



LINDA LINGLE
GOVERNOR
JAMES R. AIONA, JR.
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: (808) 586-2850
Fax Number: (808) 586-2856
www.hawaii.gov/dcca

LAWRENCE M. REIFURTH
DIRECTOR
RONALD BOYER
DEPUTY DIRECTOR

TO THE SENATE COMMITTEES ON HEALTH
AND COMMERCE AND CONSUMER PROTECTION

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Monday, February 23, 2009
3:00 p.m.

TESTIMONY ON SENATE BILL NO. 430 – RELATING TO HEALTH INSURANCE.

TO THE HONORABLE DAVID Y. IGE AND ROSALYN H. BAKER, CHAIRS, AND
MEMBERS OF THE COMMITTEES:

My name is J.P. Schmidt, State Insurance Commissioner (“Commissioner”),
testifying on behalf of the Department of Commerce and Consumer Affairs
(“Department”). The Department takes no position on this bill.

The purpose of this bill is to mandate coverage for colorectal cancer screening by
colonoscopy every 10 years beginning at age 50. We have no doctors on staff, so we
cannot express an opinion on the medical merits of the bill. In addition, any mandated
benefit helps some people, but also imposes increased cost burdens on the employers
and individuals that pay the premiums.

We note that mandated benefits are required by law to undergo a review by the
Legislative Auditor.

We thank this Committee for the opportunity to present testimony on this matter.

LATE

Hearing: February 25, 2009, 2:45 p.m., Conference Room 016

RE: Testimony in Strong Support of SB430. Relating to Health Insurance
Chair Ige and members of the Senate Committee on Health
Chair Baker and members of the Senate Committee on Commerce and Consumer Protection

My name is Crissy Terawaki Kawamoto, and I am a registered voter in Palolo Valley. Thank you for the opportunity to submit testimony in favor of SB430.

Evidence has shown that if colorectal cancer is detected early – through screening – up to 90% of colorectal cancer patients survive at least 5 years post-diagnosis. There is no reason, then, that this disease should continue to rank as the second leading cause of cancer death in this state.

People need to know that prevention and early detection will be covered by their health insurance once they make the important decision to be screened for colorectal cancer.

In 2008, the American Cancer Society, the U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology issued a NEW joint recommendation for colorectal cancer screening, advocating for the promotion and coverage of the following screening methods: colonoscopy, flexible sigmoidoscopy, double contrast barium enema, CT colonography (also known as virtual colonoscopy), fecal occult blood test (FOBT), fecal immunochemical test (FIT), and stool DNA test (sDNA). The rationale behind recommending insurance coverage for all of these methods is, one size simply does not fit all when it comes to screening for colorectal cancer. Not every person is comfortable with or willing to accept going in for each kind of test – but if all tests work in detecting cancer or its early signs to some extent, isn't it better that we get that person in for testing, period? Therefore, I ask that in addition to passing SB430, the committee also amend the bill by adding language requiring health insurance companies cover all of these screening options so that more of Hawai'i's residents have the opportunity to choose the test that's right for them.

We've all lost someone we love to cancer, and we owe it to those we have lost – and to those we know who are currently fighting the disease – to do whatever we can to reduce pain, suffering, and death due to cancer, especially one that is so highly preventable and treatable. We can and must do something, and right now, that something is passing SB430.

Mahalo for doing the right thing.

Signed,
Crissy Terawaki Kawamoto

[Redacted signature]



February 23, 2009

The Honorable David Ige, Chair
The Honorable Rosalyn Baker, Chair

LATE

Senate Committees on Health and Commerce and Consumer Protection

Re: SB 430 – Relating to Health Insurance

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

My name is Rick Jackson 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
Hawaii Medical Assurance Association
HMSA
Hawaii-Western Management Group, Inc.

MDX Hawai'i
University Health Alliance
UnitedHealthcare

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.

Thank you for the opportunity to testify in opposition to SB 430, which would require health plans to cover screening for colorectal cancer by colonoscopy every ten years, beginning at age 50. While this protocol is recommended by the American Cancer Society, the U.S. Preventative Services Task Force (USPSTF) recently published the following guidance:

“There are insufficient data to determine which strategy is best in terms of the balance of benefits and potential harms or cost-effectiveness. Studies reviewed by the USPSTF indicate that colorectal cancer screening is likely to be cost-effective (less than \$30,000 per additional year of life gained) regardless of the strategy chosen. It is unclear whether the increased accuracy of colonoscopy compared with alternative screening methods (for example, the identification of lesions that FOBT and flexible sigmoidoscopy would not detect) offsets the procedure’s additional complications, inconvenience, and costs.”

• AlohaCare • HMAA • HMSA • HWMG • MDX Hawaii • UHA • UnitedHealthcare •
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813
www.hahp.org

HAHP members believe that mandating access to colonoscopy in the manner proposed will turn out to be costly and potentially, given a shortage of Hawaii specialists, create additional demand which will make it more difficult to schedule the procedure for people determined to be medically at risk due to family history or the results of other medical tests.

HAHP recognizes that legislative health mandates are often driven by the desire for improved health care services to the community; as health plans, our member organizations are committed to the same ideal. In general, however, HAHP member organizations oppose legislative health mandates as inefficient mechanisms for health care improvement for three (3) reasons:

1. Mandates, by their basic nature, increase health care costs for employers and employees.
2. We believe employers should have the right to, working with their health plan, define the benefit package they offer to their employees. Mandates misallocate scarce resources by requiring consumers (and their employers) to spend available funds on benefits that they would otherwise not choose to purchase.
3. Mandates impose static clinical procedures which can fail to promote evidence-based medicine, defined as the daily practice of medicine based on the highest level of available evidence determined through scientific study. Evidence-based medicine promotes high quality care. Unfortunately, even when a mandate promotes evidence-based medicine when adopted, the mandate does not timely change to reflect medical advances, new medical technology, or other new developments. Mandates can become obsolete or even harmful to patients.

Thank you for the opportunity to offer comments today.

Sincerely,



Rick Jackson
President