



DAVID Y. IGE
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**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health, Human Services, and Homelessness
Tuesday, March 16, 2021
9:30 a.m.
Via Videoconference**

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

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 purposes of this bill are to: (1) increase the categories of women required to be covered for mammogram screenings; (2) require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis; (3) define "digital breast tomosynthesis"; and (4) require health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

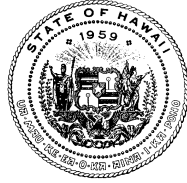
While the Department takes no position on requiring coverage of low-dose mammography to include digital mammography and breast tomosynthesis, the Department notes that the expansion of coverage to women ages 35 through 39 is a new mandate. The addition of new mandated coverage may trigger section 1311(d)(3) 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 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 would 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. However, the defrayment would apply only to women ages 35 through 39.

Hawaii Revised Statutes (HRS) 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 that assesses both the social and financial effects of the proposed mandated coverage[.]” Further, HRS section 23-52 sets forth the requirements of the auditor's report, which must assess “the extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders[.]” The Department recommends adding language to the bill that will require the auditor's report to assess the additional cost of this proposed mandate that will be subject to defrayal.

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

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

Hearing Date: March 16, 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 (S.B. 827, S.D. 2). The policy recommendations in S.B. 827, S.D. 2 to
4 increase categories of women required to be covered by mammogram screening do not align
5 with the [U.S. Preventive Services Task Force \(USPSTF\)](#) published in January 2016 that guides
6 screening policies and practices for the DOH, Hawaii Breast and Cervical Cancer Control
7 Program (HBCCCP). The USPSTF reviews the balance of harm to benefit and does not
8 recommend breast cancer screening before age 50 except for women in their 40s with parent,
9 sibling, or child with breast cancer.¹ The Department respectfully recommends following the
10 USPSTF guidelines of biennial screening mammography for women aged 50 to 74 years for
11 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.



March 16, 2021

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

Senate Bill 827 SD2 – Relating to Breast Cancer Screening

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

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

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 23-52 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 SB 827 SD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



**Testimony to the House Committee on Health, Human Services, & Homelessness
Tuesday, March 16, 2021; 9:30 a.m.
State Capitol, Conference Room 329
Via Videoconference**

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

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

The bill, as received by your Committee, would clarify that beginning January 1, 2021, mandatory coverage under accident and sickness contracts (Chapter 431:10A, Hawaii Revised Statutes (HRS)), and for mutual benefit societies (Chapter 432:1, HRS), includes:

- (1) For women between ages 35 and 39, a baseline mammogram;
- (2) For women between ages 30 to 50 deemed by a licensed physician or clinician to have above-average risk for breast cancer, an annual mammogram; and
- (3) For any woman regardless of age, any additional supplemental imaging, such as breast magnetic resonance imaging, digital breast tomosynthesis, or ultrasound.

This bill would also require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis, and mandate health care providers be reimbursed at rates accurately reflecting the resource costs specific to each service.

In addition, the bill also clarifies that the foregoing apply to policies issued by health maintenance organizations under Chapter 432D, HRS.

To facilitate continued discussion, the bill would take effect on July 1, 2020.

Testimony on Senate Bill No. 0827, Senate Draft 2
Tuesday, March 16, 2021; 9:30 a.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.



March 16, 2021

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

Re: SB 827 SD2 – Relating to Breast Cancer Screening

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 827, SD2, which increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines "digital breast tomosynthesis". Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021. Effective 7/1/2050.

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.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify expressing concerns. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations

Tuesday, March 16, 2021 at 9:30 AM
Via Video Conference

House Committee on Health, Human Services & Homelessness

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

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

**Re: Testimony in Support of SB 827, SD2
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 which increases the categories of women required to be covered for breast cancer screening, and requires existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis.

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. 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.



HAWAII MEDICAL ASSOCIATION

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www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, HOMELESSNESS

Rep. Ryan Yamane, Chair

Rep. Adrian K. Tan, Vice Chair

Date: March 16, 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 Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis
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

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

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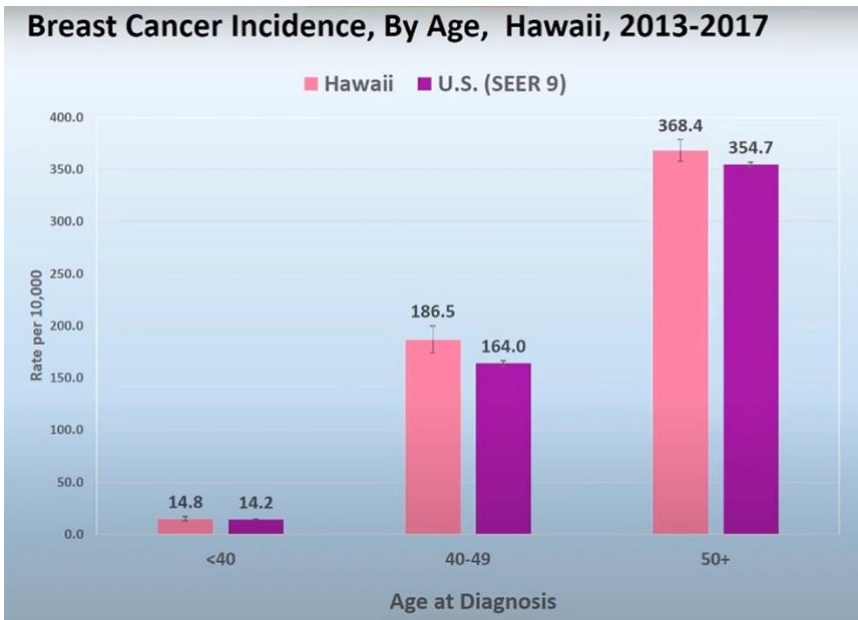
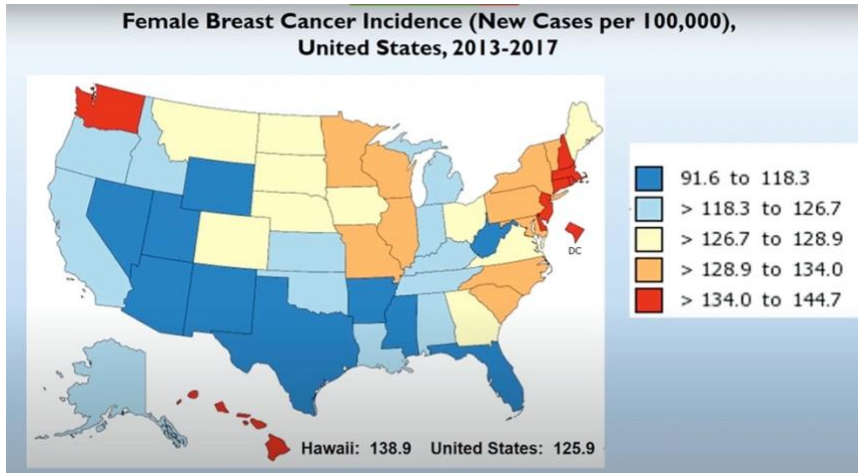


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REFERENCES

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

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

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

March 16, 2021
9:30 am
Via Videoconference

SB 827, SD2 - Relating to Breast Cancer Screening

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure regarding breast cancer screening.

Kaiser Permanente Hawaii would like to offer comments.

Kaiser Permanente supports the intent of this bill to improve breast cancer detection rates in the State, but prefers the contents of HB 309, HD2, and therefore respectfully requests the contents of HB 309, HD2, for consideration.

Thank you for your consideration.



March 16, 2021

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REPRESENTATIVE RYAN I. YAMANE, CHAIR
REPRESENTATIVE ADRIAN K. TAM, VICE-CHAIR
MEMBERS OF THE HEALTH HUMAN SERVICES AND HOMELESSNESS COMMITTEE

Re: **SB827 SD2 Relating to Breast Cancer Screening. – SUPPORT**

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 SB827, SD2 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

SB-827-SD-2

Submitted on: 3/15/2021 9:31:10 AM

Testimony for HHH on 3/16/2021 9:30:00 AM

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 15, 2021

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Senate Committee on Health

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

Hearing: Tuesday March 16, 2018, 9:30 am, Room 329 via Videoconference

Dear Chair Keohokalole, Vice Chair Baker and Members of the Committee on Health:

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).

SB-827-SD-2

Submitted on: 3/12/2021 12:01:15 PM

Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Martinez	Individual	Support	No

Comments:

I strongly support bill SB827.

I am so grateful my insurance covered cancer screenings, every year and then every six months when my results were abnormal. Had they not covered them, the additional burden of having to pay hundreds or thousands of dollars out of pocket would have been very stressful and likely reduced the quality of care I selected. With proper screenings and few surgical medical procedures, I was able to return my screening results to 'normal.' I can't imagine how frustrating and heartbreking it would have been to not have adequate resources and thus allowed this preventable condition to have progressed to cancer.

Particularly in light of a pandemic, it is very important to require insurances to cover cancer screenings and expand access for breast cancer screenings.

SB-827-SD-2

Submitted on: 3/15/2021 9:55:49 AM

Testimony for HHH on 3/16/2021 9:30:00 AM

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

Comments:

I strongly support SB 827 SD 2 Relating to Breast Cancer Screening

Patricia L Bilyk, RN, MPH, MSN