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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health, Human Services, and Homelessness
Thursday, March 17, 2022
9:30 a.m.
Room 329 and Via Videoconference**

**On the following measure:
S.B. 2635, S.D. 2, RELATING TO COVERAGE FOR MAMMOGRAPHY**

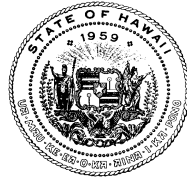
Chair Yamane and Members of the Committee:

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 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.



STATE OF HAWAII
DEPARTMENT OF HEALTH

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WRITTEN TESTIMONY ONLY

**Testimony COMMENTING on S.B. 2635, S.D. 2
RELATING TO COVERAGE FOR MAMMOGRAPHY**

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

Hearing Date: March 17, 2022

Room Number: Videoconference
Conference Room 329

1 **Department Testimony:** The Department of Health (DOH) offers comments on Senate Bill
2 2635, Senate Draft 2 (S.B. 2635, S.D. 2) 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.^{1,2} 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
12 about when to start and how often to get a mammogram. Women should weigh the benefits and
13 risks of screening tests when deciding whether to begin getting mammograms before age 50.

¹ 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.

² 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 In accordance with the Hawaii Cancer Plan 2030, increasing breast cancer screening rates
2 is a priority for both the Centers for Disease Control and Prevention funded programs, the
3 Hawaii Breast and Cervical Cancer Control Program (HBCCCCP) and the Hawaii Comprehensive
4 Cancer Control Program (HCCCCP) in the DOH. The HBCCCCP provides critical screening and
5 early detection services to high risk, uninsured and underinsured, rarely, or never screened
6 women between the ages of 50 to 64. The HCCCCP convenes and supports the Hawaii
7 Comprehensive Cancer Coalition efforts to reduce cancer morbidity and mortality through
8 screening and early detection.

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

SB-2635-SD-2

Submitted on: 3/14/2022 8:00:39 PM

Testimony for HHH on 3/17/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Rainbow Family 808	Support	Written Testimony Only

Comments:

Rainbow Family 808 supports SB2635. Please pass. Thank you.

Mike Golojuch, Sr., Secretary/Board Member, Rainbow Family 808



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HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, HOMELESSNESS

Rep. Ryan Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Date: March 17, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: SB 2635 SD2 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.

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 ^{1,2}. 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. Sustainable solutions for mammographic coverage are necessary to improve access and help address screening delays. 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 ^{3,4}.

Hawaii must maintain preventative healthcare services. With this measure, Hawaii can 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
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1. 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>.
2. 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](#). doi: 10.1016/j.ypmed.2021.106559. Epub 2021 Jun 30.
3. Loo LWM, Williams M, Hernandez BY. The high and heterogeneous burden of breast cancer in Hawaii: A unique multiethnic U.S. Population. [Cancer Epidemiol. 2019 Feb;58:71-76](#).
4. 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>
5. 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/>
6. 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](#).

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SB-2635-SD-2

Submitted on: 3/15/2022 10:06:32 AM

Testimony for HHH on 3/17/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Godbey Carson	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB2635.

I am a breast cancer survivor, diagnosed in 2019, and was able to discover my cancer only because I faithfully undergo my routine screening mammograms. I was fortunate to be able to afford to pay a higher copay in order to receive newer mammogram technology, that helped discover my cancer before it was even palpable by my physician or me. While I still needed to undergo surgery, radiation therapy and years of medication and monitoring, my early diagnosis helped avoid needing to undergo chemotherapy or more drastic surgery. I have a good prognosis for a bright future, for which I'm very thankful.

I know many women do not have the luxury to pay higher co-pays for routine screening mammograms, and their lack of funds cause them to forego or delay their screening exams, sometimes with disastrous consequences. These exams can be life-saving. I have friends whose breast cancer was not discovered until much later, who are struggling with disfiguring surgery, radiation, chemotherapy, loss of hair, unpleasant side effects, and a much higher risk of recurrences and/or metastasis. Early diagnosis via mammography is our best technology to help provide early diagnosis and intervention to stop this dastardly disease.

Please support this bill. Thank you for your consideration of my testimony, and for helping keep Hawaii healthy.

Ellen Carson



March 16, 2022

Representative Ryan I. Yamane, Chair
House Committee on Health, Human Services & Homelessness

Re: S.B. 2635, SD2 Relating to Coverage for Mammography

Hearing: Thursday, March 17, 2022, 9:30 AM, Via Videoconference

Dear Chair Yamane and Members of the Committee on Health, Human Services & Homelessness:

Hawaii Women Lawyers submits testimony in **strong support of S.B. 2635, SD2** which requires insurers and mutual benefit societies to cover mandated services for mammography at least as favorably as coverage for other radiological examinations.

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.

The American Cancer Society (“ACS”) describes mammograms as “low-dose x-rays of the breast”, and recommends regular mammograms as a very successful tool in finding breast cancer at an early stage, which is when treatment is most likely to be successful. In fact, the ACS has determined that a mammogram can often find breast changes that could be cancerous years before physical symptoms develop.¹

However, there are several recognized barriers that prevent women from seeking and obtaining routine screening. According to the Centers for Disease Control and Prevention, these include barriers related to knowledge/attitude, physicians/providers, and most importantly and likely the hardest to overcome – simple access. Without favorable coverage under insurance plans, women are often faced with choosing between what is generally seen as an “elective procedure” and challenges that rank higher in priority in their lives, such as paying rent or buying food for their families.²

¹ American Cancer Society Recommendations for the Early Detection of Breast Cancer; available at <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>, last revised on January 14, 2022.

² The Manual of Intervention Strategies to Increase Mammography Rates; available at cdc_11516_DS1.pdf, last accessed February 11, 2022.
{00527302.1}

Requiring that benefits mandated under individual or group accident and health or sickness insurance policies as well as individual or group hospital or medical service plan contracts have terms of coverage that are at least as favorable to policyholders or members as terms of coverage for other radiological exams under S.B. 2635, SD2 would be a huge step in increasing access to mammograms and removing some of those financial concerns.

HWL strongly supports S.B. 2635, SD2 and respectfully requests that the Committee pass this measure.

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

SB-2635-SD-2

Submitted on: 3/16/2022 2:17:45 PM

Testimony for HHH on 3/17/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ashley Galacgac	Individual	Support	Written Testimony Only

Comments:

Please pass this measure.

SB-2635-SD-2

Submitted on: 3/16/2022 9:13:45 PM

Testimony for HHH on 3/17/2022 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ann S Freed	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Yamane, Vice Chair Tam and members,

I strongly support this bill. The National Women's Law Center found that Insurance companies generally aren't required to tell anyone why they're being billed at a higher rate. But the NWLC's research shows that often, as with [fibromyalgia](#) (a condition affecting 7 times as many females as males), preexisting conditions more common in women trigger denials faster than those that tend to affect men. "Insurers may deny you for things that seem maddeningly simple--from [acne](#) to being [pregnant](#) to having had a C-section,"

Viagra is a routinely covered benefit for heaven sake, but not life-saving tests for breast cancer?

Please pass this bill,

Mahalo,

Ann S. Freed in Mililani