



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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DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection and Commerce
Tuesday, March 23, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
S.B. 827, S.D. 2, H.D. 1, RELATING TO BREAST CANCER SCREENING**

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 expand coverage of breast cancer screening and imaging to include: (1) an annual mammogram for a woman of any age with an above-average risk for breast cancer, as determined by the use of a risk-factor modeling tool; (2) risk factor screening for women ages 30 or older; and (3) additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline. This bill also requires the auditor to conduct an impact assessment report and make a report to the Legislature.

While the Department takes no position on supplemental imaging to include digital breast tomosynthesis, the Department notes that H.D. 1's expansion of coverage is a new mandate. This addition of new mandated coverage will 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 plans under the PPACA. The federal Department of Health and Human Services (HHS) has confirmed that an expansion to an existing statute, such as an increase in the categories of women required to be covered for mammography screenings, is a new mandate, and the State will be responsible for defrayment of the State's qualified health plans. For plan year 2021, Hawaii has 42 qualified health plans on the individual marketplace, and an average enrollment of over 18,600 lives in 2020.

Additionally, Hawaii Revised Statutes section 432E-1.4 sets forth standards for medical necessity. This bill proposes to define the medical necessity of any treatment in accordance with a specific standard, "an applicable guideline," which will narrow the criteria for what constitutes medical necessity. This will have a negative precedent on all coverages.

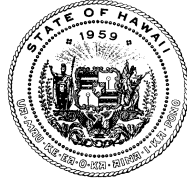
Since this bill does not include chapter 432D entities (i.e., health maintenance organizations), it does not expand coverage of breast cancer screening and imaging to Kaiser Foundation Health Plan (Kaiser). This exclusion may create an unlevel playing field among health insurers in Hawaii.

Finally, the Department recommends adding language to the bill that will require the Insurance Division to submit a report to the Legislature on: the impact and effects that California v. Texas¹ will have on the PPACA and state insurance mandate provisions; the estimated cost of state defrayment for this measure; options regarding how the defrayment should be made; any additional guidance provided by the Hawaii Department of Health and the Hawaii Department of Human Services on mandated provisions; the process to include the mammography benefit as an essential health benefit; and any proposed statutory recommendations. The Department recommends that this report be submitted to the Governor, Legislature, and Director of Budget and Finance 30 days prior to the 2022 legislative session.

¹ Texas v. United States, 945 F.3d 355 (5th Cir. 2019), as revised (Dec. 20, 2019), as revised (Jan. 9, 2020), cert. granted sub nom. California v. Texas, 140 S.Ct. 1262, 206 L.Ed.2d 253 (2020), and cert. granted sub nom. Texas v. California, 140 S.Ct. 1262, 206 L.Ed.2d 253 (2020).

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
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**Testimony COMMENTING on S.B. 827, S.D. 2, H.D. 1
RELATING TO BREAST CANCER SCREENING**

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

Hearing Date: March 23, 2021

Room Number: Videoconference

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) offers comments on Senate Bill
3 827, Senate Draft 2, House Draft 1 (S.B. 827, S.D. 2, H.D. 1). The policy recommendations in
4 S.B. 827, S.D. 2, H.D. 1 to increase categories of women required to be covered by mammogram
5 screening do not align with the [U.S. Preventive Services Task Force \(USPSTF\)](#) published in
6 January 2016 that guides screening policies and practices for the DOH, Hawaii Breast and
7 Cervical Cancer Control Program (HBCCCP). The USPSTF reviews the balance of harm to
8 benefit and does not recommend breast cancer screening before age 50 except for women in their
9 40s with parent, sibling, or child with breast cancer.¹ The Department respectfully recommends
10 following the USPSTF guidelines of biennial screening mammography for women aged 50 to 74
11 years for breast cancer screening and supplemental screening.

12 According to the 2018 data from the Hawaii Behavioral Risk Factor Surveillance System,
13 87% of women aged 50-74 had a mammogram within the past two years.² Screening is effective
14 in identifying breast cancer early, when it is often highly treatable. Increasing cancer screening
15 rates and ensuring access to breast cancer screening for residents of Hawaii is a priority for both
16 Centers for Disease Control and Prevention funded programs, the HBCCCP and Hawaii
17 Comprehensive Cancer Control Program (HCCCP) in the DOH. The HBCCCP provides critical
18 screening and early detection services to high risk, uninsured and underinsured, rarely, or never
19 screened women between the ages of 50-64. The HCCCP convenes and supports the Hawaii

1 Comprehensive Cancer Coalition's efforts to reduce cancer morbidity and mortality through
2 screening and early detection.

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

4 **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.



HAWAII MEDICAL ASSOCIATION

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www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

Date: March 23, 2021

From: Hawaii Medical Association

Michael Champion MD, President

Christopher Flanders DO, HMA Legislative Liaison

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Linda Rosehill, HMA Legislative Affairs

Re: SB 827 SD2 HD1 Insurance; Breast Cancer Screening, Annual Mammography, Risk Factor Screening

Position: Strong 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 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

Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Thomas Kosasa, MD

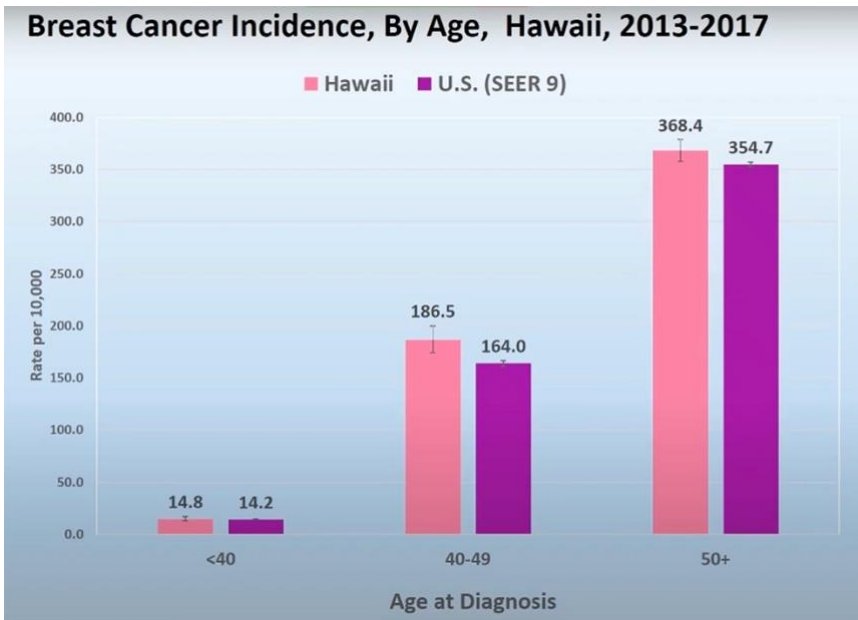
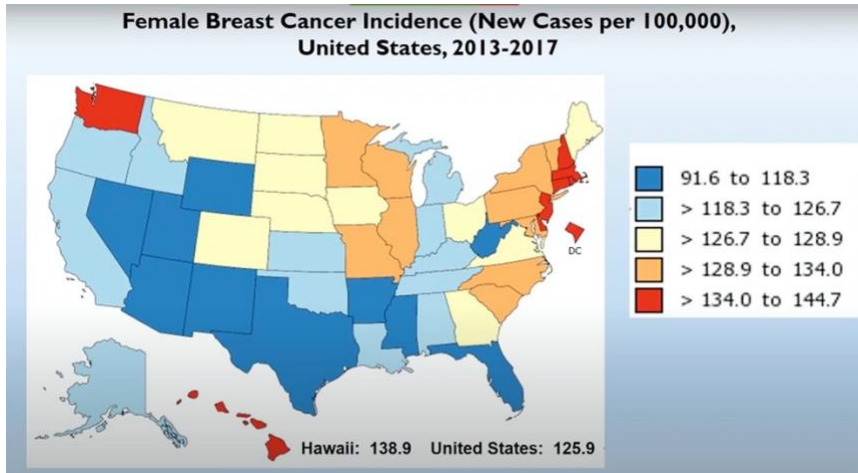


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REFERENCES

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

President – Michael Champion, MD President-Elect – Angela Pratt, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Thomas Kosasa, MD

March 22, 2021

TO: Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Vice-Chair
Members of the Senate Health Committee

RE: Testimony in **SUPPORT** of House Bill (HB) 224, House Draft (HD) 1

Exempts psychiatric services, special treatment facilities, and chronic renal dialysis services from the certificate of need requirements. Authorizes administrative penalties for persons who do not comply with an approved certificate of need. Appropriates funds from the health planning development fund

Chair Keohokalole and Vice-Chair Baker and Members of the Committee:

Satellite Healthcare is a not-for-profit dialysis provider founded in 1974 by a Stanford nephrologist. Headquartered in Silicon Valley, Satellite Healthcare serves more than 8,000 patients at its more than 80 dialysis centers in California, New Jersey, Tennessee and Texas. We look forward to the opportunity to deliver comprehensive services to dialysis patients in the State of Hawaii.

Satellite Healthcare has partnered with Kuakini Health System, The Queen's Medical Center and ISI, a subsidiary of HMSA in creating a joint venture to solve the longstanding challenge of caring for high acuity patients who receive dialysis treatment in the hospital because of life-threatening or serious medical needs. The organizations will work collaboratively to bring care for these patients to an outpatient setting in Honolulu that will include in-center dialysis, a next generation high acuity program, and home dialysis training.

Satellite Healthcare supports HB224, HD1. HB224, HD1 provides an exemption to chronic renal dialysis services as defined in section 11-186-3 (HAR) from the certificate of need process. This exemption will allow organizations to move quickly in establishing dialysis services, and increase access to many waiting patients in our community.

The number of outpatient dialysis patients is continuing to grow in the State of Hawaii and the increase in the new end-stage renal disease (ESRD) patients has left existing dialysis centers at or near capacity. The number of newly diagnosed ESRD patients in the State jumped by thirty percent (30%) from 2012 to 2015. Recent publicly available information in 2017 estimates 3,482 ESRD patients total statewide, following a five percent (5%) per year average increase from 2013. While there has been growth in the number of outpatient dialysis facilities over that time, the supply of dialysis stations is not keeping up with demand, especially as it relates to projections over the next five years.

As such, passage of this bill will help meet the growing need for more facilities and dialysis stations by allowing them to be established and starting operations more quickly.

Thank you for the opportunity to testify on this matter.

Satellite Healthcare



March 21, 2021

Representative Aaron Ling Johanson, Chair
Representative Lisa Kitagawa, Vice Chair
House Committee on Consumer Protection and Commerce

Re: S.B. 827, S.D. 2, H.D. 1, Relating to Breast Cancer Screening

Hearing: Tuesday March 23, 2021, 2:00 pm, Room 329 via Videoconference

Dear Chair Johanson, Vice Chair Kitagawa and Members of the Committee on Consumer Protection and Commerce:

Hawaii Women Lawyers submits testimony in **support** of S.B. 1489, S.D.2. This measure addresses the ready access for women to breast cancer screening by lowering the age of women required to be covered for mammogram screenings, and requiring the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

HWL supports this bill because it ensures that women will continue to have access to breast cancer screening as a life-saving diagnostic prevention tool. While the federal Protecting Access to Lifesaving Screening Act of 2019, which protects against additional copays for mammograms, was recently extended, we believe that it would still be helpful to have the proposed additional coverage for mammograms codified in our state law.

There is a higher instance of breast cancer, particularly late-stage diagnosis in Filipino and ethnic Hawaiian women, with a risk of death that is 1.5-1.7 percent higher than that of Caucasian, Chinese, and Japanese women.¹ The key to surviving breast cancer is early detection through mammograms. We believe that S.B. 827 S.D. 2 will provide greater opportunity to the women of Hawaii to detect and recover from breast cancer. For these reasons, we respectfully request that the Committee pass S.B. 827 S.D.2

Thank you for the opportunity to testify in strong support of this measure.

¹ M.J. Goodman, Breast Cancer in Multi-Ethnic Populations: the Hawaii Perspective, 18 Suppl 1:S5-9 Breast Cancer Res Treat. (1991).

Tuesday, March 23, 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 SB 827, SD2, HD1
Relating to Breast Cancer Screening**

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.

HPH writes in **support** of SB 827, SD2, HD1 which expands coverage of breast cancer screening and imaging to include risk factor screening. It measure also requires an auditor's analysis and report of the mandate.

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 rate of breast cancer in women whose age ranges of 40 to 49 years old is higher when compared to the Mainland. 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'ian 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.

Early detection of breast cancer via mammography is cost effective in the long run because of decreased treatment costs. Multiple studies have shown that the savings in treatment costs through early screening may be 30 to 100% or more than the cost of screening.

Increasing the categories of women who would be covered for mammogram 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.



**Testimony to the House Committee on Consumer Protection and Commerce
Tuesday, March 23, 2021; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

**RE: SENATE BILL NO. 0827, SENATE DRAFT 2, HOUSE DRAFT 1, RELATING TO BREAST
CANCER SCREENING.**

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** Senate Bill No. 0827, Senate Draft 2, House Draft 1, RELATING TO BREAST CANCER SCREENING.

The bill, as received by your Committee, would:

- (1) Expand coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age with an above average risk for breast cancer, risk factor screening for women ages thirty or older, and additional supplemental imaging for any woman regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline; and
- (2) Require the Auditor to conduct an impact assessment report to assess the social and financial impacts of the proposed mandated coverage and report to the Legislature prior to the Regular Session of 2022;

This bill would take effect on July 1, 2060, to facilitate continued discussion.

As presently drafted, this bill is substantively the same as House Bill No. 0309, House Draft 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.

Testimony on Senate Bill No. 0827, House Draft 1
Tuesday, March 23, 2021; 2:00 p.m.
Page 2

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.

SB-827-HD-1

Submitted on: 3/22/2021 9:54:14 AM

Testimony for CPC on 3/23/2021 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.

Kindly consider this language which would promote breast cancer risk assessment as per HB309.

(5) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement issued on or after January 1, 2022, except for policies that only provide coverage for specified diseases or other limited benefit coverage, but including policies issued by companies subject to chapter 431, article 10A, part II and chapter 432, article 1 shall provide as additional breast cancer screening coverage:

(A) For women age thirty or older, a formal risk factor screening assessment informed by any readily available risk factor modeling tool.

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 access to healthcare given the severe and worsening provider shortage. 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.

Testimony was submitted from the insurance industry that mammography in younger women is problematic because the radiation from mammography may cause cancer. Please consider the information from the American Cancer Society, that

modern mammography equipment results in a very dose of radiation, which is a small fraction of what we all receive from natural background radiation each year.

Major medical organization supports mammography for high risk women starting at age 30. The clinical benefits of establishing an early stage diagnosis of breast cancer far exceeds the theoretical risk of mammography causing a breast cancer in an individual patient. There is some research suggesting that high risk women, that are younger than age 30, may have cumulative radiation exposure that could slightly raise their risk for breast cancer. For this reason breast MRI is recommended for these younger women. Both breast MRI and whole breast screening ultrasound have no radiation exposure and are available for those high risk women who choose to defer mammography.

I was pleased to see Kaiser Permanente support the Women's Caucus bill to decrease breast cancer mortality in Hawaii.

Scott Grosskreutz, M.D.
President Hawaii Radiological Society



March 23, 2021

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

Senate Bill 827 SD2 HD1 – Relating to Breast Cancer Screening

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

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 827 SD2 HD1.

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.

We appreciate that language was added requesting that the State Auditor conduct an impact assessment report pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes. Should this bill move forward, we respectfully request that the impact assessment be conducted prior to enacting any mandates.

Thank you for allowing us to testify expressing concerns on SB 827 SD2 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



March 23, 2021

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

Re: SB 827 SD2 HD1 – Relating to Breast Cancer Screening

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 827, SD2, HD1, which expands coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age with an above average risk for breast cancer, risk factor screening for women ages thirty or older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline. 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.

We appreciate that language was added requiring that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes. We respectfully request that the impact assessment be conducted prior to implementing Sections 1 and 2 of bill.

Thank you for allowing us to testify on SB827 SD2 HD1. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations

SB-827-HD-1

Submitted on: 3/21/2021 9:33:55 PM

Testimony for CPC on 3/23/2021 2:00:00 PM

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

Comments:

I'm writing in support of SB827 as a radiation oncologist who has practiced in Hawaii for 27 years and treated hundreds of breast cancer patients. Younger women tend to have more aggressive disease and earlier screening will help save lives.

Laeton J Pang, MD, MPH, FACR, FACRO

SB-827-HD-1

Submitted on: 3/22/2021 8:13:19 AM

Testimony for CPC on 3/23/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikki-Ann Yee	Individual	Support	No

Comments:

I support SB827 in hopes that it will increase early detection of breast cancer in high risk populations.

SB-827-HD-1

Submitted on: 3/22/2021 10:53:10 AM

Testimony for CPC on 3/23/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Bilyk	Individual	Support	No

Comments:

I Strongly Support SB 827 SD2 HD1 Relating to Breast Cancer Screening

Patricia L Bilyk, RN, MPH, MSN

SB-827-HD-1

Submitted on: 3/22/2021 1:42:23 PM

Testimony for CPC on 3/23/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Shanelle	Individual	Support	No

Comments:

March 22, 2021

TO: The Honorable Senator Jarret Keohokaole, Chair

Senate Committee on Health

FROM: Shanelle Borges (UHM Social Work Student)

Date: Tuesday, March 23, 2021

Hearing Time: 2:00 p.m.

Place: Via Video Conference, Conference Room 329, State Capitol

Subject: Senate Bill 827 Related to Breast Cancer Screening

My name is Shanelle, and I am an MSW student at the University of Hawai'i at Manoa and I'm in strong support of Senate Bill 827 relating to Breast Cancer Screening.

The purpose of this bill is to increase the categories of women required to be covered for mammogram screenings, require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis; define digital breast tomosynthesis; and require health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service.

With the current mammogram guidelines, they're creating a deep racial injustice thus, there is a clear racial disadvantage for Black, Asian, and Hispanics whose breast cancer typically peaks within their 40's. Similarly, due to Hawai'i's diverse population, it is crucial for breast cancer risk assessments to be determined as young as the age of

30 to help better understand the risk level as well as various treatment methods if needed.

I personally know two young women under the age of 45 who have just screened for their first time and both have been diagnosed with stage 4 breast cancer. This leads me to believe that if screened at age 30, perhaps their lives would look a lot different today. Therefore, I feel strongly that Senate Bill 827 could have the potential to save lives for many women, especially for minority women.

Thank you for the opportunity to testify.

Shanelle Borges

COMMITTEE ON HEALTH

Representative Aaron Ling Johanson, Chair

Representative Lisa Kitagawa, Vice Chair

Tuesday, March 23, 2021, 2:00PM, Room 329 Via Videoconference

Aloha Respective Representatives for the House Committee on Consumer Protection & Commerce. My name is Kristin Kaniaupio, and I am testifying in full support of Senate Bill 827 SD2 HD1, “Relating to Breast Cancer Screening.”

Cancer is a disease that does not discriminate and continues to impact the lives of so many people across the globe. There are over 100 different types of cancers affecting people of all ethnic groups here in Hawai‘i (State of Hawai‘i Department of Health, 2021). However, breast cancer is one of the leading cancer diagnoses affecting Native Hawaiian women more than any other population in our state (State of Hawai‘i Department of Health, 2021). As someone who is both a female and a Native Hawaiian, I believe that it is imperative for us to take the initiative and appropriate steps towards early detection. More women must be protected and be given the option to have breast cancer screenings performed at a younger age and/or if they are at an increased risk due to a family history of breast cancer. The current proposed measure allows for these high-risk cases and women ages 40 and over to have an annual mammogram. These screenings can be lifesaving and life-prolonging as they have the chance to detect cancer at an early stage when treatment is most successful. In addition, cancer treatments can be costly for both the individual and the systems of care. It is estimated that spending costs for cancer treatments in Hawai‘i total nearly \$678 million each year (State of Hawai‘i Department of Health, 2021). These expenses are creating more financial barriers for cancer patients and their loved ones. Lowering the age and adjusting the eligibility requirements for breast cancer screenings have the chance to improve health outcomes and financial burdens for so many women in Hawai‘i.

Cancer screening is important as it serves as a primary tool for early detection and reduction in deaths from cancer (Hall, et al., 2018). Cancer has impacted my life from a young age as I watched friends and family suffer and succumb to such a horrible disease. For some of them, early detection was not an available option. I have seen far too many lives affected by cancer that I have lost count. We need to bridge the gaps within our health care systems and provide more access to cancer screenings and risk assessments. We cannot afford to be complacent and accept the established policies to dictate when a person is deemed eligible for a breast cancer screening. I urge you to support Senate Bill 827 SD2 HD1, “Relating to Breast Cancer Screening.” Please join me in supporting women across Hawai‘i so they may have the opportunity to live longer and healthier lives.

Thank you for your time and consideration,

Kristin Kaniaupio