

Testimony of
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Director Government Relations

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

March 9, 2010
10:00 am
Conference Room 329

SB 2599 SD2 RELATING TO HEALTH INSURANCE

Chair Yamane and committee members, thank you for this opportunity to provide testimony on SB 2599 SD2 mandating health insurance coverage for colorectal cancer screening.

Kaiser Permanente Hawaii supports the intent of this bill and offers amendments.

Earlier this session the Legislative Auditor issued a Study of Proposed Mandatory Health Insurance Coverage for Colorectal Cancer Screening. The recommendation in this study was to cover the procedures and tests recommended by the U.S. Preventative Service Task Force (USPSTF). This bill specifies that the coverage for colorectal screening will include the screening modalities that received a grade of A or B from USPSTF.

The USPSTF is an independent panel of private sector prevention and primary care experts sponsored by the Agency for Healthcare Research and Quality (AHRQ) within the US Department of Health and Human Services. Their recommendations for clinical preventative services are widely used and respected throughout the nation. Kaiser Permanente uses these guidelines as the basis for all of the preventative services offered to our members. The USPSTF considers the performance of preventative tests and grades their recommendations based on the net benefit the test will provide. Tests rated A have a high certainty of benefit and B have at

least a moderate certainty of benefit. At this time FOBT, Flexible Sigmoidoscopy, and colonoscopy have an A grade. There are currently no tests graded B.

The value of basing the benefits in the Hawaii law on the USPSTF tests graded A or B is that as new tests and procedures are determined to be effective they would be covered without the need to change the law. This proposal is based on the Colorado law mandating colorectal cancer screening. Colorado is one of the states to be given an A in the Colorectal Cancer Legislation Report Card for 2009. The report card is put together annually by 12 organizations committed to reducing colon cancer deaths by increasing proper screening. The members include the American Cancer Society and four organizations representing physician specialists. To receive an A the law must include FOBT, flexible sigmoidoscopy and colonoscopy as screenings available to people over age 50 and the law must allow for the coverage of future advances in screening methods.

We suggest that you consider amending this bill to more closely resemble the house bill. The house draft was more clearly written in some places. For example, colonoscopy is included in the modalities graded A by USPSTF so it does not need to be mentioned specifically. In addition, this draft does not include HMOs regulated under 432D HRS so we are suggesting language like what is in the house bill. Also, in the purpose section there is a sentence that incorrectly identifies the cost of colonoscopy ever ten years. We suggest it be removed. What follows are our proposed amendments. The parts to be deleted are stricken and the proposed additions are in capital letters.

Thank you for your consideration.

Page 1 Lines 12-14 remove: ~~“In comparison, the per-person cost of providing a colonoscopy every ten years is fifty-five cents per month.”~~

Page 2 Line 17 through Page 3 line2 amended as follows:

“§432:1- Colonoscopy coverage. Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement, except for policies that only provide coverage for specified diseases or other limited benefit coverage, shall provide coverage for the screening of colorectal cancer by colonoscopy and any other screening modalities that have received a grade of A or B from ALL A AND B GRADE SCREENING MODALITIES AS RECOMMENDED BY the United States Preventive Services Task Force.”

Page 3 Lines 6-13 be amended as follows:

"§432:2- Colonoscopy coverage. Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement for hospital, medical, or nursing benefits, except for policies that only provide coverage for specified diseases or other limited benefit coverage, shall provide coverage for the screening of colorectal cancer by colonoscopy and any other screening modalities that have received a grade of A or B from ALL A AND B GRADE SCREENING MODALITIES AS RECOMMENDED BY the United States Preventive Services Task Force "

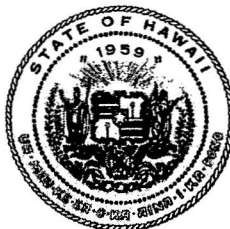
Page 9 Lines 15-22 be amended as follows:

(7) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement, except for policies that only provide coverage for specified diseases or other limited benefit coverage, shall provide coverage for the screening of colorectal cancer by colonoscopy and any other screening modalities that have received a grade of A or B from ALL A AND B GRADE SCREENING MODALITIES AS RECOMMENDED BY the United States Preventive Services Task Force "

Add an additional section that reads as follows:

SECTION #. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

"§432D-23 Required provisions and benefits. Notwithstanding any provision of law to the contrary, each policy, contract, plan, or agreement issued in the [State] state after January 1, 1995, by health maintenance organizations pursuant to this chapter, shall include benefits provided in sections 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-125, [and] 431:10A-126, and 431:10A- , and chapter 431M."



**TESTIMONY OF MARION M. HIGA, STATE AUDITOR
ON SENATE BILL 2599, SENATE DRAFT 2
RELATING TO HEALTH INSURANCE**

House Committee on Health

March 9, 2010

Chair Yamane and Members of the Committee:

Thank you for this opportunity to testify in support of Senate Bill 2599, Senate Draft 2. The purpose of this bill is to provide coverage for the early detection of colorectal cancer by requiring health insurers to cover colorectal cancer screening procedures and tests, including colonoscopy every ten years for adults beginning at age 50 and continuing until age 75, that received a grade A or B from the United States Preventive Services Task Force (USPSTF).

In Report No. 10-02 entitled *Study of Proposed Mandatory Health Insurance Coverage for Colorectal Cancer Screening*, we reported that the USPSTF 2008 recommended procedures for average risk adults between the ages of 50 and 75 are: colonoscopy at ten year intervals, annual fecal occult blood tests, and flexible sigmoidoscopy every five years combined with high sensitivity fecal occult blood testing every three years. These procedures received a grade A from the USPSTF in its 2008 guidelines.

Senate Bill 2599, SD2, implements the recommendations in our report. For this reason, we support passage of this bill.

I would be pleased to answer any questions you may have.