

FEB 02 2009

SENATE CONCURRENT RESOLUTION

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL
EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE PARITY OF
COVERAGE FOR ORAL AND INTRAVENOUS CHEMOTHERAPY.

1 WHEREAS, the American Cancer Society estimates that more
2 than 565,650 people in the United States, including over 2,260
3 people in Hawaii, died of some form of cancer in 2008; and
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5 WHEREAS, the American Cancer Society also reports that
6 approximately 1,437,180 new cases of cancer were diagnosed in
7 2008, including approximately 6,310 new cases in Hawaii; and
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9 WHEREAS, advances in cancer treatment have led to the
10 availability of oral chemotherapy drugs to treat certain types
11 of cancers including breast cancer, colon and colorectal cancer,
12 leukemia, lymphoma, lung cancer, Kaposi's sarcoma, prostate
13 cancer, ovarian cancer, and brain tumor; and
14

15 WHEREAS, oral chemotherapy, which allows a patient to take
16 cancer-fighting drugs by mouth in the form of a pill, capsule,
17 or liquid, may be more effective at fighting certain types of
18 cancer and may cause fewer negative side effects in some
19 patients than traditional intravenous chemotherapy; and
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21 WHEREAS, oral chemotherapy drugs do not require
22 administration in a clinical setting and, therefore, allow a
23 patient to maintain a greater degree of normalcy and
24 independence during treatment than traditional intravenous
25 chemotherapy; and
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27 WHEREAS, oral chemotherapy may be more cost-efficient for
28 many patients than traditional intravenous chemotherapy since
29 oral chemotherapy does not require each dose to be administered
30 by medical personnel in a clinical setting; and
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1 WHEREAS, it is important to ensure that health insurance
2 providers cover all forms of necessary and effective treatment
3 for cancer patients in this State; and
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5 WHEREAS, section 23-51, Hawaii Revised Statutes, requires
6 that "[b]efore any legislative measure that mandates health
7 insurance coverage for specific health services, specific
8 diseases, or certain providers of health care services as part
9 of individual or group health insurance policies, can be
10 considered, there shall be concurrent resolutions passed
11 requesting the auditor to prepare and submit to the legislature
12 a report that assesses both the social and financial effects of
13 the proposed mandated coverage"; and
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15 WHEREAS, section 23-51, Hawaii Revised Statutes, further
16 provides that "[t]he concurrent resolutions shall designate a
17 specific legislative bill that:

- 18 (1) Has been introduced in the legislature; and
- 19 (2) Includes, at minimum, information identifying the:
 - 20 (A) Specific health service, disease, or provider
 - 21 that would be covered;
 - 22 (B) Extent of the coverage;
 - 23 (C) Target groups that would be covered;
 - 24 (D) Limits on utilization, if any; and
 - 25 (E) Standards of care.

26 For purposes of this part, mandated health insurance coverage
27 shall not include mandated optionals"; and
28

29 WHEREAS, section 23-52, Hawaii Revised Statutes, further
30 specifies the minimum information required for assessing the
31 social and financial impact of the proposed health coverage
32 mandate in the Auditor's report; and
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34 WHEREAS, S.B. No. (2009) mandates parity of coverage for
35 oral and intravenous chemotherapy for all individual and group
36 accident and health or sickness insurance policies that include
37 coverage for the treatment of cancer, effective July 1, 2009;
38 and
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40 WHEREAS, the Legislature believes that parity of coverage
41 for oral and intravenous chemotherapy, as provided in S.B. No.
42 (2009), will substantially reduce illness and assist in the
43 maintenance of good health for the people of this State; now,
44 therefore,



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BE IT RESOLVED by the Senate of the Twenty-fifth Legislature of the State of Hawaii, Regular Session of 2009, the House of Representatives concurring, that the Auditor is requested to conduct an impact assessment report, pursuant to sections 23-51 and 23-52, Hawaii Revised Statutes, of the social and financial impacts of mandating parity of coverage for oral and intravenous chemotherapy for all individual and group accident and health or sickness insurance policies that include coverage or benefits for the treatment of cancer, effective as of July 1, 2009 as provided in S.B. No. (2009); and

BE IT FURTHER RESOLVED that the Auditor is requested to submit findings and recommendations to the Legislature, including any necessary implementing legislation, not later than twenty days prior to the convening of the Regular Session of 2010; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Auditor and to the Insurance Commissioner, who, in turn, is requested to transmit copies to each insurer in the State that issues health insurance policies.

OFFERED BY: Josh M...

Shiranne Chun Allan
Randy de Be...
J...
James Mercedes K...



a.h

March 28, 2009

Committee on Commerce and Consumer Protection
Senator Rosalyn Baker, Chair
Senator David Ige, Vice Chair

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

Hearing:

3:15 P.M., Monday, March 30, 2009
Hawaii State Capitol, Room 016

RE: SCR25, Requesting the auditor to assess the social and financial effects of requiring health insurers to provide parity of coverage for oral and intravenous chemotherapy

Testimony in Strong Support

Chairs Baker and Ige, and members of the Committee on Commerce and Consumer Protection, and the Committee on Health. My name is George Massengale and I am here today on behalf of the American Cancer Society Hawaii Pacific Inc. Thank you for the opportunity to testify in strong support of SCR25 which would require the state auditor to conduct a sunrise study on the social and financial impact of mandating health insurance coverage for oral chemotherapy drugs.

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 mission is consistent with the Society's ambitious 2015 goals of slashing the cancer mortality rate by 50%, reducing the incidence of cancer by 25%, and improving the quality of life of cancer patients and survivors by reducing the pain and suffering that cancer causes.

Chemotherapy is the use of medicines or drugs to treat disease. Many times this treatment is called just "chemo." **Surgery and radiation therapy remove, kill, or damage cancer cells in a certain area,** but chemo works throughout the whole body. **Chemo can kill cancer cells that have metastasized or spread to parts of the body far away from the primary (original) tumor.**

There are more than 100 chemo drugs which are used in many combinations. A single chemo drug can be used to treat cancer. But for the most part, the drugs work better when used in certain combinations. Your chemo treatment will likely include more than one drug. This is called *combination chemotherapy*. A combination of drugs with different actions can work together to kill more cancer cells. It can also reduce the chance that the cancer may become resistant to any one chemo drug.

The primary advantage of oral chemotherapy is that it can be taken at home. People who are given chemotherapy by i.v. infusions often spend up to one week out of every month either in the hospital or traveling to and from the hospital to receive their treatment.

In closing, we would note that we strongly supported SB166, providing parity for oral chemotherapy. If that measure were to pass it will accomplish several things. It would give cancer patients additional chemotherapy options. It would, we believe, reduced the out-of-pocket expense associated with cancer treatment which can add thousands of dollars to the overall cost treatment. Finally, because of our unique geography, it would allow many of our residents who at present must travel from neighbor islands to Honolulu for chemotherapy treatment to remain on their own island.

We strongly urge to committee to past SCR25. We are confident that the state auditor will concur that oral chemotherapy is a safe cost effective option that will improve chemotherapy access for all of Hawaii's cancer patients.

Mahalo for the opportunity to provide testimony in strong support of this concurrent resolution.

Very truly yours,



George S. Massengale, JD
Director of Government Relations

March 30, 2009

TO: Senate Commerce and Consumer Protection Committee

Senator Rosalyn H. Baker, Chair

Senator David Ige, Vice Chair

Senate Health Committee

Senator David Ige, Chair

Senator Josh Green, M.D., Vice Chair

FROM: David Derris, D.D.S.

DATE: Friday, March 30, 2009
Conference Room 016
3:15 p.m.

RE: SCR25, Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Parity of Coverage for Oral and Intravenous Chemotherapy

Chairs Baker and Ige and Members of the Committees:

My name is Dr. David Derris, a Director of the not for profit Hawaii Prostate Cancer Coalition. Our organization strongly supports SCR 25, which asks the Auditor to assess the social and financial effects of requiring health insurers to provide parity of coverage for oral and intravenous chemotherapy.

In the treatment of prostate cancer, to enhance the effectiveness of intravenous chemotherapy, oral chemotherapy drugs are also prescribed. Orally administered drugs such as; Prednisone, Thalidomide, Capecitabine are used in combination with the only intravenous chemotherapy drug shown to have survival benefit in prostate cancer, Docetaxel, to improve treatment results. Also, orally administered drugs such as Estramustine, Cyclophosphamide, Etoposide are sometimes used in treating men with advanced prostate cancer.

Many medical studies have demonstrated that a combination of chemotherapy drugs provide a greater treatment response to therapy. Since oral chemotherapy is taken at home, and when orally administered chemotherapy drugs are used as the type of chemotherapy, there is the financial saving of not having hospital or clinic visits to administer chemotherapy intravenously. Also, some patients who live in remote areas find transportation to their appointments for IV chemotherapy difficult to arrange. Additionally, by passing this bill, neighbor island cancer patients will be helped because it can reduce their out-of-pocket expenses associated with having to fly to Honolulu for their chemotherapy treatment and having to stay a day or two before returning home.

I believe this is a good resolution because it provides cancer patients additional treatment options without forcing a greater financial burden onto them. I believe this resolution is a win-win for everyone; the patient, our health care system, and the health insurance carriers.

I respectfully ask that you pass this measure. Thank you for allowing me to provide testimony.

David B. Derris, D.D.S.
Hawaii Prostate Cancer Coalition
2500 Kalakaua Ave. #603
Honolulu, Hawaii 96815



Nursing Advocates & Mentors, Inc.

... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.

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Tina Salvador, RN, BSN, CNN

Ramon Sumibcay, CPT, AN

Testimony in Strong Support of SCR 25

March 30, 2009, 3:15 p.m., Hawai'i State Capitol, Room 016

To: Senate Commerce and Consumer Protection Committee
Senator Rosalyn H. Baker, Chair & Senator David Ige, Vice Chair

Senate Health Committee
Senator David Ige, Chair & Senator Josh Green, M.D., Vice Chair

From: Beatrice Ramos-Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc
Executive Director, Philippine Nurses Association Hawaii

RE: SCR25, Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Parity of Coverage for Oral and Intravenous Chemotherapy

My name is Beatrice Ramos-Razon. As the Founder and President of NAMI (Nursing Advocates & Mentors, Inc.), we are in strong support of this resolution. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people by addressing not only a statewide, but worldwide nursing shortage, through the training and mentoring of foreign graduate nurses, many of whom come from underprivileged backgrounds, to pass Hawai'i's nurses board exams.

I strongly support SCR 25, which asks the Auditor to assess the social and financial effects of requiring health insurers to provide parity of coverage for oral and intravenous chemotherapy.

NAMI has also engaged in partnerships with the Asian American Network for Cancer Awareness, Research and Training and the American Cancer Society to address cancer disparities in the Filipino community. I respectfully ask that you pass this resolution, because many families, including Filipinos, do not have access to treatment due to lack of affordable transportation and a place to stay on Oahu. Thank you for allowing me to provide testimony.

Sincerely,

Beatrice Ramos-Razon, RN, FACDONA

President, Nursing
Advocates and Mentors, Inc
Executive Director,
Philippine Nurses
Association Hawaii



TESTIMONY IN STRONG SUPPORT OF SCR 25

Senate Committees on Consumer Protection and Health

Mar. 30, 3:15 p.m.

Hawai'i State Capital

Senate Conference Rm. 016

Reginald Ho, MD, Principal Investigator
Reuben Guerrero, MD, Clinical Director
Miles Muraoka, PhD, Research Director
Charlene Cuaresma, MPH, Community Director
Amy Agbayani, Ph.D., Community Leader
Asian American Network for Cancer Awareness, Research and Training
A National Cancer Institute Community Network Program
c/o 728 Nunu St., Kailua, Hawai'i 96734

TO: Senate Commerce and Consumer Protection Committee
Senator Rosalyn H. Baker, Chair and Senator David Ige, Vice Chair

Senate Health Committee
Senator David Ige, Chair and Senator Josh Green, M.D., Vice Chair

RE: SCR25, Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Parity of Coverage for Oral and Intravenous Chemotherapy

Chairs Baker and Ige and Members of the Committees:

My name is Reginald Ho, Principal Investigator for the Asian American Network for Cancer Awareness Research and Training (AANCART), which is a Community Network Program of the National Cancer Institute. AANCART was established to address cancer disparities among Asian Americans through research, education, training, and advocacy. I am an oncologist at Straub Clinic and Hospital. I also served as the first national president of the American Cancer Society of Asian descent. Along with my AANCART colleagues listed above, we submit strong support for this bill.

We strongly support SCR 25, which asks the Auditor to assess the social and financial effects of requiring health insurers to provide parity of coverage for oral and intravenous chemotherapy. The primary advantage of oral chemotherapy is that it can be taken at home. People who are given chemotherapy intravenously often spend up to one week out of every month in the hospital or traveling to and from a hospital for treatment.

AANCART is especially concerned about the cancer disparities for Native Hawaiians, Pacific Islanders, Hispanics, Filipinos, and immigrants who are the most vulnerable to cancer and the least likely to be able to access care. This resolution would go a long way to help everyone during these dire economic times.

Thank you for hearing this resolution, and for considering the merits of this proposed policy to reduce suffering and the high costs of health care. I respectfully ask that you pass this resolution. Thank you for allowing me to provide testimony.

Sincerely,

Reginald Ho, Miles Muraoka, Reuben Guerrero, Charlene Cuaresma, Amy Agbayani
AANCART Hawai'i

Filipino American Citizens League

Jake Manegdeg, President
P. O. Box 270126 * Honolulu, Hawai'i 96827

Testimony in Strong Support of SCR 25

March 30, 2009 | 3:15 p.m. | Hawai'i State Capitol | Conference Room 016

To: Senate Commerce and Consumer Protection Committee
Senator Rosalyn H. Baker, Chair
Senator David Ige, Vice Chair

Senate Health Committee
Senator David Ige, Chair
Senator Josh Green, M.D., Vice Chair

From: Jake Manegdeg, President, Filipino American Citizens League

RE: SCR25, Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Parity of Coverage for Oral and Intravenous Chemotherapy

Chairs Baker and Ige and Members of the Committees:

My name is Jake Manegdeg. I am the president of the Filipino American Citizens League. The Filipino American Citizens League was formed over ten years ago to contribute to the advancement of civil rights and social justice for minority groups, underserved populations, and vulnerable communities through education, advocacy, and social action.

As a cancer survivor myself, I strongly support SCR 25, which asks the Auditor to assess the social and financial effects of requiring health insurers to provide parity of coverage for oral and intravenous chemotherapy.

The primary advantage of oral chemotherapy is that it can be taken at home. People who are given chemotherapy intravenously often spend up to one week out of every month in the hospital or traveling to and from a hospital for treatment.

I believe this is a good resolution because it may help to provide cancer patients with additional treatment options. Additionally, this helps neighbor island cancer patients because it can reduce their out-of-pocket expenses associated with having to fly to Honolulu for their chemotherapy treatment and having to stay a day or two before returning home.

I respectfully ask that you pass this resolution. Thank you for allowing me to provide testimony.

Very Sincerely,

Jake Manegdeg, President, Filipino American Citizens League