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**WRITTEN TESTIMONY ONLY**

**Testimony COMMENTING on S.B. 2635, S.D. 1  
RELATING TO COVERAGE FOR MAMMOGRAPHY**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: February 22, 2022

Room Number: Videoconference

1 **Department Testimony:** The Department of Health (DOH) offers comments on Senate Bill  
2 2635, Senate Draft 1 (S.B. 2635, S.D. 1) requiring that benefits mandated under individual or  
3 group accident and health or sickness insurance policies and individual or group hospital or  
4 medical service plan contracts be subject to terms of coverage that are at least as favorable to  
5 policyholders or members as terms of coverage for other radiological exams.

6 At this time, a mammogram is the best way to find breast cancer for most women of  
7 screening age, however several studies have shown that women will delay screenings because of  
8 high out-of-pocket expenses. Delays in diagnosis and treatment can have adverse health  
9 outcomes.<sup>1,2</sup> The U.S. Preventive Services Task Force recommends that women who are 50 to  
10 74 years old and are at average risk for breast cancer get a mammogram every two years.  
11 Women who are 40 to 49 years old should talk to their doctor or other health care professional

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<sup>1</sup> Wharam, J. F., Zhang, F., Wallace, J., Lu, C., Earle, C., Soumerai, S. B., ... & Ross-Degnan, D. (2019). Vulnerable and less vulnerable women in high-deductible health plans experienced delayed breast cancer care. *Health Affairs*, 38(3), 408-415.

<sup>2</sup> Wharam, J. F., Zhang, F., Lu, C. Y., Wagner, A. K., Nekhlyudov, L., Earle, C. C., ... & Ross-Degnan, D. (2018). Breast cancer diagnosis and treatment after high-deductible insurance enrollment. *Journal of Clinical Oncology*, 36(11), 1121.

1 about when to start and how often to get a mammogram. Women should weigh the benefits and  
2 risks of screening tests when deciding whether to begin getting mammograms before age 50.

3 In accordance with the Hawaii Cancer Plan 2030, increasing breast cancer screening rates  
4 is a priority for both the Centers for Disease Control and Prevention funded programs, the  
5 Hawaii Breast and Cervical Cancer Control Program (HBCCCP) and the Hawaii Comprehensive  
6 Cancer Control Program (HCCCP) in the DOH. The HBCCCP provides critical screening and  
7 early detection services to high risk, uninsured and underinsured, rarely, or never screened  
8 women between the ages of 50 to 64. The HCCCP convenes and supports the Hawaii  
9 Comprehensive Cancer Coalition efforts to reduce cancer morbidity and mortality through  
10 screening and early detection.

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



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

**Before the  
Senate Committee on Commerce and Consumer Protection  
Tuesday, February 22, 2022  
10:00 a.m.  
Room 229 and Via Videoconference**

**On the following measure:  
S.B. 2635, S.D. 1, RELATING TO COVERAGE FOR MAMMOGRAPHY**

**WRITTEN TESTIMONY ONLY**

Chair Baker 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 supports this bill and offers comments.

The purpose of this bill is to require insurers and mutual benefit societies to cover mandated services for mammography at least as favorably as coverage for other radiological exams.

This bill will ensure a base level of coverage for breast cancer screening under current insurance mandates based on coverage for other radiological exams.

Thank you for the opportunity to testify on this bill.



**HAWAII MEDICAL ASSOCIATION**

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**SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION**

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Date: February 22, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB 2635 SD1 Women's Caucus; Health Insurance; Coverage; Mammography; Radiological Examinations**

**Position: Support**

This bill would require that existing mammography benefits for a member under individual or group accident and health or sickness insurance policies and individual or group hospital or medical service plan contracts be subject to coverage that is at least as favorable to consumers as coverage for other radiological exams.

HMA supports this proposal for our patient ohana, particularly as it impacts women of Asian ancestry who are the ethnic group most likely to develop breast cancer before age 50 in our state<sup>1-2</sup>. Prolonged delays in mammography screening for Hawaii women related to the COVID-19 pandemic have likely lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among our minority patients already experiencing health inequities<sup>3-4</sup>. According to the CDC's National Breast and Cervical Cancer Early Detection Program (Early Detection Program), cancer screening declined by 87% for breast cancer and 84% for cervical cancer during April 2020 as compared with the previous 5-year averages for that month.

Hawaii must maintain preventative healthcare services. As our nation battles the latest COVID surges and further delays in cancer screening may occur, Hawaii should take steps to ensure that mammography screening benefits are reasonable and sustainable.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

*continued*

**HMA OFFICERS**

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD  
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



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## REFERENCES

1. 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/>
2. 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>
3. Sharp Declines in Breast and Cervical Cancer Screening. 2021 June 30. Center for Disease Control and Prevention (CDC). <https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings>.
4. Degroff A et al. COVID-19 impact on screening test volume through the National Breast and Cervical Cancer early detection program. [Prev Med 2021 Oct;151:106559](https://doi.org/10.1016/j.pmed.2021.106559). doi: 10.1016/j.pmed.2021.106559. Epub 2021 Jun 30.
5. 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](https://doi.org/10.1093/radiol/riab001).

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**SB-2635-SD-1**

Submitted on: 2/20/2022 2:26:45 PM

Testimony for CPN on 2/22/2022 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Michael Olderr	Individual	Support	No

Comments:

Dear members of the committee,

I dont know how to put this except to say it this bluntly, people deserve to live. The private health care system is a mess, and women feel the brunt of it all. They get accused of being hysterical, overreacting, or too emotional to be taken seriously by medical professionals, and they are denied the help and the treatment they need. This bill might not fix all the problems with the health care system and the issues mentioned earlier, but it can help women go to a doctor and not worry about any extra costs.

Please pass this bill.