

**SB 1506**

NEIL ABERCROMBIE  
GOVERNOR



PATRICIA McMANAMAN,  
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DEPARTMENT OF HUMAN SERVICES  
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February 24, 2011

**MEMORANDUM**

TO: Honorable David Y. Ige, Chair  
Senate Committee on Ways and Means

FROM: Patricia McManaman, Interim Director

SUBJECT: **S.B. 1506, S.D. 1 – RELATING TO HEALTH**

Hearing: Thursday, February 24, 2011; 9:00 a.m.  
Conference Room 211, Hawaii State Capitol

**PURPOSE:** The purpose of this bill is to establish the childhood obesity pilot program and requires insurers to cover childhood obesity as a billable provider visit for services rendered by participating health care providers. This bill would also appropriate funds for the administration of the childhood obesity pilot program and require the childhood obesity pilot program provider participants to submit a report to the department of health and the legislature no later than twenty days prior to the convening of the 2014 regular session.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) already covers medically necessary care for childhood obesity under the federal Early and Periodic Screening, Diagnosis, and Treatment requirements. DHS supports evidence-based public health interventions to decrease the prevalence of childhood obesity and otherwise defers testimony to DOH.

Thank you for the opportunity to provide comments on this bill.



NEIL ABERCROMBIE  
GOVERNOR

BRIAN SCHATZ  
LT. GOVERNOR

STATE OF HAWAII  
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TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-SIXTH LEGISLATURE  
Regular Session of 2011

Thursday, February 24, 2011  
9 a.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON SENATE BILL NO. 1506, S.D. 1 – RELATING TO HEALTH.**

TO THE HONORABLE DAVID Y. IGE, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this bill which creates a mandated benefit for the treatment of childhood obesity. Mandated benefits help some people, but impose costs on other people. We believe this trade off is best left to the wisdom of the Legislature, following the review by the Legislative Auditor required under HRS section 23-51.

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



**HAWAII MEDICAL ASSOCIATION**

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**Thursday, February 24, 2011, 9:00am, Conference Room 211**

To: COMMITTEE ON WAYS AND MEANS  
Senator David Ige, Chair  
Senator Michelle Kidani, Vice Chair

From: Hawaii Medical Association  
Dr. Morris Mitsunaga, MD, President  
Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Joseph Zobian, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: SB SB 1506 RELATING TO HEALTH

In Support.

Chairs & Committee Members:

Childhood obesity continues to increase, and HMA believes that we, as physicians, should fight against it. For many people obesity is a lifelong problem with serious consequences - we have an obligation to our patients to take the time to address this growing problem, and we need the tools to fight it.

The need for this bill is data driven. If Hawaii wishes to focus on preventative health and ultimately reduce our future healthcare costs, the state needs to help doctors reduce the around 20,000 morbidly obese children in Hawaii. These children are at a high risk of developing comorbid conditions such as renal failure, cardiac and pulmonary problems, hypertension, and continuing morbidly obese into adult life with an increase in mortality.

The Hawaii Pediatric Weight Management Toolkit will be helpful, as well as automatic BMI calculators in electronic medical record software. We have a professional obligation to learn the etiology, available treatments and evidence-base for our interventions

All children deserve proper medical care - appropriate reimbursement for this genuine and serious medical condition is absolutely necessary to enable us to deliver that care.

Thank you for your consideration.

**OFFICERS**

**PRESIDENT - MORRIS MITSUNAGA, MD PRESIDENT-ELECT - ROGER KIMURA, MD**  
**SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT - DR. ROBERT C. MARVIT, MD TREASURER**  
**- STEPHEN KEMBLE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, MD**

**Submitted Testimony:**  
**Sandra E. Wood, PT**  
**SB 1506sd1, Relating to Health**  
**Sen WAM, Thurs. February 24, 2011**  
**Room 211, 9:00 am**



**Position: Strong Support**

Chair Ige, and Members of the Senate WAM Committee:

I am Sandra Wood, P.T., member of HAPTA's Legislative Committee. 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. Physical therapy services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments, improving wellness, and teaching prevention.

Strong support is expressed for this measure that calls for the recognition that childhood obesity is a formal diagnosis that should be reimbursable by insurance providers. Obesity, in addition to affecting the child's health, social and psychological condition, also increases the probability that the child will become an obese adult who is likely to develop heart disease, hypertension, sleep apnea, stress on joint structures, back problems and other conditions such as cancers (endometrial, breast and colon), infertility, liver and gallbladder disease and osteoarthritis.

We support the appropriation of funds for the establishment of a childhood obesity pilot program and encourage reimbursement coverage for medical visits focused on the management of lifestyle changes, ongoing support, and nutrition services.

**Suggestions:**

In addition to diet and weight management, physical activity is essential. In support of increased physical activity for children, we suggest that physical education in the schools be mandated. More attention is also needed on maintaining safe neighborhood parks and playgrounds to encourage use by children.

I can be reached at (808) 754-0979 if you have any questions. Thank you for the opportunity to testify.



American Heart Association | American Stroke Association

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## Testimony Supporting the Intent of SB 1506, SD1 "Relating To Health"

The American Heart Association supports the intent of SB 1506, SD1 "Relating To Health."

The United States is addressing an obesity epidemic of historical proportion. More than 72 million adults have become obese, greater than 20% above ideal weight, and another one third are overweight; with the concomitant rise in medically costly weight-related complications. Unfortunately, these numbers are spreading to our nation's children where 32 percent are overweight, 16 percent are obese, and 11 percent are extremely obese. The American Heart Association supports a multi-pronged approach to address the nation's obesity epidemic which includes creating policies that improve access and affordability of healthy foods to all people.

While the Centers for Disease Control has not yet established "best practices" to address the obesity issue, it is monitoring and assessing community efforts throughout the country. The assessment requirement for the programs to be funded under the pilot program established by SB 1506, SD1 would help to provide data to add to the development of "best practices" to address obesity issues and provide feedback to legislators as to whether their investment of taxpayer funds are having the intended results.

Respectfully submitted by,

Donald B. Weisman  
Hawaii Advocacy Director

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February 23, 2011

Committee on Ways and Means  
Senator David Ige, Chair  
Senator Michelle Kidani, Vice Chair

**Hearing:**

February 24, 2011, 9:00 a.m.  
Hawaii State Capitol, Room 211

**RE: SB1506, SD1 – Relating to Health**

**Testimony in Strong Support**

Chair Ige, Vice Chair Kidani, and members of the Committee on Ways and Means. Thank you for the opportunity to offer this written testimony in strong support of SB1506, SD1 which establishes the childhood obesity pilot program and requires insurers to cover childhood obesity as a billable provider visit for services rendered by participating health care providers.

For over 60 years, the American Cancer Society in Hawaii has been leading the battle against cancer. We have made much progress in saving lives through early detection and new cutting edge treatments as a result of ongoing research. Research has shown that obesity increases the risk of multiple health conditions, including diabetes, hypertension and certain cancers including:

- Breast cancer (after menopause)
- Cervical cancer
- Colon or rectal cancer
- Esophageal cancer
- Gall bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin lymphoma
- Ovarian cancer
- Pancreas cancer
- Stomach cancer (in men), and
- Uterine cancer

Exactly how obesity causes cancer is open to debate, although evidence suggests that the cancer's location is just one of the many factors associated with obesity. For instance, obesity affects estrogen levels, perhaps explaining why obese women develop uterine cancer. Obesity also increases the risk of gastroesophageal reflux disease, a known risk factor for esophageal cancer.

**Obesity is a serious health concern for children and adolescents.** Results from the 2007-2008 National Health and Nutrition Examination Survey, using measured heights and weights, indicate that an estimated 17% of children and adolescents ages 2-19 years are obese. Among pre-school age children 2-5 years of age, obesity increased from 5 to 10.4%; among 6-11 year olds from 6.5 to 19.6%; and among adolescents aged 12-19 from 5 to 18.1%.

**Alarmingly, obese children and adolescents are more likely to become obese as adults.** One study found that approximately 80% of children who were overweight at aged 10–15 years were obese adults at age 25 years. Another study found that 25% of obese adults were overweight as children. Clearly something has to be done.

We think that SB1506, SD1 is a good first step in combating childhood obesity in Hawaii, and hopefully, data amassed from the pilot will result in statewide health insurance coverage for obesity services.

Thank you for the opportunity to offer testimony regarding this important issue.

Respectfully,



George S. Massengale, JD  
Director of Government Relations





## Hawai'i Primary Care Association

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**Senate Committee on Ways & Means**  
The Hon. David Y. Ige, Chair  
The Hon. Michelle Kidani, Vice Chair

### **Testimony in Support of Senate Bill 1506, SD 1 RELATING TO HEALTH**

**Submitted by Beth Giesting, Chief Executive Officer  
February 24, 2011 9:00 a.m. Agenda, Room 211**

The Hawai'i Primary Care Association asks for your support for this measure, which would require that health insurance pay for activities related to reducing childhood obesity. The rapidly increasing rate of obesity among children and youth in Hawai'i is of grave concern for the mental and physical health concerns visited upon young people now, and for the future health problems and costs we will face if we do nothing about it. Given the grievous affects on health of childhood obesity, we believe it is as important to cover intervention activities as it is to pay for the medical care required to address obesity-related health problems. We also believe that legislating this now helps move us toward a patient-centered care model that supports health rather than concentrates all resources on problems we failed to prevent.

Thank you for this opportunity to testify in support of this measure.