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STATE OF HAWAII  
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In reply, please refer to:  
File:

## HOUSE COMMITTEE ON HEALTH

### HCR110, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR WEIGHT MANAGEMENT AND OBESITY TREATMENT FOR CHILDREN.

Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health

Written Testimony Only

March 18, 2010, 10:30 AM

- 1 **Department's Position:** The Department of Health supports this resolution.
- 2 **Fiscal Implications:** None
- 3 **Purpose and Justification:** This resolution requests the Auditor to conduct an impact assessment
- 4 report of the social and financial impacts of mandating coverage for weight management and obesity
- 5 prevention for children in all individual and group accident and health or sickness insurance policies as
- 6 provided in S.B. 794 (2009). The auditor is requested to submit its findings, no later than 20 days prior
- 7 to the Regular session of 2011.

8 Obesity prevalence in the U.S. and in Hawaii has been steadily increasing, and this trend is

9 expected to continue. In 2007 youth (public high schools) overweight was 14.3% and obesity was

10 15.6%. Overweight children and adolescents, as they grow older, are more likely to have risk factors

11 associated with cardiovascular disease such as high blood pressure, high cholesterol, and Type 2

12 diabetes. Overweight adolescents have a 70 percent chance of becoming overweight or obese adults.

13 The costs associated with obesity-attributable health problems result in an increase in medical

14 expenditures in obese individuals. A national model for predicting obesity-attributable medical

1 expenditures showed that Hawaii spent \$290 million in 2003 alone on obesity-related medical costs.  
2 Studies have shown that health-care providers can play an important role in promoting weight loss  
3 among their overweight and obese patients. If health care workers are unable to be reimbursed for their  
4 services, they are less likely to offer obesity- related services to their patients. The Alliance Healthcare  
5 Initiative is a model that our state can learn from and follow in the future. The initiative is collaborating  
6 with some of the nation's leading employers and insurance companies to provide coverage for the  
7 prevention and treatment of childhood obesity. Eligible children have primary care visits, and visits to  
8 registered dietitians as part of their health insurance benefits.

9 The passage of HCR 110 is a promising step towards pediatric weight management and obesity  
10 prevention. Thank you for the opportunity to provide testimony.



**Written Testimony by:  
Sandie Wood, PT**

**HCR 110, Requesting the Auditor to Assess the Social and Financial Effects of  
Requiring Health Insurers to Provide Coverage for Weight Management and Obesity  
Treatment for Children**

**Hse HLT, Thursday, March 18, 2010**

**Room 329, 10:30 am**

**Position: Strong Support**

**Chair Yamane, and Members of the Hse HLT Committee:**

I am Sandie Wood, P.T., member of HAPTA's Legislative Committee and Pediatrics Issues Chair. HAPTA represents 250-300 physical therapists and physical therapist assistants employed in hospitals, nursing homes, the Armed Forces, the Department of Education and Department of Health (DOH) systems, and private clinics throughout our community. Physical therapists work with everyone, from infants to the elderly, to restore and improve function and quality of life. 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.

We strongly support this resolution and applaud the Hse HLT Committee in its acknowledgement that childhood obesity in Hawaii is a serious chronic health issue that ultimately requires health insurers to provide coverage for weight management and obesity treatment for children.

Childhood obesity is a nationwide crisis and it is with this in mind that the National Association of Children's Hospitals and Related Institutions (NACHRI), with support from the Mattel Children's Foundation, launched a Focus Group on Childhood Obesity in the fall of 2008. With "FOCUS on a Fitter Future" as the primary objective, a group of 16 children's hospitals throughout the country were selected to collaborate on development of guidelines to improve hospital-based clinical obesity programs, assist with program development, and enhance data collection and benchmarking for improved patient and family outcomes. For more information on the work of "FOCUS on a Fitter Future," see the NACHRI website: [www.childrenshospitals.net](http://www.childrenshospitals.net)

Pediatric physical therapists participated in this Focus Group, helping to represent the role of pediatric physical therapists in this practice setting. As experts in the assessment of movement and treatment of functional limitations, physical therapists can and should serve a primary role in working to prevent and treat childhood obesity.

I can be reached at 808-754-0897 if you have any questions. Thank you for the opportunity to testify.

**From:** Nicole Kerr [mailto:angelique01@hawaii.rr.com]  
**Sent:** Tuesday, March 16, 2010 9:15 PM  
**To:** HUS testimony  
**Subject:** Testimony in support of HCR110

Nicole Angelique Kerr, MPH, RD  
Queens Hospital  
Deer Kerr Consulting, LLC

Measure: HCR110, Obesity treatment for children.

Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

Thursday, March 18, 2010  
10:30 am  
Conference Room 329

**Description:**

Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Coverage for Weight Management and Obesity Treatment for Children.

Childhood obesity constitutes one of Hawaii's most pressing medical, social and economic problems today. Overweight and obese children face an increased risk of type 2 diabetes, cardiovascular disease, poor self-esteem, diminished social relationships and poor health as adults.

A report by Finklestine, et al in 2004 indicated that the cost of medical treatment of obese adults in Hawaii was \$290,000,000 in one year of which \$30,000,000 came from Medicare, \$90,000,000 came from Medicaid and \$170,000,000 came from other sources.

Pediatricians and dieticians have collaborated to develop the **Hawaii Pediatric Weight Management Toolkit**. Children in need of treatment are identified by their Body Mass Index (BMI). A medical evaluation is done. If the diagnosis is obesity, the family exams their dietary and exercise practices. The Toolkit teaches negotiating techniques to lead the family towards making a commitment to the necessary behavioral changes. Follow-up with encouragement and support is an integral part of the protocol. It is similar to protocols recommended by the American Academy of Pediatrics and the American Dietetic Association.

**Generally, health insurers in Hawaii do not reimburse physicians or dieticians for treatment of overweight and obese children.** The one exception is Kaiser Permanente where a study is being conducted to determine the effectiveness of the Toolkit. Participants in the study report favorable results. At the present time only children who are patients of Kaiser or those whose parents are able to pay out of pocket are being treated.

**The ability of medical practitioners to contribute to the reduction in the number of overweight and obese children is severely restricted by these constraints.**

The US Preventive Services Task Force (USPSTF) has recently recommended that "clinicians screen children aged six and over for obesity and offer them or refer them to intensive counseling and behavioral interventions to promote improvements in weight status". This is a reversal of their 2005 recommendation stating that there was insufficient evidence for or against screening to make a recommendation.

For these reasons we ask you to pass HCR 110 so that the Auditor may assess the social and economic impact of treatment and, hopefully, we can pass SB 794 which will require insurers to reimburse physicians and dieticians for the treatment of overweight and obese children.

Mahalo,

Nicole Kerr, MPH, RD

*"If it came from a plant, eat it; if it was made in a plant, don't." M. Pollan*

**From:** Drorbaugh M [mailto:mjdror@hawaii.rr.com]  
**Sent:** Wednesday, March 17, 2010 8:59 AM  
**To:** HUS testimony  
**Subject:**

Person submitting testimony, James E. Drorbaugh, M.D.  
Measure: HCR110, Obesity treatment for children.  
Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
Thursday, March 18, 2010  
10:30 am  
Conference Room 329

### **Testimony in Support of HCR110, Obesity Treatment for Children**

We advocate treatment of overweight and obese children because they face serious consequences if they continue overweight and obese into adulthood.

CDC points to psychosocial risks such as social discrimination which may lead to low self-esteem with diminished academic and social functioning. There will be health risks relating to type 2 diabetes, cardiovascular disease and others. Economic consequences include loss of income for the individual and the huge expense to the health care system for treatment of emerging illness.

Because physicians such as family physicians and pediatricians see children in well child visits from birth through the teen years, they are in a unique position to offer support and guidance to the child and family.

They can identify children who are overweight and obese, do a health assessment to identify the causes, and initiate treatment and followup using defined protocols such as the Hawaii Pediatric Weight Management Toolkit. The approach is multidisciplinary with dietitians and other specialists involved. The Toolkit was developed by a multidisciplinary team with input from parents.

Our public health colleagues have done a wonderful job of raising awareness of the issues surrounding childhood obesity. The health practitioners' contribution, because of their one-on-one contact with the family, will be to **initiate action resulting in treatment**.

At the present time, no insurance carrier in Hawaii other than Kaiser cover treatment of overweight and obese children. The family must share in the expense of the treatment. Wealthier families will be treated but less wealthy, not.

SB794 requires health insurance companies to reimburse physicians and dietitians for treatment using protocols such as the Toolkit. We are asking that the Auditor assess the social and economic impact of treatment of overweight and obese children so that we may address SB794 and, hopefully, see it passed.

Thank you for consideration of HCR110.

James E. Drorbaugh, M.D.

From: Matsumoto, Keith MD [mailto:KeithM@kapiolani.org]  
Sent: Tuesday, March 16, 2010 5:19 PM  
To: HUS testimony  
Subject: HCR 110

Keith T. Matsumoto, MD  
1319 Punahou Street #900  
Honolulu, Hawai'i 96825

Measure: HCR110, Obesity treatment for children.

Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice  
Chair

Thursday, March 18, 2010  
10:30 am

Conference Room 329

I am writing in support of HCR 110 to study the feasibility of insurance coverage for obesity prevention and management. Obesity is and will continue to be a major medical and public health issue with short and long term ramifications. Addressing this problem early and head on will benefit our patients and community.

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