

2026 Hawai'i Legislative Priorities

Victory in the fight against cancer requires bold new public policies that promote cancer prevention, early detection of cancer, and expand access to quality, affordable health care. Lawmakers make many decisions that impact the lives of the people of Hawai'i impacted by cancer and their leadership is vital to defeating this disease. In 2026 the American Cancer Society Cancer Action Network (ACS CAN) will work with the Hawai'i State Legislature on legislative and regulatory efforts that provide affordable, adequate access to lifesaving cancer screening and prevention programs, health equity and improved coverage towards cancer treatment. We will be making the following fact-based policies a priority and ask for your support:

Ensuring Access to Colorectal Screenings: HB 1969 HD2

Everyone deserves equitable access to quality cancer care and the opportunity to live a full, healthy life. ACS CAN advocates for ensuring more individuals, including uninsured and underinsured individuals, have access to colorectal cancer (CRC) screening including the follow-up colonoscopy required after a positive non-invasive test.

Hawai'i Tumor Registry & Cancer Research: HB 1970 HD2

ACS CAN will work to protect and increase appropriations to support Hawaii Tumor Registry which provide the data-driven foundation for the state cancer control efforts and only cancer surveillance program in Hawai'i.

Expanding Access to Biomarker Testing Coverage: HCR 35, SCR 76

ACS CAN will advocate for improved coverage of comprehensive biomarker testing. Progress in improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person's own genes or proteins to better diagnose and treat diseases like cancer. Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients, but insurance coverage for biomarker testing is failing to keep pace with innovations and advancements in treatment.

Other priorities:

Fertility Preservation: HB 1864 HD2

Local Control: HB 1563 HD2

Maui Wildfire Exposure Study and Maui Health Registry: HB 2340 HD1, SB 2969 SD1

Medical Debt: SB 3025 SD2; HB 2187 HD1

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HAWAI'I 2026 LEGISLATIVE ASKS



1 Ensure Access to Colorectal Screenings: HB 1969 HD2

Everyone deserves equitable access to quality cancer care and the opportunity to live a full, healthy life. ACS CAN advocates for ensuring uninsured and underinsured individuals have access to preventive colorectal cancer (CRC) screening and necessary treatment by funding a public assistance program. This includes following federal guidelines on preventive colorectal screenings, such as the follow-up colonoscopy required after a positive non-invasive test.

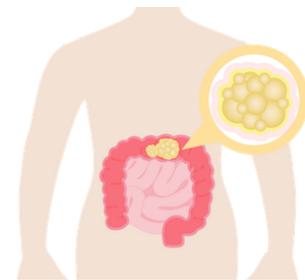
ASK: Will you support HB 1969 HD2 to help ensure more Hawai'i residents receive timely, life-saving colorectal cancer screenings?

- Preventable: Most colorectal deaths in the U.S. are preventable through screening and early detection.
- Colorectal cancer is the 2nd most diagnosed and deadliest cancer in Hawai'i and the U.S. among men and women.
- A recent study found that colorectal cancer is now the leading cause of cancer deaths among people 50 years and younger—making it the fastest-growing cancer threat for working-age adults.
- Barriers: Affordability - Cost is one of the most significant barriers to screening.
 - Given the impact of HR1 on Medicaid, it's anticipated that more residents will be uninsured, creating an additional barrier to screening.
- Public assistance funding for CRC screening including colonoscopy after a positive noninvasive screening test for uninsured and underinsured residents would:
 - Prevent cancer through early polyp removal
 - Catch cancer earlier when treatment success is highest
 - Reduce long-term treatment costs
 - Protect communities most impacted by coverage gaps, especially changes in health care coverage
 - High-value investment, with significant health equity impact.

Hawaii statistics:

- 840 residents will be newly diagnosed with CRC in 2026, and 260 will die this year.
- Hawai'i ranks 12th highest rate of NEW CRC cases in the US between 2019 to 2023.
- Nearly 59% of new CRC diagnosis are late stage
- Late-stage diagnoses, colorectal cancer treatment can cost over \$100,000.
- In 2022, 64% Hawai'i residents reported being unprepared to pay for their cancer treatment.

COLORECTAL CANCER DISEASE IN HAWAII

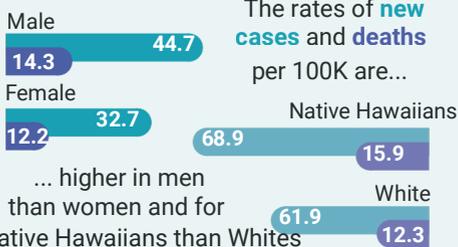
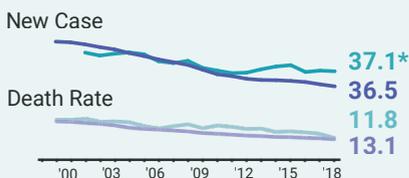


Colorectal cancer (CRC) is now the leading cause of cancer-related death among men and women under age 50.

In Hawaii, 820 residents will be newly diagnosed with CRC, and 260 will die, in 2026.

Colorectal cancer is the 2nd most diagnosed and deadliest cancer in Hawai'i and the U.S. among men and women. Screening prevents CRC and helps with early detection.

Hawaii's CRC new case rates per 100K are above U.S. rates.1



58.6% of new CRC diagnoses in Hawaii are, on average, **late-stage**



Screening is the key to reducing CRC new cases and deaths.

Only 10.5% of Hawaii residents ages 45-75 completed a stool test in 2022 and only 54% completed a colonoscopy.

17% of individuals completed a stool test prior to a colonoscopy.



In 2021, The USPSTF** lowered the screening age range from 50-75 to 45-75 years.

45 years screening age

AANHPI are screened at lower rates than their white counterparts

41% of AANHPI ages 45 for CRC.

57% of white individuals aged 45 years and older are screened for CRC.

Despite increased accessibility, CRC screenings remain low compared to breast and cervical cancer screenings.

Barriers to screening include:

- financial barriers, such as cost-sharing or lack of health coverage
- failure to recommend screening by providers
- transportation.
- language barriers
- patient fear 6

Removing financial barriers such as cost-sharing is an effective way to improve screening rates.

For late stage diagnoses, colorectal cancer treatment can cost over \$100,000.

In 2020, the total medical expenditure for CRC care was approximately \$24.3 billion, making it the second most costly cancer type after breast cancer.

Why is this important?



In 2022, **64%** Hawai'i residents reported being **unprepared to pay** for their cancer treatment.

A study among Medicare enrollees found that removing the 20% coinsurance for a colonoscopy with a polyp removal or a follow-up colonoscopy would be **cost effective** if the screening rate increased by only 0.6 percentage points.



Sources: 1. American Cancer Society. Cancer Facts & Figures 2026. American Cancer Society, 2026.

2. American Cancer Society. Cancer Statistics Center. American Cancer Society, 2025. <https://cancerstatisticscenter.cancer.org/>.

3. American Cancer Society Cancer Action Network. Survivor Views: Cancer & Medical Debt. American Cancer Society Cancer Action Network, 2025.

4. American Cancer Society Cancer Action Network. Survivor Views: Cancer & Medical Debt. American Cancer Society Cancer Action Network, 2025.

5. Centers for Disease Control and Prevention. Colorectal Cancer. CDC, 2024. <https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html>.

6. "Psychological Barriers and Healthcare Utilization." PubMed Central, U.S. National Library of Medicine.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11674532>.

7. National Cancer Institute and Centers for Disease Control and Prevention. State Cancer Profiles: Hawaii Quick Profile. 2024

HAWAI'I 2026 LEGISLATIVE ASKS



2 Fund Hawaii Tumor Registry HB 1970 HD2

ACS CAN will work to protect and increase appropriations to support Hawaii Tumor Registry (HTR) which provide the data-driven foundation for the state cancer control efforts and is the only cancer surveillance program in Hawai'i.

The ASK: Will you support HB 1970 HD2 to prevent cuts to Hawai'i's cancer surveillance system and protect critical public health data?

Federal cuts to the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program have reduced Hawaii Tumor Registry (HTR) funding.

- HTR is the state's only comprehensive cancer surveillance program - the backbone of cancer surveillance in our islands.
 - Under the UH Cancer Center

Cancer is the second leading cause of death in Hawai'i.

- This year, more than 9,400 residents from Hawai'i will be diagnosed with cancer, and more than 2,400 residents expected to die from the disease.
- Cancer is the leading cause of death among Asian Americans and the second-leading cause among Native Hawaiian and other Pacific Islander individuals.
- Hawai'i is one of the most diverse states in the country and HTR helps to identify disparities.

HTR provides the information for clinicians, researchers, and policymakers to:

- Target cancer screening programs in underserved communities
- Rapid response to cancer clusters
- Identify emerging trends and other urgent public health concern
- Monitor trends and guide prevention strategies

HAWAI'I 2026 LEGISLATIVE ASKS



3 Ensure Access to Quality Care: Biomarker Testing: **HCR 35, SCR 76**

ACS CAN supports coverage of comprehensive biomarker testing. Progress in improving cancer outcomes increasingly involves the use of precision medicine, which uses information about a person's own genes or proteins to better diagnose and treat diseases like cancer. Biomarker testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.

The ASK: Will you support an auditor's study to assess the social and financial impacts for biomarker testing coverage, HCR 35 and SCR 76?

Biomarker testing can be used to determine the best treatment for a patient and is used to match patients with the right treatment, at the right time.

- Require state-regulated insurance plans including Medicaid to cover comprehensive biomarker testing when supported by medical and scientific evidence.
- When someone gets biomarker testing as defined in this legislation, they have already developed cancer or another disease, and the testing is used to determine which treatment is appropriate and/or how aggressive their disease may be.
- Disease and stage agnostic

Insurance coverage for biomarker testing is failing to keep pace with innovation and advancement in treatment:

- 43% of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing prior to use.
- In 2000, 15% of cancer clinical trials involved biomarkers; 2018, 55% of cancer clinical trials involved biomarkers.

Twenty-three states have recently passed legislation to expand coverage of comprehensive biomarker testing.

Access to appropriate biomarker testing can help to achieve better health outcomes, improved quality of life, and reduced costs.

EXPAND ACCESS TO BIOMARKER TESTING IN HAWAII

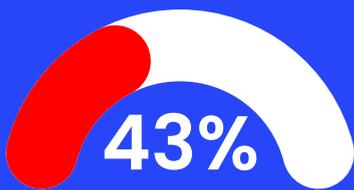
THE RIGHT TREATMENT AT THE RIGHT TIME

WHAT IS BIOMARKER TESTING?

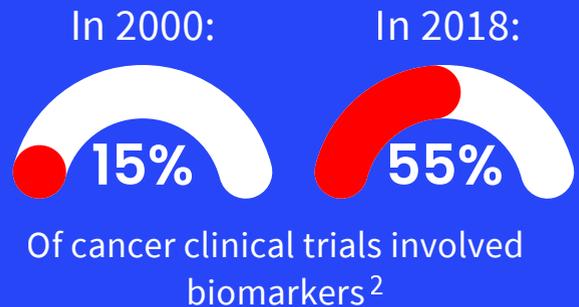
Biomarker testing is often used to help determine the best treatment for a patient.

- It is the analysis of a patient's tissue, blood, or other biospecimen for the presence of a biomarker.
- Biomarker testing is an important step for accessing precision medicine, including targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.
- While most current applications of biomarker testing are in oncology and autoimmune disease, there is research underway to benefit patients with other conditions including heart disease, Alzheimer's disease, and other neurological conditions, rare disease, infectious disease and respiratory illness.

THE IMPORTANCE OF BIOMARKER TESTING



Of the 198 oncology drugs approved between 1998 and 2022 require biomarker testing prior to use ¹



BIOMARKER TESTING & HEALTH EQUITY

- **Not all communities in Hawaii are benefiting from the latest advances in biomarker testing and precision medicine.**
 - Patients who are older, non-white, uninsured or Medicaid-insured, are less likely to be tested for certain guideline-indicated biomarkers.
 - There are lower rates of testing in community settings versus academic medical centers.

THE BOTTOM LINE

Access to appropriate biomarker testing may help to achieve:

- better health outcomes
- improved quality of life
- reduced costs



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

Insurance coverage for biomarker testing is failing to keep pace with innovation and advancement in treatment.

- Without action, this could increase existing disparities in health outcomes by race, ethnicity, income and geography.

Twenty-three states have recently passed legislation to expand coverage of comprehensive biomarker testing.

In Hawaii:



Of fully insured covered lives are enrolled in a plan with coverage that is more restrictive than National Comprehensive Cancer Network guidelines ⁴

SUPPORTERS OF HAWAII BIOMARKER TESTING LEGISLATION HCR 35 & SCR 76



Patients should be able to get biomarker testing when it is ordered by their doctor and there is sufficient evidence that it can help guide their treatment. **But that's not what's happening today.** As my experience and others show, currently insurers in Hawai'i can limit access to proven and necessary testing. To help future patients avoid the stress and struggle that I've experienced, I'm urging you to support HCR 35 and SCR 76



Natalie Hyman - Kailua, O'ahu

- 1 Suehnholz SP, Nissan MH, Zhang H, et. al. Quantifying the Expanding Landscape of Clinical Actionability for Patients with Cancer. Cancer Discov. 2023.
- 2 The Evolution of Biomarker Use in Clinical Trials for Cancer Treatments: Key Findings and Implications. Personalized Medicine Coalition, 2019.
- 3 ACS CAN. "Survey Findings Summary: Understanding Provider Utilization of Cancer Biomarker Testing Across Cancers." December 2021.
- 4 Wong WB, Anina D, Lin CW, and Adams D. Alignment of health plan coverage policies for somatic multigene panel testing with clinical guidelines in select solid tumors. Per Med 2022; 10.2217/pme-2021-0174.

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