



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

SENATE COMMITTEE ON HEALTH
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
SCR27, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND
FINANCIAL EFFECTS OF REQUIRING HEALTH INSURANCE COVERAGE
FOR ANNUAL BODY MASS INDEX MEASUREMENTS FOR CHILDREN

Comments of Linda Rosen, M.S., M.P.H.
Director of Health

March 24, 2014

1 **Department's Position** The Department of Health (DOH) respectfully submits comments on Senate
2 Concurrent Resolution 27 (SCR27).
3 **Fiscal Implications:** None
4 **Purpose and Justification:** The purpose of SCR27 is to require an impact assessment by an Auditor of
5 the social and financial effects of mandating health insurance coverage for body mass index
6 measurement for children pursuant to Senate Bill 2351 (Regular Session of 2014). The Auditor is
7 requested to submit findings and recommendations to the Legislature, twenty days prior to the
8 convening of the Regular Session of 2015. The current version of Senate Bill 2351 SD2 would require
9 primary care physicians and pediatricians to administer an annual body mass index measurement to
10 children, beginning at the age of two years old, and report the data to the Hawaii Health Information
11 Exchange (HHIE). The bill also proposes mandatory coverage for body mass indexing for patients age
12 two to eighteen.

1 The Department appreciates the intent of SCR27 and SB 2351 SD2 to increase the availability of
2 BMI data statewide through the HHIE because clinically assessed and electronically transmitted data
3 will enhance public health surveillance capacity. Accurate and timely monitoring of health is an
4 essential public health service to inform policy and resource decisions, and programmatic strategy and
5 evaluation. Currently, the Youth Risk Behavior Survey relies on self-reported data and the kindergarten
6 overweight and obesity studies requires data entry of BMI from de-identified student health records for
7 all entering kindergarten students.

8 BMI is a critical indicator since children who are obese will likely be obese as adults^{1,2}. Obesity
9 is costly to our state, and can lead to diabetes and other chronic conditions later in life. Hawaii spends an
10 estimated \$470 million annually on obesity-related medical costs, and \$770 million on diabetes-related
11 medical costs (not including indirect costs).^{3,4} All Hawaii residents bear the burden of chronic disease
12 in terms of their quality and length of life, as well as their pocketbooks. Due to the serious implications
13 of obesity, the Department recognizes and supports the need to encourage physicians and pediatricians
14 to screen children for obesity as well as the need for statewide BMI data for public health surveillance
15 purposes. . The Department notes that the Affordable Care Act (ACA) mandates annual well child
16 examinations and BMI measurement is a part of the physical exam. Also, under the ACA obesity
17 counseling is now a covered benefit for pediatric patients.

18 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 Trogon, 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.