

Testimony for HLT on 3/18/2026 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Vince Yamashiroya, MD	Individual	Support	Written Testimony Only

Comments:

I am in strong support of this bill. This bill will provide protections against liability for providing preventative care. In this high partisan environment, many important health care decisions are not based on science, but rather by political whims. This bill will provide immunity to medical professional society representatives who serve on an advisory committee to the director.