

SCR64

Measure Title: REQUESTING THE AUDITOR TO CONDUCT A STUDY OF MANDATORY HEALTH INSURANCE COVERAGE FOR NUTRITION AND LIFESTYLE PROGRAMS.

Report Title: Insurance; Nutrition and Lifestyle Programs

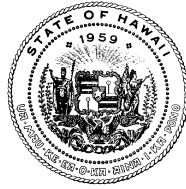
Description:

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): CHUN OAKLAND, GREEN, Baker, Dela Cruz, Espero, Gabbard, Galuteria, Harimoto, Inouye, Keith-Agaran, Kidani, Kim, Riviere, Shimabukuro, Taniguchi, Wakai



STATE OF HAWAII
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Testimony in SUPPORT of SCR64
REQUESTING THE AUDITOR TO CONDUCT A STUDY OF MANDATORY
HEALTH INSURANCE COVERAGE FOR NUTRITION AND LIFESTYLE
PROGRAMS

SENATOR ROSALYN H. BAKER
HOUSE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: March 14, 2016 Room Number: 229

1 **Fiscal Implications:** The Department defers to the Department of Commerce and Consumer
2 Affairs regarding fiscal implications.

3 **Department Testimony:** The Department of Health (DOH) supports SCR64. The purpose of
4 SCR64 is to require the preparation of an Auditor's report on health insurance coverage for
5 nutrition and lifestyle programs.

6 The Department appreciates the suggestion to broadly expand coverage for preventive
7 programs intended to treat various health conditions, but realizes the current language may be
8 too expansive to study and implement as it is written. The Department suggests narrowing the
9 Auditor's report to a study of expanding coverage according to the United States Preventive
10 Services Task Force (USPSTF) recommendations and the Centers for Disease Control and
11 Prevention (CDC) recommendations in the 6|18 Initiative to reduce high-burden health
12 conditions with effective interventions.¹

13 One example of the 6|18 recommendations is to expand access to the National Diabetes
14 Prevention Program (DPP), a program developed and evaluated by the CDC, which has been
15 proven to reduce the onset of diabetes in at-risk adults by 58 percent, using a cost-effective,

¹ Centers for Disease Control and Prevention, The 6|18 Initiative: Accelerating Evidence into Action.
<http://www.cdc.gov/sixteen/index.html>

1 community-based intervention.² National DPP programs have shown that only moderate weight
2 loss is required to achieve preventive health benefits.³ Weight loss of 5 to 7 percent of body
3 weight, or 10 to 14 pounds for a person weighing 200 pounds, led to reduction in diabetes onset
4 mentioned above.⁴

5 The inclusion of coverage for behavioral counseling for patients with abnormal blood
6 glucose follows the new recommendation by the USPSTF released on October 27, 2015.⁵
7 USPSTF recommendations state that clinicians should offer or refer patients with abnormal
8 glucose to intensive behavioral counseling interventions to promote healthful diet and physical
9 activity.⁶ However, while most of Hawaii's health plans cover the screening for pre-diabetes,
10 most plans do not cover DPP services that can help people achieve normal blood sugar levels and
11 prevent diabetes.

12 Diabetes and pre-diabetes rates have been steadily increasing in Hawaii; nearly one
13 quarter of all adults in Hawaii (24.1%) report having diabetes or pre-diabetes.⁷ Alarminglly,
14 these rates do not fully capture the burden of these conditions. Based on a study by Dall, et al,
15 (2014) and a methodology developed by the American Diabetes Association, half of all adults in
16 Hawaii (52.7%) currently have diabetes (11.2%) or pre-diabetes (41.5%).^{8,9}

17 Thank you for the opportunity to testify.

² The Centers for Disease Control and Prevention, Preventing Type 2 Diabetes, A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program. http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf

³ The Centers for Disease Control and Prevention, Preventing Type 2 Diabetes, A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program. http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf

⁴ The Centers for Disease Control and Prevention, Preventing Type 2 Diabetes, A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program. http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf

⁵ Centers for Disease Control and Prevention, The 6|18 Initiative: Accelerating Evidence into Action. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>

⁶ U.S. Preventive Services Task Force, Final Recommendation Statement, Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes>

⁷ Hawaii Health Data Warehouse. Diabetes Prevalence - Categorical. Honolulu, Hawaii: Hawaii State Department of Health;2016

⁸ Dall TM, Yang W, Halder P, et al. The economic burden of elevated blood glucose levels in 2012: Diagnosed and undiagnosed diabetes, gestational diabetes mellitus, and prediabetes. *Diabetes Care*. 2014; 37:3172-3179.

⁹ American Diabetes Association. The burden of diabetes in Hawaii. In: Association AD, ed. Alexandria, VA: n.d.



HPCCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Commerce, Consumer Protection, and Health

The Hon. Rosalyn H. Baker, Chair

The Hon. Michelle N. Kidani, Vice Chair

Testimony in Support of Senate Concurrent Resolution 64

Submitted by Dustin Stevens, Public Affairs and Policy Director

March 14, 2016, 9:30 am, Room 229

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, strongly supports SCR 64, requesting the auditor to conduct a study of mandatory health insurance coverage for nutrition and lifestyle programs.

Currently, almost 600,000 people in Hawaii are living with diabetes or prediabetes. In the past two years alone there has been an increase of diabetes diagnoses in adults, rising an astonishing 26% and despite receiving the rank of the healthiest state in the country, Hawaii was deemed just the 24th overall in terms of diabetes prevalence.

Recently, to help combat this rise, the HPCA partnered with the State Department of Health and the University of Hawaii to implement a federal grant program designed to provide outreach, education, and improved clinical outcomes to those most at risk in the state. This resolution, if passed, will continue to shed light on this and other like kind programs and the vital role they play in the state of health in Hawaii moving forward.

For these reasons the HPCA strongly supports SCR 64 and thanks you for the opportunity to testify.



Committee on Commerce, Consumer Protection and Health and Ways and Means
Rosalyn H Baker, Chair and Michelle N Kidani, Vice-Chair
Jill N Tokuda, Chair and Donovan M Dela Cruz, Vice-Chair

TESTIMONY ON SCR64, RELATING TO INSURANCE; NUTRITION AND LIFESTYLE PROGRAMS

I am writing to you as president of the Hawai'i Academy of Nutrition and Dietetics (formerly known as Hawai'i Dietetic Association). Hawai'i Academy of Nutrition and Dietetics (HAND) represents approximately 300 members in the state of Hawai'i, Guam, and Saipan.

HAND supports the intent of SCR64 requesting an auditor to conduct a study of mandatory health insurance coverage for nutrition and lifestyle programs to prevent and/or treat disease. As most health insurance plans offer only limited coverage, often excluding pre-diabetes and chronic kidney disease, two conditions strongly related to lifestyle, expanding coverage would increase access and save future health care dollars.

HAND is requesting that the concurrent resolution provide clarification as to what would qualify as a lifestyle program. It is important that programs use evidence-based approaches. To protect the public, lifestyle programs should also be developed and/or administered by a licensed health care professional, who has appropriate education and training.

Thank you for your consideration.

Respectfully yours,
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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: tbrahim08@gmail.com
Subject: *Submitted testimony for SCR64 on Mar 14, 2016 09:30AM*
Date: Sunday, March 13, 2016 9:13:35 AM

SCR64

Submitted on: 3/13/2016

Testimony for CPH on Mar 14, 2016 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments:

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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