

SB2599

Hawaii Association of Health Plans

February 9, 2010

LATE

The Honorable Rosalyn Baker, Chair
The Honorable David Ige, Chair
Senate Committees on Commerce and Consumer Protection and Health

Re: SB 2599 – Relating to Health Insurance

Dear Chair Baker, Chair Ige and Members of the Committees:

My name is Howard Lee and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of seven (7) member organizations:

AlohaCare	MDX Hawai‘i
Hawaii Medical Assurance Association	University Health Alliance
HMSA	UnitedHealthcare
Hawaii-Western Management Group, Inc.	

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to testify on SB 2599 which would mandate health plans provide coverage for colorectal cancer screening by colonoscopy every ten years beginning at age 50.

Screening colonoscopies are one of the colorectal cancer screenings recommended by the U.S. Preventive Services Task Force (USPSTF). We would point out that the USPSTF discourages this screening for individuals over the age of 75 since these screenings may pose more risks than benefits for older individuals. If it is the Committee’s will to pass SB 2599, we would request that the upper age limit be added to this measure to further comply with the USPSTF guidelines.

Thank you for the opportunity to testify today.

Sincerely,



Howard Lee
President



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LATE

February 8, 2010

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 M.D., Vice Chair

Hearing:

9:00 A.M., Tuesday, February 9, 2010
Hawaii State Capitol, Room 229

RE: SB2599 – Relating to Health Insurance

Testimony in Strong Support

Chairs Baker and Ige, and members of the Committee on Commerce and Consumer Protection, and Committee on Health. Thank you for the opportunity to testify in strong support of SB2599, which will require health insurance coverage for colorectal cancer by colonoscopy every ten years, beginning at age fifty.

This bill was introduced at the request of the American Cancer Society as a result of a colorectal cancer screening guideline that was released in 2008. Beginning last year, the American Cancer Society offered extensive testimony on several bills on the benefits of early detection and treatment of colorectal cancer which is the third most common cancer in the United States and the second leading cause of cancer deaths among men and women. In 2009, 146,000 new cases were diagnosed and 49,000 deaths recorded. This year in Hawai'i, over 710 of our residents will develop colon cancer and approximately 200 will die.

When colorectal cancer is diagnosed at the earliest stage, the five year survival rate is 90%. However, after the cancer spreads, the five year survival rate plunges to 10%. **When detected early, the pain and suffering due to cancer diagnosis can be completely prevented through early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.**

In Hawai'i, a little over half of our residents over the age of 50 reported having a colorectal cancer screening exam. One of the reasons for this low screening rate was health insurance coverage. From studies conducted across the nation, it has been shown that limits on covered benefits are a factor in an individual's decision to request colonoscopy as a screening option, **and primary care**

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physicians often do not refer people for tests if they believe those tests will not be covered by health insurance.

Yesterday we offer testimony on a similar measure in the House on HB823 which differs from SB2599 as it specifically it incorporates the latest colorectal screening guideline (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.

These colorectal screening guidelines are unique as they emphasize “**options**” because:

- Individuals differ in their preferences for one test or another. It is a fact that not everyone will elect to have a colonoscopy.
- Colonoscopy access is uneven geographically in Hawai’i, however other tests are available.
- Primary care physicians differ in their ability to offer, explain, or refer patients to all options equally.
- The utilization of colonoscopy in Hawai’i is still low. Hawai’i ranks 20th in the nation with only a little over 60% of adults aged 50 and over reporting having a colonoscopy or sigmoidoscopy.
- Providing a wide range of test will enhance screening rates.

Last week, the State Auditor released her report on the social and financial impacts of HB823, entitled *Study of Proposed Mandatory Health Insurance Coverage for Colorectal Cancer Screening*, Report No.10-02 February 2010. **We commend the conclusion reached by the Auditor that HB823 “would be beneficial for a majority of Hawai’i’s insured population of average risk or asymptomatic adults between the ages of 50 to 75 who are currently unable to select colonoscopy every ten years as a screening option.”**

However we felt compelled to offer these comments with respect to amending HB823 to only include colorectal screening procedures and tests recommended by the U.S. Preventive Services Task Force (USPSTF).

The Society strongly believes that screening and testing decision should be made jointly between the patient and their physician. In its present form, HB823 includes a variety of options including CT colonography and sDNA testing.

From physician and patient feedback, we know that not everyone will elect to undergo colonoscopy or flexible sigmoidoscopy because of its invasive nature. CT colonography is a viable alternative: non-invasive, utilizing CT scanning to obtain an interior view of the colon.

In October 2007, the *New England Journal of Medicine*, reported on a study, “CT Colonography versus Colonoscopy for the Detection of Advanced Neoplasia.”¹ The purpose of the study was to compare detection rates between colonoscopy and CT colonography, and was conducted by the University of Wisconsin Medical School. 3,120 adults were screened using CT colonography for the detection of polyps. This screening result was compared to 3,163 adults who had undergone

¹ Kim, M.D., David H.. "CT Colonography versus Colonoscopy for the Detection of Advanced Neoplasia." *The New England Journal of Medicine* 357, no. 14 (2007): 1403-1412.

colonoscopy. Analysis of the rate of detection resulted in the conclusion that CT colonography and colonoscopy resulted in similar detection rates. The study further suggested that CT colonography is safe, clinically effective, and cost-effective. **The study concluded that overall screening utilization could be increased by giving patients the choice of which test they preferred.**

The major benefit of the sDNA test, when compared to the standard FOBT, is that it is not dependent on blood detection, which may be intermittent and nonspecific. We would add that New Jersey and Maryland have included sDNA testing in their colorectal screening mandate.

In the most recent U.S. Preventive Services Task Force Guideline, *The Guide to Clinical Preventive Services 2009*,² the “USPSTF concludes that the **evidence is insufficient** to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities of colorectal cancer,” **meaning that the Task Force believed there was insufficient data with which to assess the balance of benefits and harms. The guidelines do not state that these tests should not be use.**

In the same breath the Task Force announced “because several screening strategies have similar efficacy, **efforts to reduce colon cancer deaths should focus on implementation of strategies that maximize the number of individuals who get screening of some type.** The different options for colorectal cancer screening tests are variably acceptable to patients; eliciting patient preferences is one step in improving adherence. **Ideally, shared decision making between clinicians and patients would incorporate information on local test availability and quality as well as patient preference.**”

Finally, we feel compelled to emphasize a point made by the Auditor noting, “**27 states and the District of Columbia have laws requiring health insurance screening coverage for colorectal cancer. The law of 16 states and District of Columbia follow the recommendations of the American Cancer Society (ACS), and two states follow the USPSTF guidelines.**”

SB2599, is a good bill. For only an additional 55¢ per insured individual per month, it will dramatically reduce colon cancer death and incidents rates in Hawai'i. As everyone on the committee knows, cancer does not distinguish between Democrats or Republicans, rich or poor, young or old, insured or uninsured, male or female. It is an equal opportunity disease and killer impacting victims, caregivers, and love ones. SB2599, if enacted, can lead to the defeat of the second deadliest cancer in Hawaii. We would urge the committee to pass this measure forward.

Mahalo for the opportunity to provide testimony in very strong support this measure.

Sincerely,



George S. Massengale, JD
Director of Government Relations

² *The Guide to Clinical Preventive Services 2009*. Ned Calonge, M.D., M.P.H.. Washington, DC: Agency for Healthcare Research and Quality, 2009

HMSA



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February 9, 2010

The Honorable Rosalyn Baker, Chair
The Honorable David Ige, Chair
Senate Committees on Commerce and Consumer Protection and Health

Re: SB 2599 – Relating to Health Insurance

Dear Chair Baker, Chair Ige and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2559 which would mandate health plans cover screening colonoscopies every ten years beginning at age 50.

We would like to take this opportunity to note that at the beginning of this year, HMSA's PPO plan began providing colonoscopy screenings as a covered benefit. For many years, up until the American Cancer Society (ACS) expanded their recommended colon cancer screenings, colonoscopies for screening purposes were the gold standard promoted by ACS. Although HMSA currently complies with the language of SB 2559, we would take the opportunity to state that we do not support unfunded mandated benefits, and prefer to give those purchasing health care coverage, typically employers, the ability to tailor their benefit plans as they see fit.

Although the language in SB 2599 generally follows standard screening guidelines, we would point out that the U.S. Preventive Services Task Force has stated that individuals over the age of 75 should not receive screening colonoscopies as the risks of the procedure outweigh the benefits. If the Committee sees fit to pass this measure they may wish to include this upper age limit in the bill's language.

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal flourish extending to the right.

Jennifer Diesman
Vice President
Government Relations