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TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION & COMMERCE

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Monday, March 21, 2011
2 p.m.

TESTIMONY ON SENATE BILL NO. 1506, S.D. 2, H.D. 1 – RELATING TO HEALTH.

TO THE HONORABLE ROBERT N. HERKES, 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.



American Heart Association | American Stroke Association

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Testimony Supporting the Intent of SB 1506, SD2, HD1 "Relating To Health"

The American Heart Association supports the intent of SB 1506, SD2, HD1 "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, SD2, HD1 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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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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PO Box 22298
Honolulu, HI 96823-2298

Hawai'i Dietetic Association

ROBERT N. HERKES: CPC CHAIR

RYAN I. YAMANE: CPC VICE CHAIR

Re: SB1506

Dear Representatives Herkes and Yamane,

As you are aware, overweight and obesity is a growing public health issue. Of particular concern is the dietary and physical or inactivity of our school age children. Obesity among Hawaii's young people is higher than the national average. Recent statistics from the American Diabetes Association (ADA) further underscores the problem. The ADA warns that 1 in 3 children born in the United States in the year 2000 will go on to develop Type 2 Diabetes in their lifetime. For Hawaii's keiki it is 1 in 2. Such a child may not grow to out live their parents. Addressing the problem of childhood and adolescent obesity is a top priority for the Dietetic Association (HDA). HDA consists of over 300 Registered Dietitians (RD), Dietetic Technicians Registered (DTR) and other health professionals. HDA members are on the forefront of the food and nutrition movement in Hawaii.

As President of HDA, I respectfully ask that you and the Committee on Consumer Protection and Commerce support SB1506. HDA is in strong support of SB1506. SB1506 is a bill written to address the issue of overweight and obesity in Hawaii's children and adolescents. SB1506 would allow physicians and health insurance companies to partner in providing the much needed identification, evaluation, treatment and follow-up services to overweight and obese children. Pediatricians and family physicians are in frequent contact with children and families throughout a child's life. Because the pediatrician is usually the first line of intervention for a child's health, anticipatory guidance from pediatricians and family physicians is likely to offer an effective intervention to treat and prevent obesity. If these children are treated in childhood, the health risks they face as adults may be prevented. HDA is in support of the establishment by the Director of the Department of Health of a workgroup. HDA strongly recommends that the work group include a Registered Dietitian (RD). The RD is the food and nutrition expert specially trained to translate the research and science into practice.

Dr. Galen Chock (Past President of the American Academy of Pediatrics-Hawaii Chapter) and Nicole Kerr (MPH, RD), 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. In November 2007 the HPWMT was presented to the Hawaii's pediatric community. Physicians and healthcare providers (nurses and registered dietitians) have been trained on the use of the materials. The response was overwhelmingly positive. However, the major barrier to implementation cited by these healthcare professionals is lack of payment for medical and nutrition services by insurance companies.

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.

Respectfully Yours,

Cyndy Kahalewale, MPH, RD
President, Hawaii Dietetic Association
808-440-4833 (office)
808-223-3957 (cell)

CPCtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 18, 2011 5:25 PM
To: CPCtestimony
Cc: sallysmiles@me.com
Subject: Testimony for SB1506 on 3/21/2011 2:00:00 PM
Attachments: SB_1506 letter from HDA_CPC.doc

Testimony for CPC 3/21/2011 2:00:00 PM SB1506

Conference room: 325
Testifier position: support
Testifier will be present: Yes
Submitted by: Sally Belles
Organization: Hawaii Dietetic Association
Address:
Phone:
E-mail: sallysmiles@me.com
Submitted on: 3/18/2011

Comments:

Submitted Testimony:
Sandra E. Wood, PT
SB 1506hd1, Relating to Health
Hse CPC, Mon. March 21, 2011
Room 325, 2:00 pm



Position: Strong Support, Participation Requested

Chair Herkes, and Members of the House CPC 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 note that the composition of the health care provider group participating in the childhood obesity pilot program represent aspects of nutrition, medicine and psychology. There is no representation of physical activity expertise when physical activity is such an important part of preventing or managing childhood obesity. The Department of Health program "5-2-1-0" suggests 5 daily servings of fruits and vegetables; 2 hours limit of screen time; 1 hour of physical activity or movement, and 0 sugary drinks.

The Hawaii Chapter American Physical Therapy Association offers its expertise and willingness to participate in this much needed childhood obesity pilot program.

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



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March 19, 2011

Committee on Consumer Protection & Commerce
Representative Robert N. Herkes, Chair
Representative Ryan I. Yamane, Vice Chair

Hearing:

March 21, 2011, 2:00 p.m.
Hawaii State Capitol, Room 325

RE: SB1506, SD2, HD1 – Relating to Health

Testimony in Strong Support

Chair Herkes, Vice Chair Yamane, and members of the Committee on Consumer Protection & Commerce. Thank you for the opportunity to offer this testimony in strong support of SB1506, SD2, HD1, 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.

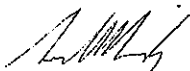
Obesity is a serious health concern for children and adolescents. Results from the 2007-2008 National Health and Nutrition Examination Survey, using measured heights and weights, indicate that an estimated 17% of children and adolescents ages 2-19 years are obese. Among pre-school age children 2-5 years 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.

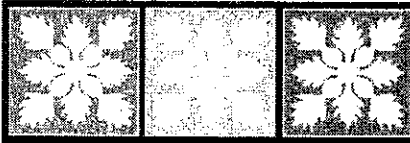
We think that SB1506, SD2, HD1, is a very good first step in combating childhood obesity in Hawaii, and hopefully, data amassed from the pilot will result in expanded health insurance coverage for obesity services.

Thank you for the opportunity to offer testimony regarding this important health issue. We would urge the committee to pass this measure.

Respectfully,



George S. Massengale, JD
Director of Government Relations



Hawaii Association of Health Plans

March 21, 2011

The Honorable Robert Herkes, Chair
The Honorable Ryan Yamane, Vice Chair

House Committee on Consumer Protection and Commerce

Re: SB 1506 SD2 HD1 – Relating to Health

Dear Chair Herkes, Vice Chair Yamane and Members of the Committee:

oppose

My name is Howard Lee and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of eight (8) member organizations:

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

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

HAHP appreciates the opportunity to testify on SB 1506 SD2 HD1 which would require a state mandate for health plans to provide coverage for treatment of childhood obesity for those participating in a pilot project. Due to requirements of the federal legislation known as the Affordable Care Act (ACA), we believe that passage of SB 1506 SD2 HD1 is unnecessary at this time and therefore HAHP cannot support its passage.

The ACA requires that health plans provide a wide range of preventive services to members with no co-payments, including the services described in SB 1506 SD2 HD1. These preventive services were guidelines recommended by two federal agencies, the Health Resources and Services Administration (HRSA) and the U.S. Preventive Services Task Force (“A” and “B” rated screenings.) If a plan was not already providing coverage for a preventive service required under ACA at no co-payment, non-grandfathered plans must add coverage for the service at the latest September 2011.

Due to these factors, we believe that SB 1506 SD2 HD1 is unnecessary and would respectfully urge the Committee see fit to hold it. Thank you for the opportunity to testify today.

Sincerely,

Howard Lee
President

• AlohaCare • HMAA • HMSA • HWMG • Kaiser Permanente • MDX Hawaii • UHA • UnitedHealthcare •
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813
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HMSA



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March 21, 2011

The Honorable Robert N. Herkes, Chair
The Honorable Ryan Yamane, Vice Chair
House Committee on Consumer Protection and Commerce

Re: SB 1506 SD2 HD1 – Relating to Health

Dear Chair Herkes, Vice Chair Yamane and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1506 SD2 HD1, which would mandate health plans provide coverage for treatment for childhood obesity for members participating in a Department of Health administered pilot program. HMSA always opposes unfunded mandated benefits.

One of the goals of the Affordable Care Act (ACA) was to ensure that individuals with health care coverage were able to access preventive services with no co-payments. Under the ACA, if a plan did not provide one of the mandated preventive services, this benefit had to be included in all non-grandfathered plans. One of these benefits was screening and treatment for obesity, for children and adults.

As of September 2010, the majority of HMSA's members who are children 6 years of age and older can receive screening and assessments for obesity. Due to this change, we believe that the pilot program in SB 1506 SD2, HD1 is unnecessary at this time. This is especially true given the fact that this measure would only provide services for children while the ACA requires that these services be provided to both children and adults.

Additionally having to provide a certain set of services for use with specific providers in the community would likely prove difficult and almost impossible for health plans to administer. There are also certain providers which HMSA does not currently contract with directly who are listed as being able to provide services to pilot project participants. We object to mandatorily requiring plans to provide services from specific types of providers.

If there is interest in starting a childhood obesity demonstration project, we might recommend that the State look into applying for federal grant monies for such a program as outlined in the ACA. Under this grant, awards will be made to three recipients with an average award made to each recipient of \$1.75 million for each of the first three years and \$1.025 million for the fourth year. The grant application is due April 8, 2011. Under this grant, monies will be provided "to determine whether an integrated model of primary care and public health approaches in the community can improve underserved children's risk factors for obesity. These approaches may include policy, systems, and environmental supports that encourage nutrition and physical activity for underserved children and their families." These grant funds require no cost-sharing or in-kind donations. Additionally, the scientific structure under which the ACA funded program must be conducted will undoubtedly provide relevant information as all stakeholders continue to seek appropriate and effective obesity treatments.

We believe the language regarding obesity services is unnecessary due to ACA changes and that much of the language outlining the pilot program would be prove administratively difficult to administer. But, if the Legislature wishes to consider such a mandate for health plans to expand benefits, it is prudent to request a study be performed by the Hawaii State Auditor as required under Hawaii Revised Statutes 23-51 and 23-52.

Due to the reasons stated, we would respectfully request the Committee see fit to hold SB 1506 SD2 HD1 at this time.

Thank you for the opportunity to testify today.

Sincerely,

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

Jennifer Diesman
Vice President
Government Relations



HAWAII MEDICAL ASSOCIATION

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Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

Monday, March 21, 2011, 2:00 pm, Conference Room 325

To: COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Rep. Robert N. Herkes, Chair
Rep. Ryan I. Yamane, 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 1506, SD 2, HD 1 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

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- STEPHEN KEMBLE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, MD