

SB1506

Measure Title: RELATING TO HEALTH.

Report Title: Health; Childhood Obesity; Appropriation

Description: Requires insurers to cover childhood obesity as a billable provider visit. Appropriates funds for the distribution of childhood obesity management instructional toolkits to the State's pediatricians. Forms a working group under the department of health to assess the root cause of childhood obesity and explore the areas of nutrition and preventative care. (\$)

Companion:

Package: None

Current Referral: HTH/CPN, WAM



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

In reply, please refer to
File:

SENATE HEALTH COMMITTEE
SENATE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS
SB1506, RELATING TO HEALTH

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Acting Director of Health
February 10, 2011; 8:30AM

1 **Department's Position:** The Department of Health (DOH) supports the intent of this bill, but defers on
2 the fiscal implications until the Executive Budget has been finalized.

3 **Fiscal Implications:** Would designate general funds to DOH for the purpose of distributing a childhood
4 obesity toolkit to pediatricians, amount not determined. No funds allocated for DOH to administer a
5 childhood obesity working group, however staff time and other costs will be associated with this task

6 **Purpose and Justification:** The purpose of Senate Bill 1506 is to mandate Hawaii's health care
7 providers and insurers to recognize childhood obesity as a formal diagnosis and a billable provider visit,
8 to appropriate funds to acquire and distribute obesity management instructional toolkits to the State's
9 pediatricians, and to convene a working group under the DOH to assess the root causes of childhood
10 obesity and explore the areas of nutrition and preventative care.

11 The DOH acknowledges the importance of addressing childhood and adolescent overweight and
12 obesity prevention and intervention in the healthcare setting as a critical element to addressing the
13 obesity epidemic. While the DOH supports the intent of this bill, it has some comments and
14 recommendations.

1 The DOH defers to the Department of Human Services (DHS), on existing requirements under
2 the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) to cover medically necessary care for
3 children. If the treatment for childhood obesity is determined to be medically necessary, it is required to
4 be provided, however interventions that have not been shown to be effective will not meet the criteria
5 for medical necessity. Though the EPSDT requirements are in place, additional requirements, research,
6 and guidelines for effective treatment of childhood obesity are potentially needed. The DOH
7 encourages discussion towards a solution on addressing reimbursement for the prevention and treatment
8 of childhood obesity. Further the solution should consider other healthcare professionals who also are
9 engaged in preventing and treating childhood obesity.

10 The childhood obesity management instructional toolkits described in the bill are not explicitly
11 named. The DOH is aware of the “Hawaii Pediatric Weight Management Toolkit” recommended by the
12 American Academy of Pediatrics, Hawaii Chapter (HAAP), however the toolkit has not yet been
13 evaluated. The DOH feels that the effectiveness of the toolkit should be thoroughly evaluated prior to
14 its distribution to all Hawaii pediatricians. Currently, the DOH supports the efforts of partners who are
15 working with pediatricians and providers to distribute, educate, and evaluate use of the toolkit, including
16 the HAAP.

17 The DOH respectfully recommends that the requirements of Section 6 be subordinate to the
18 findings of the work group in Section 7. A coordinated clinical and public health approach is needed to
19 address the issue of childhood obesity and support of evidence based public health approaches should
20 continue to be a priority within our State. The DOH is currently addressing childhood obesity through
21 the efforts of the DOH, Tobacco Settlement Program, Healthy Hawaii Initiative (HHI). HHI is an
22 evidence-based statewide effort to encourage healthy eating, physical activity, and tobacco free lifestyles
23 so that people can experience many productive healthy years of life. HHI works to reintegrate physical
24 activity and healthy eating into daily living where Hawaii residents and families live, work, and play.

1 The work group description is aligned with efforts underway by the HHI to update the *Hawaii Physical*
2 *Activity and Nutrition Plan, 2007-2012.*

3 Thank you for the opportunity to provide testimony.

4

5



Hawaii Association of Health Plans

February 10, 2011

The Honorable Josh Green M.D., Chair
The Honorable Rosalyn H. Baker, Chair
Senate Committees on Health and Commerce and Consumer Protection

Re: SB 1506 – Relating to Health

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

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 which would require a state mandate for health plans to provide coverage for treatment of childhood obesity. Due to requirements of the federal legislation known as the Affordable Care Act (ACA), we believe that passage of SB 1506 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. 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 is unnecessary at this time and would respectfully urge the Committees see fit to hold it. Thank you for the opportunity to testify today.

Sincerely,

Howard Lee
President

**Submitted Testimony:
Sandra E. Wood, PT
SB 1506, Relating to Health
Sen HTH/CPN, Thurs. February 10, 2011
Room 229, 8:30 am**



Position: Strong Support

Chairs Green and Baker, and Members of the Sen HTH/CPN Committees:

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.

In particular, we applaud the proposed use of the Hawaii pediatric weight management toolkit which was designed in response to Hawaii's childhood obesity epidemic, the proposed coverage for the first and ongoing medical visits as management of lifestyle changes and ongoing support, and reimbursement for 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.



Hawai'i Primary Care Association

345 Queen Street | Suite 601 | Honolulu, HI 96813-4718 | Tel: 808.536.8442 | Fax: 808.524.0347
www.hawaiipca.net

Senate Committee on Commerce & Consumer Protection

The Hon. Rosalyn H. Baker, Chair

The Hon. Brian T. Taniguchi, Vice Chair

Senate Committee on Health

The Hon. Josh Green, MD, Chair

The Hon. Clarence K. Nishihara, Vice Chair

Testimony in Support of Senate Bill 1506 RELATING TO HEALTH

Submitted by Beth Giesting, Chief Executive Officer

February 10, 2011 8:30 a.m. Agenda, Room 229

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.



55 Merchant Street
Honolulu, Hawai'i 96813-4333

HAWAI'I PACIFIC HEALTH
Kapi'olani • Pali Momi • Straub • Wilcox

808-535-7401
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Thursday – February 10, 2011 – 8:30am
Conference Room 229

The Senate Committee on Commerce & Consumer Protection

To: Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair

The Senate Committee on Health

To: Senator Josh Green, M.D., Chair
Senator Clarence Nishihara, Vice Chair

From: Melinda Ashton, M.D.
Vice President – Patient Safety & Quality

Re: SB 1506 RELATING TO HEALTH - Testimony in Strong Support

My name is Melinda Ashton, MD Vice President at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a nonprofit health care system and the state's largest health care provider, committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 44 outpatient clinics and more than 2,200 physicians and clinicians. The network is anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital and Wilcox Memorial Hospital.

We are writing in strong support of SB 1506 Relating to Health which requires insurers to cover childhood obesity as a billable provider visit and appropriates funds for the distribution of childhood obesity management instructional toolkits to State pediatricians.

Obesity is a major contributor to cardiovascular disease, diabetes and several types of cancer. The number of overweight children in the U.S. has doubled in the last 30 years. Certain communities in Hawai'i have childhood obesity rates that are twice the national average.

Requiring insurers to cover childhood obesity as a billable provider visit - consistent with the US Preventive Services Task Force (USPSTF) Recommendation Statement on Screening for Obesity in Children and Adolescents – will go a long way in assuring that medical interventions to promote improvements in weight status amongst are children are sustained. HB 1506 provides an important initial step in beginning to reverse the epidemic of childhood obesity. We ask that you pass this measure.



Affiliates of Hawai'i Pacific Health



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lokahi
894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi
is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and Continental United States.

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- Hawaii Primary Care Association*
- Ke Alaula*

Executive Director
Hardy Spoehr

TESTIMONY: SB 1506, RELATING TO HEALTH

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Sen. Rosalyn Baker, Chair
Sen. Brian Taniguichi, Vice Chair

SENATE COMMITTEE ON HEALTH
Sen. Josh Green, MD, Chair
Sen. Clarence Nishihara, Vice Chair

Thursday, February 10, 2011
8:30 am
Conference Room 229
State Capitol

Hardy Spoehr, Executive Director

Aloha Chairs Baker and Green; Vice Chairs Taniguichi and Nishihara; and Members of the Senate Committees on Commerce and Consumer Protection and on Health. Papa Ola Lokahi (POL) strongly supports for this measure.

Childhood obesity is affecting many of our island children. The various health plans in Hawai'i are already moving to look at positive interventions for their respective customers. All the studies indicate that childhood obesity is particularly prevalent in our Pacific Islander and Native Hawaiian communities. Papa Ola Lokahi strongly asks and recommends that representatives from these communities be named to the working group proposed in this legislation. For these communities, culture plays a major role and currently there is no cultural component affiliated with the working group as defined in the legislation.

Thank you for the opportunity to provide strong supportive testimony for this important measure.

Subject: Testimony in Support of SB1506

Stacy Haumea MPH, RD

Mauli 'Ola Nutrition Consultants and various projects on Big Island, Hawaii including non-profit community health center

Measure: SB1506, Relating to Health

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

Senator Brian T. Taniguchi, Vice Chair

Committee on Health

Senator Josh Green, Chair

Senator Clarence K Nishihara, Vice Chair

Date: Thursday, February 10, 2011

Time: 8:30 a.m.

Place: Room 229

Dear Senator Baker, Senator Green,

Thank you for taking the time to hear my testimony on a matter dear to my heart. As mothers, fathers, and professionals in the health field, you know the empathy we feel when we see kids that are overweight. We know the documented medical risks that arise as a result of being overweight. What once was overweight seen later in adulthood is now seen regularly in our youth as young as 2 years old. The baby fat that we use to be able to grow out of, we now see baby fat continue on into adulthood at alarming rates since 80% of our parents are also overweight, if not obese. If the obesity does not scare you, the near epidemic status of diabetes should or the fact that the 2009 born children may be the first generation to have a declining life expectation. This is a step backwards for a Hawaii that is a agriculture dream and a physical activity playland.

We must take a stand now and and make radical changes. Let more health professionals have access to the treatment and prevention of childhood obesity. Hawaii has provider shortages, a high cost of living and a lower rate of pay for many to even sustain businesses....let Registered Dietitians help. Registered dietitians are trained to target behavior changes that will assist people reach healthier goals. Registered dietitians are also trained to look beyond the individual and assess at a community and enviornmental level, changes that could be made that would improve lifestyle behaviors for the patient and also for the entire community. Registered dietitians have been here for generations ready to help when a primary care provider calls. Sadly, the calls often are cut short. Insurance companies in Hawaii have not authorized the Registered Dietitian as a reimburseable provider of care for patients unless they have diabetes or kidney disease. Many health care providers do not have funds to pay for the services of registered dietitians and registered dietitians, like many people, are not able to work and not get paid.

I see a Healthier Hawaii, and I see Registered Dietitians as a vital member.

warmest aloha,

Stacy Haumea M.P.H., R.D., C.D.E.

Nutritionist

P.O. Box 4182



American Heart Association | American Stroke Association

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

The American Heart Association supports the intent of SB 1506, "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. It would be practical to include in SB 1506 an assessment requirement for the programs to be funded. That data would help 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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Phone: 808-961-2825
Fax: 808-961-2827

Kauai:

(Served by Oahu office)
Phone: 808-538-7021
Fax: 808-538-3443

***"Building healthier lives,
free of cardiovascular
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From: Drorbaugh M [mjdror@hawaii.rr.com]
Sent: Saturday, February 05, 2011 8:28 AM
To: CPN Testimony
Subject: Testimony in support of SB1506

Categories:

Name: James E. Drorbaugh, MD, Pediatrician, retired
Measure: SB1506, Relating to Health
Committee on Commerce and Consumer Protection
 Senator Rosalyn H. Baker, Chair
 Senator Brian T. Taniguchi, Vice Chair
Committee on Health
 Senator Josh Green, Chair
 Senator Clarence K. Nishihara, Vice Chair
Date: Thursday, February 10, 2011
Time: 8:30 am
Place: Room 229

Dear Senators Baker and Green,

My testimony is in support of SB1506 which will enable Hawaii's health care providers and insurers to recognize childhood obesity as a formal diagnosis and billable provider visit.

I believe there are two major reasons for obesity in childhood. The first is financial because of the increased cost of a healthier diet. The second is the difficulty we all have in getting the motivation to achieve a healthier lifestyle. Although pediatricians can not do anything about the cost, I believe they have a significant contribution to make with regard to motivation when it comes to child health.

I was a practicing pediatrician for 20 years with a special interest in newborn babies before getting an MPH and changing over to public health. When in practice, I would enter the picture when the new baby came. I would follow the development and health of the child over a period of years. I would listen to the mother's concerns and share with her what were considered best practices in every aspect of child growth and development.

Mothers want the best for their children even though they are not always able to obtain it. If they receive support, they are willing to tackle just about anything when it is in the best interest of their child. It is the experience of this relationship when I was in practice which makes me believe that pediatricians have a significant role to play in helping us get the obesity epidemic under control.

I have worked both sides of the street, clinical practice and public health. Public health has done and is doing a wonderful job of raising our awareness to the problem of obesity and its consequences. At some point the individual has to take action if there is going to be change. I believe the ability to motivate this action is where the practicing pediatrician comes in. Public health and clinical practice are ying and yang. We have to work together.

Thank you for the opportunity to present this testimony.

Aloha,

James E. Drorbaugh, MD, MPH, FAAP

Hilo, Hawaii 96720

808 982.6508 home

808 756.7545 work cell

email: stacytay@hawaii.edu

Senate Bill SB 1506 introduced this year, requires insurers to cover childhood obesity as a billable provider visit, appropriates funds for the distribution of childhood obesity management instructional toolkits to the State's pediatricians, forms a work group under the Department of Health to assess the root cause of childhood obesity and explore the areas of nutrition and preventive care.

1288 Kapiolani Blvd, Apt 1905
Honolulu, Hawaii 96814

February 3, 2011

Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
and Members of the Committee on
Commerce and Consumer Protection

Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

Aloha mai, kakou

I speak in support of SB 1506, which would require insurers to cover childhood obesity as a billable provider, appropriate funds for the distribution of childhood obesity management instructional toolkits to the State's pediatricians, and form a working group under the Dept of Health to assess the root cause of childhood obesity and explore the areas of nutrition and preventative care.

Studies show that obesity is high among Asian Americans, Native Hawaiians, and Pacific Islanders, thus, this legislation is very necessary. A related component is to support the broader social determinates of health, such as exercise programs, access to affordable healthy food, and education. For these efforts to be successful, we need to look at the causes of obesity. Hence, the proposed working group under the Dept of Health would be most welcomed and could lead to more affirmative action to address the root causes of childhood obesity. In this regard, two good sources of advisors would be Maile Taulii, PhD, MPH

Director, Native Hawaiian Epidemiology Center, Papa Ola Lokahi, Native Hawaiian Health Board and Doctor Kawika Liu, MD, PhD, JD, Medical director, Moloka'i Community Health Center, Fellow, Native Hawaiian Center for Excellence, JABSOM.

Me kealoha pumehana

Leimomi Khan

Leimomi Khan

James Lin, MD
Pediatric Hospitalist
Kapi'olani Medical Center for Women and Children
Measure: SB1506, Relating to Health
Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Health
Senator Josh Green, Chair
Senator Clarence K Nishihara, Vice Chair
Date: Thursday, February 10, 2011
Time: 8:30 am
Place: Room 229

Dear Senator Baker, Senator Green,

I am emailing in support of SB1506. It is a bill that needs passing to provide the incentive and provide adequate compensation for the medical community to address the obesity epidemic. Prevention or reduction of obesity leads to better health of our children as well as for the future of Hawai'i's workforce population. In this age of spiraling health care costs, this investment is a small cost for the huge long term savings in the future.

Sincerely
James Lin, MD

Amanda Schroepfer, MD
UH Triple Board Resident, PGY4
Kapi'olani Medical Center for Women and Children

Measure: SB1506, Relating to Health
Committee on Commerce and Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator Brian T. Taniguchi, Vice Chair
Committee on Health
Senator Josh Green, Chair
Senator Clarence K Nishihara, Vice Chair
Date: Thursday, February 10, 2011
Time: 8:30 am
Place: Room 229

Dear Senator Baker, Senator Green,

I support SB1506. Childhood obesity continues to increase, and I feel strongly that we, as pediatricians, should lead the fight against it. For many people obesity is a lifelong problem with serious sequelae - we have an obligation to our patients to take the time to address this growing problem, and we need the tools to fight it. I've found the Hawaii Pediatric Weight Management Toolkit to 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. I am proud that efforts to increase identification of childhood obesity as well as a family-based intervention have been introduced at Kapi'olani.

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.

Sincerely,
Amanda Schroepfer, MD
UH Triple Board Resident, PGY4