



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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CATHERINE P. AWAKUNI COLÓN  
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DEPUTY DIRECTOR

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Health, Human Services, and Homelessness  
Thursday, February 4, 2021  
9:00 a.m.  
Via Videoconference**

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

Chair Yamane 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 purpose of this bill is to 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.

This bill may create a new mandate. As such, the Committee may wish to clarify that this bill applies to health policies issued or renewed in this state only after either: (1) the Department receives confirmation from the federal Department of Health and Human Services (HHS) that the expansion of coverage specified in this bill does not constitute an additional benefit that requires defrayal<sup>1</sup> by the State; or (2) more than 365

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<sup>1</sup> 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.

days have passed since the Department submitted its determination and request for confirmation to the HHS that the coverage specified in this bill is not an additional benefit and that the HHS has failed to respond to the request.

For the Committee's information, Hawaii Revised Statutes section 23-51 provides, in part, that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]"

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

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  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on H.B. 309  
RELATING TO HEALTH**

REPRESENTATIVE RYAN I. YAMANE, CHAIR  
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES & HOMELESSNESS

Hearing Date: February 4, 2021

Room Number: Videoconference

1 **Fiscal Implications:** None.

2 **Department Testimony:** The Department of Health (DOH) offers comments on House Bill 309  
3 (H.B. 309). According to the 2018 data from the Hawaii Behavioral Risk Factor Surveillance  
4 System, 87% of women aged 50-74 had a mammogram within the past two years.<sup>1</sup> Screening is  
5 effective in identifying breast cancer early, when it is often highly treatable. Increasing cancer  
6 screening rates and ensuring access to breast cancer screening for residents of Hawaii is a  
7 priority for both Centers for Disease Control and Prevention (CDC) funded programs, the Breast  
8 and Cervical Cancer Control Program (BCCCP) and Hawaii Comprehensive Cancer Control  
9 Program (HCCCP) in the DOH. The BCCCP provides critical screening and early detection  
10 services to high risk, uninsured and underinsured, rarely, or never screened women between the  
11 ages of 50-64. The HCCCP convenes and supports the Hawaii Comprehensive Cancer  
12 Coalition's efforts to reduce cancer morbidity and mortality through screening and early  
13 detection.

14 The DOH relies on the recommendations of the U.S. Preventive Services Task Force  
15 (USPSTF) published in January 2016 to guide screening policies and practices for the BCCCP.  
16 The USPSTF reviews the balance of harm to benefit and does not recommend breast cancer  
17 screening before age 50 except for women in their 40s with parent, sibling, or child with breast  
18 cancer.<sup>2</sup> The policy recommendations in H.B. 309 for breast cancer screening and supplemental  
19 screening do not align with USPSTF screening guidelines.

- 1 **Offered Amendments:** None
- 2 Thank you for the opportunity to testify on this measure.

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<sup>1</sup> Hawaii State Department of Health, Hawaii Health Data Warehouse. Behavioral Risk Factor Surveillance System. (2018). <http://hhdw.org>. Accessed on February 3, 2021.

<sup>2</sup> 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>.



**Testimony to the House Committee on Health, Human Services, & Homelessness  
Thursday, February 4, 2021; 9:00 a.m.  
State Capitol, Conference Room 329  
Via Videoconference**

**RE: HOUSE BILL NO. 0309, RELATING TO HEALTH.**

Chair Yamane, Vice Chair Tam, 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, 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 form 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.

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 House Bill No. 0309**

**Thursday, February 4, 2021; 9:00 a.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](mailto:eabe@hawaiiipca.net).



February 4, 2021

The Honorable Ryan I. Yamane, Chair  
The Honorable Adrian K. Tam, Vice Chair  
House Committee on Health, Human Services, & Homelessness

**House Bill 309 – Relating to Health**

Dear Chair Yamane, Vice Chair Tam, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) 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.

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.

As a new mandate, we would respectfully request that the State Auditor conduct an impact assessment report pursuant to Sections 23-51 and 23-53 of the Hawaii Revised Statutes. Should this bill move forward, we respectfully request that the impact assessment be conducted first.

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

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



February 4, 2021

The Honorable Ryan I. Yamane, Chair  
The Honorable Adrian K. Tam, Vice Chair  
House Committee on Health, Human Services, & Homelessness

Re: HB 309 – Relating to Health

Dear Chair Yamane, Vice Chair Tam, 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.

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 would like to respectfully request the State Auditor to conduct an impact assessment report pursuant to Section 23-51 and 23-53 of the Hawaii Revised Statutes. Should this bill move forward, we respectfully request that the impact assessment be conducted first since it creates new mandated benefits that increase costs for our members.

Thank you for allowing us to testify in opposition to HB 309. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki  
Director, Government Relations





## **HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

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### **HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, HOMELESSNESS**

Rep. Ryan Yamane, Chair

Rep. Adrian K. Tan, Vice Chair

Date: February 4, 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 JD

### **Re: HB 309 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 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

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

Executive Director – Thomas Kosasa, MD

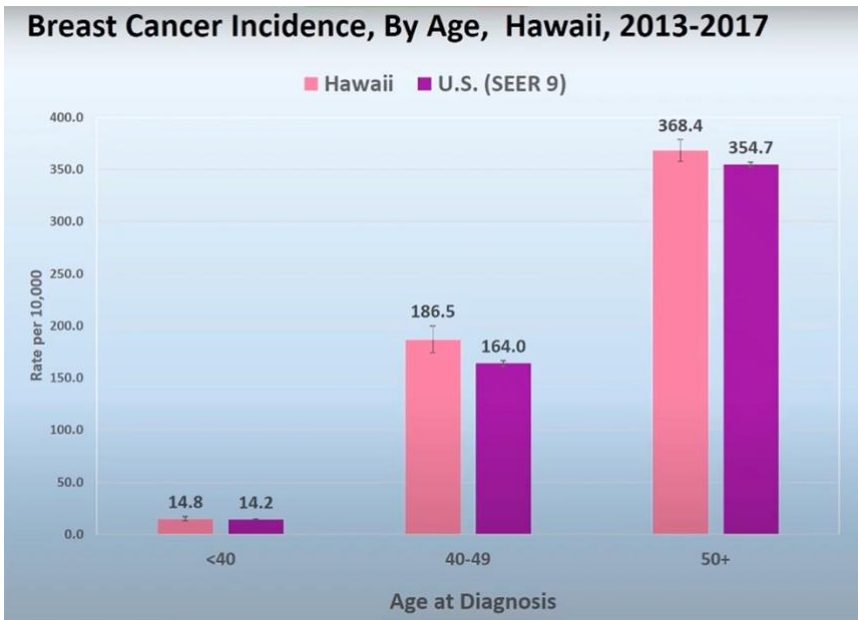
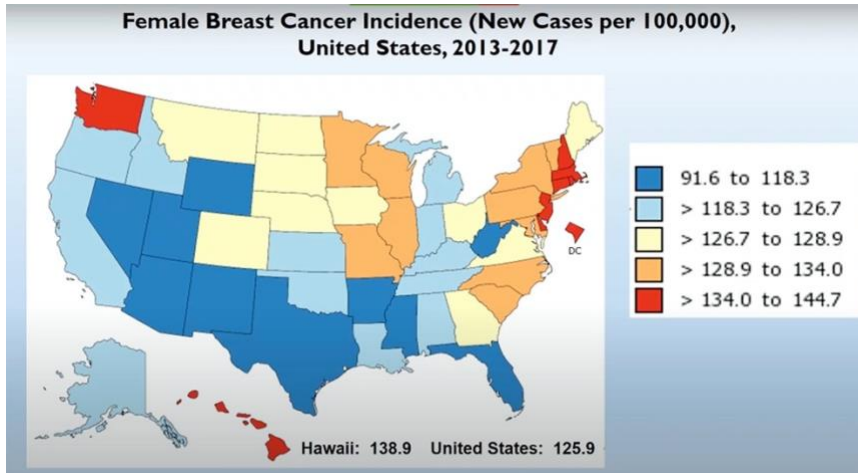


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## REFERENCES

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.

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

LATE

**HB-309**

Submitted on: 2/3/2021 10:05:35 AM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
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](http://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 providers to clinically assess women on the Neighbor Islands.

Mahalo Nui Loa,

Scott Grosskreutz M.D.

President, Hawaii Radiological Society

LATE

**HB-309**

Submitted on: 2/3/2021 3:24:14 PM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

Planned Parenthood Votes Northwest and Hawaii strongly supports this bill. Thank you for your consideration.

Thursday, February 4, 2021 at 9:00 AM  
Via Video Conference

**House Committee on Health, Human Services & Homelessness**

To: Representative Ryan Yamane, Chair  
Representative Adrian K. Tam, Vice Chair

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

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

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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** 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.

LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

**HB-309**

Submitted on: 2/4/2021 9:50:11 AM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alvin Ikeda	Pacific Radiology Group	Support	No

Comments:

I support HB 309



**HB-309**

Submitted on: 2/4/2021 9:53:33 AM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kelly Biggs	American College of Radiology	Support	No

Comments:

House Bill 309 will codify into law critical elements of breast health for the women of Hawaii. Key components, that all women should be screened for degree of breast cancer risk by age 30, and that all women of average risk for breast cancer should begin annual breast cancer screening mammography at age forty, are based on decades of evidence that such screening saves lives. Randomized controlled trials conducted from the 1960s through the 1980s proved unequivocally that screening mammography reduces breast cancer deaths. Since then, numerous observational studies and epidemiological data from the National Cancer Institute have demonstrated that screening reduces breast cancer mortality by 40%. The higher sensitivity of digital breast tomosynthesis (often referred to as 3-D mammography) should further strengthen protection from breast cancer. The evidence for American College of Radiology (ACR) screening recommendations is summarized in ACR Guidelines for Breast Cancer Screening of Average-Risk and Higher-Than-Average Risk Women. These guidelines also outline the justification for supplemental screening addressed in this bill.

House Bill 309 is particularly important in combating the opponents of annual breast screening as advocated by the US Preventive Services Task Force. The task force advises most women to undergo screening mammography every two years from ages 50 to 74. Unfortunately, the task force justifies its recommendations by exaggerating the risks of screening, paradoxically emphasizing the anxiety associated with screening and the discomfort of needle biopsy as though these should be weighed against breast cancer death. Moreover, the task force limits its review of evidence to the above mentioned randomized controlled trials. While these studies are extremely valuable, they are restricted in the patient age range assessed and are limited by older technology for screening. The task force's failure to include more recent evidence, and to include appropriate experts (such as breast surgeons, oncologists, and breast imagers) is inexcusable. Screening for younger women is of particular importance for Hawaii, given the state's large number of women who are of Asian/Pacific Islander descent. Data from the National Cancer Institute's Surveillance, Epidemiology, and End Results Program show that this ethnic group tends to be impacted by breast cancer at

earlier age compared to non-Hispanic White women. House Bill 309 protects women from the unreasonable and potentially deadly restrictions of task force guidelines.

Kelly W. Biggs, MD

Chair, Government Relations Committee, ACR Breast Imaging Commission

Monticciolo DL et al. Breast Cancer Screening for Average-Risk Women: Recommendations from the ACR Commission on Breast Imaging. *JACR* 2017; 14: 1137-1143.

Monticciolo DL et al. Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations from the ACR. *JACR* 2018; 15: 408-414.

**HB-309**

Submitted on: 2/2/2021 1:27:10 PM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ann S Freed	Individual	Support	No

Comments:

Aloha Chair, Vice Chair and members,

Strong support for this potentially life-saving bill.

Ann S. Freed



Chair Yamane and Members: I am testifying in my personal capacity - as a breast cancer survivor. As a professional working in healthcare, I certainly thought I was aware and educated on how to best screen for breast cancer. I did my self-checks, I routinely had my mammograms, and I even went in for genetic testing years before - just to check. All the right things, right? After my mammograms, I would receive a piece of paper that basically said 'you have dense breasts and maybe we didn't catch everything.' I know that was a law passed to help make women more aware about the risks of dense breasts, but honestly that piece of paper didn't impact me to what that meant and what more I could do to advocate for myself. So, why didn't my physicians order me more screenings like ultra sounds and breast MRIs? It seems it could have been because it wasn't something they could easily authorize for me. I sure didn't know to ask for these additional screenings for myself, either. It wasn't until totally - 100% dog-luck - that a radiologist caught my breast cancer in the deep corner of thick clouds of breast tissue....3 surgeries, 16 rounds of brutal dose dense chemo, and 6 weeks of radiation that I fully understood how much the exact screenings in this measure could have helped to identify that tumor much, much earlier. This bill is important to all the wahine in our lives - and the children of those wahine who need their mothers. Thank you for introducing it and I strongly support its passage.

P.S. Next year, can we also work on increasing access to non-generic (brand) nonsteroidal aromatase inhibitors for women. This is the post-treatment medication many women must take for up to 10 years. The fillers in the generics are absolutely debilitating.

Mahalo! - Malia Espinda



LATE

**HB-309**

Submitted on: 2/3/2021 9:30:12 PM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Gregory Dunn	Individual	Support	No

Comments:

As a healthcare provider, I cannot help but ignore the facts presented that the risk of breast cancer is greater in Hawaii compared to the rest of the country especially in the population of Asian American women under 50. Breast cancer is one of the easiest cancers to screen for and treat when detected at an early stage. I hope that you will support HB309 for all the women of Hawaii. I strongly support HB309 along with all my health care colleagues.

Mahalo.

LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

**HB-309**

Submitted on: 2/4/2021 9:05:21 AM

Testimony for HHH on 2/4/2021 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
John Lauris Wade MD	Individual	Support	No

Comments:

This measure will ensure women's access to critical breast health care services will be protected within the State of HI.

Wholeheartedly support.