

SCR 106

**Measure
Title:**

**REQUESTING THE AUDITOR TO ASSESS
THE SOCIAL AND FINANCIAL EFFECTS OF
REQUIRING HEALTH INSURERS TO
PROVIDE COVERAGE FOR WEIGHT
MANAGEMENT AND OBESITY
PREVENTION FOR CHILDREN.**

**Report
Title:**

**Auditor Study; Health Insurance;
Coverage; Obesity Prevention**

Testimony of
Phyllis Dendle
Director Government Relations

Before:
Senate Committee on Health
The Honorable David Y. Ige, Chair
The Honorable Josh Green M.D., Vice Chair

April 1, 2009
2:45 pm
Conference Room 016

**SCR 106 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND
FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO
PROVIDE COVERAGE FOR WEIGHT MANAGEMENT AND OBESITY
PREVENTION FOR CHILDREN**

Chair Ige and committee members, thank you for this opportunity to provide testimony on this resolution which requests that the Legislative Auditor perform a sunrise study on requiring health insurance plans to offer coverage for weight management and obesity prevention for children less than 16 year of age.

Kaiser Permanente Hawaii supports this measure.

The office of the surgeon general recently reported that to date more than 12.5 million children and adolescents are overweight. That is 17.1 percent of people ages 2 to 19 years in the United States. As they grow older, overweight children and adolescents are more likely to have risk factors associated with cardiovascular disease such as high blood pressure, high cholesterol, and Type 2 diabetes. Overweight adolescents have a 70 percent chance of becoming overweight or obese adults.

This proposed mandate may assist in reducing the number children and adolescents whose health is compromised by obesity.

Thank you for your consideration.



March 31, 2009

Committee on Health
Senator David Ige, Chair
Senator Josh Green, MD, Vice Chair

Hearing:

2:45 P.M., Wednesday, April 1, 2009
Hawaii State Capitol, Room 016

RE: SRC106, Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Coverage For Weight Management and Obesity Prevention in Children

Testimony in Strong Support

Chair Ige and Vice Chair Green, and members of the Committee on Health. My name is George Massengale and I am here today on behalf of the American Cancer Society Hawaii Pacific Inc. Mahalo for the opportunity to testify in strong support of SCR106.

The American Cancer Society Hawaii Pacific Inc., was founded in 1948, and is a community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. This also includes advocating for public health measures that address the underlying risk factors of cancer.

Statistics from the Centers for Disease Control and Prevention estimate that 61 percent of all Americans are overweight or obese. Most Americans, by now, are aware of the better known health risks associated with weight gain, such as cardiovascular disease and diabetes. **The results of a recent survey by the American Institute for Cancer Research (AICR) show that only about one in four individuals knew that obesity was also a cancer risk.**

According to the AICR, obesity increases the likelihood of developing the following cancers by 25 to 33 percent:

- Breast (post-menopausal)
- Colon
- Endometrial
- Esophageal
- Kidney, and
- Prostate.

Several weeks ago the American Cancer Society's peer-reviewed journal **CANCER** reported on a very recent study, that among women who have never used menopausal hormone therapy, **obese women are**

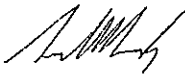
at an increased risk of developing ovarian cancer compared with women of normal weight. Thus we need to add ovarian cancer to the AICR list.

The Society's knows that if obesity can be prevented in childhood it will reduce cancer rates latter on, thus driving down our nation's overall incidence of cancer as well as deaths.

We would urge the Health Committee to pass SCR106, for further action by the Senate Way and Means Committee

Thank you for the opportunity to provide testimony in strong support of this resolution.

Very truly yours,

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

George S. Massengale, JD
Director of Government Relations

Testimony by:
Sandie Wood, PT



SCR 106, Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children.

Senate HTH Committee

Wednesday, April 1, 2009, Room 16 – 2:45 pm

Position: Strong Support

Chair Ige and Members of the Senate HTH Committee:

I am Sandie Wood, P.T., and state pediatric representative for American Physical Therapy Association and member of the Hawaii Chapter – American Physical Therapy Association (HAPTA). 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.

Childhood obesity has risen to 100 percent in the last twenty to thirty years; in fact, one child out of five is considered overweight. The prevalence of type II Diabetes in children has increased more than 75 percent in the last twenty years, and 85 percent of all type II Diabetes cases are attributed to the onset of obesity. Obesity related hospital costs for children have actually tripled in the past twenty years. Physical therapists are often part of the multi-disciplinary team that assists with the management of an obese child, who is diabetic, and has other chronic diseases such as hypertension and poor body movement due to body weight.

We applaud this measure that acknowledges the rapid increase in childhood obesity, and its likely transition to adult obesity resulting in multiple chronic and sometimes fatal diseases such as cardiovascular diseases, hypertension, sleep apnea, stress on joint structures, back problems, and other conditions such as cancers (endometrial, breast, and colon), infertility, liver and gallbladder disease, and osteoarthritis. Healthy habits learned in childhood will have impact on alleviating the cost burden, financially and in the quality of life, of adults who do not become obese.

The auditor's study for mandated coverage for pediatric weight management and obesity prevention is one of many needed approaches. We suggest that such coverage include use of the Hawaii pediatric weight management toolkit, coverage of first and ongoing medical visits as management of lifestyle changes and obesity require ongoing follow up and support, which may include nutrition and physical therapy consultation.

Thank you for the opportunity to provide testimony. I can be reached at (808) 754-0979 if there are any questions.



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Testimony on SCR 106, “Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children”

The American Heart Association (AHA) supports SCR 106.

The AHA acknowledges that addressing child and adolescent overweight and obesity in healthcare is a critical part of reversing the bulging waistlines and the concomitant incidence of chronic disease across the United States. An American Medical Association Expert Committee released in 2007 recommendations on the assessment, prevention and treatment of child and adolescent overweight and obesity. The AHA endorses these recommendations. The evidence base concerning appropriate treatment and prevention options is still evolving, however these recommendations represent the best available science, most effective practice, and soundest methods moving forward.

There is a clear link between childhood obesity and cardiovascular health problems as an adult. Thus, the prevention and treatment of childhood obesity will pay dividends in reducing adult cardiovascular disease and disability, averting healthcare costs and the negative impact of cardiovascular disease and productivity in the workforce. Providers play a key role in the fight against childhood obesity and need to be given the support and training necessary to be effective in the clinical environment and as advocates in their communities.

Obesity prevention programs in children and adolescents have shown success. Providers have embraced multiple clinical resources on childhood obesity, including practice-based toolkits for obesity management while expressing a desire for training and a willingness to advocate for policy change. Training all health care providers is critical to adopting new tools and practices. After brief, cost-effective, multifaceted training, physicians report an increased use of recommended screening and counseling tools and interactive exercises. The AMA recommendations serve as a foundation for future childhood obesity training programs and fill a much needed void in the medical community in terms of consolidated best practices for preventing and treating this epidemic.

Among the AMA recommendations include these for healthcare providers:

Assessment:

1. Healthcare providers should perform, at a minimum, a yearly assessment of weight status in all children.
2. Providers should qualitatively assess dietary patterns, screen time, and physical activity behaviors in all pediatric patients at each well child visit.

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Fax: 808-538-3443

*“Building healthier lives,
free of cardiovascular
diseases and stroke.”*

3. All overweight and obese children should receive a thorough physical examination including BMI assessment, pulse rate and blood pressure measured with a large enough cuff. The following laboratory tests should occur for both the overweight and obese: fasting lipid profile, fasting glucose, aspartate aminotransferase, and alanine aminotransferase. In the obese patient, blood urea nitrogen and creatinine should be assessed.
4. Healthcare providers should obtain a focused family history for obesity, type 2 diabetes, cardiovascular disease (particularly hypertension), and early deaths from heart disease or stroke to assess risk of current or future comorbidities associated with a child's overweight or obese status.

Treatment:

1. For overweight and obese children, treatment should occur in a staged approach based upon the child's age, BMI, related comorbidities, weight status of parents, and progress in treatment: a prevention plus protocol, structured weight management, comprehensive multidisciplinary protocol, and pediatric tertiary weight management. The child's primary caregivers and families should be integrally involved in the process.

The AMA Recommendations should serve as the foundation of the medical community's approach to the prevention and treatment of childhood obesity and should be integrated into all medical settings as well as supporting clinical resources and toolkits. The healthcare marketplace plays a critical role in ensuring the full implementation of these guidelines through the provision of reimbursements to support the full prevention and treatment of childhood obesity, including reimbursement from public and private insurance programs.

The AHA also encourages additional training be made available on the AMA recommendations to both educate and empower providers to help them fulfill their role in addressing the childhood obesity epidemic. Healthcare professionals are central to reversing the epidemic trends of obesity across the United States, not only as providers of care in the clinical environment, but as advocates for community, family and school environments that support healthy lifestyles.

Launch of Landmark Healthcare Initiative

On Feb. 19, the Alliance for a Healthier Generation, a joint initiative of the American Heart Association and the William J. Clinton Foundation, announced the formation of the Alliance Healthcare Initiative, a collaborative effort with national medical associations, leading insurers and employers to offer comprehensive health benefits to children and families for the prevention, assessment, and treatment of childhood obesity.

This effort marks a major step forward in a holistic approach to reduce childhood obesity in the United States. The Alliance Healthcare Initiative will enable healthcare providers to be an active part of the solution to the obesity epidemic by providing children with primary care visits, and visits to registered dietitians as part of their health insurance benefits. Additionally, the Alliance Healthcare Initiative will educate parents about childhood obesity and the expansion of services available to their children as a result of this effort.

This is the first time a group of organizations has worked together to ensure children get the insurance coverage they need to fight obesity and the first time outcomes will be monitored to ensure the benefits are being used. Through this program, doctors will be reimbursed for bringing children back for follow-up visits and for working with them on the adoption of healthy behaviors.

Registered dietitians will also be reimbursed for providing in depth nutrition counseling over multiple visits to those children that are referred by their doctors. By working together, doctors and registered dietitians will help children and their families adopt healthier lifestyle habits to improve their health and weight. Participating companies will have access to materials and resources developed by the Alliance to inform parents about childhood obesity prevention and treatment.

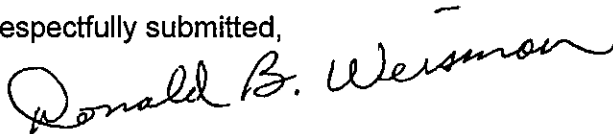
Several health insurance organizations are part of this ground-breaking effort, including **Aetna, Blue Cross and Blue Shield of North Carolina, Blue Cross Blue Shield of Massachusetts and WellPoint**. Major corporations including, **Houston Independent School District, Owens Corning and Paychex** are participating as customers of Aetna. **PepsiCo** has also joined with the Alliance to offer these benefits. And, the **William J. Clinton Foundation** and **American Heart Association** will also offer these benefits to their employees. In addition, the **American Academy of Pediatrics** and the **American Dietetic Association** will collaborate with these organizations to help clinicians provide education, improve care coordination, offer resources to eligible families, and help with recruitment of medical professionals.

During the first year of this program, nearly one million children will have access to this benefit option. The long-term goal of the Alliance Healthcare Initiative is that within the first three years, 25 percent of all overweight children (approximately 6.2 million) will have access to this benefit. It is the AHA's hope that Hawaii's healthcare insurers and companies will consider joining this initiative by offering these benefits to their clients and employees.

The Alliance Healthcare Initiative will enable families to work in collaboration with their primary care physicians, registered dietitians and other healthcare professionals to achieve lifelong health. By helping children to work with their primary care physicians, insurers can facilitate the introduction of benefits designed to keep future healthcare costs low and improve the overall health and well being of children and families.

The AHA hopes that the passage of SCR 106 and subsequent legislation requiring healthcare insurers to reimburse for preventive treatments to combat obesity, especially in children, will help to stem the ever increasing rise in childhood and adult obesity that threatens to further stress the state's healthcare system. It encourages legislators to support SCR 106.

Respectfully submitted,



Donald B. Weisman
Hawaii Communications and Marketing/Government Affairs Director



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March 28, 2009

Committee on Health (HTH), Senator David Y, Ige, Chairman, Senator Josh Green, Vice-Chairman

Day/Date of hearing: Wednesday, 4/01/09

Time of hearing: 2:45 P.M., Location: Room 016

Testimony in Support of SCR 106, Requesting an Auditor's Report

Senators Ige and Green:

SCR 106 requests the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children. Children are those under 19 years of age.

The Institute of Medicine's September 13, 2006 report "**Progress in Preventing Childhood Obesity How Do We Measure Up?**" issued in follow up to the September 30, 2004 "Preventing Childhood Obesity: Health in the Balance" states: "...the best available evidence should be used to develop an immediate response to the childhood obesity epidemic..."

The 2009 Cochrane Collaboration, "**Interventions for treating obesity in children (Review)**" states: "...this review shows that combined behavioural lifestyle interventions compared to standard care or self-help can produce a significant and clinically meaningful reduction in overweight in children and adolescents."

The William J. Clinton Foundation through the Alliance for a Healthier Generation announced on February 19, 2009 a partnership of health insurance companies with dietitians and pediatricians to provide coverage of physician and dietitian services for overweight children.

Hawaii's Pediatricians and dietitians understand that we have an epidemic of childhood obesity which will lead to a tremendous disease burden on our community when these children reach adulthood. Protocols (e.g. The Hawaii Pediatric Weight Management Toolkit, the American Academy of Pediatrics: "Assessment of Child and Adolescent Overweight and Obesity", the American Dietetic Association's Pediatric Weight Management Evidenced-Based Nutrition Practice Guidelines) are available to help guide physician and dietitian intervention. The health care professionals realize the need to evaluate their actions. They are prepared and capable of intervening but are hampered by the lack of health plan payment for their services.

Passage of SCR106 will help build the momentum needed to overcome some of the barriers facing our healthcare professionals and move our community forward towards a healthier environment for our children.

Respectfully:

Galen YK Chock MD

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 26, 2009 10:30 AM
To: HTHTestimony
Cc: mjdror@hawaii.rr.com
Subject: Testimony for SCR106 on 4/1/2009 2:45:00 PM
Attachments: SCR 106 Test.rtf; SCR 106 Amends.rtf

Categories: Blue Category

Testimony for HTH 4/1/2009 2:45:00 PM SCR106

Conference room: 016
Testifier position: support
Testifier will be present: Yes
Submitted by: Jim Drorbaugh, MD
Organization: Keiki Caucus Resource Group
Address: 45-090 Namoku St. Cottage N Kaneohe, HI 96744
Phone: 808-236-2281
E-mail: mjdror@hawaii.rr.com
Submitted on: 3/26/2009

Comments:

Testimony in Support of SCR 106, Requesting an Auditor's Report

SCR 106 requests the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children. Children are those under 19 years age.

Pediatricians and dietitians developed the Hawaii Pediatric Weight Management Toolkit to combat the current **obesity epidemic in children. Clinicians report favorable results in weight management through the use of the Toolkit.** Implementation has been limited because of lack of reimbursement by health insurers, thus depriving overweight children of these needed services.

Additional Information Relative to Senate Bill 794

The Cochrane Collaboration, a reliable source of evidence in health care, in their October, 2008 update of "lifestyle" interventions for children and adolescents found "significant and clinically meaningful reduction in overweight in children and adolescents".

The American Academy of Pediatrics, The Maternal and Child Health Bureau and The Institute of Medicine all recommend use of the BMI and followup to treat overweight children in the clinical setting.

The William J. Clinton Foundation through the Alliance for a Healthier Generation recently announced a partnership of two large health insurance companies with dietitians and pediatricians to provide coverage for preventive services for overweight children.

Amendments

In order to include the above information in SCR 106, we suggest the addition of the following five "Whereases" as an amendment to the resolution.

Whereas The Cochrane Collaboration in a meta-analysis of 54 research studies found that "combined lifestyle interventions compared to standard care or self-help can produce a significant and clinically meaningful reduction in overweight children and adolescents".

Whereas the American Academy of Pediatrics and the Maternal and Child Health Bureau, Health Resources and Services Administration recommend using the BMI for screening with follow-up.

Whereas the Institute of Medicine (IOM) in 2004 called for "immediate action" with protocols "based on the best available evidence opposed to waiting for the best possible evidence".

Whereas protocols similar to the Hawaii Pediatric Weight Management Toolkit are available from American Academy of Pediatrics (AAP), American Dietetic Association (ADA) and others

Whereas the William J. Clinton Foundation through the Alliance for a Healthier Generation announced a partnership of two large health insurance companies with dietitians and pediatricians to provide coverage for preventive services for overweight children.

Thank you for the opportunity to testify in support of SCR 106 with amendments.

Jim Drorbaugh, M.D.
Pediatrician, retired
Member Keiki Caucus Resource Group
Phone: 236-2281
email: mjdror@hawaii.rr.com
3/24/09

Sources of information:

<http://www.cochrane.org/reviews/en/ab001872.html>
<http://www.ahrq.gov/clinic/uspstf05/choverwt/choverrs.htm>
<http://www.aap.org/healthtopics/overweight.cfm>
<http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html>
<http://www.healthiergeneration.org/>

Testimony in Support of SCR 106, Requesting an Auditor's Report

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Pediatricians and dietitians developed the Hawaii Pediatric Weight Management Toolkit to combat the current **obesity epidemic in children. Clinicians report favorable results in weight management through the use of the Toolkit.** Implementation has been limited because of lack of reimbursement by health insurers, thus depriving overweight children of these needed services

This is the substance of SB794 which requires health insurance carriers to reimburse providers for services for overweight and obese children .

The following amendments to SCR 106 provide additional information in support of the need to pass SB 794.

Amendments

Whereas The Cochrane Collaboration in a meta-analysis of 54 research studies found that "combined lifestyle interventions compared to standard care or self-help can produce a significant and clinically meaningful reduction in overweight children and adolescents".

Whereas the American Academy of Pediatrics and the Maternal and Child Health Bureau, Health Resources and Services Administration recommend using the BMI for screening with follow-up.

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Whereas the William J. Clinton Foundation through the Alliance for a Healthier Generation announced a partnership of two large health insurance companies with dietitians and pediatricians to provide coverage for preventive services for overweight children.

The website for the Healthier Generation Alliance invites insurance companies and employers to join the partnership. Certainly those insurance companies which join will be among the leaders in assisting our children to a healthy lifestyle.

These are our "whereas" amendments. We also support a whereas for the inclusion of registered dietitians as needed providers of services for overweight and obese children.

It is our hope that the Auditor will give a favorable report so that SB 794 may be passed next session and more overweight children will thereby receive services leading them to a healthy lifestyle for life.

Thank you for the opportunity to testify in support of SCR 106 with amendments.

Jim Drorbaugh, M.D.
Pediatrician, retired
Member Keiki Caucus Resource Group
email: mjdror@hawaii.rr.com
3/31/09

Sources of information:

<http://www.cochrane.org/reviews/en/ab001872.html>
<http://www.ahrq.gov/clinic/uspstf05/choverwt/choverrs.htm>
<http://www.aap.org/healthtopics/overweight.cfm>
<http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html>
<http://www.healthiergeneration.org/>

Person submitting testimony: Nicole Angelique Kerr, MPH, RD
Measure: SCR106, Requesting an Auditor's report.
Committee: Committee on Health (HTH)
Senator David Y, Ige, Chairman
Senator Josh Green, Vice-Chairman
Day/Date of hearing: Wednesday, 4/01/09
Time of hearing: 2:45 P.M.
Location (conference room number): Room 016

Testimony in Support of SCR 106, Requesting an Auditor's Report

SCR 106 requests the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children. Children are those under 19 years age.

Hawaii pediatrician, Dr. Galen Chock, and I (through a grant by the HMSA Foundation) developed the Hawaii Pediatric Weight Management Toolkit as a Stage 1 intervention to combat the current **obesity epidemic in children**. **Clinicians report favorable results in weight management through the use of the Toolkit.** Implementation has been severely limited because of lack of reimbursement by health insurers, thus depriving overweight children of these needed services.

The recent announcement by the William J. Clinton Foundation through the Alliance for a Healthier Generation of two large health insurance companies utilizing registered dietitians and pediatricians to provide coverage for preventive services for overweight children demonstrates the direction we need to go with this disease.

As I mentioned in my testimony below, I have worked in this field for the past 20 years and if we do not start paying our providers to treat this disease this may be the first generation of kids that does not outlive their parents.

Thank you for your consideration for this important request.

Nicole Angelique Kerr, MPH, RD

Per my testimony to Senate Bill 794

Childhood obesity is one of the most pressing public health issues today and has become the most common chronic disease in childhood. Specifically, it is associated with the growing incidence of type II diabetes, poor self-esteem, and poor health as adults. The latest NHANES survey, from 2003 to 2005, reported that an estimated 16.3% of American children 2-19 years of age were

overweight or obese. Although Hawaii is known to be one of the healthiest states in the country, recent data suggests that the obesity problem among Hawaii's children may be even more critical than other states. A population based study of children entering kindergarten in Hawaii from 2002 to 2003 showed that 28.5% were either overweight or obese (Pobutsky et al 2007). Additional reports suggest that the problem may be worse among some ethnic and socio-economic groups. A study of preschool children in Hawai'i, 27% of Samoan children 2-4 years old were overweight compared with 12.4% of Filipino children (Baruffi et al, 2005).

Pediatricians and family physicians are in contact with children and families multiple times in a child's life. Since the pediatrician is usually the first line of intervention with a child's health, anticipatory guidance from pediatricians and family physicians is likely to offer an effective intervention to evaluate, treat and prevent obesity. If these children are treated in childhood, the health risks they face as adults may be prevented.

In response to this worsening epidemic, Dr. Galen Chock (President of the American Academy of Pediatrics-Hawaii Chapter) and myself, with a grant from the HMSA Foundation co-wrote the Hawaii Pediatric Weight Management Toolkit (HPWMT). The HPWMT is an evidence-based resource for physicians that can serve as a framework to assess, counsel and manage children who are overweight or obese. Toolkit materials were developed around evidence-based guidelines, adapted to address some of the unique cultural eating habits of Hawaii's families, then evaluated by parent and physician focus groups. In November 2007 the HPWMT was presented to the Hawaii's pediatric community and since then over 285 physicians and healthcare providers (nurses and registered dietitians) have been trained on the use of the materials. The response was overwhelmingly positive.

The major barrier to implementation cited by these healthcare professionals is lack of payment for medical and dietary services by insurance companies.

Economics are such that the health care a child receives depends on the coverage his/her health care insurance will pay for and at the present time none of Hawaii's health care insurers cover any physician-patient interaction if the primary diagnosis is obesity. "Obesity" needs to be recognized by insurers as a chronic disease in need of medical evaluation and treatment in the same way "asthma" and "diabetes" are identified, evaluated and treated.

I have worked in this field for the past 20 years and if we do not start paying our providers to treat this disease this may be the first generation of kids that does not outlive their parents.

The purpose of SB794 is to enable physicians and health insurance companies to partner in providing the much needed identification, evaluation, treatment and follow-up services to overweight and obese children.

This bill is not about doctors or insurers. It is about enabling medical providers to deliver needed medical services to children and adolescents who are afflicted with the chronic disease state of overweight and obesity

Thank you for your consideration of this important bill.

Nicole Angelique Kerr, MPH, RD

Person submitting testimony: Nicole Angelique Kerr, MPH, RD
Measure: SCR106, Requesting an Auditor's report.
Committee: Committee on Health (HTH)
Senator David Y, Ige, Chairman
Senator Josh Green, Vice-Chairman
Day/Date of hearing: Wednesday, 4/01/09
Time of hearing: 2:45 P.M.
Location (conference room number): Room 016

Amendment to Testimony in Support of SCR 106, Requesting an Auditor's Report

Please add the following amendment to my testimony previously submitted:

WHEREAS, the registered dietitian provides medical nutritional therapy, nutrition and healthy lifestyle education, and resources to children and families and supports the pediatrician.

Person submitting testimony: Zale M. Hisashima, RD
Measure: SCR106, Requesting an Auditor's report.
Committee: Committee on Health (HTH)
Senator David Y, Ige, Chairman
Senator Josh Green, Vice-Chairman
Date of hearing: Wednesday, 4/01/09
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Whereas the Institute of Medicine (IOM) in 2004 called for "immediate action" with protocols "based on the best available evidence opposed to waiting for the best possible evidence".

Whereas protocols similar to the Hawaii Pediatric Weight Management Toolkit are available from American Academy of Pediatrics (AAP), American Dietetic Association (ADA) and others

Whereas the William J. Clinton Foundation through the Alliance for a Healthier Generation announced a partnership of two large health insurance companies with dietitians and pediatricians to provide coverage for preventive services for overweight children.

Thank you for the opportunity to testify in support of SCR 106 with amendments.

Zale M. Hisashima, RD
Phone: (808) 522-3339
zale.hisashima@kapiolani.org
3/31/09

Sources of information:

<http://www.cochrane.org/reviews/en/ab001872.html>
<http://www.ahrq.gov/clinic/uspstf05/choverwt/choverrs.htm>
<http://www.aap.org/healthtopics/overweight.cfm>
<http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html>
<http://www.healthiergeneration.org/>

Wednesday – April 1, 2009 - Conference Room 016 – 2:45 pm

The Senate Committee on Health

To: Senator David Y. Ige, - Chair
Senator Josh Green, MD - Vice Chair

From: Susan LaFontaine
Director of Rehab Services
Kapi'olani Medical Center for Women & Children

RE: Testimony in Strong Support of SCR 106

Requesting the auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children

My name is Susan LaFontaine and I am the Director of Rehabilitation Services at Kapi'olani Medical for Women & Children. The Kapi'olani Medical Specialists are an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

I am writing in strong support of SCR 106 as a first step in assessing the social and financial effects of requiring health insurers to provide coverage for pediatric weight management. SCR 106 will allow a close review of the scientific literature that supports the use of lifestyle interventions such as the Hawaii Pediatric Weight Management Toolkit as an effective, structured approach to pediatric obesity.

Due to the urgency for the implementation of effective strategies in Hawaii to support families in the prevention of obesity and the promotion of healthy lifestyles, we strongly agree with the Institute of Medicine's call for immediate action based on the best available as opposed to the best possible evidence.

We ask that you pass and adopt SCR 106. Thank you.

Testimony in Support of SCR 106

From: Donna Chun, President, Hawaii Association for Health, Physical Education, Recreation and Dance

Measure: SCR106, Requesting an Auditor's report.

Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green, Vice-Chairman

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice-Chair

Hearing: Wednesday, April 1, 2009 @2:45pm, Room 16

Dear Senators:

I wish to submit testimony in support SCR 106

Incidence of childhood overweight and obesity has doubled in the past two decades in the US. Currently, 15% of 6 – 11 year olds and 12– 19 year olds in the U.S. are at or above the 95th percentile for BMI (body mass index) and diagnosed as obese.

Hawaii, likewise, is also experiencing an epidemic of physical inactivity and poor nutrition leading to an epidemic of pediatric obesity. The percentage of 6-11 year old children of Hawaiian ancestry and of non-Hawaiian ancestry above the 95th percentile is 26% and 20% respectively. Compared to mainland data, Hawaii children ages 12-19 years also have a higher incidence of obesity.

The Hawaii Association of Health, Physical Education, Recreation and Dance (HAHPERD) recently met in 2008 with the Hawaii Chapter of the American Academy of Pediatrics (HAAP) and established a collaborative project focused on childhood obesity in Hawaii. With the recent development of The Hawaii Pediatric Weight Management Toolkit by HAAP, HAHPERD has agreed to work with three or four select schools on Oahu in a pilot study developing, monitoring and assessing the physical activity program of these children. All children in the study will be tested on their height, weight and body mass index. In addition children in the study who are diagnosed as being at risk for obesity will work with a pediatrician for continued monitoring and counseling in regards to their obese problem. Based upon the collaborative efforts of the HAAP and HAHPERD, the pediatrician will work closely with the designated physical education specialist in the school in better diagnosing and evaluating procedures to assist the at risk child in the treatment of the obesity problem.

Support of SCR 106 will enable the Auditor to conduct an assessment report of medical coverage for weight management and obesity prevention for children as provided in S.B. 794 (2009).

Testimony in Support of SCR 106

From: Lynn Tagami, President-Elect, Hawaii Association for Health, Physical Education, Recreation and Dance

Measure: SCR106, Requesting an Auditor's report.

Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green, Vice-Chairman

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice-Chair

Hearing: Wednesday, April 1, 2009 @2:45pm, Room 16

Dear Senators:

I wish to submit testimony in support SCR 106

I have been teaching for over 20 years in physical education in Hawaii. I have seen students who are obese that need help in order to live a normal life. I had a student who was morbidly obese at nine when he first started in my school. His parents did not have the knowledge or resources to help him. By the time he was 19 he was over 800 lbs. He passed away last year at age 19 with obesity related problems. He needed to get help instead he had a doctor that limited his activity and parents that did not understand the problem as life threatening. He will not come back but I do not want to see this happening again. If doctors, dieticians, counselors, and physical educators can get involved early we have a chance to save our children from this possible fate.

Support of SCR 106 will enable the Auditor to conduct an assessment report of medical coverage for weight management and obesity prevention for children as provided in S.B. 794 (2009).

Person submitting testimony: Kristine Wallerius Cuthrell, MPH, RD
President, Hawaii Dietetic Association
Measure: SCR106, Requesting an Auditor's report.
Committee: Committee on Health (HTH)
Senator David Y, Ige, Chairman
Senator Josh Green, Vice-Chairman
Day/Date of hearing: Wednesday, 4/01/09
Time of hearing: 2:45 P.M.
Location Room 016
Email address: HTHTestimony@capitol.hawaii.gov

Testimony in Support SCR 106, Requesting an Auditor's Report

This testimony is on behalf of the Hawaii Dietetic Association (HDA), an affiliate of the American Dietetic Association. The HDA represents over 300 registered dietitians in the State of Hawaii.

SCR 106 requests the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children under 19 years age.

According to HMSA's *Health Trends Hawaii*: Hawaii's rate of overweight individuals increased 25 percent between 1990 and 2007, and the rate of obesity increased 2.4 times (1990: 9.1 percent; 2007: 21.7 percent).

In 2007, one in every three adults was overweight and one in five was obese. Being overweight and obese substantially raises the risks of developing health problems such as high blood pressure; type II diabetes; heart disease; and breast, colon, and prostate cancers. They also are major contributors to preventable causes of death.

In addition to increased health risks, the total US costs (medical costs and lost productivity) for obesity alone were estimated at \$99 billion in 1995.¹

By addressing childhood obesity with early intervention from a trusted medical source, we have the opportunity to avoid the tremendous costs associated with our rising rates of diabetes, hypertension, cardiovascular disease, and other obesity-related chronic conditions.

Dr. Galen Chock (President of the American Academy of Pediatrics-Hawaii Chapter) and Nicole Kerr (MPH, RD), with a grant from the HMSA Foundation co-wrote the Hawaii Pediatric Weight Management Toolkit (HPWMT). The HPWMT is an evidence-based resource for physicians that can serve as a framework to assess, counsel and manage children who are overweight or obese.

Over 285 physicians and healthcare providers (nurses and registered dietitians) have been trained on the use of the materials. The response has been overwhelmingly positive. However, the major barrier to implementation cited by these healthcare professionals is lack of payment for medical and nutrition services by insurance companies.

Economics are such that the health care a child receives depends on the coverage his/her health care insurance will pay for, and at the present time none of Hawaii's health care insurers cover any physician-patient interaction if the primary diagnosis is obesity.

"Obesity" needs to be recognized by insurers as a chronic disease in need of medical evaluation and treatment in the same way "asthma" and "diabetes" are identified, evaluated and treated.

We respectfully ask that you vote in favor of SB109, requesting the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children.

Additionally, we endorse the following suggested "whereas" as an amendment:

WHEREAS, the registered dietitian provides medical nutrition therapy, nutrition and lifestyle education, and is a trained and recognized resource for children and families and supports the pediatrician.

Thank you for your consideration of this testimony.

Kristine Wallerius Cuthrell
President, Hawaii Dietetic Association
kcuthrel@jhsph.edu (808) 389-0770

Person submitting testimony: Sally M. Belles, RD
Measure: SCR106, Requesting an Auditor's report.
Committee: Committee on Health (HTH)
Senator David Y, Ige, Chairman
Senator Josh Green, Vice-Chairman
Date of hearing: Wednesday, 4/01/09
Time of hearing: 2:45 P.M.
Location: Room 016

Testimony in Support of SCR 106, Requesting an Auditor's Report

SCR 106 requests the Auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity prevention for children. Children are those under 19 year's age.

Pediatricians and dietitians developed the Hawaii Pediatric Weight Management Toolkit to combat the current **obesity epidemic in children. Clinicians report favorable results in weight management through the use of the Toolkit.** Implementation has been limited because of lack of reimbursement by health insurers, thus depriving overweight children of these needed services.

Additional Information Relative to Senate Bill 794

The Cochrane Collaboration, a reliable source of evidence in health care, in their October, 2008 update of "lifestyle" interventions for children and adolescents found "significant and clinically meaningful reduction in overweight in children and adolescents".

The American Academy of Pediatrics, The Maternal and Child Health Bureau and The Institute of Medicine all recommend use of the BMI and follow-up to treat overweight children in the clinical setting.

The William J. Clinton Foundation through the Alliance for a Healthier Generation recently announced a partnership of two large health insurance companies with dietitians and pediatricians to provide coverage for preventive services for overweight children.

Amendments

In order to include the above information in SCR 106, we suggest the addition of the following five "Whereases" as an amendment to the

resolution.

Whereas the American Academy of Pediatrics and the Maternal and Child Health Bureau, Health Resources and Services Administration recommend using the BMI for screening with follow-up.

Whereas, the Registered Dietitian provides medical nutrition therapy (MNT), nutrition and healthy lifestyle education, and is a trained and recognized resource for children and families and supports the pediatrician.

Whereas protocols similar to the Hawaii Pediatric Weight Management Toolkit are available from American Academy of Pediatrics (AAP), American Dietetic Association (ADA) and others

Whereas the William J. Clinton Foundation through the Alliance for a Healthier Generation announced a partnership of two large health insurance companies with dietitians and pediatricians to provide coverage for preventive services for overweight children.

Thank you for the opportunity to testify in support of SCR 106 with amendments.

Sally M. Belles, RD
Phone: 522-3837
Sally.belles@straub.net
3/30/09

Resources:

<http://www.ahrq.gov/clinic/uspstf05/choverwt/choverrs.htm>

<http://www.aap.org/healthtopics/overweight.cfm>

<http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html>

<http://www.healthiergeneration.org/>

From: Bryan Mih [bmih@hawaii.edu]
Sent: Monday, March 30, 2009 4:07 PM
To: HTHTestimony
Subject: Measure: SCR106

Categories: Green Category, Blue Category

HTHTestimony@capitol.hawaii.gov

Person submitting testimony: Bryan Mih, MD, MPH
Measure: SCR106, Requesting an Auditor's report.
Committee: Committee on Health (HTH)
 Senator David Y, Ige, Chairman
 Senator Josh Green, Vice-Chairman

Day/Date of hearing: Wednesday, 4/01/09
Time of hearing: 2:45 P.M.
Location (conference room number): Room 016

Dear Committee on Health:

I would like to support measure SCR106 regarding insurance coverage for weight management and obesity prevention in children. As a pediatrician, I see obesity negatively impacting children and their health. There is significant effort and time required to tackle this complex and often frustrating problem. Please consider this measure as one step in ensuring insurance company support for a problem that is the root cause of many health issues that impact our children.

Sincerely,

Bryan Mih, MD, MPH
Treasurer, Hawaii Chapter of the American Academy of Pediatrics (HAAP)
1319 Punahou St, 7th floor
Honolulu, HI 96813