

2023 Hawaii 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. The American Cancer Society Cancer Action Network (ACS CAN) will work with the Hawai'i State Legislature on legislative and regulatory efforts to help fund needed research, adequate access to healthcare, and to support local control. We will be making the following fact-based policies a priority and ask for your support:

Cancer Research: HB1301 HD1

Cancer is the leading cause of death among Asian Americans and the second-leading cause among Native Hawaiian and other Pacific Islander individuals. All individuals should have equitable access to quality cancer care and an equal opportunity to live a healthy life. To aid in future research to improve health outcomes and decrease cancer disparities, we are asking the legislature for \$1 million over two years to fund a multi-ethnic cohort study by the University of Hawaii Cancer Center of Native Hawaiians, Pacific Islanders and Asian groups including Filipinos to provide data on the contributing factors to health disparities that currently exist.

Ensuring Access to Quality Care: SB1038 SD2, HB907 HD2

Telephonic Telehealth: ACS CAN will support legislation to improve access to audio-only telehealth to help ensure that cancer patients and cancer survivors have access to appropriate medical specialists they may need. ACS CAN recognizes that telehealth increases access to quality cancer care among populations that are underserved (e.g., residents of rural communities, individuals with limited income, patients with low health literacy, and people of color). It is especially important for access to healthcare services in rural areas or areas on the neighbor islands with limited broadband access. Audio only telehealth can improve health equity and outcomes.

Local Control: Tobacco Prevention and Control: SB1447 SD1

Local governments are uniquely positioned to meet the needs of the people in their communities. ACS CAN supports the ability of counties to pass laws that are proven to promote good health, well-being, and equality for cleaner, safer, healthier communities. ACS CAN supports repealing tobacco preemption to allow counties the ability to enact ordinances regulating the sale of tobacco products.

Non-profit Fundraising: SB667 SD2

Non-profit organizations rely on fundraising efforts to use for mission related purposes. The American Cancer Society uses funds raised through social galas and other events for cancer research grants, patient services, cancer information through the website and 24-hour hotline, and to support the operations of the Clarence T.C. Ching Hope Lodge Hawai'i, which provides free lodging for cancer patients and caregivers travelling to O'ahu for treatment. ACS CAN supports exempting the general excise tax from gross receipts from fundraising events to further the mission to save lives, celebrate lives, and lead the fight for a world without cancer.

For more information, contact: Cynthia Au, Hawaii Guam Government Relations Director, ACS CAN
Cynthia.Au@cancer.org/808.460.6109

American Cancer Society Cancer Action Network | 2370 Nu'uuanu Avenue | Honolulu, HI 96817

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Health Care

Researchers Hope Hawaii Lawmakers Fund Cancer Research This Year

A new study would seek to get to the bottom of why Native Hawaiians, Filipinos and Pacific Islanders face high rates of many cancers.



By Anita Hofschneider    / January 31, 2023

 Reading time: 4 minutes.



The Legislature is facing a myriad of requests for funding during this year's session, but researchers at the University of Hawaii Cancer Center hope one in particular rises to the top.

[House Bill 1301](#) would fund a new study to analyze cancer disparities among Native Hawaiians, Pacific Islanders and Filipinos in Hawaii.

Twenty-two legislators signed onto the bill which was introduced primarily by Rep. Cory Chun, a former lobbyist for the American Cancer Society. Chun said the bill would help researchers get started on what's known as a multiethnic cohort study, and make it easier for them to justify requests for federal funding after the study has launched.

Lani Park, an associate professor specializing in cancer epidemiology at the University of Hawaii; and Alike Maunakea, associate professor at the Institute for Biogenesis Research at the university, would serve as principal investigators on the study.

Park said the data gleaned from the study could help improve health equity in Hawaii, adding that it's an injustice for one population to be at higher risk of a disease.



Researchers at the University of Hawaii Cancer Center hope to get to the bottom of disparities facing Native Hawaiians, Pacific Islanders and Filipinos. (Cory Lum/Civil Beat/2015)

"We can't improve our strategies for prevention if we don't fully understand what is causing those unequal burdens," she said. There could also be financial cost-savings to the community as well, she said, when diseases are better prevented.

She thinks it's a good time to address health inequities given how they've been highlighted during the pandemic, and how President Joe Biden's administration recently committed to improving equity for Asian Americans, Native Hawaiians and Pacific Islanders nationally.

This wouldn't be the first multiethnic cohort study in Hawaii. Loic Le Marchand, a professor in cancer epidemiology at UH, is the current principal investigator on a study that started in the 1990s in partnership with the University of Southern California. The study included 215,000 participants across five racial groups: whites, Japanese Americans, Native Hawaiians, African Americans and Latinos.

The data has helped fuel over 1,000 peer-reviewed studies, Le Marchand said. For example, the study enabled researchers to conclude higher rates of colorectal cancer among Japanese Americans in Hawaii may be caused by exposure to chemical carcinogens via smoking and red meat consumption.

Le Marchand thinks the time is right to launch a new study that also includes communities like Pacific Islanders, whose health disparities are well-known but experience major data gaps.

All three communities in the new study were hit hard by the coronavirus pandemic in Hawaii — [Pacific Islanders](#) and [Filipinos in Hawaii](#) got sick at high rates particularly during the first wave of the pandemic, while Covid-19 infection rates among Native Hawaiians [rose during the Delta surge](#).

"Ethnic disparities have come to the forefront due to the pandemic and in a sense that really pushed us to try to move this project forward," Le Marchand said.

Le Marchand said that in an ideal world, the Legislature would appropriate \$500,000 per year over two years to fund the study, enabling researchers to recruit at least 40,000 participants.

"Those studies are expensive and will take time but I think they are very useful because those populations will not be studied if we are not doing it in Hawaii," he said.

The issue is personal for Maunakea, who grew up on Hawaiian homesteads in Nanakuli. The researcher said he and Park plan to bring on board community partners and hope to inspire more young people to enter the health care field.

He added studies like this can help shape public policy, public health practices and other types of interventions that could help not only his own community but Hawaii's communities in general.

The measure has been referred to the House Committee on Health and Homelessness and House Finance Committee. Rep. Della Au Belatti, who leads the health committee, hasn't yet scheduled a hearing for the bill but is one of its many cosponsors.

The funding will ultimately be largely up to Rep. Kyle Yamashita and Sen. Donovan Dela Cruz, who lead the money committees in the House and Senate. Neither were available for comment Monday afternoon. Maunakea said getting to the bottom of high cancer rates is particularly urgent given that some cancer disparities are increasing in Hawaii, such as stomach cancer rates among Native Hawaiians.

"It's not just going to go away by itself," he said of disparities. "We really need to understand the data and how we can use that information to enrich our lives and reduce the risks for these conditions to happen in the first place."

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About the Author

Advancing Health Equity in Cancer Care Through Telehealth



Research shows that while overall cancer mortality rates in the U.S. are dropping, populations that have been marginalized are bearing a disproportionate burden of preventable death and disease. And despite notable advances in cancer prevention, screening, and treatment, not all individuals benefit equitably from this important progress.

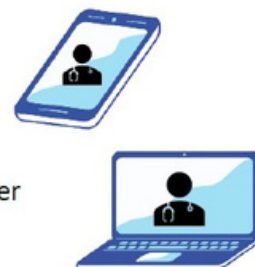
For example, we know that:

- Hispanic, Latinx, American Indian, and Alaskan Native adults are least likely to have a usual place to go for medical care;
- Individuals living in the South and Midwest are less likely to have been screened for colorectal cancer than those in the Northeast and Mid-Atlantic;
- Low-income cancer patients who live in non-Medicaid expansion states are 3.5 times more likely to be uninsured, and thus less likely to receive early stage diagnosis of lung, breast and, colorectal cancers; and
- Individuals from low-income households are less likely to be included in clinical trials.

Health Equity in Cancer Care

Everyone should have a fair and just opportunity to prevent, find, treat, and survive cancer.

Telehealth can help to reduce these disparities and improve health outcomes for all individuals, regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status, or zip code by providing cancer patients with a means of accessing both cancer care and primary care. Advancements in telehealth have allowed for many face-to-face encounters with patients and their health care providers to be supplemented by or, in some cases, substituted with visits that enable providers to deliver clinical services from a distance using options like video conferencing and remote monitoring.



The use of appropriate telehealth services for cancer patients in under-resourced communities can advance health equity through:



Mitigating transportation barriers faced by rural communities or individuals who lack reliable transportation to medical care



Extending the reach of navigation services so that more patients get access to resources that help eliminate other barriers to care

Increasing access to specialty care that may not be available near an individual's home



Alleviating barriers related to taking off from work or finding childcare to attend medical appointments



Preserving Local Control of Public Health Policies – Critical for Strong Public Health Policies

Many important public health policies are often developed and passed at the local level. Communities are also able to advance health equity when they can pass specific public health policies aimed at addressing local health disparities. But preemption—when a higher level of government revokes local authorityⁱ—can restrict local policymakers’ ability to pass, implement, and enforce innovative and proactive public health policies. States should be able to set a minimum standard for public health protections, but they should not pre-empt local governments from going above and beyond that minimum standard.

Why is Preserving Local Control of Public Health Policies Essential?

Regulating the sale of tobacco products and increasing the price of sugary drinks to support healthy eating choices are examples of the role public health policies can play to protect public health. In many cases, these efforts began at the local level and advocates learned over time how to improve these laws at the local level to make them as effective and impactful as possible. Allowing local governments to introduce and pass public health policies that best fit their communities is critical to advancing best practices across the country. Passing public health policies at the local level creates an opportunity for community debate, education, and engagement. This process fosters a broader, deeper understanding of the goals and importance of these public health approaches among local communities and can result in more sustainable, effective policies across issue areas.

The Negative Consequences of Preemption

Where states have passed preemption over public health policies, localities have been severely limited in their public policy options for achieving intended outcomes. Policies preventing local control are frequently requested by special interests. In fact, preemption has been shown to historically harm people of color, people with disabilities, individuals with limited-incomes, and individuals who identify as LGBTQ+.ⁱⁱ Once preemption is put in place, it is nearly impossible to remove^{iii,iv} and so preemption defense should be a consideration when pursuing public health campaigns.

Floor Preemption vs. Ceiling Preemption

Laws, rules, and regulations are passed, enacted, and implemented at the local, state, and federal level. Generally, the term “preemption” refers to a legal doctrine that prevents a lower level of government from regulating a particular issue. For example, a state law could preempt or block a municipality from passing an ordinance specifically tailored to address their community’s needs. There are two predominate types of preemption laws – “ceiling preemption” and “floor preemption.” “Ceiling preemption” occurs when the state government enacts a law revoking or invalidating the authority of the local government preventing their ability to regulate a specific public health issue beyond or differently than outlined in the state law. While “floor preemption” is where the state law establishes a minimum standard and allows local governments to pass more rigorous requirements.^v Floor preemption can be an effective tool in public health policy whereby everyone receives equal protection across the state, but local communities still have the power to pass policies that go above and beyond the minimum standard.

ACS CAN's Position

As a local, state and federal advocate, the American Cancer Society Cancer Action Network (ACS CAN) supports each level of government's ability to implement policies to protect the public's health. To reduce suffering and death from cancer effectively, we must preserve the right of local governments to pass public health policies that are as strong or stronger than state and federal laws.

References

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