



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

In reply, please refer to:  
File:

## HOUSE COMMITTEE ON HEALTH

### HCR23, URGING THE FORMATION OF A TASK FORCE TO DEVELOP RECOMMENDATIONS FOR IMPROVING THE PROVISION OF OBESITY PREVENTION-RELATED SERVICES AND COUNSELING IN ACCORDANCE WITH THE IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health

March 1, 2013

1 **Department's Position:** The Department of Health (DOH) supports this measure.

2 **Fiscal Implications:** None.

3 **Purpose and Justification:** The purpose of House Concurrent Resolution 23 is to create a task force to  
4 develop recommendations for improving the provision of obesity-related services and counseling in  
5 accordance with implementation of the Patient Protection and Affordable Care Act (PPACA).

6 The Department supports this bill as a part of the comprehensive package of legislation  
7 developed by the Childhood Obesity Prevention Task Force. The Childhood Obesity Prevention Task  
8 Force was created on July 6, 2012 as Senate Bill 2778 and signed into law as Act 269 by Governor  
9 Abercrombie to address the growing crisis of childhood obesity in Hawaii. The Childhood Obesity  
10 Prevention Task Force identified twelve policy recommendations that when implemented together, have  
11 the potential to reshape the environments in Hawaii where people live, work, play, and learn. HCR23 is  
12 one of the twelve recommended policies from the Childhood Obesity Prevention Task Force.

1           During meetings with the Childhood Obesity Prevention Task Force, which included  
2 representatives from physician groups and health plans, it became clear that additional meetings and  
3 discussions were necessary to identify information gaps and to address physician concerns about obesity  
4 related-medical services. Physicians expressed concerns about the need to expand billable obesity-  
5 related medical services and health plans felt that more education was needed on current billable  
6 services. The intent of the task force is to help to identify gaps and education needs for healthcare  
7 providers on reimbursable medical costs and treatment under the PPACA and develop recommendations  
8 to address issues that are identified.

9           The Department supports passage of HCR23 and will support convening the task force. Thank  
10 you for the opportunity to provide testimony.

11

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# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

March 1, 2013

The Honorable Della Au Belatti, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Health

**Re: HCR 23 - Urging the Formation of a Task Force to Develop Recommendations for Improving the Provision of Obesity Prevention-Related Services and Counseling in Accordance with the Implementation of the Patient Protection and Affordable Care Act**

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HCR 23 which calls for the formation of an Obesity Prevention Healthcare Reimbursement Task Force. HMSA supports this Resolution.

One of the goals of the Patient and Protection and Affordable Care Act (ACA) is 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 any of the mandated preventive services, this benefit had to be included in all non-grandfathered plans. One of these benefits was the screening and treatment for obesity, for children and adults.

As of September 2010, the majority of HMSA's members who are children six years of age and older have been receiving screening and assessments for obesity. That said, we recognize that much more needs to be accomplished to make headway in addressing this serious health problem.

During the recent legislative interim, HMSA was one of many organizations that participated in the Hawaii Childhood Obesity Task Force. HCR 23 reflects a recommendation of that task force to continue looking at gaps in health care providers' ability to prevent and provide treatment for obesity-related services. In conjunction with this, the interim task force recommended continuing the work of identifying reimbursement options for these services. The task force called for by this Resolution will serve that purpose.

We do have one concern. We want to ensure that the task force created by this Resolution is comprised of all appropriate representatives of the health care community, including providers and plans.

Thank you for the opportunity to testify today in support of this Resolution.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Oto".

Mark K. Oto  
Director  
Government Relations

**morikawa2 - Shaun**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, February 28, 2013 5:29 PM  
**To:** HLTtestimony  
**Cc:** thirr33@gmail.com  
**Subject:** Submitted testimony for HCR23 on Mar 1, 2013 09:00AM

**HCR23**

Submitted on: 2/28/2013

Testimony for HLT on Mar 1, 2013 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Arvid Tadao Youngquist	The Mestizo Association	Support	No

Comments: Chair, HLT Committee Honorable Members The Mestizo Association, a non-partisan association promoting justice, accommodation, & understanding locally as well as internationally since 1982, supports HCR 23. The Measure, URGING THE FORMATION OF A TASK FORCE TO DEVELOP RECOMMENDATIONS FOR IMPROVING THE PROVISION OF OBESITY PREVENTION-RELATED SERVICES AND COUNSELING IN ACCORDANCE WITH THE IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, merits your utmost and strongest encouragement. Mahalo for this opportunity to provide written testimony in support of this worthy proposal. Me Ke Aloha Pumehana, Arvid T. Youngquist Kalihi Valley resident Feb. 28, 2013

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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