

**HTH-CPN HEARING**

**HCR23**

**TESTIMONY**



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

In reply, please refer to:  
File:

**SENATE COMMITTEE ON HEALTH  
AND  
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION**

**HCR23 HD1, REQUESTING THE FORMATION OF A TASK FORCE TO  
DEVELOP RECOMMENDATIONS FOR IMPROVING 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**

**April 19, 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 HD1 is to create a task  
4 force to develop recommendations for improving the provision of obesity-related services and  
5 counseling in accordance with implementation of the Patient Protection and Affordable Care Act  
6 (PPACA).

7 The Department supports this bill as a part of the comprehensive package of legislation  
8 developed by the Childhood Obesity Prevention Task Force. The Childhood Obesity Prevention Task  
9 Force was created on July 6, 2012 as Senate Bill 2778 and signed into law as Act 269 by Governor  
10 Abercrombie to address the growing crisis of childhood obesity in Hawaii. The Childhood Obesity  
11 Prevention Task Force identified twelve policy recommendations that when implemented together, have

1 the potential to reshape the environments in Hawaii where people live, work, play, and learn. HCR23  
2 HD1 is one of the twelve recommended policies from the Childhood Obesity Prevention Task Force.

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

11           The Department supports passage of HCR23 HD1 and will support convening the task force.

12 Thank you for the opportunity to provide testimony.

13



NEIL ABERCROMBIE  
GOVERNOR

SHAN S. TSUTSUI  
LT. GOVERNOR

STATE OF HAWAII  
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KEALI' I S. LOPEZ  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

TO THE SENATE COMMITTEES ON HEALTH AND  
COMMERCE & CONSUMER PROTECTION

TWENTY-SEVENTH LEGISLATURE  
Regular Session of 2013

Friday, April 19, 2013  
1:50 p.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION NO. 23, H.D. 1 –  
REQUESTING THE FORMATION OF A TASK FORCE TO DEVELOP  
RECOMMENDATIONS FOR IMPROVING OBESITY PREVENTION-RELATED  
SERVICES AND COUNSELING IN ACCORDANCE WITH THE IMPLEMENTATION  
OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.**

TO THE HONORABLE JOSH GREEN AND ROSALYN H. BAKER, CHAIRS, AND  
MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),  
testifying on behalf of the Department of Commerce and Consumer Affairs  
(“Department”). The Department supports this Administration concurrent resolution.

The purpose of this concurrent resolution is to request the Department of Health  
to establish an Obesity Prevention Healthcare Reimbursement Task Force (“Task  
Force”) of up to 25 members to develop recommendations for increasing the provision  
of obesity-related services and counseling by healthcare providers as mandated by the  
federal Patient Protection and Affordable Care Act guidelines.

The Department is willing to participate in the proposed Task Force.

We thank this Committee for the opportunity to present testimony on this matter  
and ask for your favorable consideration.



## HAWAI'I PACIFIC HEALTH

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**Friday, April 19, 2013 – 1:50 pm**  
**Conference Room 229**

### The Senate Committee on Health

To: Senator Josh Green, Chair  
Senator Rosalyn Baker, Vice Chair

### The Senate Committee on Commerce and Consumer Protection

To: Senator Rosalyn Baker, Chair  
Senator Brickwood Galuteria, Vice Chair

From: Virginia Pressler, MD, MBA

Re: **HCR 23, HD1 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 in Strong Support**

My name is Virginia Pressler, MD, MBA, Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health (HPH). HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is 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, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff,

I am writing in **strong support** of HCR 23, HD1 which urges 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.

Obesity is a complex and multifaceted issue requiring the collaboration of stakeholders in government, non-profit, private and health care sectors to create systematic large-scale environmental changes. These stakeholders must be educated about the provisions of the Affordable Care Act (ACA) and of the ongoing efforts of the Hawaii Healthcare Project and how these changes affect Hawai'i's health care system. Health care providers must also be educated about reimbursable medical costs related to obesity prevention and treatment under the new ACA guidelines so that they may be compensated for the provision of these services and health care providers must be encouraged to provide services and counseling to overweight and obese patients.

This resolution provides a means through which the growing problem of obesity in our community may be addressed.

Thank you for the opportunity to provide testimony on this matter.



**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [hspoehr@papaolalokahi.org](mailto:hspoehr@papaolalokahi.org)  
**Subject:** Submitted testimony for HCR23 on Apr 19, 2013 13:50PM  
**Date:** Wednesday, April 17, 2013 12:14:12 PM

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HCR23

Submitted on: 4/17/2013

Testimony for HTH/CPN on Apr 19, 2013 13:50PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Hardy Spoehr	Papa Ola Lokahi	Support	No

Comments: Papa Ola LOKahi strongly supports this measure and stands ready to assist as appropriate

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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**Subject:** Submitted testimony for HCR23 on Apr 19, 2013 13:50PM  
**Date:** Wednesday, April 17, 2013 12:52:35 PM

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HCR23

Submitted on: 4/17/2013

Testimony for HTH/CPN on Apr 19, 2013 13:50PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cathleen Pomponio	Individual	Comments Only	No

Comments: As a Master level Nutritionist I can add that people who have difficulty maintaining their ideal weight should consult with a Nutritionist or Registered Dietitian. These health care professionals can be found in most Hospital settings. The difficulty with this solution is that most Insurance companies will not include these professionals in 3rd party payments. This opens the 'door' to arguement coming from the Medical Profession. I hate to say this, but if it were not for the greed of our MD's; our LPN, RN's RD's, and other Health Professionals would have been reimbursed a long time ago. It is because the Medical MD's want to have the status of Primary Care Giver, and receive total reimbursement from Insurance Companies. What this has done over the long run [over 25 years], is bring down the level of medical care to the patient. Ie: the patient is now seeing Cna's with about 8 weeks of 'training', or a Medical Assistant with about 9 months of bookkeeping education. [I have forwarded to another rep. the curriculum of a typical Medical Assistant. Because the cost of seeing a real doctor has become so prohibitive, the public is now only being seen by GED and High School Graduates. Most Hospitals, clinics and especially nursing homes cannot afford to hire Registered Nurses, and none of them have RD's on staff except for a nursing home that hires out one RD to take care of a chain of nursing homes. Thank you for your consideration in this matter.

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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HCR23 HD1/SCR18

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

Senate Committee on Health

Senate Committee on Commerce and Consumer Protection

Public Hearing – April 19, 2013

1:50 p.m., State Capitol, Conference Room 229

As a professional in the health care industry for over 19 years, I **strongly support** HCR23 HD1/SCR18, which requests the formation of a task force to develop recommendations for improving obesity prevention-related services and counseling in accordance with the implementation of the Patient Protection and Affordable Care Act.

**Obesity is a serious and costly issue in Hawaii.** According to a 2012 report by the Trust for America's Health and the Robert Wood Johnson Foundation, approximately 21.8% of Hawaii's adult population in 2011 was obese. By 2030, obesity-related healthcare costs are projected to potentially increase by 12.3%.

**A coordinated and comprehensive approach is required.** Studies have indicated that an amalgamation of factors, such as an unhealthy diet, inactivity, genetics, age, and socioeconomic conditions, contribute to obesity levels. An effective strategy to combat obesity requires comprehensive engagement by individuals, families, communities, and society.

**Hawaii is in a unique position to serve as a positive role model for other states.** The healthcare leaders in Hawaii are among the most talented in the nation. Implementing and sharing the documented recommendations of a task force will capitalize upon this strength and advance obesity prevention efforts throughout the nation.

Thank you for the opportunity to provide testimony.

Sincerely,

Tanya A. Peacock, FACHE, CFAAMA  
PhD Student, Shidler College of Business  
University of Hawaii at Manoa

References:

<http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf401318>

<http://www.healthypeople.gov/2020/default.aspx>

[http://whqlibdoc.who.int/publications/2009/9789241597418\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf)

[http://www.iom.edu/~media/Files/Report%20Files/2012/APOP/APOP\\_insert.pdf](http://www.iom.edu/~media/Files/Report%20Files/2012/APOP/APOP_insert.pdf)