

**SCR 124**

LINDA LINGLE  
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

## SENATE COMMITTEE ON HEALTH

### SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

#### SCR124, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR WEIGHT MANAGEMENT AND OBESITY TREATMENT FOR CHILDREN.

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

Written Testimony Only

March 19, 2010, 2:45PM

- 1 **Department's Position:** The Department of Health supports this resolution.
- 2 **Fiscal Implications:** None
- 3 **Purpose and Justification:** This resolution requests the Auditor to conduct an impact assessment
- 4 report of the social and financial impacts of mandating coverage for weight management and obesity
- 5 prevention for children in all individual and group accident and health or sickness insurance policies as
- 6 provided in S.B. 794 (2009). The auditor is requested to submit its findings, no later than 20 days prior
- 7 to the Regular session of 2011.
- 8 Obesity prevalence in the U.S. and in Hawaii has been steadily increasing, and this trend is
- 9 expected to continue. In 2007 youth (public high schools) overweight was 14.3% and obesity was
- 10 15.6%. Overweight children and adolescents, as they grow older, are more likely to have risk factors
- 11 associated with cardiovascular disease such as high blood pressure, high cholesterol, and Type 2
- 12 diabetes. Overweight adolescents have a 70 percent chance of becoming overweight or obese adults.
- 13 The costs associated with obesity-attributable health problems result in an increase in medical

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

10 The passage of SCR 124 is a promising step towards pediatric weight management and obesity  
11 prevention. Thank you for the opportunity to provide testimony.

# HMSA



Blue Cross  
Blue Shield  
of Hawaii

An Independent Division of the Blue Cross and Blue Shield Association

March 19, 2010

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

**Re: SCR 124 – Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurers to Provide Coverage for Weight Management and Obesity Treatment for Children.**

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SCR 124, which requests an Auditor's study of insurance coverage for weight management and obesity treatment for children.

We are pleased that the Legislature is requesting 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.

As part of Hawaii's community since 1938, HMSA has participated in programs that encourage our keiki to become more active and make healthy eating choices. We helped to develop the Fun 5 program which encourages A+ students to be active five days a week and eat five servings of fruits and vegetables a day. We also partnered with the TumbleBus to bring this "gym on wheels" to preschoolers. In addition, HMSA continues the encouragement of healthy habits into adolescence with our HealthPass program which gives teens the opportunity to meet with a professional consultant to obtain various health statistics and learn what they can do to improve overall health.

HMSA strives to provide members of all ages with information and access to programs that promote healthy lifestyles and we appreciate this study being conducted.

Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman  
Vice President  
Government Relations

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

March 19, 2020  
2:45 pm  
Conference Room 016

**SCR 124      REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND  
FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO  
PROVIDE COVERAGE FOR WEIGHT MANAGEMENT AND OBESITY  
PREVENTION FOR CHILDREN**

Chair Ige and committee members, thank you for this opportunity to provide testimony on this resolution which requests that the Legislative Auditor perform a sunrise study on requiring health insurance plans to offer coverage for weight management and obesity prevention for children less than 16 year of age.

**Kaiser Permanente Hawaii supports this measure.**

We already provide what is being proposed in SB794 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 proposed mandate may assist in reducing the number children and adolescents whose health is compromised by obesity. Thank you for your consideration.

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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March 16, 2010

Measure: **SCR124**, Obesity treatment for children.

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

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

Friday, March 19, 2010 @ 2:45 pm, Conference Room 016

Testimony in **support** of SCR 124

Dear Senators Ige, Green and Baker:

SCR124 is desperately needed in Hawaii. In order to ameliorate the obesity epidemic in Hawaii and the resulting tremendous medical costs seen in our adult population, we must intervene during the early years of life when lifelong behaviors are being established. A major impediment towards a proper medical evaluation, prevention and intervention for an overweight child is that health plans have refused to include these types of patient visits to their primary care doctor in their health plan benefits structure. This short-sighted, non-prevention oriented business model is hurting the long term health of our population.

In 2007 the American Academy of Pediatrics issued its guidelines for identifying, evaluating and treating overweight and obese children and adolescents. In that year our chapter issued its "Hawaii Pediatric Weight Management Toolkit" which assists our local pediatricians in implementing the national guidelines. In February of 2010 the U.S. Preventive Services Task Force recommended that all children six years of age and older be screened for obesity and intervention begun when indicated. Our surgeon general, Dr. Regina Benjamin recently issued "The Surgeon General's Vision for a Fit and Healthy Nation 2010" and addresses the need for physicians to engage in medical evaluations and monitoring of obese children.

SCR124 is the first step in untying the hands of pediatricians and beginning a process that will allow us to take a more proactive and staunch stand against pediatric and adult obesity, a truly silent but deadly chronic disease.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink that reads "Galen YK Chock MD".

Galen YK Chock MD

President, The American Academy of Pediatrics, Hawaii Chapter.



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Email to: [HTHTestimony@Capitol.hawaii.gov](mailto:HTHTestimony@Capitol.hawaii.gov)  
Hearing on: March 19, 2010 @ 2:45 p.m.  
Conference Room 016

**DATE:** March 16, 2010

**TO:** Senate Committee on Health  
Senator David Ige, Chair  
Senator Josh Green, M.D., Vice Chair

**FROM:** Dennis Arakaki, Executive Director

**RE:** SUPPORT FOR SCR 124 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE COVERAGE FOR WEIGHT MANAGEMENT AND OBESITY TREATMENT FOR CHILDREN

Honorable Chairs and members of the Senate Committee on Health, I am Dennis Arakaki, **representing both the Hawaii Family Forum and the Hawaii Catholic Conference.**

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of over 250 Christian churches. The Hawaii Catholic Conference is the public policy voice for the Roman Catholic Church in Hawaii, which under the leadership of Bishop Larry Silva, represents over 220,000 Catholics in Hawaii. We support this resolution that requests the auditor to assess the social and financial effects of requiring health insurers to provide coverage for weight management and obesity treatment for children.

The issue of childhood obesity and overweight children has been a priority issue and concern for the Keiki Caucus and a finding health programs that enable families to deal with children who are overweight or obese have been a challenge, especially for low-income families. While there have been a growing number of programs and plans to deal with weight management, many require private pay or if covered, only for a brief period of time.

Preventing and mitigating childhood obesity and overweight in conditions in children is an investment in preventing costs associated with chronic and long term diseases, not only in childhood but in adulthood as well. We realize that health plans recognize the benefits, both economic and physical, of preventing obesity and being overweight. However, there is a greater need for consistency in coverage and an associated need to encourage plans to develop short term and long term programs to deal with childhood obesity and overweight children and adolescents.

We are in full support of the sunrise report in behalf of Hawaii's families.

Mahalo for the opportunity to testify.

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**Written Testimony by:**

**Sandie Wood, PT**

**SCR 124, Requesting the Auditor to Assess the Social and Financial Effects of  
Requiring Health Insurers to Provide Coverage for Weight Management and Obesity  
Treatment for Children**

**Senate HTH/CPN, Friday, March 19, 2010**

**Room 016, 2:45 pm**

**Position: Strong Support**

Chairs Ige and Baker, and Members of the Senate HTH/CPN Committee:

I am Sandie Wood, P.T., member of HAPTA's Legislative Committee and Pediatrics Issues Chair. HAPTA represents 250-300 physical therapists and physical therapist assistants employed in hospitals, nursing homes, the Armed Forces, the Department of Education and Department of Health (DOH) systems, and private clinics throughout our community. Physical therapists work with everyone, from infants to the elderly, to restore and improve function and quality of life. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

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

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

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

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

**From:** Drorbaugh M [mailto:mjdror@hawaii.rr.com]  
**Sent:** Wednesday, March 17, 2010 8:48 AM  
**To:** HUS testimony  
**Subject:** Testimony in support of SCR124, obesity treatment for children

Person submitting testimony: James E. Drorbaugh, M.D.

Measure: SCR124, Obesity treatment for children.

Committee on Health

Senator David Y. Ige, Chair

Senator Josh Green, Vice Chair

Committee on Commerce and Consumer Protection

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Friday, March 19, 2010

2:45 pm

Conference Room 016

### **Testimony in Support of SCR124, Obesity Treatment for Children**

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

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

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

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

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

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

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

Thank you for consideration of SCR124.

James E. Drorbaugh, M.D.

email: mjdror@hawaii.rr.com