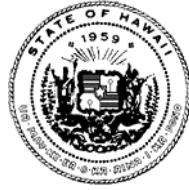


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

January 29, 2025

TO: The Honorable Representative Gregg Takayama, Chair
House Committee on Health

The Honorable Representative Lisa Marten, Chair
House Committee on Human Services & Homelessness

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 556 – RELATING TO COLORECTAL CANCER.**

Hearing: January 31, 2025, 9:00 a.m.
Conference Room 329 & via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent and offers comments regarding Sections 1, 4, and 5.

PURPOSE: Requires and appropriates moneys for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings for certain persons. Requires coverage for all colorectal cancer screenings in the State to be consistent with the Affordable Care Act Implementation Frequently Asked Questions published by the United States Department of Labor, United States Department of Health and Human Services, and United States Department of the Treasury.

The bill requires DHS to write rules to implement a program to pay for colorectal screenings for Hawaii residents who are uninsured; have healthcare coverage that does not provide coverage without cost sharing for colorectal cancer screenings; are permanent United

States resident aliens but are ineligible for Medicare; or are nonresident aliens and are ineligible for Medicare.

Colorectal screenings are an important tool in the prevention and detection of cancer. Some of the screening tests, such as colonoscopies, can be costly running several thousand dollars. Thus, DHS is supportive of the intent to expand access to these screenings.

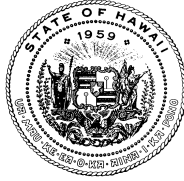
DHS notes, however, that we do not operate a similar program to reimburse for such screenings for the uninsured or underinsured population, so would need to develop the infrastructure to receive applications demonstrating insurance and citizenship status, and then process the claim ensuring it meets the clinical guidelines. Minimally, the new program may need a position to manage the program, up-front costs for system changes, and on-going costs for operations. More detailed estimates for implementation and administrative costs can be developed for future hearings should this bill move forward. We also note that the rule-making process can be lengthy, particularly when no similar program exists, and ask for an extended effective date.

Based on the number of uninsured meeting the colorectal screening age recommendations, and assuming a phased, even uptake over 10 years, the estimated benefit cost is \$1.6 to \$2 million in state general funds each year.

DHS respectfully requests that this program and appropriation not conflict with, reduce, or replace priorities identified in the executive budget.

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

JOSH GREEN, M.D.
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

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

WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on H.B. 556
RELATING TO COLORECTAL CANCER**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

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

Hearing Date, Time: January 31, 2025, 9:00 AM

Room Number: Conference Room 329

- 1 **Fiscal Implications:** The Department of Health (DOH) defers to the Department of Human
- 2 Services on the fiscal implications and the priorities of the Governor's Executive Budget
- 3 priorities.
- 4 **Department Position:** The DOH defers to the Department of Human Services and offers public
- 5 health comments.
- 6 **Department Testimony:** House Bill 556 aligns with the priority of the DOH's Hawaii
- 7 Comprehensive Cancer Control Program (HCCCP) to increase colorectal cancer screenings
- 8 statewide and to reduce the incidence of colorectal cancer and colorectal cancer-related deaths
- 9 by increasing access to colorectal cancer screening, especially among the gap group of
- 10 uninsured and underinsured populations. Timely screening can prevent and detect cancer early
- 11 to improve treatment and quality of life outcomes. The HCCCP relies on the Centers for Disease
- 12 Control and Prevention recommendations and the [U.S. Preventive Services Task Force](#)

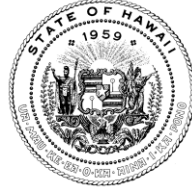
1 [guidelines for screening](#).¹ The recommended age for screening was lowered in 2021, and begins
2 from age 45 to age 75 years. In 2020, 70% of people ages 45 to 75 reported meeting the new
3 colorectal screening guidelines and the rate went down slightly in 2022 to 67%. In 2020, when
4 people were asked about their healthcare coverage and meeting screening guidelines, 71% of
5 people with healthcare coverage met the colorectal cancer screening guidelines compared to
6 42% who did not have healthcare coverage.²

7 **Offered Amendments:** Change “Medicare” to “Medicaid” on page 1, lines 14 and 16.

8 Thank you for the opportunity to submit testimony on this measure.

¹ U.S. Preventive Task Force. Colorectal Cancer: Screening. Final Recommendation Statement. May 18, 2021. Retrieved 1/29/25 from:
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#tab1>

² Hawaii Health Data Warehouse, Hawaii Behavioral Risk Factors Surveillance System, 2020 and 2022. Retrieved 1/29/25 from:
<https://hhdw.org/report/query/result/brfss/ColonScrn4575/ColonScrn4575Crude11.html>



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA
SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

KA 'OIHANA PILI KĀLEPA
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: (808) 586-2850
Fax Number: (808) 586-2856
cca.hawaii.gov

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committees on Health
and
Human Services & Homelessness
Friday, January 31, 2025
9:00 a.m.

State Capitol, Conference Room 329 & via Videoconference

On the following measure:
H.B. 556, RELATING TO COLORECTAL CANCER

Chair Takayama, Chair Martin, and Members of the Committees:

My name is Gordon Ito, and I am the Insurance Commissioner for 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) require and appropriate moneys for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal screenings for certain persons; and (2) require coverage for all colorectal cancer screenings in the State to be consistent with the Affordable Care Act Implementation Frequently Asked Questions published by the United States Department of Labor, United States Department of Health and Human Services, and United States Department of the Treasury.

The Department notes that section 2, page 2, lines 13 to 18, and section 3, page 3, lines 11 to 16, adds new language that states: "For purposes of this section, all

Testimony of DCCA

H.B. 556

Page 2 of 2

coverage for colorectal cancer screenings shall be consistent with the Affordable Care Act implementation frequently asked questions published by the United States Department of Labor, United States Department of Health and Human Services, and United States Department of the Treasury (FAQs).” It is unclear which version of the Affordable Care Act implementation frequently asked questions is being referenced.

Thank you for the opportunity to testify.

HB-556

Submitted on: 1/29/2025 12:20:48 PM

Testimony for HLT on 1/31/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Andrew Van Wieren	Community Clinic of Maui (Malama I Ke Ola Health Center)	Support	Remotely Via Zoom

Comments:

Chair Takayama, Chair Marten, and Joint Committee members,

My name is Andrew Van Wieren, MD FACP. I am the Chief Medical Officer at Community Clinic of Maui (Malama I Ke Ola Health Center), and a practicing internal medicine physician on the island of Maui. I am also a participant of the American Cancer Society Cancer Action Network. I am writing in strong support of HB556.

Screening is vital for early detection of colorectal cancer. Due to patient preference and/or cost, many patients begin colorectal cancer screening with a stool-based test. However, if a stool-based test is positive, it is critical that the patient be offered timely access to a colonoscopy (as delayed access to a colonoscopy can lead to worse health outcomes). Thus, I support insured patients who have positive stool tests being able to access colonoscopies without cost-sharing. Additionally, it is currently extremely difficult for patients without health insurance who live in Hawai'i to access a colonoscopy after a positive stool-based colorectal cancer screening test. This creates a disappointing health inequity in our system. Thus, I support public funding to provide colonoscopies for uninsured patients who have positive stool-based colorectal cancer screening tests.

Sincerely,

Andrew Van Wieren, MD FACP



**Testimony to the House Joint Committee on Health and
Human Services and Homelessness
Friday, January 31, 2025; 9:00 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0556, RELATING TO COLORECTAL CANCER.

Chair Takayama, Vice Chair Marten and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0556, RELATING TO COLORECTAL CANCER.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

Among other things, this measure, as received by your Committee, would appropriate an unspecified amount of general funds for fiscal year 2025-2026, and the same amount for fiscal year 2026-2027, for the Department of Human Services to develop and implement a public assistance program offering state-funded colorectal cancer screenings.

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer -- cancer of the colon or rectum -- is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Forces recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease.

Testimony on House Bill No. 0556
Friday, January 31, 2025; 9:00 a.m.
Page 2

HPCA fully and wholeheartedly supports efforts to promote screening and awareness of colorectal cancer in the State of Hawaii. As a former member of the Colorectal Cancer Screening Working Group that was established in 2017, the HPCA joins the American Cancer Society, the American Cancer Society Cancer Action Network, and other community partners in supporting this measure.

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

HB-556

Submitted on: 1/30/2025 5:50:09 AM

Testimony for HLT on 1/31/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Molly McDonnell	Fight Colorectal Cancer	Support	Written Testimony Only

Comments:

Chair Takayama, Chair Marten and joint committee members:

On behalf of Fight Colorectal Cancer, a national patient advocacy organization dedicated to the colorectal cancer community, I am writing in STRONG SUPPORT of HB556.

Colorectal cancer is preventable if caught early through timely screening. Despite that, colorectal cancer remains the second leading cause of cancer death for men and women combined. Increasing access to colorectal cancer screening is critical to reducing colorectal cancer and deaths.

Screening rates are lowest among ages 45-49, Asian Americans, the uninsured, recent immigrants, and those with less than a high school diploma. Removing financial barriers such as cost-sharing is an effective way to improve screening.

There are a number of effective screening modalities available for patients, including non-invasive screening options. It is important that if a patient receives an abnormal result from a non-invasive screening test that they undergo a follow-up colonoscopy to complete their screening.

On January 10, 2022, the Tri-Agencies (Department of Labor, Department of Health and Human Services, Treasury) announced that private insurance plans must cover, with no cost-sharing, follow-up colonoscopies after an abnormal non-invasive stool test. HR556 codifies that policy into Hawaii law. This bill will also increase access to colorectal screening for the gap group of uninsured and underinsured population through state funding.

I urge you to support swift advancement of this important legislation and to include updated language that changes "Medicare" to "Medicaid" on page 1, line 14, and line 16.

Thank you for your consideration and we look forward to seeing this important legislation move forward.

Sincerely,

Molly McDonnell

Vice President of Advocacy

Fight Colorectal Cancer



fightcancer.org

House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

House Committee on Human Services and Homelessness
Rep. Lisa Marten, Chair
Rep. Ikaika Olds, Vice Chair

Hearing Date: Friday, January 31, 2025

ACS CAN SUPPORT with AMENDMENTS HB 556: RELATING TO COLORECTAL CANCER.

Cynthia Au, Government Relations Director – Hawai'i Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity in **SUPPORT with AMENDMENTS** of HB 556: RELATING TO COLORECTAL CANCER.

The American Cancer Society Cancer Action Network (ACS CAN) writes to you today to support with amendments of HB556. We work to ensure that cancer patients and survivors in Hawaii and across the country have a fair and just opportunity to find, treat and survive cancer. In fact, we believe it is more important than ever to work to ensure that cancer patients – and others with serious chronic conditions – have access to the treatments they need.

Colorectal cancer (CRC) is the third-leading cause of cancer in Hawaii and third-leading cause of cancer deaths nationwide. This year alone, ACS estimates that 770 people in Hawaii will be diagnosed and 240 will die from the disease.ⁱ The Native Hawaiian and Pacific Islander community are disproportionately affected by CRC due to a lack of preventive health screenings. From 2017 through 2021, the state of Hawaii had an incidence rate of 38.1 and a death rate of 11.8 between 2016-2020.ⁱⁱ Among the Asian/Pacific Islander population, there was a 37.0 incidence rate between 2017 and 2021.ⁱⁱⁱ Of the average annual count of CRC cases among the Asian/Pacific Islander population throughout the state of Hawaii, an average of 58.6% are late-stage cases.^{iv} These deaths are largely preventable, and increasing access to screenings will go a long way in saving more lives from cancer.

ACS CAN advocates for evidence-based screenings that help reduce incidence and mortality rates of cancer. The overall reduction of CRC incidence and mortality rates in the U.S. over the last few years have largely been attributed to increased uptake in preventive screening.^v Colorectal cancer is one of the few truly preventable cancers, making it one of the most cost-effective population-based preventive screenings.^{vi,vii}

On January 10, 2022, the Tri-Agencies (Department of Labor, Department of Health and Human Services, Treasury) announced that private insurance plans must now cover, with no cost-sharing, follow-up colonoscopies after a positive non-invasive stool test.^{viii} This clarification from the Administration is consistent with the American Cancer Society’s recommendation that as a part of the colorectal cancer screening (CRC) process, all positive results on non-colonoscopy screening tests should be followed up with timely colonoscopy.^{ix} The follow-up colonoscopy should not be considered a “diagnostic” colonoscopy, but rather an integral part of the preventive screening process, which is not complete until the colonoscopy is performed, and therefore covered with no cost sharing for individuals.

According to the [Affordable Care Act Implementation FAQs - Set 12 | CMS](#)^x Question #5: If a colonoscopy is scheduled and performed as a screening procedure pursuant to the United States Preventive Services Taskforce (USPSTF) recommendation, is it permissible for a plan or issuer to impose cost-sharing for the cost of a polyp removal during the colonoscopy?

No. Based on clinical practice and comments received from the American College of Gastroenterology, American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure.

Everyone should have equitable access to care. As a member of the Colorectal Cancer Task Force under the Hawaii Comprehensive Cancer Coalition, the task force has identified barriers in preventive screening for the uninsured and underinsured population in Hawaii. We urge the legislature fund a program that would improve access to colorectal screenings for the uninsured and underinsured populations in Hawaii, akin to the Hawaii Breast and Cervical Cancer Control Program.

We respectfully request the bill to be amended on page 1 to:

- 13 (3) Are **resident aliens of Hawaii** but are
- 14 ineligible for **medicaid**; or
- 15 (4) Are **nonresident aliens of Hawaii** and are ineligible for
- 16 **medicaid**.

Thank you for the opportunity to provide testimony in support with amendments. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at Cynthia.Au@Cancer.org or 808.460.6109.

ⁱ [American Cancer Society - Cancer Statistics Center](#)

ⁱⁱ [State Cancer Profiles - Incidence Rate Tables](#)

ⁱⁱⁱ [State Cancer Profiles - Incidence Rate Tables](#)

^{iv} [State Cancer Profiles - Incidence Rate Tables](#)

^v Siegel RL, Miller KD, Jemal, A. Cancer Statistics, 2020. CA Cancer J Clin. 2020; 0:1-24.

^{vi} Lansdorp-Vogelaar I, Van Ballegooijen M, Zauber AG, Habbema DF, Kuipers EJ. Effect of rising chemotherapy costs on the cost savings of colorectal cancer screening. J Natl Cancer Inst. 2009; 101:1412–22.

^{vii} Ran T, Cheng CY, Misselwitz B, et al. Cost-effectiveness of colorectal cancer screening strategies – A systematic review. Clin Gastroenterol Hepatol. 2019; 17(10):1969-81.

^{viii} Tri-Agencies FAQ About ACA Implementation. Released Jan. 10, 2022, page 12. Available at [FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation \(dol.gov\)](#).

^{ix} Wolf AMD, Fontham ETH, Church TF, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA Cancer J Clin. 2018; 68(4):250-81.

^x https://www.cms.gov/ccio/resources/fact-sheets-and-faqs/aca_implementation_faqs12

January 31, 2025

To: Chair Takayama, Chair Marten, Vice Chair Keohokapu-Lee Loy, Vice Chair Olds and Members of the House Committees on Health (HLT) and Human Services and Homelessness (HSH)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: January 31, 2025; 9:00 a.m./Conference Room 329 & Videoconference

Re: Testimony in support of HB 556 – Relating to Colorectal Cancer

The Hawaii Association of Health Plans (HAHP) would like to offer testimony in support of HB 556. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP appreciates the efforts of the committee members to fund a public assistance program for colorectal cancer screenings. Increasing access to colorectal cancer screening can significantly increase early detection and prevention, while reducing mortality rates associated with this disease. Regular screenings can save lives and lower long-term healthcare costs by catching cancer at its most treatable stages.

Thank you for the opportunity to testify on HB 556.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Lisa Marten, Chair, House Committee on Human Services & Homelessness; The Honorable Gregg Takayama, Chair, House Committee on Health

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB556 – Relating to Colorectal Cancer Screening – Request for Amendment to Ensure Provider-Neutral Language

Hearing: January 31, 2025, 9:00 a.m.

Aloha Chair Marten, Chair Takayama, Vice Chair Olds, Vice Chair Keohokapu-Lee Loy, and Members of the Committees,

On behalf of the Hawaii Association of Professional Nurses (HAPN), we strongly support HB556 and respectfully request an **amendment to include provider-neutral language** throughout the bill.

While HB556 is a crucial step toward increasing access to colorectal cancer screenings for uninsured and underinsured residents of Hawaii, the bill as written does not explicitly recognize all qualified licensed healthcare providers who are capable of providing these essential services. **We urge the committee to amend the bill to include “physicians, advanced practice registered nurses (APRNs), physician assistants (PAs), and other qualified licensed healthcare providers” in all relevant sections.**

The Need for a Provider-Neutral Amendment

Colorectal cancer is a leading cause of cancer-related deaths in Hawaii, yet it is also one of the most preventable and treatable cancers when detected early. Ensuring that screenings are accessible and provider-inclusive is critical to reducing mortality rates and increasing early detection efforts.

We respectfully request that HB556 be amended to explicitly include APRNs, PAs, and other qualified licensed healthcare providers in the following key areas:

1. State-Funded Screening Access – Ensure that individuals eligible for state-funded colorectal cancer screenings under HB556 may receive care from physicians, APRNs, PAs, and other qualified licensed healthcare providers rather than limiting services to physicians alone.
2. Health Insurance Coverage Requirements – Amend language to mandate insurer coverage of screenings when provided by any qualified licensed healthcare provider, ensuring parity in reimbursement and preventing unnecessary restrictions.
3. Patient Awareness and Education – Amend existing statutory language requiring health insurers to inform patients about colorectal cancer risks to encourage consultation with a physician, APRN, PA, or other qualified licensed healthcare provider.

Expanding Provider Access to Improve Screening Rates

APRNs and PAs play a critical role in expanding access to colorectal cancer screenings, particularly in primary care, community health settings, and rural areas where healthcare access is limited. By ensuring provider-neutral language, Hawaii can:

- Increase screening availability statewide, particularly in underserved areas.
- Reduce wait times for screenings by leveraging the full healthcare workforce.
- Ensure timely access to care by eliminating unnecessary provider restrictions.
- Expand healthcare equity by allowing individuals to receive care from the provider they trust.

APRNs and PAs already perform preventive screenings, diagnostic evaluations, and cancer risk assessments as part of routine care. Ensuring these providers are included in HB556 strengthens its impact and improves health outcomes statewide.

HAPN's Commitment to Expanding Healthcare Access

As an advocate for expanded healthcare access, provider inclusivity, and reducing disparities in preventive care, HAPN strongly supports HB556 with the proposed amendment to recognize APRNs, PAs, and other qualified licensed providers as essential providers of colorectal cancer screenings.

This bill represents a proactive and necessary step in improving colorectal cancer screening rates across Hawaii, but to achieve the greatest impact, the language must be provider-neutral and inclusive of all qualified healthcare professionals.

Conclusion and Request for Amendment

Colorectal cancer screening should be a universally accessible service, not limited by provider restrictions. HB556 is a crucial measure to expand access to life-saving screenings, and we urge the committee to pass this bill with an amendment ensuring provider-neutral language in all relevant sections.

Mahalo for the opportunity to provide testimony in strong support of HB556 with the requested amendment. Please do not hesitate to contact us if additional information is needed.

Respectfully,

Dr. Jeremy Creekmore, APRN
HAPN President

HB-556

Submitted on: 1/28/2025 7:17:39 PM

Testimony for HLT on 1/31/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Josh Fowler	Individual	Support	Written Testimony Only

Comments:

SUPPORT

House Committee on Health and Human Services

RE: Strong Support of HB556 – RELATING TO COLORECTAL CANCER SCREENINGS

Written Testimony

My name is Joshua Fowler, and I am a volunteer and advocate with the American Cancer Society - Cancer Action Network. I am writing to express my strong support for HB556, which establishes a state-funded program to provide financial assistance for colorectal cancer screenings for uninsured and underinsured residents of Hawaii.

Why This Matters:

- **Early Detection Saves Lives:** Colorectal cancer is one of the most preventable yet deadly cancers. Providing financial assistance ensures more residents get screened early, when treatment is most effective.
- **Addressing Health Disparities:** Many uninsured and underinsured individuals delay or forgo screenings due to cost barriers. This bill ensures equitable access to life-saving screenings, reducing disparities in healthcare.
- **Aligning with Best Practices:** HB556 ensures that colorectal cancer screenings in Hawaii align with the Affordable Care Act and the latest recommendations from the U.S. Preventive Services Task Force, keeping our state in line with national standards.
- **Cost Savings for the State:** Early detection reduces the burden on Hawaii’s healthcare system by preventing late-stage cancer diagnoses, which are significantly more expensive to treat.

Looking at Other States:

- **Successful Models:** States like New York and California have implemented similar programs, leading to increased screening rates and better health outcomes.
- **A Preventative Approach:** Without mandated assistance, other states have seen higher rates of late-stage diagnoses, increasing both mortality and healthcare costs—Hawaii can and should do better.

Thank you for the opportunity to testify. I urge the committee to support HB556 and ensure that all residents, regardless of financial status, have access to colorectal cancer screenings.

With gratitude,
Joshua Fowler
Honolulu, Hawaii

HB-556

Submitted on: 1/29/2025 9:36:59 AM

Testimony for HLT on 1/31/2025 9:00:00 AM

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

Comments:

My name is Cheryl K. Okuma and I am an advocate for the American Cancer Society Cancer Action Network. I am in **STRONG SUPPORT** of HB556.

I know the importance of having access to colorectal cancer screening and am fortunate to have that benefit. Many others do not have access.

- **Preventable:** Most colorectal deaths in the U.S. are attributable to not getting screened. Colorectal cancer is the 3rd most diagnosed and deadliest cancer in Hawaii and the U.S. among men and women. Screening prevents colorectal cancer and helps with early detection. Screening is the key to reducing colorectal cancer and deaths.
- **Barriers:** Affordability, lack of a family history or symptoms, feelings of embarrassment or fear, and no recommendation from a health professional. Removing financial barriers such as cost-sharing is an effective way to improve screening.

Sincerely,

Cheryl K. Okuma

Wailuku, 96793

HB-556

Submitted on: 1/29/2025 5:07:04 PM

Testimony for HLT on 1/31/2025 9:00:00 AM

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

Comments:

Chair Takayama, Chair Marten and joint committee members:

My name is Mark Willingham and I am a Community Health Educator in Hawaii. I am in **STRONG SUPPORT** of HB556. Most colorectal deaths in the U.S. are attributable to not getting screened because of inaccessibility of screening options, knowledge, and resources. Colorectal cancer is the 3rd most diagnosed and deadliest cancer in Hawaii and the U.S. among men and women. Screening prevents colorectal cancer and helps with early detection; however, there are many disparities and barriers to screening. Screening rates are lowest among ages 45-49, Asian Americans, the uninsured, recent immigrants, and those with less than a high school diploma. I support this bill that private insurance plans must cover, with no cost-sharing, follow-up colonoscopies after a positive non-invasive stool test into Hawaii law. The bill also increases access to colorectal screening for the gap group of uninsured and underinsured population through state funding. Please amend the bill to fund the Medicaid program.

Thank you,

Mark Willingham

Honolulu, 96813

HB-556

Submitted on: 1/29/2025 5:16:38 PM

Testimony for HLT on 1/31/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ankur Jain	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 556: Relating to Colorectal Cancer

Friday, January 31, 2025; TIME: 9:00AM

Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint committee members:

My name is Dr. Ankur Jain and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB556.

As you all know, colorectal cancer (CRC) is a leading cause of cancer related deaths here in Hawaii and across the country. In particular, we are seeing younger patients with colon cancer. However, we know that increasing rates of CRC screening can decrease cancer related deaths. As a gastroenterologist, I have witnessed first hand the financial barriers that many of my patients have faced when referred to me for screening colonoscopy.

These include:

1) LOOPHOLE#1 (Affordable Care Act)

When a follow-up colonoscopy is performed after a positive hemoccult stool test done for screening it is considered a diagnostic test (no longer fully covered under the Affordable Care Act), which will hopefully be addressed by passage of this bill

2) LOOPHOLE#2 (Affordable Care Act)

When polyps are found during screening colonoscopy it becomes a therapeutic test (no longer fully covered under the Affordable Care Act)

3) PA (PRIOR AUTHORIZATION) REQUIREMENTS

Certain insurers require PA for screening and/or surveillance colonoscopy, which can lead to a delay in care and discourage patients from undergoing necessary studies

Thankyou for your consideration.

Sincerely,
Ankur Jain, MD (Gastroenterology)

Honolulu, HI 96817

HB-556

Submitted on: 1/29/2025 11:08:41 PM

Testimony for HLT on 1/31/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Christel Pope	Individual	Support	Written Testimony Only

Comments:

RE: Strong Support of HB 556: Relating to Colorectal Cancer

Friday, January 31, 2025; TIME:9:00AM

Committee on Health/Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint committee members

My name is Christel Pope and I am an advocate for the American Cancer Society Cancer Action Network. I am in STRONG SUPPORT of HB556.

I am a cancer survivor. I was diagnosed with breast cancer in 2021. I lack knowledge of much of my families health history because I did not meet my biological father until 2021. I found out that my paternal grandmother died of breast cancer at the age of of 49. I was also 49 when I received my cancer diagnosis.

In 2024, during a routine check up with my health care provider I had a wonderful nurse who recommended that I do my colorocetal screening test by providing a stool sample. She was so informative and explained the entire process in detail. I felt so comfortable after talking to her that I went home with my test kit. A few days later I collected my stool sample and turmed it in to the lab. My primary care physician called me and said he had some news about my test results. I told him - "Doc the last time you called me directly with my test results you told me I had cancer." He said that my stool sample tested positive for blood and that I needed more testing done.

Long story short - I went in for a colonoscopy where they found a very large polyp. It was so large that the doctor had to remove it in two pieces. After the pathology report came back I was informed that my polyp was not cancerous but due to the size and the type I needed to come back in a couple years for another colonoscopy.

Many barriers exist and common obstacles include cost, lack of symptoms or family history, fear or embarrassment, and not receiving a recommendation from a healthcare provider. Eliminating financial barriers, such as cost-sharing, has proven effective in my own story.

I beg you to pass this very important bill which will save many lives in the future.

Sincerely,

Christel Mailani Pope

Makaweli, Hawaii 96769

Lynda Asato
1255 Nuuanu Avenue #1714
Honolulu, HI 96817
808-342-1850

RE: Strong Support of HB 556: Relating to Colorectal Cancer
Friday, January 31, 2025; TIME: 9:00AM
Committee on Health / Committee on Human Services & Homelessness

Chair Takayama, Chair Marten and joint committee members:

My name is Lynda Asato and I am an advocate for the American Cancer Society Cancer Action Network. I am also a Patient Advocate for the Cancer Center's Patient Advocacy Council.

I am in STRONG SUPPORT of HB556.

My family has been genetically prone to colorectal cancers. My grandfather, uncles and aunts had colon cancers and my mother had breast cancer. Knowing this, my sister and I have had colonoscopies throughout our adult lives and we have had polyps removed that could have lead to colon cancers. Those are costly procedures but very important for early detection. I have been advocating for colonoscopies within my family given our genetic history. My PALB2 genetic mutation tells me that I am at higher risk for colorectal and breast cancer.

Based on my family and personal history, I strongly support this HB566 on Access to Colorectal Screening and HB 553 on Biomarker Testing. Thank you for accepting my testimony.

Lynda Asato
1255 Nuuanu Avenue #1714
Honolulu, HI 96817
808-342-1850