



March 25, 2009

Committee on Health  
Representative Ryan Yamane, Chair  
Representative Scott Nishimoto, Vice Chair

**Hearing:**

10:00 A.M. Friday, March 27, 2009  
Hawaii State Capitol, Room 329

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

**Testimony in Strong Support**

Chair Yamane, Vice Chair Nishimoto, and members of the Committee on Health. 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/Colonscopy). 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,



George Massengale, JD  
Director of Government Relations

Testimony of  
Phyllis Dendle  
Director of Government Relations

Before:  
House Committee on Health  
The Honorable Ryan I. Yamane, Chair  
The Honorable Scott Y. Nishimoto, Vice Chair

March 27, 2009  
10:00 am  
Conference Room 329

**Re: HCR 109      REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND  
FINANCIAL EFFECTS OF REQUIRING HEALTH INSURANCE  
COVERAGE FOR COLONOSCOPY COLORECTAL CANCER  
SCREENING.**

Chair Yamane and committee members thank you for this opportunity to provide testimony on HCR 109 which requests the auditor to assess the social and financial effects of requiring health insurers to offer coverage for screening colonoscopies.

**Kaiser Permanente Hawaii supports this resolution and requests an amendment. We request that as part of this assessment the Auditor review the guidelines recommended by the federal government via the U.S. Preventive Services Task Force (USPSTF), in the Agency for Health Care Research and Quality, US Department of Health and Human Services.**

Kaiser Permanente's position on proposed legislative mandates of health coverage is that they are usually not a good idea, for several reasons:

1. First, because they generally tend to raise the cost of delivering health care, thereby resulting in higher premiums and increased cost to the purchasers and payors of health plan coverage, whether they be employer groups or individuals;

2. Second, because they often tend to dictate how medicine should be practiced, which sometimes results in medicine that is not evidence based and usurps the role and expertise of the practicing physician and other health care professionals who provide medical treatment and services; and
3. Finally, because they often lock in statutory requirements that become outdated and do not keep pace with the ever evolving and advancing fields of medicine and medical technology.

Accordingly, Kaiser supports requesting the legislative auditor to conduct an impact assessment report, as required pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for the opportunity to comment.