

April 7, 2009

Committee on Consumer Protection & Commerce  
Representative Robert Herkes, Chair  
Representative Glenn Wakai, Vice Chair

**Hearing:**

3:00 P.M. Wednesday, April 8, 2009  
Hawaii State Capitol, Room 325

**RE: HCR109 & HR88, Requesting a State Auditor's Study**

**Testimony in Strong Support**

Chair Herkes, Vice Chair Wakai, and members of the Committee on Consumer Protection & Commerce. Thank you for the opportunity to testify in strong support of these resolutions, which would direct the state auditor to study/assess the social and financial impact of required health insurance coverage for colorectal cancer screening using colonoscopy.

Colorectal cancer is the third most common cancer in the United States. 154,000 new cases were diagnosed in 2007. With almost 50,000 deaths a year, it is the second leading cause of cancer deaths among men and women. In Hawaii, over 700 of our residents will develop colon cancer and approximately 210 will die. **The real tragedy is that many of these cancer cases and deaths occur needlessly, as they could be prevented if more people took advantage of regular colorectal cancer screening.** When colorectal cancer is diagnosed at the earliest stage the five year survival rate is 90%. After the cancer spreads, the five year survival rate plunges to 10%. The pain and suffering due to cancer diagnosis can be completely prevented through the early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings. **It is imperative that barriers to screenings be eliminated!**

The most recent figures show that 53.7% of Hawaii residents over the age of 50 report having a colorectal cancer screening exam (FOBT or Sigmoidoscopy/Colonoscopy). While there are many reasons for low rates of colorectal cancer screening, insurance coverage is a contributing factor. Studies from across the nation have shown that limits on covered benefits impede an individual's ability to benefit from early detection of/or screening for cancer. Furthermore, primary care physicians often do not refer people for tests if they believe those tests are not covered benefits.

Today 25 states offer mandated colorectal cancer screening coverage. Analysis conducted by the Society shows that colorectal cancer screening rates have risen faster and are significantly higher in states that have enacted colorectal cancer screening legislation. As more state pass colorectal cancer screening coverage laws, more Americans will surely benefit from these life saving exams.

The cost of treating colorectal cancer varies. When detected early the cost is between \$30,000 and \$35,000. If detected late the average cost is in excess of \$100,000. The cost for providing colorectal cancer screening is extremely low when compared to the cost of treatment. **The per member per month cost of colonoscopy every 10 years is 55¢, while the per member per month cost of a fecal occult blood test or flexible sigmoidoscopy performed annually is 66¢.**

We strongly encourage this committee to vote to pass these resolutions. We are confident that the state auditor will conclude that providing this coverage is cost effective, and that it will save lives. **Let's put this cancer in the medical history books,** by eventually offering colonoscopy cancer screenings to everyone.

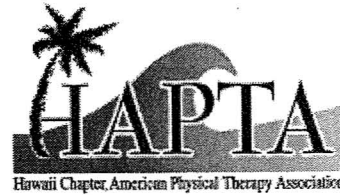
Mahalo for giving me the opportunity to provide testimony in very strong support of these resolutions.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Massengale", written in a cursive style.

George Massengale, JD  
Director of Government Relations

**Testimony by:  
Cheri Teranishi-Hashimoto, DPT**



**HCR 109/HR 88, Requesting the Auditor to Assess the  
Social And Financial Effects of Requiring Health Insurance Coverage for Colonoscopy  
Colorectal Cancer Screening**

**Hse CPC, April 8, 2009**

**Room 325, 3:00 pm**

**Position: Support**

**Chair Herkes, and Members of the House CPC Committee:**

I am Cheri Teranishi-Hashimoto, D.P.T., and a member of HAPTA's Legislative Committee. The Hawaii Chapter – American Physical Therapy Association (HAPTA) is comprised of 300 member physical therapists and physical therapist assistants employed in hospitals and health care facilities, the Department of Education and Department of Health systems, and private practice. Our members represent Hawaii at the national American Physical Therapy Association and are delegates for Pediatrics, Women's Health, Parkinson's Disease and other issue sections. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

HAPTA strongly supports HCR 109/HR88, which is a pre-requisite for mandating health insurance coverage for a specific health service. Colorectal cancer is the 3rd most common form of cancer, and it is the 2nd leading cause of cancer related death in the western world. The American Cancer Society 2008 Report states that the estimated new cancer cases and deaths in the U.S. pertaining to the colon/rectal regions were: 151,880 new cases and 50,640 estimated deaths.

The good news is that colorectal cancer is highly curable through early detection and treatment in the early stages, as with most cancers detected by screens (e.g., mammograms for breast cancer) that are covered by insurance carriers. However, only 21 states have laws mandating colonoscopy coverage, and other states usually cover colonoscopies if there are symptoms that warrant a screen.

According to the 2007 Colorectal Cancer Legislation Report Card, Hawaii was given an "F" rating, which means we do not have legislation in place that requires insurance providers to cover preventative colorectal cancer screenings.

Treatment of colorectal cancer can vary: surgery, chemotherapy, or radiation. After treatment, the individual may experience fecal incontinence (inability to control bowel movements). These individuals that experience fecal incontinence may be treated by a physical therapist trained in pelvic floor rehabilitation. When colorectal cancer is caught in the earlier stages there may be a decrease risk of damage to the anal sphincter and pelvic floor region through surgical interventions, radiation and other treatment options pursued.

I may be reached at 432-5872 if there are any questions. Thank you for the opportunity to present testimony.

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