

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on S.C.R. 8
REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL
EFFECTS OF MANDATING HEALTH INSURANCE COVERAGE FOR CERTAIN
BREAST CANCER SCREENINGS AND ADDITIONAL SUPPLEMENTAL IMAGING**

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: March 16, 2023

Room Number: Conference Room 229
& Videoconference

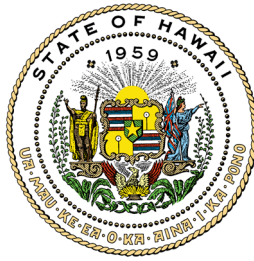
1 **Fiscal Implications:** The Department of Health (DOH) defers to the Office of the State Auditor,
2 on the social and fiscal assessment pursuant to [§23.51, Hawaii Revised Statutes](#) (HRS) and
3 [§23.52, HRS](#) for amending mandated the mandated coverage in [§432:1-605 Mammogram](#)
4 [screening, HRS](#).

5 **Department Testimony:** The DOH offers comments on Senate Concurrent Resolution 8
6 (S.C.R. 8) that requests the auditor to conduct an assessment of the social and financial effects of
7 mandating expanded health insurance coverage for certain breast cancer screenings and
8 additional supplemental imaging. The policy recommendations do not align with the [U.S.](#)
9 [Preventive Services Task Force \(USPSTF\)](#) published in January 2016 that guides screening
10 policies and practices for the DOH Hawaii Breast and Cervical Cancer Control Program
11 (HBCCCP). The USPSTF reviews the balance of harm to benefit and does not recommend
12 breast cancer screening before age 50 except for women in their 40s with a parent, sibling, or
13 child with breast cancer and concludes evidence is currently insufficient to recommend breast
14 cancer screening before age 50 except for women in their 40s with a parent, sibling, or child with
15 breast cancer and concludes evidence is currently insufficient to recommend digital breast
16 tomosynthesis as the primary method for breast cancer screening. The DOH HBCCCP federal
17 reimbursement for contractors serving uninsured and underinsured women are based on the
18 USPSTF guidelines.

1 According to 2020 data from the Hawaii Behavioral Risk Factor Surveillance System,
2 83.7% of women aged 50 to 74 had a mammogram within the past two years. Screening is
3 effective in identifying breast cancer early, when it is often highly treatable. Increasing cancer
4 screening rates and ensuring access to breast cancer screening for residents of Hawaii is a
5 priority for both Centers for Disease Control and Prevention funded programs, the HBCCCP and
6 Hawaii Comprehensive Cancer Control Program in the DOH.

7 Thank you for the opportunity to testify.

8 **Offered Amendments:** None



SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

S.C.R. NO. 8 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATING HEALTH INSURANCE COVERAGE FOR CERTAIN BREAST CANCER SCREENINGS AND ADDITIONAL SUPPLEMENTAL IMAGING

S.R. NO. 6 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATING HEALTH INSURANCE COVERAGE FOR CERTAIN BREAST CANCER SCREENINGS AND ADDITIONAL SUPPLEMENTAL IMAGING

Hearing: Thursday, March 16, 2023, 10:00 a.m.

The Office of the Auditor offers the following comments on S.C.R. No. 8 and S.R. No. 6, requesting the auditor to conduct a social and financial assessment of mandating health insurance coverage for certain breast cancer screenings and additional supplemental imaging.

We issued Report No. 23-03, *Study of Proposed Mandatory Health Insurance Coverage for Early Access Breast Cancer Screening*, in February of 2023. The report was based on a bill introduced during the 2022 legislative session that specified coverage for an annual mammogram for women ages 30 to 50 deemed by a physician or clinician to have an above-average risk for breast cancer, provided that a formal risk factor screening assessment is first made and informed by any readily available risk factor modeling tool. In that report, we determined that all major insurers already cover annual mammograms for above-average-risk women of any age as determined by a physician. The 2022 bill also specified coverage for any additional imaging or supplemental imagery, such as breast magnetic resonance imaging or ultrasound, deemed medically necessary by an applicable American College of Radiology guideline; we determined any supplemental imaging deemed medically necessary is already required by law to be covered.

We believe Report No. 23-03 should address the assessment requested by the resolutions.

Thank you for considering our testimony related to S.C.R. No. 8 and S.R. No. 6.



March 16, 2023

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: SCR 8/ SR 6 – Requesting the Auditor to assess the social and financial effects of mandating health insurance coverage for certain breast cancer screenings and additional supplemental imaging.

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Hawaii Medical Service Association (HMSA) would like to provide comments on SCR 8 and SR 6, which request the State Auditor to assess the social and financial effects of mandating health insurance coverage for certain breast cancer screenings and additional supplemental imaging.

HMSA supports the intent of this resolution and encourages ready access to necessary breast cancer screening. HMSA already currently covers screening mammography that is aligned with current state and national guidelines.

However, we feel that this resolution is duplicative and unnecessary, as a study was already completed by the State Auditor (pursuant to a resolution from last legislative session) and published on February 6, 2023: <https://files.hawaii.gov/auditor/Reports/2023/23-03.pdf>

Highlights from the study, which we participated in, said:

- Less than one percent of all mammograms reported by insurers for 2021 were among women ages 35-39. (page 15)
- Only 4.6 percent of insured women ages 35-39 had a mammogram in the past three years. (page 15)
- Mammograms deemed to be “medically necessary” are already covered; therefore, there is no financial hardship on those women needing “treatment” (page 16)

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations



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SENATE COMMITTEE ON COMMERCE & CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Date: March 16, 2023

From: Hawaii Medical Association

Bernard Robinson MD, HMA Public Policy Committee

**Re: SCR 8 Breast Cancer Screening; Imaging; Health Insurance; Mandated Coverage; Auditor;
Report to the Legislature
Position: Support**

This resolution requests that the Auditor conduct an assessment of the social and financial effects of mandating health insurance coverage for the breast cancer screenings and additional supplemental imaging.

The Hawaii state Auditor posted their report 2023. In reviewing the financial impact, there would be only very small increases in total healthcare costs and insurance premiums.

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. A coverage mandate for early access to cancer screening and supplemental imaging 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 early access screening can save lives, especially for our minority women who are more likely to develop breast cancer before age 50. Sustainable solutions for mammographic coverage are necessary to improve access and help address screening delays. HMA supports early access to screening 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}.

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 and Quick Links:

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](https://doi.org/10.1016/j.ypmed.2021.106559). doi: 10.1016/j.ypmed.2021.106559. Epub 2021 Jun 30.
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5. 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>
6. 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/>
7. 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/10.1148/radiol.2018170000).

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