



HOUSE COMMITTEE ON FINANCE
The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair

H.B. NO. 481, H.D. 2, RELATING TO INSURANCE

Hearing: Wednesday, February 20, 2019, 2:00 p.m.

The Office of the Auditor has **no position** regarding H.B. No. 481, H.D. 2, which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis and requires the State Auditor to conduct an impact assessment report pursuant to Section 23-51, Hawai'i Revised Statutes (HRS). **However, we have concerns about Part II of the bill that directs us to perform an impact assessment of the proposed mandate.**

For proposals mandating new health insurance coverage, Section 23-51, HRS, specifically requires the Legislature to pass a **concurrent resolution** requesting an impact assessment by the Auditor: "there *shall* be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage." (emphasis added).

We suggest that the committee defer the bill and request the required impact assessment in accordance with Section 23-51, HRS.

Thank you for considering our testimony related to H.B. No. 481, H.D. 2.



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Finance
Wednesday, February 20, 2019
2:00 p.m.
State Capitol, Conference Room 308**

**On the following measure:
H.B. 481, H.D. 2, RELATING TO INSURANCE**

Chair Luke and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

This may be viewed as a new mandate. The addition of new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State's qualified health plan under the PPACA.

H.D. 2 directs the State Auditor to conduct an impact assessment pursuant to Hawaii Revised Statutes section 23-51 and to submit a report on that assessment no later than 20 days prior to the Regular Session of 2020. H.D. 2 also adds language

purporting that part II “shall satisfy the procedural requirements, in lieu of a concurrent resolution, of section 23-51, Hawaii Revised Statutes.”

Finally, part I of this bill has an effective date of January 1, 2021, which would result in part I of the bill becoming effective, regardless of the results of the State Auditor’s Report.

Thank you for the opportunity to testify on this bill.

HB-481-HD-2

Submitted on: 2/19/2019 12:22:24 PM

Testimony for FIN on 2/20/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

HB-481-HD-2

Submitted on: 2/17/2019 5:24:25 PM

Testimony for FIN on 2/20/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Kohn MD	We Are One, Inc. - www.WeAreOne.cc - WAO	Support	No

Comments:

www.WeAreOne.cc

Before the
Committee on Finance
Chair Representative Sylvia Luke
Vice Chair Representative Ty J.K. Cullen

In support of the following measure:
H.B. 481 H.D. 2 RELATING TO INSURANCE

Wednesday, February 20, 2019
2:00 P.M.
State Capitol, Conference Room 308

Aloha Chair Representative Luke and Members of the Committee,

My name is Jenny Mae Respicio and I am a BSW undergraduate student at the University of Hawaii at Manoa School of Social Work. I support H.B. 841 H.D.2., which amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. By passing this bill, the amount of lives this mandate can change will be drastic. Early discovery of breast cancer can save and prolong lives, and benefit the residents of Hawaii.

According to the American Cancer Society, dense breast tissue is a risk factor to a greater chance of having breast cancer. In addition, breast density decreases tumor detection. By having quality screening options, such as low-dose mammography, digital mammography and breast tomosynthesis, covered by insurance, the 40%-50% of women with dense breast tissue can have a chance of detecting breast cancer and take preventative measures early.

The mother of a very close friend of mine's was a result of this statistic and recently passed away due to late detection of breast cancer. She immigrated to the United States of America to receive better healthcare opportunities and protection. Unfortunately, the insurance she had only covered 2D mammography and due to the high cost of low-dose mammography, the cancer wasn't detected until it was too late. It's really sad and quite discouraging that there could have been a

chance to prolong her precious life if her insurance covered low-dose mammography (including coverage for digital mammography and breast tomosynthesis), which is why I urge the committee to pass H.B. 481 H.D. 2. to provide women of Hawaii an opportunity to have access to the best screening care available.

Mahalo for the opportunity to testify in favor of H.B. 481 H.D. 2.

With Sincerest Mahalo,

Jenny Mae Respicio

HB-481-HD-2

Submitted on: 2/19/2019 8:39:17 AM

Testimony for FIN on 2/20/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Individual	Support	No

Comments:

Dear Representatives,

Published research from the Yale School of Medicine in the American Journal of Radiology assessed the cost effectiveness of tomosynthesis. Much research has been published over the past decades about the cost effectiveness of 2D mammography. The cost of 2D mammography for quality adjusted life year or QALY in this meta analysis from the Journal of the National Cancer Institute <https://academic.oup.com/jnci/article/98/11/774/2521606> was between \$27,000 and \$58,000 per QALY depending on the screening strategy as to when mammography was started and how often the exams were performed.

The Yale researchers found “The incremental cost per QALY gained for tomosynthesis used over 2D mammography was \$20,230 for all ages(greater or equal to age 40)”. Early detection of up to 40% more cancers with 3D tomosynthesis was actually LESS expensive per QALY or in layman’s terms per life saved than using 2D mammography. This in part is due to the cost savings in far fewer (15-30%) false positive diagnostic work ups.

On a personal level, few things are more heartbreaking for a health care provider than talking to a young woman (who tend to have denser breasts) with advanced breast cancer which was not diagnosed in time to effect a cure. If we are going to perform breast cancer screening with mammography, then Hawaii should do so with superior modern generation equipment. The State Legislature resolved in HCR138 in 2004 “to support reimbursement for mammography at levels that allow health care providers to recover costs and acquire current generation equipment”. This bill sponsored by 39 lawmakers confirms that the Legislature still believes women in Hawaii should have access to the best care.

As a final note, the Legislature passed a bill in 2013 which requires women with dense breasts to be notified that their mammogram may be less sensitive for breast, which did help to educate women, but did not offer a solution for this challenge. The solution, tomosynthesis, now exists and is widely used in the each of the other 49 states where DBT is covered by third party payers included Medicare and all BCBS payers.

The American Cancer Society estimates 1280 women in Hawaii will be diagnosed with breast cancer in 2019, and 160 women will die from the disease. As Hawaii currently has the lowest coverage for tomosynthesis of all 50 states (less than 50%), making tomosynthesis available to Hawaii's women this year could significantly reduce the mortality of breast cancer in our state.

Aloha, Scott Grosskreutz, M.D.

HB-481-HD-2

Submitted on: 2/19/2019 2:21:39 PM

Testimony for FIN on 2/20/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Gasperi	Individual	Support	No

Comments:

As a mammographer with over 10 years experience, using both FFDM and DBT, and current womens imaging center mannager, I strongly support bill HB 481. This coverage needs to go into effect as soon as possible.

According to the American Cancer Society, the women of Hawaii are estimated to be diagnosed with 1280 new breast cancers in 2019. Of these 1280 women, 160 will die of the disease. DBT will not prevent these cancers, but has been proven to catch these cancers sooner and smaller.

Legislation was passed in 2013 requiring that women wth mammographically dense breasts be notified that screening mammopgraphy may not detect a cancer. Isn't it time we give them the most appropriate imaging available? And have it covered by their insurance?

DBT may have a 1/3rd increase in initial cost, but the long term savings would be significant. A study published in the June 2014 issue of JAMA among 13 imaging centers showed a 16% decrease in recall rates from FFDM to DBT. Also, according to the American College of Radiology, DBT has shown a 15% decrease in false-positive rates, again reducing costs for unnecessary diagnostic work ups. Reducing recall and false-positive rates is not only cost effective, but also reduces the mental and emotional toll of unnecessary diagnostic workups.

Besides cost effectiveness and decreased stress among patients, the ACR has research showing DBT to have found 40% more cancers that FFDM.

Hawaii has the largest population of Asian women in the nation. Asian women have been proven to have a larger instance of mammographically dense breast tissue, yet less than 50% of these women have DBT coverage. The lowest percentage of insurance coverage in the United States! This is simply unacctable.

This coverage needs to go into effect before more women in the state of Hawaii are diagnosed with this disease.

Nicole Gasperi, RT(r)(m)(bd)

LATE

Chair Luke and Members of the Finance Committee,

My name is Scott Harada and I am a radiologist with additional fellowship training in breast imaging. I strongly support HB 481, which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

3D mammography, or digital breast tomosynthesis (DBT), acquires a series of low dose images of the breast at different angles and creates multiple pictures that represent thin slices of the breast. DBT addresses one of the main limitations of conventional 2D mammography, which is overlapping breast tissue. DBT helps to both detect and characterize abnormalities in the breast that could otherwise be hidden by overlapping tissues.

As a breast imager, the question that I am asked most often by women is if they should have a 3D mammogram. I have personally seen the advantages of DBT in detecting cancers that would likely have been missed on 2D mammography. I believe that DBT is simply a better mammogram and do let patients know my preference when asked. Several facts that I share with patients in support of DBT include the following:

- DBT detects more breast cancers than 2D mammography. Furthermore, DBT increases the detection of invasive breast cancers, which have the potential to spread to other parts of the body, and detects them earlier.
- DBT decreases screening recalls for non-cancerous findings. Fewer false alarms mean less anxiety and avoiding the inconvenience and costs of additional imaging.
- DBT offers superior lesion assessment. This includes both the characterization and localization of abnormalities in the breast. DBT can reduce the need for additional mammograms to evaluate abnormalities and result in decreased radiation and costs.

DBT will likely replace 2D mammography as the standard of care for screening in the future and all women in Hawaii should have access to its benefits. Thank you very much for considering this bill and the opportunity to provide testimony in support of coverage of digital breast tomosynthesis as a medically necessary screening and diagnostic mammography service.

Sincerely,

Scott Harada, MD

LATE

HB-481-HD-2

Submitted on: 2/20/2019 7:40:56 AM

Testimony for FIN on 2/20/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laeton J Pang	Individual	Support	No

Comments:

I'm writing to support HB481 HD1 SB123 which mandates insurance coverage of Digital Breast Tomosynthesis scheduled for hearing with the House CPC Thursday Feb 7, 2019 2:00 pm.

As a practicing radiation oncologist, I've seen many women with breast cancer and dense breasts whose disease might have been detected earlier if screening tomosynthesis was used. Early detection leads to earlier diagnosis/treatment, saves lives and money. Patients with dense breasts are at higher risk of developing breast cancer.

NCI research documents the denser breast tissue of Asian women on mammography, which limits the sensitivity of mammography. Asian women also tend to have an earlier onset of breast cancer, and cancers in young women are often more aggressive than older women. Hawaii has the highest percentage of Asian women, and therefore the larger percentage of women with mammographically dense breasts. Our patients in Hawaii would benefit more from tomosynthesis, than any other state, and yet our state has amongst the worse coverage of tomosynthesis of any state in the U.S.

15 states have passed laws mandating the coverage of DBT. 17 states have 100% coverage of DBT for insured women. Medicare covers DBT nationwide. Medicaid, Aetna, Anthem, Cigna, United, Univeristy Health Alliance, Wellcare and Kaiser cover DBT in Hawaii. BSBS covers DBT in ALL of the other 49 U.S. States. HMSA currently has not yet announced a offical decision to cover DBT, but their representatives states that DBT coverage is being "strongly considered".

2D FFDM mammograhya detects between 2-5 cancers per thousand women screened. Tomosynthesis can increase the detection of addition invasive cancers by 40-50%, or 2-4 additional cancers per thousand women screened. Tomosynthesis decreases the false positive rate of screening mammography significantly in various studies by at least 15%, per the ACR.

Digital Breast Tomosynthesis (DBT) is cost effective. The global payment for screening mammography in Hawaii is \$155 for Medicare and \$190 from BCBS. The additional code charges for DBT is approximately \$60 for Medicare. So the cost for screening mammography increases by about a third, but 40-50% more invasive cancers are found

and fewer unnecessary diagnostic breast workups are performed. Studies have found that the additional early stage cancers found by DBT cost on average LESS than cancers found by 2D FFDM.

Treatment costs of late stage breast cancer can exceed \$200,000, so late diagnosis of breast cancer results in both increased costs and poor clinical outcomes.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822976/>

<https://www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n5/breast-cancer-will-treatment-costs-outpace-effectiveness>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207993>

Laeton J Pang, MD, MPH, FACR, FACRO

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February 20, 2019

LATE

House Committee on Finance
The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair

House Bill 481, HD2 – Relating to Insurance

Dear Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on HB 481, HD2 which amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. Requires the State Auditor to perform an impact assessment and to report any findings prior to the Regular Session of 2020.

HAHP supports early detection and provides coverage for screenings to our members. We follow evidence based guidelines to ensure our members receive care that is safe and efficacious.

We express concerns on this new mandate as it does not follow widely accepted medical guidelines. Should this measure move forward we ask that the impact assessment report by the state auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes remain a requirement.

Thank you for allowing us to express concerns on HB 481, HD2.

Sincerely,

HAHP Public Policy Committee



HAWAII RADIOLOGICAL SOCIETY
Chapter of the American College of Radiology

LATE

LETTER OF SUPPORT

February 20, 2019

To the Honorable Sylvia Luke, the Honorable Ty Cullen and members of the FIN Committee:

WITH REGARD TO **HB 481** which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis,

the Hawaii Radiological Society (HRS) supports this measure.

A woman in the United States has a one in eight risk, over the course of her lifetime, of being diagnosed with breast cancer. We are sure that the FIN Committee understands the importance of screening to detect breast cancer in women, beginning at age 40.

3D mammography, or digital breast tomosynthesis (DBT), acquires a volumetric picture of the breast such that the Radiologist can scroll through the breast tissue in very thin slices. Because of this technique, the Radiologist can better “see through” dense breast tissue, allowing for detection of at least 2-3 additional cancers per 1000 women screened, and more importantly, recall about 30-50% fewer women for additional imaging from screening for a possible abnormality.

Several studies have shown significant financial savings to the healthcare system when tomosynthesis is incorporated into routine screening, with a recent model showing savings of over \$207,000 per year for a typical state Medicaid plan¹. As of 2015, Medicare and Medicaid have covered the cost of tomosynthesis. Despite the advantages of increased cancer detection, lower recall rates from screening, and cost savings, it is not universally covered by private insurers. Currently this imaging modality is offered only at a limited number of imaging centers here in Hawaii. In the best interest of our patients, many Hawaii radiology practices have opted to provide the service recognizing that they will likely not get paid; however, this is not sustainable financially nor is it appropriate that patients be denied these proven benefits.

On behalf of Hawaii Radiology physicians and our patients, we ask you to pass this bill, and allow **all** women in Hawaii to gain access to the best care by mandating insurance coverage of breast cancer screening to include Digital Breast Tomosynthesis.

Please contact us with any concerns or questions.
Mahalo for your thoughtful consideration of these issues.

With Warmest Aloha,

Elizabeth Ann Ignacio MD
President, Hawaii Radiological Society
808.250.7058

¹ Miller JD et al, Value analysis of digital breast tomosynthesis for breast cancer screening in a U.S. Medicaid Population. JACR 2017;14:467-474.

DAVID Y. IGE
GOVERNOR



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LATE

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TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE HOUSE COMMITTEE ON FINANCE
ON HOUSE BILL NO. 481 H.D. 2

**February 20, 2019
2:00 p.m.
Room 308**

RELATING TO INSURANCE

Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to provide estimates of the cost impact.

This bill is to clarify that the existing health mandate for coverage of low-dose mammography include coverage for digital mammography and breast tomosynthesis. If the EUTF plans were enhanced to this benefit level, it would add approximately \$147,000 and \$113,000 in annual claims to the EUTF HMSA employee and retiree plans, respectively. The estimate from the Kaiser plans is not available at this time. It is estimated that such an increase in the HMSA claims to the retiree plans would increase the State and counties unfunded liability by \$2.4 million.

Thank you for the opportunity to testify.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.