

February 10, 2012

Representative Ryan Yamane, Chair  
Representative Dee Morikawa, Vice Chair  
House Committee on Health  
State Capitol Room 329  
415 S. Beretania Street  
Honolulu, Hawaii 96813

L A T E

### Testimony in Support of HB 1964

Thank you for the opportunity to provide comments to the House Committee on Health regarding oral chemotherapy drug parity. I am a cancer survivor on the neighbor island, and I want to stress the importance of having oral chemotherapy medication available and affordable.

Depending on where you live, neighbor island health centers and physician offices are not as easily accessible as on Oahu. Cancer patients need to secure transportation because chemotherapy tends to make driving hazardous. In some cases this could mean driving for over an hour, one way, just for a doctor's visit. While inpatient chemotherapy treatments are more accessible on Oahu, it is burdensome for others on the neighbor islands.

Oral chemotherapy is a way for a cancer patient to receive chemotherapy with having to travel great distances once a week, or more frequently, to receive life-saving treatment. It should be affordable, however, so that oral chemotherapy remains an option.

Cancer is a frightening disease that causes anxiety and stress for not only the patient, but their family and caregivers as well. Please consider moving this bill along to ease the financial and travel burdens for those on the neighbor islands.

Sincerely,

Rowena Tachibana  
3809 Hoohuki Street  
Lihue, HI 96766

Testimony of  
Phyllis Dendle  
Director of Government Relations

LATE

Before:  
House Committee on Health  
The Honorable Ryan I. Yamane, Chair  
The Honorable Dee Morikawa, Vice Chair

February 10, 2012  
9:30 am  
Conference Room 329

**HB 1964 RELATING TO HEALTH**

Chair Yamane and committee members, thank you for this opportunity to provide testimony on HB 1964 which amends the law regarding chemotherapy services.

**Kaiser Permanente Hawaii recommends amending the bill.**

When this law was passed in 2009 the intent of the legislature was to assure that patients would not be disadvantaged by using oral chemotherapy rather than intravenous chemotherapy. In fact the language of the law requires that oral drugs be "at the same" copay as IV drugs.

Health plan designs have changed and this law now again creates a disadvantage for oral chemotherapy drugs.

In the prevalent HMO plan there is a copay per dose for all drugs administered in clinic or the hospital. Among the drugs administered in a clinic are IV chemotherapy drugs. Normally, drugs dispensed by the pharmacy to be taken by the patient at home have a copay per 30 day supply. Under the current language of the law we should be charging a per dose copay for oral drugs which would be much more expensive for the patient. In order to remedy this situation we suggest the current law be amended to say "at the same or lower". This would make it impossible to charge more for oral drugs than IV drugs but allow for them to be less than IV drugs.

This bill might solve the problem I described but not as written. For one thing, at Kaiser we do not charge a different copay for nongeneric drugs. Beyond that, the bill is not really clearly written.

Page on1 line 9 -would need to say "including generic and nongeneric oral chemotherapy"

I think on page on1 line 13, it should be:  
"for generic orally administered cancer medications" rather than "for nongeneric orally administered cancer medication. "

On page 1 line 14 it probably should say:  
"percentage cost share for generic or non-generic intravenous or injected"

This is confusing.

We suggest the following amendment to the current law:

**[§431:10A-126] Chemotherapy services.** (a) Notwithstanding section 23-51, all individual and group accident and health or sickness insurance policies that include coverage or benefits for the treatment of cancer shall provide payment or reimbursement for all chemotherapy that is considered medically necessary as defined in section 432E-1.4, including orally administered chemotherapy, at the same or lower copayment percentage or relative coinsurance amount as is applied to intravenously administered chemotherapy; and shall apply equally to generic and non-generic medications; provided that this section shall not apply to an accident only, specified disease, hospital indemnity, long-term care, or other limited benefit health insurance policy.

Thank you for your consideration.

LATE



February 10, 2012  
9:30 A.M.  
Conference Room 329

To: House Committee on Health  
Representative Ryan Yamane, Chair  
Representative Dee Morikawa, Vice-Chair

From: Hawaii Public Health Association  
Christopher Lum Lee, Chair, Legislative Committee

Re: HB1964 RELATING TO HEALTH

Chair Yamane and Committee members:

Thank you for the opportunity to provide testimony on HB1964 which the Hawaii Public Health Association does indeed support for the following two reasons:

From a financial perspective, placing a limit on out-of-pocket costs for cancer medications certainly eases the financial constraints on a person who requires these medications. It can go without being said that any person afflicted with any form of cancer will incur the economic losses of savings spent on medications and income from missed time at work- so in this situation, every penny does count.

And to be in sync with the financial reasoning behind supporting this measure, this ties in with the Association's vision of health equity and healthcare access to the people of Hawaii. Specifically, this allows greater access to medications due to the microeconomics involved.

The Association does thank this Committee for providing the forum to hold this discussion and also for the opportunity to provide testimony on this measure. It is in the Association's hopes that this Committee passes this measure.

Respectfully submitted,

/s/ Christopher K.J. Lum Lee

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Christopher K.J. Lum Lee, Chair  
Hawaii Public Health Association Legislative Committee

February 10, 2012

The Honorable, Representative Ryan I. Yamane Chair-House Committee on Health  
Hawaii State Capitol Room 420  
415 South Beretania Street  
Honolulu, HI 96813

L A T E

Dear Representative Yamane and Members of the Health Committee,

The American Diabetes Association (ADA) supports the legislative concept of bills that support diabetes prevention and control programs or require state agencies involved with diabetes to review and prioritize their efforts and develop action plans to reduce the burden of diabetes.

Enhancing the existing CDC supported Diabetes Prevention and Control Program (DPCP) in Hawaii or supplementing their activities with state level support would be beneficial to residents of Hawaii. The ADA, would like to support any efforts to do so as long as the funding is consistent and the current CDC HI DPCP is protected and continues to serve the state of Hawaii.

Why should the legislature care about obesity and the growing diabetes epidemic? We commend the legislature taking the lead in the fight against diabetes and obesity in Hawaii. **Diabetes now affects more than 113,000 Hawaiian residents.**

If we do not do something about the growing epidemic the economic cost to Hawaii will be crippling. Because of this, the American Diabetes Association strives to improve public policy as it relates to diabetes. This impending epidemic signals a need to implement coordinated efforts utilizing existing services as well as those that need to be developed to effectively meet this public health challenge.

The American Diabetes Association believes this legislation to create a Diabetes Prevention and Control Program Director if it works in partnership with the CDC sponsored DPCP program to provide a more balanced and comprehensive approach to address the costs of diabetes and influence positive public policy to reduce the social and economic burden of diabetes in Hawaii.

If you have any questions or concerns please contact me at email: [llam@diabetes.org](mailto:llam@diabetes.org) or call 808.947.5979.

Sincerely,



Leslie Lam  
Executive Director