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CATHERINE P. AWAKUNI COLÓN
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JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection and Commerce
Friday, February 12, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
H.B. 309, H.D. 1, RELATING TO HEALTH**

Chair Johanson and Members of the Committee:

My name is Colin M. 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 purposes of this bill are to: (1) expand coverage of breast cancer screening and imaging to include risk factor screening, additional and supplemental imaging, and baseline mammograms for women between the ages of 35 and 39; and (2) require the auditor to conduct an impact assessment report for submission to the Legislature.

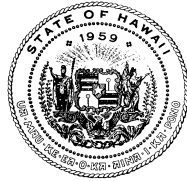
To meet the requirements of Hawaii Revised Statutes section 23-52, the auditor's report should include, among other items: (1) an actuarial analysis of the effect this bill would have on insurance premiums; and (2) the cost of any defrayals the State may be liable for in the future.¹

¹ 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.

Finally, since this bill does not include chapter 432D entities (i.e., health maintenance organizations), it does not expand coverage of breast cancer screening and imaging to Kaiser Foundation Health Plan.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
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**Testimony COMMENTING on H.B. 309, H.D. 1
RELATING TO HEALTH**

REPRESENTATIVE AARON LING JOHANSON, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: February 12, 2021

Room Number: Videoconference

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) offers comments on House Bill
3 309, House Draft 1 (H.B. 309, H.D. 1).

4 The DOH follows the recommendations of the U.S. Preventive Services Task Force
5 (USPSTF) published in January 2016 to guide screening policies and practices for the DOH,
6 Hawaii Breast and Cervical Cancer Control Program (HBCCCCP). The USPSTF reviews the
7 balance of harm to benefit and does not recommend breast cancer screening before age 50 except
8 for women in their 40s with parent, sibling, or child with breast cancer.¹ The Department
9 respectfully recommends following the USPSTF guidelines for breast cancer screening and
10 supplemental screening. According to the 2018 data from the Hawaii Behavioral Risk Factor
11 Surveillance System, 87% of women aged 50-74 had a mammogram within the past two years.²
12 Screening is effective in identifying breast cancer early, when it is often highly treatable.
13 Increasing cancer screening rates and ensuring access to breast cancer screening for residents of
14 Hawaii is a priority for both Centers for Disease Control and Prevention (CDC) funded
15 programs, the HBCCCCP and Hawaii Comprehensive Cancer Control Program (HCCCCP) in the
16 DOH. The HBCCCCP provides critical screening and early detection services to high risk,
17 uninsured and underinsured, rarely, or never screened women between the ages of 50-64. The
18 HCCCCP convenes and supports the Hawaii Comprehensive Cancer Coalition's efforts to reduce
19 cancer morbidity and mortality through screening and early detection.

1 Thank you for the opportunity to testify on this measure.

2 **Offered Amendments:** None

¹ U.S. Preventive Services Task Force, Final Recommendation Statement, Breast Cancer: Screening, January 11, 2016. Accessed on February 3, 2021. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>.

² Hawaii State Department of Health, Hawaii Health Data Warehouse. Behavioral Risk Factor Surveillance System. (2018). <http://hhdw.org>. Accessed on February 3, 2021.

HB-309-HD-1

Submitted on: 2/12/2021 11:17:25 AM

Testimony for CPC on 2/12/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
CCA-Arlene Ige	State of Hawaii, DCCA, Insurance Division	Comments	No

Comments:

I am available for comments

HB-309-HD-1

Submitted on: 2/12/2021 11:47:07 AM

Testimony for CPC on 2/12/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Florinda Taflinger	Department of Health	Comments	No

Comments:

I am available for comments.



February 12, 2021

The Honorable Aaron Ling Johanson, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Consumer Protection & Commerce

Re: HB 309, HD1 – Relating to Health

Dear Chair Johanson, Vice Chair Kitagawa, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 309, which expands coverage of breast cancer screening and imaging to include risk factor screening, additional and supplemental imaging, and baseline mammograms for women between the ages of thirty-five and thirty-nine. Requires the auditor to conduct an impact assessment report and make a report to the legislature. Effective 7/1/2060.

HMSA appreciates the intent of this measure. We offer breast cancer screening benefits for our members that are aligned with national guidelines from the U.S. Preventive Services Task Force (USPSTF). HMSA offers annual mammography screening for women aged 40 and older with an average risk. Women identified as higher risk may receive an earlier screening after shared decision making with their physician on an individual basis to determine if it is appropriate. Part of the reason why national guidelines do not recommend mammograms for all younger, lower risk women is because radiation is cumulative in the body. The greater the exposure to radiation from mammography starting from a younger age the greater the increase in risk of potential malignancy.

Thank you for allowing us to testify on HB 309, HD1. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations



**Testimony to the House Committee on Consumer Protection and Commerce
Friday, February 12, 2021; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 0309, HOUSE DRAFT 1, RELATING TO HEALTH.

Chair Johanson, Vice Chair Kitagawa, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0309, House Draft 1, RELATING TO HEALTH.

The bill, as received by your Committee, would clarify that beginning January 1, 2022, mandatory coverage under accident and sickness contracts (Chapter 431:10A, Hawaii Revised Statutes (HRS)), and for mutual benefit societies (Chapter 432:1, HRS), include:

- (1) For women between ages 35 and 39, a baseline mammogram;
- (2) For women who have above-average risk for breast cancer as determined by the use of a risk-factor modeling tool, annual mammograms;
- (3) For women aged 30 or older, a risk factor screening assessment; and
- (4) For any woman regardless of age, any additional supplemental imaging, such as breast magnetic resonance imaging, digital breast tomosynthesis, or ultrasound.

The bill would also require the Auditor to conduct an impact assessment report to assess the social and financial impacts of the proposed mandated coverage and submit a report to the Legislature at least twenty days prior to the convening of the 2022 Regular Session. The bill would also take effect on July 1, 2060 to facilitate continued discussion on this issue.

Testimony on House Bill No. 0309, House Draft 1
Friday, February 12, 2021; 2:00 p.m.
Page 2

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

According to the National Cancer Institute, in 2017, an estimated 1,688,780 people in the United States were diagnosed with cancer, and 600,920 will die of cancer. Estimates of the premature deaths that could have been avoided through screening vary from 3% to 35%, depending on a variety of assumptions. Beyond the potential for avoiding death, screening may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers.

The HPCA welcomes the opportunity to partner with the Department of Health, the American Cancer Society, and all stakeholders to expand screening for cancer. Ultimately, such efforts will promote a healthier and happier population.

We urge your favorable consideration of this bill.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

HB-309-HD-1

Submitted on: 2/10/2021 6:17:49 PM

Testimony for CPC on 2/12/2021 2:00:00 PM

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

Comments:

Thank you to the Women's Caucus and our Legislature for introducing this bill. Hawaii has one of the highest incidences of breast cancer among U.S. states. We have a very diverse population and research has confirmed an earlier peak age of diagnosis of breast cancer in Asian, Hispanic and African American women before age 50. Risk assessment for breast cancer at age 30 is very important clinically to determine which women are of high risk for breast cancer so they can be informed of their options for increased surveillance. The severe shortage of providers on the Neighbor Islands also negatively impacts the number of women being screening and resulting in increased mortality according to www.hawaiihealthmatters.org.

Many U.S. states already have laws in effect providing for baseline mammography age 35-39. The option for an earlier baseline mammogram in Hawaii is particularly important, given the early peak age of diagnosis in minority women, the increasing incidence of breast cancer before age 50 and the lack of healthcare. However, given the Insurance Commissioner's determination that the earlier baseline mammogram constitutes a new mandate, please consider admending the bill to remove this clause. The most important aspect of this bill is the language to ensure women in Hawaii are assessed for there risk status for breast cancer, as this would save many lives and reduce mortality in our state.



HAWAII MEDICAL ASSOCIATION

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www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Representative Aaron Ling Johanson, Chair

Representative Lisa Kitagawa, Vice Chair

Date: February 12, 2021

From: Hawaii Medical Association

Michael Champion MD, President

Christopher Flanders DO, HMA Legislative Liaison

Stephen Kemble MD, HMA Legislative Liaison

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Linda Rosehill JD Legislative Affairs

**Re: HB 309 Breast Cancer; Screening; Annual Mammography; Risk Factor
Screening; Impact Assessment Report; Auditor
Position: SUPPORT**

There is ample data showing annual mammographic screenings significantly reduce breast cancer deaths and morbidity and that effective screening programs are in the best interest of Hawai'i and its people. However minority women would be disproportionately and adversely impacted by implementation of current USPFTF guidelines. This measure addresses an important healthcare disparity that exists for young Asian and Native Hawaiian women in our state.

Hawaii SEER data presented by Dr. Brenda Hernandez of UH Cancer Research Center shows that women of Asian ancestry in Hawaii are the ethnic group most likely to develop breast cancer before age 50 in our state. The women of Hawaii between ages 40-49 have higher incidence of breast cancer compared to the US national average. Additionally Native Hawaiian women have the greatest breast cancer incidence and mortality in Hawaii. Nationally half of all fatal cancers are diagnosed in women before age 50 in the general population. HMA feels strongly that this bill could save lives, especially for our minority women who are more likely to develop breast cancer before age 50. HMA strongly supports this measure that will ensure women with high risk of breast cancer in Hawaii have access to breast cancer screening early.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

CONTINUED

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD

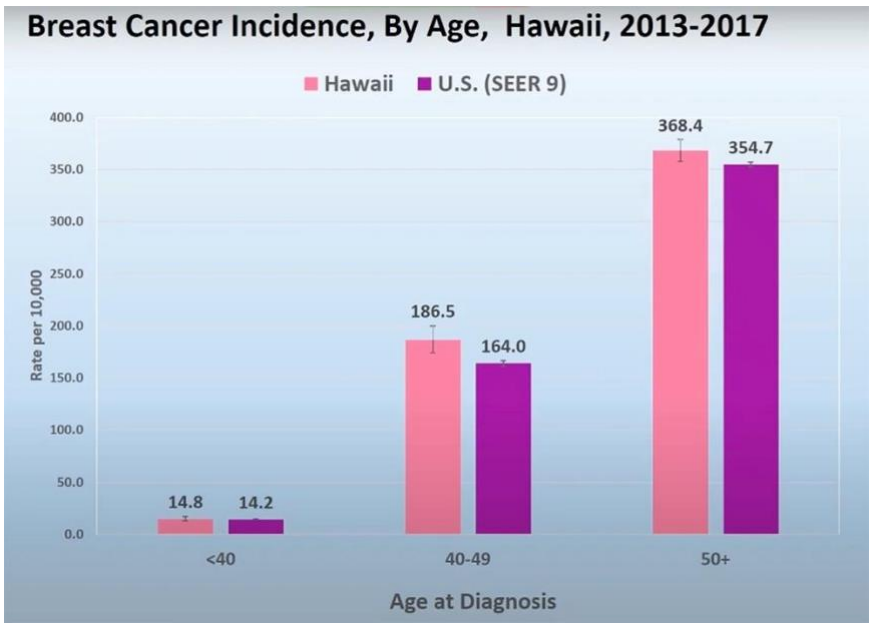
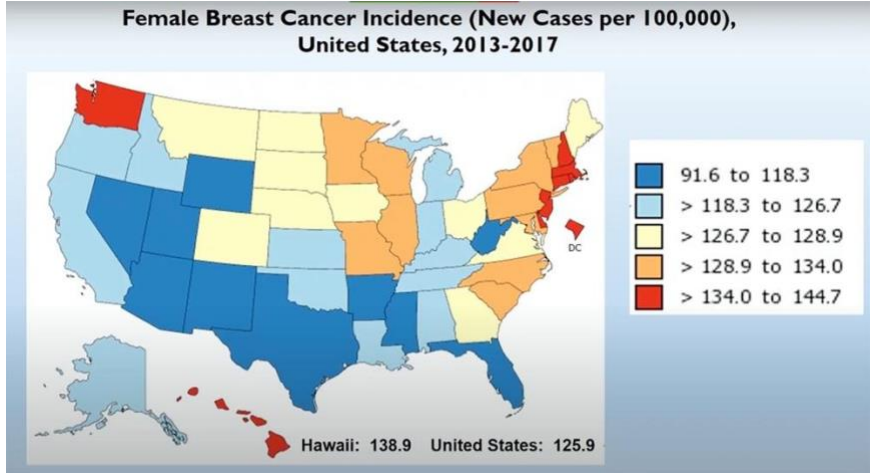
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Executive Director – Thomas Kosasa, MD



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REFERENCES

Sherman R. Mammogram guidelines can put women of color at risk. *Washington Post*. December 8, 2020. <https://www.thelily.com/mammogram-guidelines-can-put-women-of-color-at-risk-these-women-thank-god-they-advocated-for-themselves/>

Hawaii Radiological Society and American College of Radiology: "Breast Screening Disparities, Diverse Populations and Divergent Guidelines" September 25, 2020. <https://www.youtube.com/watch?v=9o8uMuLxM4k&feature=youtu.be>

Monticciolo DL, Newell MS, Hendrick RE, Helvie MA, Moy L, Monsees B, et al. Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations From the ACR. *J Am Coll Radiol*. 2018;15(3):408-414.

Monticciolo DL, Newell MS, Hendrick RE, Helvie MA, Moy L, Monsees B, et al. Breast Cancer Screening for Average-Risk Women: Recommendations From the ACR Commission on Breast Imaging. *J Am Coll Radiol*. 2017;14(9):1137-43.

Bever TB, Helvie MA, Bonaccio E, Calhoun KE, Daly MB, Farrar WB, et al. NCCN Guidelines version 3.2018 Breast Cancer Screening and Diagnosis. *J Natl Compr Canc Netw* 2018 Nov 16 (11): 1362-1389.

HMA OFFICERS

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Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Thomas Kosasa, MD

Friday, February 12, 2021 at 2:00 PM
Via Video Conference

House Committee on Consumer Protection & Commerce

To: Representative Aaron Johanson, Chair
Representative Lisa Kitagawa, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of HB 309, HD1
Relating to Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in support of HB 309, HD1 which expands coverage of breast cancer screening and imaging to include risk factor screening, additional and supplemental imaging, and baseline mammograms for women between the ages of thirty-five and thirty-nine.

Significant data exists showing that annual mammographic screening significantly reduces breast cancer deaths and morbidity. Women of certain ethnic groups suffer a disproportionately higher rate of breast cancer diagnosis before the age of fifty. In Hawai'i, the shortage of healthcare providers is directly correlated to fewer women being screened by mammography and a higher rate of breast cancer mortality on each island. Hawai'i also has a large population of Asian American women who have an earlier peak age of breast cancer diagnosis and a Native Hawai'i population which has the highest mortality from breast cancer. Because of the ethnic diversity in Hawai'i, health insurance coverage for screening for certain risk factors as well as lowering the age of for women to undergo baseline mammograms would improve health outcomes for those women whose ethnic backgrounds and other characteristics make them susceptible to an earlier onset of breast cancer.

Increasing the categories of women who would be covered for mammogram and risk factor screenings would make this important diagnostic tool more accessible to women

who may be at risk for breast cancer. Thus, leading to earlier detection and treatment which in turn reduces mortality rates in women.

Thank you for the opportunity to testify.



February 12, 2021

The Honorable Aaron Ling Johanson, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Consumer Protection & Commerce

House Bill 309 – Relating to Health

Dear Chair Johanson, Vice Chair Kitagawa, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on HB 309, HD1, which expands coverage of breast cancer screening and imaging to include risk factor screening, additional and supplemental imaging, and baseline mammograms for women between the ages of thirty-five and thirty-nine. Requires the auditor to conduct an impact assessment report and make a report to the legislature. Effective 7/1/2060.

HAHP supports early breast cancer 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. However, we would like to express concerns on this new mandate as it does not follow widely accepted medical guidelines from the U.S. Preventive Services Task Force (USPSTF). We would also like to note that radiation is cumulative in the body and if there is no medically necessary reason to conduct a mammogram on a younger lower-risk individual, the additional radiation exposure does not outweigh the benefit of a screening.

Thank you for allowing us to testify expressing concerns on HB 309 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



February 12, 2021

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Re: **TESTIMONY IN SUPPORT**

HB309 HD1 - RELATING TO HEALTH

Expands coverage off breast cancer screening and imaging to include risk factor screening, additional and supplemental imaging, and baseline mammograms for women between the age of thirty-five and thirty-nine. Requires the auditor to conduct an impact assessment report and make a report to the legislature. Effective 7/1/2060.

Dear Chair, Vice-Chair and Members of the Committee:

The Hawaii Society of Clinical Oncology (HSCO) is a local community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a voice for multidisciplinary cancer care teams and the patients they serve. Founded in 1996, HSCO is the largest oncology professional organization in the state.

We support HB309 HD1 because it follows the screening guidelines issued by leading clinical organizations such as the American College of Radiology, the National Comprehensive Cancer Network, and the American Medical Association instead of the U.S. Preventive Services Task Force (USPSTF).

Based on testimony on similar bills, it appears that the Department of Health and some of the health insurance companies rely on the national guidelines from the USPSTF and prefer our law stays that way. However, doing so fails to acknowledge the evidence showing women of certain ethnic groups suffer a disproportionately higher rate of breast cancer diagnosis before the age of fifty. Hawaii has a large population of Asian American women who have an earlier peak age of breast cancer diagnosis and a Native Hawaiian population which has the highest mortality from breast cancer. Because of the ethnic diversity in Hawai'i, health insurance coverage for screening for certain risk factors as well as lowering the age of for women to undergo baseline mammograms would improve health outcomes for those women whose ethnic backgrounds and other characteristics make them susceptible to an earlier onset of breast cancer.

Thank you for the opportunity to testify.



ASCO State/Regional
Affiliate Program

HB-309-HD-1

Submitted on: 2/12/2021 2:19:03 PM

Testimony for CPC on 2/12/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
John Lauris Wade MD	Individual	Support	No

Comments:

The HI Radiologic Society supports this measure.

One piece of published testimony above merits comments.

In its written opposition to this bill, HMSA quote "appreciates the intent of this measure.""

HMS then states "we offer breast cancer screening benefits for our members that are aligned with national guidelines from the US Preventive Services Task Force. HMSA deserves thanks for illustrating precisely why this measure is needed.

If USPSTF Guidelines were followed, Insurance companies would no longer be required to pay for screening mammography in women ages 40-49 under provisions of the Accountable Care Act because USPSTF gave a grade of C to Screening Mammography in this age group. This recommendation set has been met by near universal condemnation by Professional Medical Societies. As such, "aligning" with USPSTF is economically self serving on the part of Insurance Companies and is not in the interest of HI women at risk for Breast Cancer.

In fact, biannual legislation at the Federal Level has prevented implementation of USPSTF guidelines due to a national outcry.

As such, we urge the Legislature to pass this measure in order to mitigate the risk that USPSTF guidelines were ever implemented. We also urge HMSA to withdraw its opposition to providing the best in Health Care to Hawaii Women.

Finally, I would like to state that there is no "additional mandate" put in place by this measure. The measure as written simply protects women against duplicitous efforts to undermine progress in Breast Health Care.