



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

In reply, please refer to:
File:

SENATE COMMITTEE ON WAYS AND MEANS
SB2351 SD1, RELATING TO CHILDHOOD OBESITY

Comments of David Sakamoto, M.D., M.B.A.
Deputy Director of Health Resources Administration

February 19, 2014

1 **Department's Position** The Department of Health (DOH) respectfully submits comments on Senate
2 Bill 2351 SD1.

3 **Fiscal Implications:** None

4 **Purpose and Justification:** The purpose of Senate Bill 2351 SD1 is to require primary care physicians
5 and pediatricians to administer an annual body mass index measurement to children, beginning at the
6 age of two years old, and report the data to the Hawaii Health Information Exchange (HHIE). The bill
7 also proposes mandatory coverage for body mass indexing for patients age two to eighteen.

8 The Department also appreciates the intent of SB 2351 SD1 to increase the availability of BMI
9 data statewide through the HHIE because clinically assessed and electronically transmitted data will
10 enhance public health surveillance capacity. Accurate and timely monitoring of health is an essential
11 public health service to inform policy and resource decisions, and programmatic strategy and evaluation.
12 Currently, the Youth Risk Behavior Survey relies on self-reported data and the kindergarten overweight
13 and obesity studies requires data entry of BMI from de-identified student health records for all entering
14 kindergarten students.

1 BMI is a critical indicator since children who are obese will likely be obese as adults^{1,2}.
2 Obesity is costly to our state, and can lead to diabetes and other chronic conditions later in life. 82% of
3 adults in Hawaii have at least one chronic disease, over half (53%) have two or more, and 31.5% have
4 three or more chronic diseases. Hawaii spends an estimated \$470 million annually on obesity-related
5 medical costs, and \$770 million on diabetes-related medical costs (not including indirect costs).^{3,4} All
6 Hawaii residents bear the burden of chronic disease in terms of their quality and length of life, as well as
7 their pocketbooks. Due to the serious implications of obesity, the Department recognizes and supports
8 the need to encourage physicians and pediatricians to screen children for obesity as well as the need for
9 statewide BMI data for public health surveillance purposes. Obesity counseling is now a covered
10 benefit under the Affordable Care Act, and requiring BMI screening by physicians and pediatricians will
11 help identify children who can utilize this new benefit.

12 Thank you for the opportunity to provide comments.

¹ Freedman DS, Khan LK, Dietz WH, Srinivasan SR, Berenson GS. Relationship of childhood overweight to coronary heart disease risk factors in adulthood: The Bogalusa Heart Study. *Pediatrics* 2001;108:712—718.

² Biro FM, Wien M. Childhood obesity and adult morbidities. *Am J Clin Nutr*. May 2010;91(5):1499S—1505S.

³ Trogdon, JG, Finkelstein, EA, Feagan, CW, et al. State- and Payer-Specific Estimates of annual Medical Expenditures attributable to Obesity. *Obesity*, 2012; 20(1): 214-220.

⁴ American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care*, 2013; Apr; 36(4): 1033-46. doi: 10.2337/dc12-2625. Epub 2013 Mar 6.

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SB2351

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Testimony for WAM on Feb 19, 2014 09:15AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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