

FEB 02 2009

SENATE CONCURRENT RESOLUTION

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

1 WHEREAS, "colorectal cancer" is a collective term that
2 refers to both cancer of the colon and cancer of the rectum; and
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4 WHEREAS, according to the Centers for Disease Control and
5 Prevention, colorectal cancer is the second highest cancer
6 killer in the United States after lung cancer; and
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8 WHEREAS, excluding skin cancers, the American Cancer
9 Society counts colorectal cancer as the third most commonly
10 occurring cancer in the United States, affecting both men and
11 women; and
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13 WHEREAS, the American Cancer Society estimates that there
14 were approximately 153,760 new colorectal cancer diagnoses made
15 in the United States in 2007, which the Society forecasts will
16 cause the deaths of over fifty-two thousand, or roughly one-
17 third, of those afflicted; and
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19 WHEREAS, colorectal cancer is one of the most treatable
20 forms of cancer when diagnosed early through available screening
21 techniques, including colonoscopy; and
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23 WHEREAS, colonoscopy is considered a safe and highly
24 effective diagnostic technique that studies have found to be
25 more accurate and less invasive than other forms of screening,
26 and that Duke University Medical Center reported in 2004 is the
27 "most reliable way to find colon cancer and the growths that
28 could become colon cancer"; and
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30 WHEREAS, S.B. No. _____ has been introduced during the
31 Regular Session of 2009 that would mandate health insurance



1 coverage beginning at age fifty for a colonoscopy screening
2 every ten years; and

3
4 WHEREAS, section 23-51, Hawaii Revised Statutes, requires
5 that:

6
7 "Before any legislative measure that mandates health
8 insurance coverage for specific health services, specific
9 diseases, or certain providers of health care services as
10 part of individual or group health insurance policies, can
11 be considered, there shall be concurrent resolutions passed
12 requesting the auditor to prepare and submit to the
13 legislature a report that assesses both the social and
14 financial effects of the proposed mandated coverage"; and
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16 WHEREAS, section 23-52, Hawaii Revised Statutes, outlines
17 the specific topics to be addressed in the Auditor's report
18 required under section 23-51, Hawaii Revised Statutes; now,
19 therefore,

20
21 BE IT RESOLVED by the Senate of the Twenty-fifth
22 Legislature of the State of Hawaii, Regular Session of 2009, the
23 House of Representatives concurring, that the Auditor is
24 requested to conduct an impact assessment report pursuant to
25 sections 23-51 and 23-52, Hawaii Revised Statutes, of the social
26 and financial impact of mandating coverage for colorectal cancer
27 screening by colonoscopy every ten years, beginning at age
28 fifty, as further described by Senate Bill No. _____; and
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30 BE IT FURTHER RESOLVED that the Auditor is requested to
31 submit a report on its findings and recommendations to the
32 Legislature at least twenty days prior to the convening of the
33 Regular Session of 2010; and
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35 BE IT FURTHER RESOLVED that certified copies of this
36 Concurrent Resolution be transmitted to the Auditor and the
37 Insurance Commissioner who, in turn, is requested to transmit
38 copies to each organization that issues health insurance
39 policies in the State.
40
41
42

OFFERED BY:

David Uye
Ronald H. Bell
Guy L. Hoan





March 27, 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: SCR26, Requesting the State auditor to assess the social and financial effects of requiring health insurance coverage for colonoscopy colorectal cancer screening.

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 here today in strong support of SCR26, requesting the State auditor to study and report to the legislature on the impact of providing coverage for colorectal cancer screening using colonoscopy.

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.

As we noted in our testimony on SB430, 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.

The most vivid evidence of this comes from comparing states that have passed laws requiring insurers to cover the full range of colorectal cancer screenings (between 1999 and 2008, twenty-five have passed such laws). Analysis by the American Cancer 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¢.**

As the committees are aware the Society has previously offer testimony on several bills mandating insurance coverage for colorectal cancer screenings (SB430 and HB823). In the testimony offered we referenced the latest colorectal screening guideline of May 2008, which was developed collaboratively between the American Cancer Society, the American College of Radiology, and the U.S. Multi-Society Task Force on Colorectal Cancer (which includes the American College of Gastroenterology and the American College of Physicians). The guideline emphasized several screening test in addition to colonoscopy that should be considered as individuals differ in their preferences for one test or another. It is a fact that not everyone will elect to have a colonoscopy. We believe that providing a wide range of test will enhance screening rates.

We would request that the committee's amend the language SCR26 to reflect the wording on a similar resolution in the house, HCR109/HR88, which incorporates references pertaining to the American Cancer Society's new colorectal screening guideline.

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

Very truly yours,



George S. Massengale, JD
Director of Government Relations

Testimony of
Phyllis Dendle
Director of Government Relations

Before:
Senate Committee on Commerce and Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable David Y. Ige, Vice Chair

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

March 30, 2009
3:15 PM
Conference Room 329

Re: SCR 26 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURANCE COVERAGE FOR COLONOSCOPY COLORECTAL CANCER SCREENING.

Chairs Baker and Ige and committee members thank you for this opportunity to provide testimony on SCR 26 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.