

SB 794

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 23, 2009

MEMORANDUM

TO: Honorable David Y. Ige, Chair
Senate Committee on Health

Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Lillian B. Koller, Director

SUBJECT: **S.B. 794 – RELATING TO HEALTH**

Hearing: Monday, February 23, 2009, 3:00 PM.
Conference Room 016, State Capitol

PURPOSE: The purpose of this bill is to require health insurance providers to cover weight management and obesity prevention, evaluation, and guidance services for children.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) respectfully opposes this bill because we oppose mandating coverage of health care interventions not, as yet, shown to be effective. We respectfully request delaying mandatory coverage until the effectiveness of the "tool kit" has been evaluated.

DHS is currently trying to work with health plans voluntarily agreeing to cover the American Academy of Pediatrics Hawaii Chapter "tool kit" for the purposes of evaluating its effectiveness. Assistance in getting health plans to agree to participate in the pilot would be useful, but mandating coverage is premature.

Childhood obesity is a serious health care concern and reaching epidemic proportions, and we as a society should care very much about this problem.

While there may be a role for clinical interventions, the primary approach to childhood obesity should be based on public health interventions. This is exactly what was highlighted during the recent visit to Hawaii of representatives of the U.S. Acting Surgeon General.

The Task Force on Community Preventive Services concludes that there is insufficient evidence to recommend for or against provider education, feedback, reminders, and multi-component interventions. The U.S. Preventive Services Task Force also concludes that the evidence is insufficient to recommend for or against routine screening for overweight in children and adolescents as a means to prevent adverse health outcomes.

Too often we succumb to the expression, "just don't stand there, do something." With a problem such as childhood obesity, we all feel the need to do something. We can and should be pursuing public health interventions. However, mandating the coverage of any clinical care should require unequivocal evidence of effectiveness.

The delivery of any service that does not improve health outcomes adds to waste in the health care system. Even the opportunity cost of not delivering an effective service is a significant harm. There is substantial room for improving the delivery of care known to be effective, including vaccinations and asthma management. We should be focusing on doing a better job of providing care that we know does work rather than what might work.

DHS supports increased public health interventions as recommended by the U.S. Public Health Service, and we support increased research into effective clinical interventions. However, we oppose mandating coverage of health care interventions not shown to be effective.

Thank you for the opportunity to testify on this bill.



LINDA LINGLE
GOVERNOR
JAMES R. AIONA, JR.
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**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. 794 – RELATING TO HEALTH.

**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 weight management and obesity prevention, evaluations, and guidance services for children. 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.



Monday, February 23, 2009 - Conference Room 016: 3:00 pm

The Senate Committee on Health

To: Senator David Y. Ige, - Chair
Senator Josh Green, MD - Vice Chair

The Senate Committee on Commerce & Consumer Protection

To: Senator Rosalyn H. Baker - Chair
Senator David Ige, MD - Vice Chair

From: Susan LaFontaine
Director of Rehab Services

RE: Testimony in Strong Support of SB 794: Relating to Health

My name is Susan LaFontaine and I am the Director of Rehabilitation Services at Kapi'olani Medical for Women & Children. The Kapi'olani Medical Specialists are an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

I am writing in strong support of SB 794 which requires health insurance providers to cover weight management and obesity prevention, evaluation and guidance services for children.

Pediatric Obesity has literally become an epidemic where in some school districts up to 49% of those entering kindergarten are overweight. Overweight and obese children have a 60% chance of becoming obese adults. As we are all aware, obese adults face a lifetime of being at tremendous risk of metabolic and cardiac diseases that shorten their overall lifespan and reduce the quality of life.

For many children whose obesity has resulted in co-morbidities – they are already suffering the effects of this condition and are also heading down this same path. The complex needs of this population require professional medical input and intervention as early as possible.

Currently the effectiveness of the medical community to manage the epidemic of childhood obesity is severely limited by the lack of reimbursement for weight management services. Therefore I support SB794 which will enable the medical community to more effectively impact this complex disease. Thank you for this opportunity to testify.



Monday, February 23, 2009 - Conference Room 016: 3:00 pm

The Senate Committee on Health

To: Senator David Y. Ige, - Chair
Senator Josh Green, MD - Vice Chair

The Senate Committee on Commerce & Consumer Protection

To: Senator Rosalyn H. Baker - Chair
Senator David Ige, MD - Vice Chair

From: Ken Nakamura, MD - Chief Medical Officer
Kapi'olani Medical Specialists
Professor of Pediatrics/Neonatology Division
UH John A. Burns School of Medicine

RE: Testimony in Strong Support of SB 794: Relating to Health

My name is Ken Nakamura, MD and I am the Chief Medical Officer for Kapi'olani Medical Specialists and Professor of Pediatrics, Neonatology Division at the University of Hawaii John A. Burns School of Medicine. The Kapi'olani Medical Specialists are an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

Kapi'olani Medical Center for Women & Children is in support of SB 794 which requires health insurance providers to cover weight management and obesity prevention, evaluation and guidance services for children. Childhood obesity is a chronic disease that affects between 30% and 49% of kindergartener children in our state. Pediatric obesity is a chronic disease that leads to a significant tendency for these children to develop into obese adults. Obese adults face a tremendous risk of metabolic diseases that shorten their overall lifespan and reduce the quality of life. Therefore intervention in this medical problem needs to occur early in life. KMCWC has been involved in these efforts by sponsoring a training of the Hawaii Pediatric Weight Management Toolkit for pediatricians, dietitians and other health care professionals last year. The Toolkit and similar approaches offer a structured way for medical professionals to initiate, reinforce and sustain interventions for weight management.

There are accepted medical codes and definitions to describe this condition: ICD-9-CM: 278.00 Obesity, 278.01 Morbid Obesity, and 278.02 Overweight. However the ability for healthcare providers to develop sustainable medical interventions is severely compromised because health plans currently do not recognize childhood overweight/obesity as a disease in need of medical management. Consequently the work of the pediatric health care providers is not a covered health plan benefit and creates a significant barrier and limitation in caring for the individual child.

We support SB 794 because it will enable the medical community to more effectively impact this complex disease. Thank you for this opportunity to testify.

Testimony of
Phyllis Dendle
Director Government Relations

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

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

February 23, 2009
3:00 pm
Conference Room 016

SB 794 RELATING TO HEALTH

Chairs Ige and Baker, and committee members, thank you for this opportunity to provide testimony on this bill which requires health insurance plans to offer coverage for weight management and obesity prevention for children less than 16 year of age.

Kaiser Permanente Hawaii supports the intent of this measure.

Kaiser Permanente does not support mandating benefits. In this case, however, we already provide what is being proposed in this bill and we have found it to be successful for the children and families we care for. Our department of pediatrics has adopted the Hawaii pediatric weight management tool kit into our system. We do obesity counseling at our well child visits and all patients have their body mass index (BMI) calculated automatically. We refer to dietary for counseling and do pertinent labs as necessary. When we examine our data in the next year or two we will be able document the effect of this evaluation and treatment. Anecdotally, our pediatricians say they are seeing enough success to be committed to continuing the program even though it is time consuming.

I have been told that the reason you are being asked to consider this mandate is that providers who are not in the Kaiser system have difficulty getting reimbursed for treatment and prevention of obesity, and many times patients have to pay out of pocket to see a dietician.

The office of the surgeon general recently reported that to date more than 12.5 million children and adolescents are overweight. That is 17.1 percent of people ages 2 to 19 years in the United States. As they grow older, overweight children and adolescents are more likely to have risk factors associated with cardiovascular disease such as high blood pressure, high cholesterol, and Type 2 diabetes. Overweight adolescents have a 70 percent chance of becoming overweight or obese adults.

The chief of pediatrics has said that at Kaiser, obesity prevention will be embedded in our well child care visits and we believe will help our patients to grow up into healthier adults and hopefully continue to thrive.

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 23, 2009

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

Re: SB 794 – Relating to Health

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 794.

With funding from the HMSA Foundation (Foundation), the Hawaii Pediatric Weight Management Toolkit (Toolkit) was created, information disseminated and local providers trained in its use. HMSA supports collaborative efforts of this type to work together to develop solutions to address the obesity problem in Hawaii.

Despite this, we cannot support the language contained in SB 794 which would mandate health plans provide coverage not just for the use of the Toolkit but for “other similar protocols that provide effective weight management and obesity prevention, evaluation, and guidance.” This extremely broad language would seemingly mandate any type of weight management tool to be covered by a health plan. A program that has been proven effective, supported by HMSA and provided at a discount to our members is Weight Watchers. It has been difficult to find other programs that are able to mirror their success.

Another way we are looking to address the obesity issue is through more coordinated care. HMSA is currently piloting the concept of the medical home. Central to the medical home approach is the premise that patient-centered care requires a shift in the relationship between patients and their primary care physicians requiring a higher degree of personalized care coordination, access beyond acute care and identification of key medical and community resources. These pilots are just beginning to coordinate care for HMSA members and are providing more holistic services such as medication compliance, post-hospital discharge follow up, nutrition counseling and weight management. Although these programs are only being offered to adults at this time, their outcomes will provide information which may be useful in developing effective solutions to address Hawaii’s obesity problem.

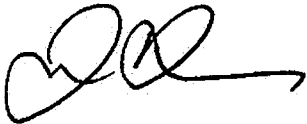
We would also point out that the Healthcare Effectiveness Data and Information Set (HEDIS), a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service, has added two measurements concerning Body Mass Index (BMI) for 2009. One will require plans to assess BMI for individuals age 18-74 and the other will measure the number of members age 2-17 who received a weight assessment and counseling for nutrition and physical activity. Since 2009 is the first year that this data will be collected and measured by plans it will be the base year. In subsequent years, plans will likely be tasked

with decreasing the number of individuals with a high BMI. We believe that these efforts will assist plans in determining the most appropriate and effective ways to assist our members in their battle against obesity.

In addition, we believe that prior to passing any new legislation which would require health plans to provide benefits not currently covered in their plan offerings, the Legislature should request an Auditor's study as required under Hawaii Revised Statutes 23-51 and 23-52. This study will provide decision-makers with objective information prior to including these new benefits. With health care costs continuing to escalate it is important to consider the impact that requiring such benefits will have on the cost of health care, especially for local employers who typically bear the brunt of such cost increases.

For the reasons mentioned above, we would respectfully urge the Committees to hold SB 794. Thank you for the opportunity to provide testimony today.

Sincerely,

A handwritten signature in black ink, appearing to read 'JDiesman', with a long horizontal stroke extending to the right.

Jennifer Diesman
Assistant Vice President
Government Relations



Hawai'i Primary Care Association

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To: **The Senate Committee on Health**
The Hon. David Y. Ige, Chair
The Hon. Josh Green, MD, Vice Chair

The Senate Committee on Commerce & Consumer Protection
The Hon. Rosalyn H. Baker, Chair
The Hon. David Y. Ige, Vice Chair

Testimony in Support of Senate Bill 794 **Relating to Health**

Submitted by Beth Giesting, CEO
February 23, 2009, 3:00 p.m. agenda, Room 016

The Hawaii Primary Care Association asks your support for SB 794.

The increase in childhood obesity in our country has been dramatic over the past 20 years and presages future poor health status and significantly greater costs to our health care system. Addressing this problem now by paying for preventive services would make a lot of sense and, since private insurers have the most to gain from reducing future harm, it is appropriate for them to cover the costs of treating childhood obesity now.

We ask for your support and thank you for the opportunity to testify on this measure.



WAIKIKI HEALTH CENTER

REACHING OUT FROM THE HEART OF WAIKIKI.

TO: Senate Health Committee
The Hon. Senator David Ige, Chair
The Hon. Senator Josh Green, Vice Chair

RE: SB 794 Relating to Health

FROM: Sheila Beckham, RD, MPH
Executive Director

I would like to urge you to support SB 794 relating to childhood obesity.

As is well documented, obesity rates have been rising dramatically across our nation over the past 25 years. Recent studies conducted in Waianae, have indicated that the prevalence of obesity among Native Hawaiian, Samoan, and Filipino children is nearly double the rates of children across the United States from the age of two through fifteen years.

Obesity is a known risk factor for metabolic syndrome, diabetes, hypertension and heart disease, and yet services provided by a physician solely for a diagnosis of obesity are not covered by any insurance company in Hawaii. This requires parents to pay out of pocket for obesity medical services—a major barrier among those struggling with poverty, job loss, rising food and rental expenses. Primary medical intervention will also save money in the long run, as obese children become obese adults.

We ask for your support and thank you for the opportunity to testify regarding this measure.



SENATE COMMITTEE ON HEALTH
Senator David Ige, Chair

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn Baker, Chair

Conference Room 016
February 23, 2009 at 3:00 p.m.

Testimony in opposition to SB 794.

I am Rich Meiers, President and CEO of the Healthcare Association of Hawaii, which represents the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. I regret that I shall not be able to present testimony in person due to a previous commitment. However, I appreciate this opportunity to submit written testimony in opposition to SB 794, which mandates health insurance coverage for weight management and obesity prevention for children.

At the outset, let me say that the intent of this bill is noteworthy since it addresses potentially serious medical conditions. At the same time, however, Hawaii's Prepaid Health Care Act (PHCA) was never meant to provide total coverage for all illnesses, injuries, and diseases because of the high costs that would be incurred. These high costs would then be reflected in health care insurance rates paid by employers and employees. Rather, the PHCA was meant to provide basic coverage to a broad population.

It is true that this bill would affect only a portion of those who are covered by health care insurance. As such, it would add only a small cost. However, there are many different types of mandates that have been proposed in the past, that are currently being proposed, and no doubt will be proposed in the future. In the eyes of their advocates, all of these mandates are equally worthy. However, the adoption of all of these mandates would increase health care insurance costs significantly.

For the foregoing reasons, the Healthcare Association of Hawaii opposes SB 794.



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February 19, 2009

Measure: **SB794**, Relating to Childhood Obesity
Hearing: Monday, February 23, 2009, 3:00 P.M. Room 016

To:

Committee on Health

Senator David Y. Ige, Chair, Senator Josh Green, M.D., Vice Chair

Committee on Commerce and Consumer Protection

Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice Chair

Dear Senators:

SB794: Requires health insurance providers to cover weight management and obesity prevention, evaluation, and guidance services for children

The American Academy of Pediatrics, Hawaii Chapter is in support of this bill.

Childhood obesity is a chronic disease that affects some 30% of kindergarten children in our state. (In some communities up to 49% of kindergarten entry students are overweight.)

There are accepted medical codes and definitions to describe this condition: ICD-9-CM: 278.00 Obesity, 278.01 Morbid Obesity, and 278.02 Overweight.

Overweight and obese child and adolescent have a chronic disease and overwhelmingly become obese adults. Obese adults face a tremendous risk of metabolic diseases that shorten their overall lifespan and reduce the quality of life.

Intervention in this medical problem needs to occur early. Our pediatric community has been working diligently at developing the ability and skills to identify, evaluate and initiate treatment plans for overweight children and adolescents as illustrated by HAAP's 2008 Pediatric Weight Management Position Paper (attached) and the Hawaii Pediatric Weight Management Toolkit.

This work is severely compromised because health plans in our state refuse to recognize childhood overweight/obesity as a disease in need of medical management. Consequently the work of the pediatric health care providers is not a covered health plan benefit and creates a significant barrier and limitation in caring for the individual child.

SB 794 will greatly enhance the pediatric health care providers' ability to intervene in this chronic disease and begin the long process to help the pediatric patient avoid the devastating medical consequences of adult obesity.

HAAP recommends that SB 794 be amended to

1. include children < 19 years of age and that
2. health plans would be prohibited from excluding payment for medical services when childhood and adolescent overweight / obesity is the diagnosis.

We thank you for helping create a healthier health care environment for our children.

Respectfully:

Galen YK Chock MD
President, HAAP



Hawaii Chapter

www.hawaiiap.org

Position Paper
Pediatric Weight Management

January 1, 2008

AAP - Hawaii Chapter
1319 Punahou St, 7th Floor
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1. Hawaii is experiencing an epidemic of physical inactivity and poor nutrition resulting in an unacceptable rate of pediatric obesity.
2. Lifestyle choices and behaviors are often established during childhood.
3. Pediatric obesity frequently leads to adult obesity which is associated with a significant increased risk for many chronic diseases.
4. Pediatricians should routinely measure the height and weight of children and calculate the BMI % when indicated.
5. When the BMI % is $\geq 85\%$, pediatricians should evaluate the child's living environment, perform a comprehensive physical examination and engage in a discussion with the patient and family, and if agreed upon, embark on a treatment plan and monitor results of the treatment plan.
6. HAAP will encourage providers to implement defined strategies to comprehensively identify, evaluate, document and begin treatment protocols for the overweight pediatric patient.
7. Health Insurance Plans and Mutual Benefit Societies should pay for medical services when a comprehensive, defined evaluation and treatment plan is initiated by the provider with the overweight (BMI $\geq 85\%$) pediatric patient.
8. HAAP will work with community agencies to encourage a collaborative, community wide approach towards improving the epidemic of physical inactivity and poor nutrition.



HILOPA'A

Family to Family Health Information Center

Date: February 22, 2009

To: COMMITTEE ON HEALTH

Senator David Ige, Jr, Chair

Senator Josh Green, MD, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn Baker, Chair

Senator David Ige, Jr., Vice Chair

Fr: Leolinda Parlin, State Coordinator for Family Voices of Hawai'i

Re: **SUPPORT THE INTENT** – SB794 – Relating to Health Insurance for Childhood Obesity

On behalf of Family Voices of Hawai'i, I offer testimony supporting the intent of SB 794 requiring health insurance providers to cover weight management and obesity prevention, evaluation, and guidance services for children.

We support that childhood obesity is a medical problem of mammoth proportions. Consequently, families should be able to utilize their medical benefits for treatment just as they would for diabetes, arthritis, or any other medical condition that requires a treatment plan, ongoing management and plan maintenance. Opponents to this concept view childhood obesity as a social problem not a medical problem. SB 794 is a measure to insure this parity.

As an organization, Family Voices is national grass roots organization of family of friends of child with special health care needs. In Hawai'i, we operate the federally funded Hilopa'a Family to Family Health Information Center and we serve on the Pediatric Council of Hawai'i. At its inception, the Council consisted of all of the medical directors from the private health plans, representation from the Department of Health, the Legislature, the Insurance Commissioner and Family Voices. At the very first Council meeting, the crisis of childhood obesity was raised as a topic of discussion with the intent to develop a plan to address this public health crisis. Around the table, there was consensus that this was indeed an epidemic which needed to be addressed. Again, in a subsequent meeting, which now included the QUEST medical directors, there was tremendous interest to address this issue.

We are now at the tipping point. We must systematically institutionalize the process by which we will address this issue in the primary care setting. SB 794 can do that. While this bill seeks mandatory coverage, Section 23-51 of the Hawai'i Revised Statutes also mandates that the legislative auditor review the social and financial effects of such legislation. We ask that a resolution be considered to move forward on this measure.

Thank you for time and consideration of SB 794.



American Heart Association | American Stroke Association

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Testimony on SB 794, "Relating To Health"

The American Heart Association (AHA) supports SB 794, but recommends one technical amendment.

It recommends that line 6 on page 2 of the proposal, that currently reads "and alternatives to white rice" be amended to read "**and consumption of more whole grains**" to be more consistent with current dietary guidelines.

The AHA acknowledges that addressing child and adolescent overweight and obesity in healthcare is a critical part of reversing the bulging waistlines and the concomitant incidence of chronic disease across the United States. An American Medical Association Expert Committee released in 2007 recommendations on the assessment, prevention and treatment of child and adolescent overweight and obesity. The AHA endorses these recommendations. The evidence base concerning appropriate treatment and prevention options is still evolving, however these recommendations represent the best available science, most effective practice, and soundest methods moving forward.

There is a clear link between childhood obesity and cardiovascular health problems as an adult. Thus, the prevention and treatment of childhood obesity will pay dividends in reducing adult cardiovascular disease and disability, averting healthcare costs and the negative impact of cardiovascular disease and productivity in the workforce. Providers play a key role in the fight against childhood obesity and need to be given the support and training necessary to be effective in the clinical environment and as advocates in their communities.

Obesity prevention programs in children and adolescents have shown success. Providers have embraced multiple clinical resources on childhood obesity, including practice-based toolkits for obesity management while expressing a desire for training and a willingness to advocate for policy change. Training all health care providers is critical to adopting new tools and practices. After brief, cost-effective, multifaceted training, physicians report an increased use of recommended screening and counseling tools and interactive exercises. The AMA recommendations serve as a foundation for future childhood obesity training programs and fill a much needed void in the medical community in terms of consolidated best practices for preventing and treating this epidemic.

Among the AMA recommendations include these for healthcare providers:

Assessment:

1. Healthcare providers should perform, at a minimum, a yearly assessment of weight status in all children.
2. Providers should qualitatively assess dietary patterns, screen time, and physical activity behaviors in all pediatric patients at each well child visit.

Serving Hawaii since 1948

For information on the AHA's educational or research programs, contact your nearest AHA office, or visit our web site at www.americanheart.org or e-mail us at hawaii@heart.org

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*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

3. All overweight and obese children should receive a thorough physical examination including BMI assessment, pulse rate and blood pressure measured with a large enough cuff. The following laboratory tests should occur for both the overweight and obese: fasting lipid profile, fasting glucose, aspartate aminotransferase, and alanine aminotransferase. In the obese patient, blood urea nitrogen and creatinine should be assessed.
4. Healthcare providers should obtain a focused family history for obesity, type 2 diabetes, cardiovascular disease (particularly hypertension), and early deaths from heart disease or stroke to assess risk of current or future comorbidities associated with a child's overweight or obese status.

Treatment:

1. For overweight and obese children, treatment should occur in a staged approach based upon the child's age, BMI, related comorbidities, weight status of parents, and progress in treatment: a prevention plus protocol, structured weight management, comprehensive multidisciplinary protocol, and pediatric tertiary weight management. The child's primary caregivers and families should be integrally involved in the process.

The AMA Recommendations should serve as the foundation of the medical community's approach to the prevention and treatment of childhood obesity and should be integrated into all medical settings as well as supporting clinical resources and toolkits. The healthcare marketplace plays a critical role in ensuring the full implementation of these guidelines through the provision of reimbursements to support the full prevention and treatment of childhood obesity, including reimbursement from public and private insurance programs.

The AHA also encourages additional training be made available on the AMA recommendations to both educate and empower providers to help them fulfill their role in addressing the childhood obesity epidemic. Healthcare professionals are central to reversing the epidemic trends of obesity across the United States, not only as providers of care in the clinical environment, but as advocates for community, family and school environments that support healthy lifestyles.

Launch of Landmark Healthcare Initiative

On Feb. 19, the Alliance for a Healthier Generation, a joint initiative of the American Heart Association and the William J. Clinton Foundation, announced the formation of the Alliance Healthcare Initiative, a collaborative effort with national medical associations, leading insurers and employers to offer comprehensive health benefits to children and families for the prevention, assessment, and treatment of childhood obesity.

This effort marks a major step forward in a holistic approach to reduce childhood obesity in the United States. The Alliance Healthcare Initiative will enable healthcare providers to be an active part of the solution to the obesity epidemic by providing children with primary care visits, and visits to registered dietitians as part of their health insurance benefits. Additionally, the Alliance Healthcare Initiative will educate parents about childhood obesity and the expansion of services available to their children as a result of this effort.

This is the first time a group of organizations has worked together to ensure children get the insurance coverage they need to fight obesity and the first time outcomes will be monitored to ensure the benefits are being used. Through this program, doctors will be reimbursed for bringing children back for follow-up visits and for working with them on the adoption of healthy behaviors.

Registered dietitians will also be reimbursed for providing in depth nutrition counseling over multiple visits to those children that are referred by their doctors. By working together, doctors and registered dietitians will help children and their families adopt healthier lifestyle habits to improve their health and weight. Participating companies will have access to materials and resources developed by the Alliance to inform parents about childhood obesity prevention and treatment.

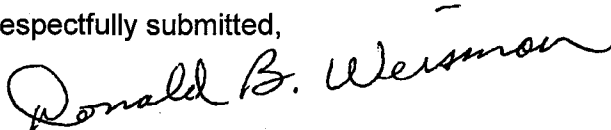
Several health insurance organizations are part of this ground-breaking effort, including **Aetna, Blue Cross and Blue Shield of North Carolina, Blue Cross Blue Shield of Massachusetts and WellPoint**. Major corporations including, **Houston Independent School District, Owens Corning and Paychex** are participating as customers of Aetna. **PepsiCo** has also joined with the Alliance to offer these benefits. And, the **William J. Clinton Foundation** and **American Heart Association** will also offer these benefits to their employees. In addition, the **American Academy of Pediatrics** and the **American Dietetic Association** will collaborate with these organizations to help clinicians provide education, improve care coordination, offer resources to eligible families, and help with recruitment of medical professionals.

During the first year of this program, nearly one million children will have access to this benefit option. The long-term goal of the Alliance Healthcare Initiative is that within the first three years, 25 percent of all overweight children (approximately 6.2 million) will have access to this benefit. It is the AHA's hope that Hawaii's healthcare insurers and companies will consider joining this initiative by offering these benefits to their clients and employees.

The Alliance Healthcare Initiative will enable families to work in collaboration with their primary care physicians, registered dietitians and other healthcare professionals to achieve lifelong health. By helping children to work with their primary care physicians, insurers can facilitate the introduction of benefits designed to keep future healthcare costs low and improve the overall health and well being of children and families.

The AHA encourages legislators to support SB 794 with its recommended amendment.

Respectfully submitted,



Donald B. Weisman
Hawaii Communications and Marketing/Government Affairs Director

From: Donna Chun, President, Hawaii Association for Health, Physical Education,
Recreation and Dance
Measure: SB 794, Relating to Childhood Obesity
Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green,
Vice-Chairman
Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker,
Chair, Senator David Y. Ige, Vice-Chair
Hearing: Monday, February 23, 2009 @3:00pm, Room 16

Dear Senators:

I wish to submit testimony in support of SB 794

Incidence of childhood overweight and obesity has doubled in the past two decades in the US. Currently, 15% of 6 – 11 year olds and 12– 19 year olds in the U.S. are at or above the 95th percentile for BMI (body mass index) and diagnosed as obese.

Hawaii, likewise, is also experiencing an epidemic of physical inactivity and poor nutrition leading to an epidemic of pediatric obesity. The percentage of 6-11 year old children of Hawaiian ancestry and of non-Hawaiian ancestry above the 95th percentile is 26% and 20% respectively. Compared to mainland data, Hawaii children ages 12-19 years also have a higher incidence of obesity.

The Hawaii Association of Health, Physical Education, Recreation and Dance (HAHPERD) recently met in 2008 with the Hawaii Chapter of the American Academy of Pediatrics (HAAP) and established a collaborative project focused on childhood obesity in Hawaii. With the recent development of The Hawaii Pediatric Weight Management Toolkit by HAAP, HAHPERD has agreed to work with three or four select schools on Oahu in a pilot study developing, monitoring and assessing the physical activity program of these children. All children in the study will be tested on their height, weight and body mass index. In addition children in the study who are diagnosed at being at risk for obesity will work with a pediatrician for continued monitoring and counseling in regards to their obese problem. Based upon the collaborative efforts of the HAAP and HAHPERD, the pediatrician will work closely with the designated physical education specialist in the school in better diagnosing and evaluating procedures to assist the at risk child in the treatment of the obesity problem.

Support of SB 794 and procuring of health insurance coverage for obese children in Hawaii will enable pediatricians to identify, evaluate, monitor, counsel, and to administer treatment protocols for the overweight and obese child. In addition, working with physical education specialists in the schools will not only solidify the early detection of obese children in Hawaii schools in solving the pediatric obesity epidemic in Hawaii, but will also ensure proper follow up of physical activity, a necessary ingredient in the solution of the childhood obesity problem in Hawaii and for lifelong living as adults.

From: Ty Desilva [tdesilva@hawaii.edu]
Sent: Friday, February 20, 2009 10:25 AM
To: HTHTestimony
Subject: SB794

Categories: Green Category, Blue Category

Person submitting testimony: Ty de Silva, M.D.

Measure: SB794, Relating to Childhood Obesity

Committee on Health (HTH), Senator David Y, Ige, Chairman, Senator Josh Green, Vice-Chairman

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H, Baker, Chair, Senator David Y. Ige, Vice-Chair

Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794.

Sincerely:

Ty de Silva, MD

From: Matsumoto, Keith MD [KeithM@kapiolani.org]
Sent: Friday, February 20, 2009 10:44 AM
To: HTHTestimony
Subject: SB794

Categories: Green Category, Blue Category

Person submitting testimony: Keith Matsumoto, MD

Measure: SB794, Relating to Childhood Obesity

Committee on Health (HTH), Senator

David Ige, Chairman, Senator Josh Green, Vice-Chair

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn Baker, Chair, Senator

David Ige, Vice-Chair

Hearing: Monday, 2/23/09 @ 3:00

PM, Room 016

Dear Senators:

I urge you to support SB794.

Childhood obesity is one of the biggest problems I see in my

office and is the biggest single long term concern I have for the future of our keikis' health. The

ramifications for individual patients and society in general are significant.

SB794 will help address

this potentially grave problem.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: coki [fwam808@gmail.com]
Sent: Friday, February 20, 2009 11:03 AM
To: HTHTestimony
Subject: Support SB 794

Categories: Green Category, Blue Category

Dear Senators David Ige, Josh Green, and Rosalyn Baker.

I wish to submit testimony in support of SB 794.

Sincerely,

Curt Okimoto

From: Amanda Schroepfer [amanda.schroepfer@gmail.com]
Sent: Thursday, February 19, 2009 7:26 PM
To: HTHTestimony
Subject: Supporting SB794, Relating to Childhood Obesity

Categories: Green Category, Blue Category

Person submitting testimony: Amanda Schroepfer, M.D.

Measure: SB794, Relating to Childhood Obesity

Committee on Health (HTH), Senator David Y, Ige, Chairman, Senator Josh Green, Vice-Chairman

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H, Baker, Chair, Senator David Y. Ige, Vice-Chair

Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794.

Childhood obesity is an increasing threat to the health of our children, and this bill is one step towards combatting this growing public health problem.

Sincerely:

Amanda Schroepfer, MD

From: THERESIA TAN [gktan@hawaiiantel.net]
Sent: Thursday, February 19, 2009 3:17 PM
To: HTHTestimony
Subject: SB794

Categories: Green Category, Blue Category

Dear Senators,

I wish to support SB794

Sincerely,
Theresia Tan, MD

From: Susan Tomihama Mikami [stomihama@yahoo.com]
Sent: Thursday, February 19, 2009 1:36 PM
To: HTHTestimony
Subject: testimony in support of SB 794
Attachments: stat100.jpg; stat1811.jpg
Categories: Green Category, Blue Category

Person submitting testimony: Susan Mikami, M.D.
Measure: SB794, Relating to Childhood Obesity
Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green, Vice-Chairman
Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice-Chair
Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794. Pediatric Obesity is rapidly becoming a public health crisis, and if not addressed in the childhood years, will soon grow into an epidemic of adult heart disease, diabetes and blood pressure problems that will be an enormous burden on our health care system including Medicaid and Medicare. Prevention and early treatment will save millions of tax dollars. As a pediatrician, I am trying to treat these children, but have to play games with the insurance providers in order to be reimbursed. Please HELP US to help these children, before it's too late.

Sincerely:
Susan Mikami, MD

Susan Tomihama Mikami
stomihama@yahoo.com

Person submitting testimony: Kristine Wallerius Cuthrell, MPH, RD
Measure: SB794, Relating to Childhood Obesity
Committee:

Committee on Health (HTH)
 Senator David Y. Ige, Chair
 Senator Josh Green, Vice-Chairman
Commerce and Consumer Protection (CPN)
 Senator Rosalyn H. Baker, Chair
 Senator David Y. Ige, Vice-Chair
Day/Date of hearing: Monday 2/23/09
Time of hearing: 3 pm
Location (conference room number): 016

Testimony in Support of SB794, Relating to Childhood Obesity

The Hawaii Dietetic Association represents over 300 nutrition professionals in the State of Hawaii, primarily registered dietitians. As President of this organization, I am writing to voice our strong support of SB_794.

Nutrition is a science of prevention. Education is the key to providing families with nutrition information, which in turn can prevent or delay the onset of chronic diseases such as diabetes, kidney failure, hypertension, heart disease, and obesity.

Since 1990, both the United States and Hawaii have seen increases in the proportion of people who are overweight or obese. Hawaii's rate of overweight increased 25 percent between 1990 and 2007, and the rate of obesity increase 2.4 times (1990: 9.1%; 2007: 21.7%). In 2007, one in every three adults was overweight; one in five was obese.³

Weight problems start at a young age. Being overweight in early adolescence puts children at risk for developing heart and blood vessel disease and type 2 diabetes even before they become teenagers. Because of this, and because changing lifestyle habits may be easier at a younger age, health care providers should make efforts to address weight problems as early as possible in adolescents.² It is known that type 2 diabetes may be delayed, is likely preventable, is manageable and is controllable in 9 out of 10 cases through weight control, exercise, a healthy diet and not smoking.¹

Pediatricians and family physicians are in contact with children and families multiple times in a child's life. Since the pediatrician is usually the first line of intervention with a child's health, anticipatory guidance from pediatricians and family physicians is likely to offer an effective intervention to evaluate, treat and prevent obesity. If these children are treated in childhood, the health risks they face as adults may be prevented.

The Hawaii Pediatric Weight Management Toolkit (HPWMT) is an evidence-based resource for physicians developed in partnership with a registered dietitian that can serve as a framework to assess, counsel and manage children who are overweight or obese. Toolkit materials were developed around evidence-based guidelines, adapted to address some of the unique cultural eating habits of Hawaii's families, then evaluated by parent and physician focus groups.

The major barrier to implementation cited by healthcare professionals is lack of payment for medical and dietary services by insurance companies. Economics are such that the health care a child receives depends on the coverage his/her health care insurance will pay for, and at the present time none of Hawaii's health care insurers cover any physician-patient interaction if the primary diagnosis is obesity. "Obesity" needs to be recognized by insurers as a chronic disease in need of medical evaluation and treatment in the same way "asthma" and "diabetes" are identified, evaluated and treated.

The Hawaii Dietetic Association is in strong support of coverage for the diagnosis and treatment of childhood obesity. **By addressing childhood obesity with early intervention from a trusted medical source, we have the opportunity to avoid the tremendous costs associated with our rising rates of diabetes, hypertension, cardiovascular disease, and other obesity-related chronic conditions.**

Thank you for your consideration of this important bill.

Kristine Wallerius Cuthrell, MPH, RD
President, Hawaii Dietetic Association
kcuthrel@jhsph.edu 808 389-0770

¹ <http://www.hsph.harvard.edu/nutritionsource/diabetes.html>

² <http://www.diabetes.org/diabetes-research/summaries/weight-problems-increase-risks-for-young-adolescents.jsp>

³ www.healthtrendshawaii.org

From: Yamanaka [tlyama@hawaiiantel.net]
Sent: Thursday, February 19, 2009 9:27 AM
To: HTHTestimony
Subject: Fwd: SB794 Send Testimony now!

Categories: Green Category, Blue Category

HTHTestimony@Capitol.hawaii.gov

Person submitting testimony: Lori L. Yamanaka, M.D.

Measure: SB794, Relating to Childhood Obesity

Committee on Health (HTH), Senator David Y, Ige, Chairman, Senator Josh Green, Vice-Chairman

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H, Baker, Chair, Senator David Y. Ige, Vice-Chair

Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794.

Childhood obesity is medical problem that has been for much too long overlooked. We are already facing a crisis with this issue and appropriate reimbursement for the time and energy it takes for pediatricians to address this problem would be a definite step in the right direction.

Sincerely:

Lori L. Yamanaka MD

Here is a copy of the actual bill. (We are recommending amendments to include children < 19 yrs of age)

http://www.capitol.hawaii.gov/session2009/Bills/SB794_.HTM

From: Asad Ghiasuddin [asad@hawaii.edu]
Sent: Thursday, February 19, 2009 9:41 AM
To: HTHTestimony
Subject: Testimony for SB794

Categories: Green Category, Blue Category

Person submitting testimony: Asad Ghiasuddin, M.D.
Measure: SB794, Relating to Childhood Obesity
Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green, Vice-Chairman
Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice-Chair
Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794.

As a general pediatrician, adult psychiatrist, and child psychiatrist, I deal with the issue of pediatric obesity on almost a daily basis. This is a nationwide epidemic that needs the wider support from our communities, including health care plans.

Sincerely:

Asad Ghiasuddin, MD

From: Loren Yamamoto [loreny@hawaii.edu]
Sent: Thursday, February 19, 2009 10:33 AM
To: HTHTestimony
Subject: SB794

Categories: Green Category, Blue Category

Person submitting testimony: Loren Yamamoto, M.D, MPH, MBA, FAAP, FACEP.

Measure: SB794, Relating to Childhood Obesity

Committee on Health (HTH), Senator David Y, Ige, Chairman, Senator Josh Green, Vice-Chairman

Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H, Baker, Chair, Senator David Y. Ige, Vice-Chair

Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senator Ige and Senator Green:

I would like to express my support for SB794. Obesity is a serious problem that is difficult to tackle. Primary care medical visits can help in some instances but these are very time consuming and resource intensive. If a physician takes the time to help a patient via such extensive counselling and one on one educational efforts, this should be reimbursed fairly. Thank you for your consideration.

Sincerely yours,

Loren G. Yamamoto, MD, MPH, MBA, FAAP, FACEP

www.hawaii.edu/medicine/pediatrics

=====

The Queen's POB I, 1380 Lusitana St., Suite 501, Honolulu, HI 96813-2449
(808) 521-6030 * fax (808) 521-6273 * e-mail: gchock@aap.net

Measure: **SB794**, Relating to Childhood Obesity
Hearing: Monday, 2/23/09, 3:00 P.M. Room 016

To: **Committee on Health**
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair
Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

Dear Senators:

This letter is in support of SB 794.

Pediatric overweight and obesity is a chronic disease that needs early identification, evaluation and intervention or it will lead to debilitating adult obesity with its multitude of metabolic problems.

Over the past few years, I have been using the information contained in the Hawaii Pediatric Weight Management Toolkit, of which I am the co-author, in my pediatric practice.

This "protocol" has allowed me to concisely identify and evaluate my patients weight status and family lifestyles and for those identified at the 85% Body Mass Index, BMI, or higher it provides me the material needed to offer reasonable interventions with my patients and families.

I can attest to the ability of patients and their families to make significant changes in their lifestyle in order to achieve a better weight once the subject has been raised and we engage in a problem solving dialogue.

Unfortunately this process is time consuming: we are asking patients and their families to recognize an underlying medical problem, which for many does not cause any discomfort, and then alter their lifestyle to ameliorate it.

This bill will allow patients the benefit of medical coverage under their health insurance or mutual benefit plan to pay for the physician time, knowledge and commitment needed to evaluate and intervene in what will otherwise become a lifetime metabolic disease.

I request that the bill be **amended** so that health plans are prohibited from excluding payment for medical services when childhood and adolescent obesity

(ICD-9-CM 278.00 Obesity, 278.01 Morbid Obesity, and 278.02 Overweight) is the primary diagnosis. Suggested wording for the amendment is as follows: "No policy, plan, contract or agreement shall exclude coverage for the identification, evaluation, formation of a medical treatment plan and medical follow-up for childhood obesity provided the health care provider has utilized a written protocol."

In addition the bill should be amended to include children **under 19 years** of age rather than 16.

For the betterment of our children's health and the long term health of the citizens of our state, I urge you to pass this bill into law.

Respectfully:

Galen YK Chock MD

From: DRJLAM@aol.com
Sent: Wednesday, February 18, 2009 2:37 PM
To: HTHTestimony
Cc: DRJLAM@aol.com
Subject: Testimony in support of SB 794

Categories: Green Category, Blue Category

Senate Bill 794
February 23, 2009, 3PM Conference Room 16

Committee on Health
Senator David Ige, Chair
Senator Josh Green, Vice Chair

Committee on Commerce and Consumer Protection
Senator Rosalyn Baker, Chair
Senator David Ige, Vice Chair

Dear Senators,

2/18/09

I am testifying in strong support of Senate Bill 794 and the amendments made by the Hawaii Chapter of the American Academy of Pediatrics. The problem of obesity in Hawaii is epidemic and research has clearly shown that this risk factor is associated with so many devastating and chronic diseases. Children who are obese by the age of 2 will develop a poor body image and low self esteem in the future.

Early onset obesity is undeniably a risk factor for morbidity and mortality later in life. In both sexes, rates of diabetes, coronary heart disease, atherosclerosis, hip fracture and gout were increased in those who were overweight as adolescents. Especially in females, obesity at late adolescence was associated with several and relevant psychosocial consequences in adulthood. Finally, a higher mortality risk for all causes of death, especially atherosclerotic cerebrovascular disease and colorectal cancer, was demonstrated in males but not in females who were overweight during high school years. The association between childhood obesity and adult morbidity and mortality strongly suggests that a more effective prevention and treatment of childhood obesity should be pursued.

The time for prevention is at birth. Pediatricians can do much to prevent obesity. Why the insurance companies do not pay physicians for the diagnosis of obesity is an enigma. Like immunizations, it will save them so much money down the line.

Without reimbursement, physicians are encouraged to see patients for warts and rashes and NOT for obesity. Please remedy this situation by passing this important preventive health legislation. This issues should have been addressed long ago.

I urge you to pass Senate Bill 794 without reservations.

Jeremy Lam , M.D.
2230 Kamehameha Avenue
Honolulu, HI 96822
drjlam@aol.com

Person submitting testimony: Jim Drorbaugh, M.D.

Measure: SB794, Relating to Childhood Obesity

Committee: Committee on Health (HTH)

Senator David Y. Ige, Chair

Senator Josh Green, Vice-Chairman

Commerce and Consumer Protection (CPN)

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice-Chair

Day/Date of hearing:

Time of hearing:

Location (conference room number):

Testimony in Support of SB794, Relating to Childhood Obesity

One of the priorities identified by the 2008 Keiki Caucus Summit is to "improve access and availability of health care." Senate Bill 794 is a response to this statement with regard to prevention and treatment of childhood obesity.

In Hawaii, up to 30% of the children are overweight or obese as determined by having a Body Mass Index for age equal or above the 85%ile.

Those children who are equal or above the 85%ile are at increased risk of type 2 diabetes and other metabolic diseases when they reach adulthood.

If these children are treated in childhood, the risks they face as adults will be prevented.

Pediatricians and other physicians who care for children have developed protocols such as the Hawaii Pediatric Weight Management Toolkit to use with this group of children. The protocols lead to the development of a healthy lifestyle which can last the child's entire life.

However economics are such that the health care a child receives depends on the coverage his/her health care insurance will

pay for.

At the present time none of Hawaii's health care insurers cover any physician-patient interaction if the primary diagnosis is obesity. "Obesity" needs to be recognized by insurers as a diagnosis in the same way "asthma" and "autism" are.

The purpose of SB794 is to enable physicians and health insurance companies to partner in providing the much needed identification, evaluation, treatment and follow-up services to overweight and obese children.

This bill is not about doctors or insurers. It is about providing needed preventive services to overweight and obese children.

Thank you for your consideration of our bill.

Jim Drorbaugh, M.D.

Suggested Amendments, SB794

As written SB794 mandates " weight management and prevention, evaluation, and guidance services". We are asking that the bill be **amended** so that health plans are prohibited from excluding payment for medical services when childhood and adolescent obesity (ICD-9-CM 278.00 Obesity, 278.01 Morbid Obesity, 278.02 Overweight) is the primary diagnosis. This change would be in line with the statutes that mandate coverage for such conditions as "asthma" and "autism". **Suggested changes in the wording in Section 2 and Section 3 is as follows:**

"No individual or group health insuring corporation policy, contract, or agreement providing basic health care services that is delivered, issued for delivery, or renewed in this State shall exclude coverage for the identification, evaluation, formation of a medical treatment plan and medical follow-up for childhood obesity provided the health care provider has utilized a written protocol."

In addition, we suggest that these definitions be inserted at the **beginning of Section 2 and Section 3:**

"Chapter ____: Identification, evaluation, formation of a medical treatment plan and medical follow-up for obesity in children. As used in this section:

'Childhood obesity' means a child with a BMI greater or equal to the 85thile.

'Children' are those under 19 years of age.

'Written protocol' means a protocol as exemplified by the Hawaii Pediatric Weight Management Toolkit.

This bill specifically does not address bariatric surgery.

When these changes are made in Section 2 and Section 3, the following changes will be necessary:

"Report Title" should be changed to read:

"Children; identification, evaluation, formation of a medical treatment plan and medical follow-up."

"Description" should be changed to read:

"Excludes health insurance carriers from denying coverage for identification, evaluation, formation of a medical treatment plan and medical follow-up for obese children."

Page 2, lines 7 through 10 should be changed to read:

"The purpose of this Act is to exclude health insurance providers from denying coverage for identification, evaluation, formation of a medical treatment plan and medical follow-up for obese children."

Page 2, line 22 and page 3, line 16 change "sixteen" to "nineteen".

MCCORRISTON MILLER MUKAI MACKINNON LLP

ATTORNEYS AT LAW

February 18, 2009

Honorable David Y. Ige, Chair
Honorable Josh Green, M.D., Vice Chair
Committee on Health
Honorable Rosalyn H. Baker, Chair
Honorable David Y. Ige, Vice-Chair
Committee on Commerce and Consumer Protection
Senate
State Capitol
415 South King Street
Honolulu, Hawaii 96813

Re: S.B. No. 794 RELATING TO HEALTH

Dear Chairs Ige and Baker, Vice Chair Green, and Committee Members:

On behalf of the American Family Life Assurance Company of Columbus (AFLAC), we respectfully submit the following written testimony with respect to Senate Bill No. 794, relating to health, which is to be jointly heard by your Committees on Health and on Commerce and Consumer Protection on February 23, 2009.

S.B. No. 794 is intended to require health insurance providers to cover weight management and obesity prevention, evaluation, and guidance services for children. However, there are certain types of supplementary or limited benefit insurance, for example, covering only accidental injuries, hospital stays or specific diseases, for which it would not be appropriate to mandate coverage of weight management and obesity prevention, evaluation, and guidance services for children.

At present, limited benefit insurance policies allow consumers to acquire supplemental insurance coverage, for example for specific diseases or hospital stay, at a low cost. Such policies are intended to be supplemental and limited in nature and requiring limited benefit insurance to also cover weight management and obesity prevention, evaluation, and guidance services for children will not result in any additional protection for the consumer, as such coverage will be provided in the primary insurance.

Instead, such a mandated benefit will harm the consumer by forcing them to pay for coverage they are not seeking. Simply put, a person purchasing a cancer, hospital confinement or medicare supplement policy is not seeking and should not be required to pay for mandated coverage of weight management and obesity prevention, evaluation, and guidance services for children.

Honorable David Y. Ige, Chair
Honorable Josh Green, M.D., Vice Chair
Committee on Health
Honorable Rosalyn H. Baker, Chair
Honorable David Y. Ige, Vice-Chair
Committee on Commerce and Consumer Protection
February 18, 2009
Page 2 of 3

For the foregoing reasons, we support the amendment of Section 2 of H.B. No. 794 to delete from its coverage "limited benefit insurance" by adding the following, which is based upon the language currently contained in Hawaii Revised Statutes section 431:10A-121:

"§431:10A- Weight management and obesity prevention coverage; children. (a) All individual and group accident and health or sickness insurance policies, other than accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit health insurance policies, shall provide coverage for weight management and obesity prevention, evaluation, and guidance services for any dependent of a subscriber; provided that:

(1) The dependent is covered by the subscriber's policy; and

(2) The dependent is under the age of sixteen years old.

(b) For the purposes of this section, "weight management and obesity prevention, evaluation, and guidance services" means the application of the Hawaii pediatric weight management toolkit or other similar protocols that provide effective weight management and obesity prevention, evaluation, and guidance."

(Additional language underscored; deletions marked by strikethrough.)

The proposed exception is based upon similar exceptions in mandated coverage for limited benefit health insurance policies. *See, e.g.,* HRS § 431:10A-121 ("Each policy of accident and health or sickness insurance providing coverage for health care, other than an accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit health insurance policy, that is issued or renewed in this State, shall provide coverage for outpatient diabetes self-management training, education, equipment, and supplies . . .").

Honorable David Y. Ige, Chair
Honorable Josh Green, M.D., Vice Chair
Committee on Health
Honorable Rosalyn H. Baker, Chair
Honorable David Y. Ige, Vice-Chair
Committee on Commerce and Consumer Protection
February 18, 2009
Page 3 of 3

Thank you for your consideration of the foregoing.

Very truly yours,

MCCORRISTON MILLER MUKAI MACKINNON LLP

A handwritten signature in black ink, appearing to read "Peter J. Hamasaki", written in a cursive style.

Peter J. Hamasaki

From: Nicole Kerr [nicole@nicolekerr.com]
Sent: Thursday, February 19, 2009 10:38 AM
To: HTHTestimony
Cc: 'Nicole Kerr'
Subject: SB_794 Testimony-Attn: Senator David Ige
Attachments: Glacier Bkgrd.jpg

Categories: Green Category, Blue Category

Person submitting testimony: Nicole Angelique Kerr, MPH, RD
Measure: SB794, Relating to Childhood Obesity
Committee: Committee on Health (HTH)
Senator David Y, Ige, Chair
Senator Josh Green, Vice-Chairman
Commerce and Consumer Protection (CPN)
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice-Chair
Day/Date of hearing: Monday, 2/23/09
Time of hearing: 3:00 pm
Location (conference room number): Room 016

Testimony in Support of SB794, Relating to Childhood Obesity

Aloha Senators Ige, Baker and Green,

Childhood obesity is one of the most pressing public health issues today and has become the most common chronic disease in childhood. Specifically, it is associated with the growing incidence of type II diabetes, poor self-esteem, and poor health as adults. The latest NHANES survey, from 2003 to 2005, reported that an estimated 16.3% of American children 2-19 years of age were overweight or obese. Although Hawaii is known to be one of the healthiest states in the country, recent data suggests that the obesity problem among Hawaii's children may be even more critical than other states. A population based study of children entering kindergarten in Hawaii from 2002 to 2003 showed that 28.5% were either overweight or obese (Pobutsky et al 2007). Additional reports suggest that the problem may be worse among some ethnic and socio-economic groups. A study of preschool children in Hawai'i, 27% of Samoan children 2-4 years old were overweight compared with 12.4% of Filipino children (Baruffi et al, 2005).

Pediatricians and family physicians are in contact with children and families multiple times in a child's life. Since the pediatrician is usually the first line of intervention with a child's health, anticipatory guidance from pediatricians and family physicians is likely to offer an effective intervention to evaluate, treat and prevent obesity. If these children are treated in childhood, the health risks they face as adults may be prevented.

In response to this worsening epidemic, Dr. Galen Chock (President of the American Academy of Pediatrics-Hawaii Chapter) and myself, with a grant from the HMSA Foundation co-wrote the Hawaii Pediatric Weight Management Toolkit (HPWMT). The HPWMT is an evidence-based resource for physicians that can serve as a framework to assess, counsel and manage children who are overweight or obese. Toolkit materials were developed around evidence-based guidelines, adapted to address some of the unique cultural eating habits of Hawaii's families, then evaluated by parent and physician focus groups. In November 2007 the HPWMT was presented to the Hawaii's pediatric community and since then over 285 physicians and healthcare providers (nurses and registered dietitians) have been trained on the use of the materials. The response was overwhelmingly positive. The major barrier to implementation cited by these healthcare professionals is lack of payment for

medical and dietary services by insurance companies.

Economics are such that the health care a child receives depends on the coverage his/her health care insurance will pay for and at the present time none of Hawaii's health care insurers cover any physician-patient interaction if the primary diagnosis is obesity. "Obesity" needs to be recognized by insurers as a chronic disease in need of medical evaluation and treatment in the same way "asthma" and "diabetes" are identified, evaluated and treated.

I have worked in this field for the past 20 years and if we do not start paying our providers to treat this disease this may be the first generation of kids that does not outlive their parents.

The purpose of SB794 is to enable physicians and health insurance companies to partner in providing the much needed identification, evaluation, treatment and follow-up services to overweight and obese children.

This bill is not about doctors or insurers. It is about enabling medical providers to deliver needed medical services to children and adolescents who are afflicted with the chronic disease state of overweight and obesity

Thank you for your consideration of this important bill.

Nicole Angelique Kerr, MPH, RD

Nicole Angelique Kerr, MPH, RD

808-265-3090

www.nicolekerr.com

"You don't have to see the whole staircase, just take the first step." ~ MLK

From: guerrera@hawaiiintel.net
Sent: Thursday, February 19, 2009 11:54 AM
To: HTHTestimony
Subject: testimony in support of SB 794

Categories: Green Category, Blue Category

Dear Senators:

I wish to submit testimony in support of SB 794.

As a general pediatrician, adult psychiatrist, and child psychiatrist, I deal with the issue of pediatric obesity on almost a daily basis. This is a nationwide epidemic that needs the wider support from our communities, including health care plans. I believe that if we do not make the relatively small investment early on in a person's life, the cost will be much more significant in the future.

Sincerely:

Anthony Guerrero

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 19, 2009 12:08 PM
To: HTHTestimony
Cc: phahn86@gmail.com
Subject: Testimony for SB794 on 2/23/2009 3:00:00 PM

Categories: Green Category, Blue Category

Testimony for HTH/CPN 2/23/2009 3:00:00 PM SB794

Conference room: 016
Testifier position: comments only
Testifier will be present: Yes
Submitted by: Pearl Hshn
Organization: Individual
Address: 1314 S. King Street #1163 Honolulu, HI
Phone: 9086425832
E-mail: phahn86@gmail.com
Submitted on: 2/19/2009

Comments:

While lauding the goal of reducing obesity and encouraging a healthy lifestyle among youth, I would like to express some concerns over this measure. Adding requirements to health plans to offer certain services without regard to consumer preference is a major factor in driving up costs of coverage. The initiative put forth in this bill necessitates more resources, which will force insurers to increase their rates at a time when consumers cannot afford it. In 2007, the largest provider in the state, HMSA, passed the biggest rate hike in three years, at 6.6 percent. The hike affected more than 11,000 small businesses and a total of 143,000 employees. Last year in 2008, HMSA increased premiums by an even larger margin. Yet, HMSA currently operates at a loss. Adding to the strain on the few insurers in the state at this time would be detrimental to employers, insurers, consumers, and businesses in the state while having a marginal effect on obesity.

From: Hirsch, Wendi Ph.D [WHirsch@kapiolani.org]
Sent: Thursday, February 19, 2009 3:26 PM
To: HTHTestimony
Subject: SB 794

Categories: Green Category, Blue Category

Person submitting testimony: Wendi Hirsch, Ph.D.
Measure: SB794, Relating to Childhood Obesity Committee on Health (HTH), Senator David Y, Ige, Chairman, Senator Josh Green, Vice-Chairman Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H, Baker, Chair, Senator David Y. Ige, Vice-Chair
Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in strong support of SB 794. As a clinical psychologist at Kapi'olani Medical Center for Women and Children, I am very concerned with the number of Hawaii's children who are obese. In my opinion, insurance reimbursement for evaluation and intervention of pediatric obesity is absolutely essential. Without adequate coverage, obesity will remain an underlying issue until the child becomes ill with a consequence OF it (diabetes, heart disease, etc), which has larger medical, social, and financial ramifications. Our children deserve better.

Sincerely:

Wendi M. Hirsch, Ph.D.

Wendi M. Hirsch, Ph.D.
Clinical Psychologist
Kapi'olani Behavioral Health Service
Kapi'olani Medical Center for Women and Children
1319 Punahou Street, Suite 950
Honolulu, HI 96826
☎ 808.983.6100
fax: 808.983.6105

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From: King, Jeremy DO [jk080@kapiolani.org]
Sent: Thursday, February 19, 2009 3:30 PM
To: HTHTestimony
Subject: RE: SB794 Send Testimony now!

Categories: Green Category, Blue Category

Person submitting testimony: Jeremy King, D.O., Pediatric Gastroenterologist, Kapiolani Medical Specialists
Measure: SB794, Relating to Childhood Obesity Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green, Vice-Chairman Committee on Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice-Chair
Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794.

As I am sure you are aware, obesity has reached epidemic proportions throughout the United States. Hawaii is no exception. Support for this bill will afford us the opportunity as physicians to begin approaching this problem proactively. This bill will allow physicians such as myself to provide my patients with the best possible care today and best possible outcome long term.

Sincerely:

Jeremy King, D.O.
Pediatric Gastroenterology
Kapiolani Medical Specialists

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From: Gail Nakaichi [gnakaichi@hotmail.com]
Sent: Friday, February 20, 2009 1:25 PM
To: HTHTestimony
Subject: SB794

Categories: Green Category, Blue Category

Dear Senators,

As a pediatrician in Hawaii, I have seen many children that are dealing with obesity. One patient in particular, is over 230 pounds at the age of 10 years. I support SB794 which will allow physicians to better care for their obese patients and allow patients to feel at ease to come to appointments without fear of high medical expenses. I encourage legislators to pass the bill with coverage of children under the age of 18. Thank you for your time.

Sincerely,
Gail Nakaichi, D.O.

Windows Live™: E-mail. Chat. Share. Get more ways to connect. [See how it works.](#)

Person submitting testimony: Judy Thompson MPH, RD, CDE (Master's in Public Health, Registered Dietitian, Certified Diabetes Educator)

Measure: SB794, Relating to Childhood Obesity

Committee:

Committee on Health (HTH)

Senator David Y. Ige, Chair

Senator Josh Green, Vice-Chairman

Commerce and Consumer Protection (CPN)

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice-Chair

Day/Date of hearing: Monday Feb 23, 2009

Time of hearing: 3pm.

Location: conference room 016 at the Hawaii State Legislature

Testimony in Support of SB794, Relating to Childhood Obesity

The epidemic of pediatric obesity in Hawaii is worsening. A population based study of children entering kindergarten in Hawaii from 2002 to 2003 showed that 28.5% were either overweight or obese (Pobutsky et al 2007). Additional reports suggest that the problem may be worse among some ethnic and socio-economic groups: in a recent study of preschool children in Hawai'i, 27% of Samoan children 2-4 years old were overweight compared with 12.4% of Filipino children (Baruffi et al, 2005).

Childhood obesity has become the most common chronic disease in childhood. It is one of the most pressing public health issues today as it is associated with the growing incidence of Type II diabetes, poor self-esteem and with poor health as adults.

Speaking as a health care practitioner working largely in the area of adult diabetes counseling, I can attest to the difficulty and cost in treating adult obesity and its related health conditions. It is extremely important to **prevent** obesity since bad eating and exercise habits are far more difficult to change once they've been in place when an individual is older.

I wholeheartedly support the need for front-line pediatricians or equivalent health care providers to evaluate, treat and prevent obesity. It is a challenging task as the provider must involve the child's family as well as the child. Fortunately we now have the Hawaii Pediatric Weight Management Toolkit (HPWMT) developed by Dr. Galen Chock (President of the American Academy of Pediatrics-Hawaii Chapter) and Nicole Kerr, Registered Dietitian, which is a practical, evidence-based resource for pediatricians to use. However, health insurers in the State of Hawaii do not reimburse health care providers for the diagnosis of "obesity," which of course deters treatment with the HPWMT or any other means.

"Obesity" needs to be recognized by insurers as a chronic disease in need of medical evaluation and treatment in the same way "asthma" and "diabetes" are identified, evaluated and treated. By treating these children in childhood, the health risks they face as adults may be prevented. And the HPWMT is an excellent tool to assure third party payers that valid treatment methods are being used. This issue needs to be addressed as part of Hawaii truly being "The Health State."

The purpose of SB794 is to enable physicians and health insurance companies to partner in providing the much needed identification, evaluation, treatment and follow-up services to overweight and obese children. This bill is not about doctors or insurers. It is about enabling medical providers to deliver needed medical services to children and adolescents who are afflicted with the chronic disease state of overweight and obesity.

Thank you for your consideration of this important bill.

Sincerely,

Judy Thompson, MPH, RD, CDE
(808) 537-7636

From: Alfred Torres [atwre@yahoo.com]
Sent: Sunday, February 22, 2009 3:12 PM
To: HTHTestimony
Subject: SB794

Testimony SB794

I would like to submit testimony in support of SB794. Most of you are aware that obesity is a major contributing factor for many of the diseases and ailments that plague man. The Center for Disease Control and Prevention (CDC) estimates that the lack of physical activity is responsible for 200,000 deaths each year and is a major contributor to our nation's obesity epidemic. Two thirds of young people in grades 9 - 12 are not getting the recommended amount of physical activity. This lack of activity has increased the number of overweight and obese teens to the highest rates in the last century. According to the 2007 CDC Report Hawaii teens were among the fattest in the nation with about 15.6 % of our high school teens classified as obese last year. In 2003 the medical consequences related to the obesity problem in Hawaii cost us \$231.00 per person. The cost to the nation per capita was \$258.00 that year. Needless to say the cost for this epidemic has escalated considerable since then. Early prevention and treatment will not only help us to save lives but will also prove to be cost effective.

Alfred Torres Jr
Saint Louis Health Teacher
HAHPERD Health Director
Aiea District

Dear Sirs,

Over the past decade of my practice in Hilo, I have seen a sharp rise in obesity in all ages of children starting in toddler hood and continuing into adulthood. With recent studies relating obesity with metabolic syndrome, liver disease, joint disease, early cardiovascular changes, diabetes mellitus, depression, and social withdrawal, visits to the office commonly cover nutritional and life style changes for the patient and his family. The session is lengthy, emotional and riveted with further questions about solutions. These office sessions are far from comprehensive and the child usually needs follow up visits to reaffirm the management plan. Currently, a visit of this type is 20-30 minutes of counseling both the child and parent or guardian. Hawaii insurance companies do not recognize the gravity of this epidemic of obesity and its long term ill effects and do not reimburse the physician for counseling or exams relating to obesity. Without the proper reimbursement, a physician cannot spend the necessary time and effort with the patient and his family to make the changes needed to see weight loss. In this environment, a physician cannot provide the medical care imperative to address the problem of obesity.

As a pediatrician, I humbly ask for your support to mandate physician reimbursement for the diagnosis of childhood obesity to benefit the growing population of overweight and obese children of Hawaii.

Sincerely,

Brenda Camacho, M.D.
183 Mohouli Street
Hilo, HI 96720
(808) 935-1621

February 21, 2009

TO: Committee on Health
Senator David Ige, Chairperson. Senator Josh Green, Vice Chairperson
Committee on Commerce and Consumer Protection
Senator Rosalyn Baker, Chairperson, Senator David Ige, Vice Chairperson

FR: Jeanne Chang, Retired
Former Physical Education Teacher
Former Student Activities Coordinator

RE: Testimony in Support of SB 794
Health Insurance; Children; Weight Management and
Obesity Prevention, Evaluation, and Guidance Services

I would like to urge the legislators to approve this resolution as a means of combating the problem of obesity in children. The Hawaii Pediatric Association has designed a toolkit in response to the childhood obesity epidemic in Hawaii. Providing insurance coverage to treat obesity as with other diseases will help to get the children into the doctor's office in order to get the proper treatment.

As we all know, obesity is a National trend. I urge our legislators to become the leaders in helping to combat the problem in Hawaii by providing the means of getting treatment for the children by providing insurance coverage.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 21, 2009 3:13 PM
To: HTHTestimony
Cc: changj648@hawaii.rr.com
Subject: Testimony for SB794 on 2/23/2009 3:00:00 PM
Attachments: Obesity 2-21-09.doc

Testimony for HTH/CPN 2/23/2009 3:00:00 PM SB794

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Jeanne Chang
Organization: Individual
Address: 1447 Kewalo Street #202 Honolulu, HI 96822
Phone: 808 526-4037
E-mail: changj648@hawaii.rr.com
Submitted on: 2/21/2009

Comments:

From: Lin, James MD [JCLin@kapiolani.org]
Sent: Saturday, February 21, 2009 5:15 PM
To: HTHTestimony

Person submitting testimony: James Lin, M.D.
Measure: SB794, Relating to Childhood Obesity
Committee on Health (HTH), Senator David Y. Ige, Chairman, Senator Josh Green, Vice-Chairman Committee on
Commerce and Consumer Protection (CPN), Senator Rosalyn H. Baker, Chair, Senator David Y. Ige, Vice-Chair
Hearing: Monday, 2/23/09 @ 3:00 PM, Room 016

Dear Senators:

I wish to submit testimony in support of SB 794.
If Hawaii is forward thinking and serious about preventative health which will save millions of future taxpayer dollars with a
minimum investment now, this is the first step .
Sincerely:

James Lin, MD

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 21, 2009 5:52 PM
To: HTHTestimony
Cc: sfey@punahou.edu
Subject: Testimony for SB794 on 2/23/2009 3:00:00 PM
Attachments: SB 794 testimony-skf.doc

Testimony for HTH/CPN 2/23/2009 3:00:00 PM SB794

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Shelley Kehaulani Kahuanui Fey
Organization: Individual
Address: 6020 Summer St. Honolulu, HI
Phone: 808 395-4021
E-mail: sfey@punahou.edu
Submitted on: 2/21/2009

Comments:

I am testifying in strong support of Senate Bill 794 and the amendments made by the Hawaii Chapter of the American Academy of Pediatrics. The problem of obesity in Hawaii is epidemic and research has clearly shown that this risk factor is associated with so many devastating and chronic diseases. Children who are obese by the age of 2 will develop a poor body image and low self esteem in the future.

The time for prevention is at birth. Pediatricians can do much to prevent obesity. Why the insurance companies do not pay physicians for the diagnosis of obesity is an enigma. Like immunizations, it will save them so much money down the line.

As a physical educator (Punahou School) and member of HAHPERD (Hawaii Association for Health, Physical Education, Recreation and Dance), I am encouraged to know that Pediatricians will be more likely to identify and address this major health problem, especially because they will be compensated for it. We know how important it is to use preventative measures in addressing the health of our youth and community at large. In order to be successful in making behavioral changes as suggested in the tool kit (reducing sugar-sweetened drinks, reducing sedentary activities, developing a strategy to deal with fast foods, encouraging more physical activity, and alternatives to white rice), we need more us to rally around these children.

I urge you to pass Senate Bill 794 without reservations.

Mahalo,

Shelley Kehaulani Kahuanui Fey

6020 Summer St.
Honolulu, HI 96821
sfey@punahou.edu

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 21, 2009 5:56 PM
To: HTHTestimony
Cc: generic07@bigdatty.net
Subject: Testimony for SB794 on 2/23/2009 3:00:00 PM
Attachments: SB794 aitken.pdf

Testimony for HTH/CPN 2/23/2009 3:00:00 PM SB794

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Tom Aitken
Organization: Individual
Address: PO Box 800 Kaneohe, HI 96744
Phone: 808-429-1242
E-mail: generic07@bigdatty.net
Submitted on: 2/21/2009

Comments:

**TESTIMONY
SB 794 RELATING TO CHILDHOOD OBESITY**

**Senate Committee on Health
Senator David Y. Ige, Chair
Senator Roselyn H. Baker, Vice Chair**

**Monday, February 23, 2009, 3:00 p.m.
Room 016**

Chair Ige, Vice Chair Baker, and Members of the Committee:

I am urging your support for SB 794, requiring healthplan payment for medical evaluation and intervention when pediatric obesity is the primary diagnosis.

I am a retired school counselor and mental health counselor licensed by the State of Hawai'i. In my practice, I have observed the problems presented by obesity in children firsthand. It is a serious problem which requires medical intervention.

Please support this bill, including planned a amendment to include children below the age of 19.

Sincerely,



Tom Aitken
PO Box 800
Kaneohe, HI 96744

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 22, 2009 10:00 AM
To: HTHTestimony
Cc: Jshell421@gmail.com
Subject: Testimony for SB794 on 2/23/2009 3:00:00 PM
Attachments: testimony.doc

Testimony for HTH/CPN 2/23/2009 3:00:00 PM SB794

Conference room: 016
Testifier position: support
Testifier will be present: Yes
Submitted by: Shelley Platiro-Wong
Organization: Individual
Address:
Phone: 277-9801
E-mail: Jshell421@gmail.com
Submitted on: 2/22/2009

Comments:

TESTIMONY
SB 794, Relating to Health
Senate Committee on Health and Commerce and Consumer Protection
February 23, 2009 **3pm** **Room 016**

Aloha Chairs Baker and Ige and the members of the Senate Committee on Health and the Senate Committee on Commerce and Consumer Protection. My name is Shelley Platiro-Wong and I am a Master's Student at the University of Hawaii Myron B. Thompson School of Social Work. **I am here today to strongly support Senate Bill 794.**

Obesity is an overwhelming health problem today not only in Hawaii but the United States. With an estimated 21.4% (2007) of the State population falling into the category of obese more measures are needed to prevent and treat this problem. We need this bill to focus specifically on children. Overweight children past the age of six have a 50 percent chance of remaining overweight into adulthood, therefore increasing their chances of having health conditions such as diabetes, hypertension, cardiovascular disease, arthritis, sleep apnea, and respiratory problems. In addition obesity often includes mental health issues such as depression. (www.cdc.gov)

This issue must be addressed at a young age to avoid our children from experiencing social discrimination and lowered self-esteem. Children are not able to understand this issue of being overweight and need positive support from family and physicians. With this bill physicians will be able to effectively address and provide obesity prevention and guidance services to children in need.

I strongly support Senate Bill 794 and therefore ask you to please pass this bill.

Thank you for the opportunity to present this testimony. I would be happy to answer any questions you may have at this time.

Sincerely,

Shelley Platiro-Wong

From: Vija Sehgal [vija@hawaii.rr.com]
Sent: Sunday, February 22, 2009 2:03 PM
To: HTHTestimony
Subject: SB 794

Dear Senators:

I wish to submit testimony in support of SB 794. Childhood obesity needs to be addressed at the primary care level and physicians need to be appropriately reimbursed for addressing and treating this condition which will invariably contribute to a high incidence of future chronic diseases including diabetes, hypertension and other adverse cardiac conditions. Please vote to support this very important bill.

Sincerely:

Vija M. Sehgal MD, PhD, MPH
Waianae Coast Comprehensive Health Center
Director of Primary Care



February 20, 2009

Committee on Health
Senator David Ige, Chair
Senator Josh Green, MD, Vice Chair

LATE

Committee on Commerce and Consumer Protection
Senator Rosalyn Baker, Chair
Senator David Ige, Vice Chair

Hearing:

3:00 P.M., Monday, February 23, 2009
Hawaii State Capitol, Room 016

RE: SB794, Relating to Health

Testimony in Strong Support

Chairs Ige and Baker, and members of the Committee on Health and the Committee on Commerce and Consumer Protection. My name is George Massengale and I am the Director of Government Relations for the American Cancer Society Hawaii Pacific Inc. Thank you for the opportunity to testify in strong support of SB794, which requires health insurance providers to cover weight management and obesity prevention, evaluation, and guidance services for children.

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 also includes advocating for public health measures that address the underlying risk factors of cancer.

Statistics from the Centers for Disease Control and Prevention estimate that 61 percent of all Americans are overweight or obese. Most Americans, by now, are aware of the better known health risks associated with weight gain, such as cardiovascular disease and diabetes. The results of a recent survey by the American Institute for Cancer Research (AICR) show that only about one in four individuals knew that obesity was also a cancer risk.

According to the AICR, obesity increases the likelihood of developing the following cancers by 25 to 33 percent:

- Breast (post-menopausal)
- Colon
- Endometrial
- Esophageal
- Kidney

- Prostate.

Also, I am saddened that I must note for the committee's, that just last week the American Cancer Society's peer-reviewed journal CANCER reported on a very recent study, that among women who have never used menopausal hormone therapy, **obese women are at an increased risk of developing ovarian cancer compared with women of normal weight.** Thus we need to add ovarian cancer to the AICR list.

We strongly believe that sections 2 & 3 of this bill will go a long way in promoting behavioral changes that will eventually impact the harm caused by obesity related diseases which include cancer.

In closing, we would point out to the committee, that SB794 may be in conflict with HRS 23-51, which requires the State Auditor **"to prepare and submit to the legislature a report that assess both the social and financial effects of the proposed mandate coverage."**

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

Very truly yours,



George S. Massengale, JD
Director of Government Relations