

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony COMMENTING on H.B. 663  
RELATING TO BREAST CANCER SCREENING**

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Hearing Date: February 1, 2023

Room Number: Videoconference  
Room 329

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

5 **Department Testimony:** The DOH offers comments on House Bill 663 (H.B. 663) that  
6 increases the categories of women required to be covered for mammogram screenings; requires  
7 the existing health insurance mandate for coverage of low-dose mammography to include digital  
8 mammography and breast tomosynthesis; and requires health care providers to be reimbursed at  
9 rates accurately reflecting the resource costs specific to each service, including any increased  
10 resource costs. The policy recommendations in H.B. 663 do not align with the [U.S. Preventive](#)  
11 [Services Task Force \(USPSTF\)](#) published in January 2016 that guides screening policies and  
12 practices for the DOH Hawaii Breast and Cervical Cancer Control Program (HBCCCP). The  
13 USPSTF reviews the balance of harm to benefit and does not recommend breast cancer screening  
14 before age 50 except for women in their 40s with parent, sibling, or child with breast cancer and  
15 concludes evidence is currently insufficient to recommend digital breast tomosynthesis as the  
16 primary method for breast cancer screening. The DOH HBCCCP federal reimbursement for  
17 contractors serving uninsured and underinsured women are based on the USPSTF guidelines.

18 According to 2020 data from the Hawaii Behavioral Risk Factor Surveillance System,  
19 83.7% of women aged 50 to 74 had a mammogram within the past two years. Screening is

1 effective in identifying breast cancer early when it is often highly treatable. Increasing cancer  
2 screening rates and ensuring access to breast cancer screening for residents of Hawaii is a  
3 priority for both Centers for Disease Control and Prevention funded programs, the HBCCCP and  
4 Hawaii Comprehensive Cancer Control Program in the DOH.

5 Thank you for the opportunity to testify.

6 **Offered Amendments:** None



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

**NADINE Y. ANDO**  
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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**House Committee on Health and Homelessness**  
**Wednesday, February 1, 2023**  
**8:30 a.m.**

**State Capitol, Conference Room 329 and via Video Conferencing**

**On the following measure:**  
**H.B. 663, RELATING TO BREAST CANCER SCREENING**

Chair Belatti and Members of the Committees:

My name is Gordon Ito, and I am the Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to increase the categories of women required to be covered for mammogram screenings, require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis, define "digital breast tomosynthesis", and require health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after 1/1/2023.

We note that it is unclear whether the amendments in sections 2 and 3 of this bill, which require health plans to provide benefits for additional breast cancer screening services, would be construed as "in addition to the essential health benefits" within the

meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), or subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits “in addition to the essential health benefits.”

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, [*sic*] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]”

Additionally, the phrase “deemed medically necessary by an applicable American College of Radiology guideline[.]” on page 6, lines 8 to 10, may lead to confusion as “medical necessity” is already defined in Hawaii Revised Statutes section 432E-1.4.

Thank you for the opportunity to testify on this bill.



**HAWAII MEDICAL ASSOCIATION**

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**HOUSE COMMITTEE ON HEALTH & HOMELESSNESS**

Representative Della Au Belatti, Chair

Representative Jenna Takenouchi, Vice Chair

Date: February 1, 2023

From: Hawaii Medical Association

Beth England MD, Co-Chair, HMA Public Policy Committee

**Re: HB 663 Relating to the Breast Cancer Screening**

**Position: Support**

This measure will mandate expansion of coverage for mammogram screenings, necessitate coverage of low-dose mammography to include digital mammography and breast tomosynthesis, and require health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service.

This measure addresses an important healthcare disparity that exists for Asian and Native Hawaiian women in our state. The UH Cancer Center reports that breast cancer is the most common cancer among Hawaii's women, comprising 34% of cases, followed most closely by cancers of the lung & bronchus (10%). Hawaii has a greater incidence of breast cancer compared to the national average. The incidence among Japanese and Native Hawaiian women living in Hawaii is higher still, with Native Hawaiian women suffering higher mortality rates.

HMA recommends consideration and review of the pending Hawaii State Auditor's report on the social and financial impacts of a state mandate for early breast cancer screening.

Timely breast cancer screening will continue to play a pivotal role in reducing breast cancer mortality. Addressing gaps in the coverage of this screening will mark substantial progress towards this end. HMA strongly supports this measure for mammography screening benefits that are evidence-based, sustainable, and cost-effective for our culturally and ethnically diverse patient ohana.

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

CONTINUED

**HMA OFFICERS**

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Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



## HAWAII MEDICAL ASSOCIATION

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### References and Quick Links:

[Cancer at a Glance 2014-2018, Hawai'i Tumor Registry, 2022.](#) University of Hawaii Cancer Center 2023.

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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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Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



February 1, 2023

The Honorable Della Au Belatti, Chair  
The Honorable Jenna Takenouchi, Vice Chair  
House Committee on Health and Homelessness

**Re: HB 663 – Relating to breast cancer screening**

Dear Chair Au Belatti, Vice Chair Takenouchi, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB663, which increases the categories of women required to be covered for mammogram screenings, expands the existing health insurance mandate for coverage of low-dose digital mammography, tomosynthesis, and requires health care providers to be reimbursed at rates accurately reflecting the source costs specific to each service.

HMSA supports and encourages ready access to necessary breast cancer screening and currently covers screening mammography that is aligned with current state and national guidelines, however, components of this bill vary from national standards as stated by the American College of Radiology, American Cancer Society, and National Comprehensive Cancer Network Guidelines for breast cancer screening. For example, note: that national guidelines do not recommend mammograms for all younger, lower risk women. Radiation is cumulative in the body and exposing women at a younger age to radiation from mammography when it is not necessary, may increase their risk of potential malignancy.

National guidelines and professional societies have worked out criteria for breast cancer screening in those with average and high/increased risk for breast cancer. We respectfully request that components of this bill align with these recommended national standards.

We respectfully request the following changes to HB 663 to align with national standards:

Section 1: Amending subsection (2) to read as follows: *“Requiring the existing health insurance mandate for coverage of low-dose screening mammography to include digital mammography and breast tomosyntheses;”*

Section 2: Section 431:10A-116, Hawaii Revised Statutes, is amended by replacing subsection (A) to read as follows: *“~~For women thirty five years of age through thirty nine years of age, a baseline mammogram. All women should be evaluated for breast cancer risk by age 30, so that those at increased risk per appropriate American College of Radiology guidelines, can be identified and begin screening before age 40.~~”*

Section 2: Section 431:10A-116, Hawaii Revised Statutes, is amended by amending subsection (B) to read as follows: *“In accordance with American College of Radiology guidelines, For women at average risk of breast cancer forty years of age and older, an annual screening mammogram:”*

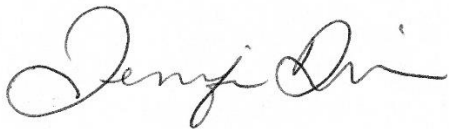
Section 2: Section 431:10A-116, Hawaii Revised Statutes, is amended by amending subsection (C) to read as follows: “*In accordance with applicable American College of Radiology guidelines, for women thirty years of age or older that are deemed by a licensed physician or clinician to have an ~~above-average~~ increased risk for breast cancer, an annual mammogram;*”

Section 2: Section 431:10A-116, Hawaii Revised Statutes, is amended by amending subsection (D) to read as follows: “*For [a woman] women of any age having a history of breast cancer ~~or whose mother or sister has had a history of breast cancer,~~ an annual mammogram ~~upon the recommendation of the woman's physician;~~ and*”

Section 2: As reimbursement rates are a matter for private contracting, we recommend removing any reference to specific reimbursement rates to avoid confusion.

Thank you for the opportunity to provide comments on HB 663.

Sincerely,



Jennifer A. Diesman  
Senior Vice President  
Government Policy and Advocacy



Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
House Committee on Health & Homelessness  
The Honorable Della Au Belatti, Chair  
The Honorable Jenna Takenouchi, Vice Chair

February 1, 2023  
8:30 am  
Via Videoconference and Conf. Rm. 329

### **HB 663 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 supports the intent of this bill, but would like to request an amendment.**

Kaiser Permanente supports the intent of this bill to improve breast cancer detection rates in the State, but requests an amendment to remove the unclear “resource costs” provision of reimbursement. On Page 6, lines 11-21, health insurers are required to reimburse providers at “rates accurately reflecting the resource costs specific to each service.” Kaiser Permanente opposes this provision as the term “resource costs” is undefined, ambiguous, and interferes with the ability of providers and health insurers to freely negotiate fair rates. Negotiated fair pricing within a provider network helps manage costs for insurers, and in turn, lower premiums for consumers.

Accordingly, on Page 6, lines 11-21, Kaiser Permanente requests that the “resource costs” provision should be deleted as follows:

The services provided in this paragraph are subject to any coinsurance provisions that may be in force in these policies, contracts, plans, or agreements[.], and shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments as other radiological examinations; provided, however, that on and after January 1, 2023, providers of health care services specified under this section shall be reimbursed at rates accurately reflecting the resource costs specific to each modality, including any increased resource cost.

Thank you for your consideration.

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**HB-663**

Submitted on: 1/28/2023 11:36:46 AM

Testimony for HLT on 2/1/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Scott Grosskreutz, M.D.	Hawaii Radiological Society	Support	Written Testimony Only

Comments:

**Dear Committee members,**

**Breast cancer screening saves many lives. As a member of the American College of Radiology Government Relations Committee of the Breast Commission, I ask that you please pass HB663, which would maximize the number of lives saved from breast cancer screening. Hawaii is a unique state with a large population of Asian women, who have been shown to have an earlier age of breast cancer onset and statistically denser breast tissue on mammograms.**

**By performing breast cancer risk assessment for women in Hawai'i, high risk women can be identified and national practice guidelines can be used to tailor screening recommendations with additional MRI and/or ultrasound as clinically indicated.**

**This is particularly important for Native Hawaiian women who tend to have higher grade breast cancers with a worse prognosis and who more often live in communities with poor access to healthcare.**

**By breast cancer risk assessment, we can identify those**

**women who would benefit from early screening for breast cancer before age 40. We therefore respectfully ask that you remove the language regarding a baseline mammogram for average risk women at age 35.**

**Please support this bill. In my 40 years of experience of providing breast screening and diagnostic services, this will save many lives in Hawai'i.**

### **Why Start at 40?**

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- **One in six** breast cancers occurs in women in their 40s.
- Mammography has helped reduce breast cancer mortality in the U.S. **by nearly 40% since 1990.**
- One study shows mammography screening **cuts the risk of dying** from breast cancer nearly in half.
- Three out of four women diagnosed with breast cancer have **no family history** of the disease and are not considered high risk.

Scott Grosskreutz, M.D., FACR Founder Hawaii Breast Society and contributing author for the Practice Standards for the Early Detection of Breast Cancer published by the Hawai'i Department of Health, 1994

To: The Honorable Representative Della Au Belatti, Chair of the House Committee on Health & Homelessness

Subject: HB663—Relating to Breast Cancer Screening

Hearing: February 1, 2023

Aloha Representative Au Belatti, Chair; Representative Takenouchi, Vice Chair; and Committee Members,

I am writing this testimony in support of HB663. Increasing screening access to women regardless of age and ethnicity ensures increased survivability of patients with early diagnosis. Although women who have first degree familial history of breast cancer are at an increased rate of developing breast cancer in their lifetime, a recent published article in the *New England Journal of Medicine* suggest that as much as 30% of women who were not considered to be high risk were found to have the genetic mutations associated with breast cancer<sup>1</sup>. This study further showed that there were no strong associations between a person's ethnicity and mutation of the gene<sup>1</sup>. This bill would ensure equity in access for all women.

In my personal experience as a nurse and a Doctor of Nursing Practice (DNP) Student, cost is a major component of why people comply with screening/preventive treatment. The possible loss of income from having to take time off of work to undergo the screening process or the sheer extent of the cost for the screening are factors that have been mentioned by some of the patients. Expanding coverage can help ease the burden of cost associated with breast cancer screening and treatment of breast cancer. Coverage of services to include tomosynthesis which is a more accurate way of breast cancer detection, ensures that the women have access to appropriate services without having to wait or undergo another procedure. Timing is crucial to busy women who are already juggling work, self-care, and perhaps a family. If the bill were to extend coverage for screening to women regardless of age and inclusive of mammogram and tomosynthesis coverage, I believe that women would be more apt to complying with preventive screenings.

Travel is another component in compliance with care. Women who live in rural areas within Hawaii must travel an hour or more to get the preventive screenings done. Expanding coverage to include tomosynthesis ensures that women who need these services have access and coverage without having the inconvenience making a separate appointment and travel time for the screening.

The devastation of cancer is unimaginable. Early detection and access are vital components in the fight against cancer. I am thankful for the opportunity to provide testimony for bill and your efforts in improving the health of people in Hawaii.

Sincerely,

Sharon Davo-Otomo, BSN, RN-BC

<sup>1</sup>Hu, C., Hart, S. N., Gnanaolivu, R., Huang, H., Lee, K. Y., Na, J., Gao, C., Lilyquist, J., Yadav, S., Boddicker, N. J., Samara, R., Klebba, J., Ambrosone, C. B., Anton-Culver, H., Auer, P., Bandera, E. V., Bernstein, L., Bertrand, K. A., Burnside, E. S., & Carter, B. D. (2021). A population-based study of genes previously implicated in breast cancer. *New England Journal of Medicine*, 384(5), 440–451. <https://doi.org/10.1056/nejmoa2005936>

**HB-663**

Submitted on: 1/30/2023 9:27:06 AM

Testimony for HLT on 2/1/2023 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Martha Wiedman, M.D.	Hawaii Radiologic Society	Support	Written Testimony Only

Comments:

Dear Committee Members,

I am a diagnostic radiologist and a member of Hawaii Radiologic Society. Breast cancer screening has been an essential part of my radiology practice for over 30 years, both in California and in Hawaii and has been crucial for the identification of cancers in women of both average and high risk. I support HB663, which would maximize the number of cancers identified and lives saved by breast cancer screening.

Hawaii has a large population of Native Hawaiian and other Pacific Islanders who have a higher than average risk. Breast cancer incidence and morbidity were highest among native Hawaiians compared to any other racial or ethnic group (University of Hawaii News, 6-8-2022 and American Association for Cancer Research (AACR) 2022 Cancer Disparities Progress Report).

Native Hawaiian and Pacific Islander(NHPI) women diagnosed with breast cancer have higher rates of inflammatory breast cancer, the most aggressive form of this disease, compared to other racial/ethnic populations in Hawaii (University of Hawaii, Manoa 1-20-2023). Many of these women live in communities with poor access to healthcare, increasing their risk of morbidity and mortality. Asian subpopulations, including Filipino and Japanese women disproportionately experience invasive secondary breast cancer, compared to white women ("Racial and Ethnic Disparities in Rates of Invasive Second Breast Cancer Among Women with Ductal Carcinoma In Situ in Hawai'i," K. Taparra, MD, PhD, Jami Fukui, MD, Jeffrey Killeen, MD; et al. 10-20-2021).

The American College of Radiology national standard of care is for an annual mammogram for all women, starting at age 40. Mammography has helped reduce breast cancer mortality in the U.S. by nearly 40% since 1990. In addition, breast cancer risk assessment for women in Hawaii can identify high risk women who can benefit from early screening before age 40 with additional MRI and/or ultrasound as clinically indicated. I respectfully ask that you remove the language regarding a baseline mammogram for average risk women at age 35. Removing this clause will significantly decrease the estimated cost of this legislation in the Insurance Commissioner's Audit.

Please support this bill. I wholeheartedly believe this will lead to earlier diagnosis and more successful treatment for many women in Hawaii, particularly those at high risk for breast cancer.

Respectfully,

Martha Wiedman, M.D.

**HB-663**

Submitted on: 1/30/2023 6:37:37 PM

Testimony for HLT on 2/1/2023 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kayla Doherty	Individual	Support	Written Testimony Only

Comments:

I support HB663 because increasing access to healthcare better serves Hawai'i's diverse community. Expanding the categories of women required to be covered for mammogram screenings will lead to earlier cancer detection and better quality of life.

To: The Honorable Representative Della Au Belatti, Chair of the House Committee on Health & Homelessness

Subject: HB663—Relating to Breast Cancer Screening

Hearing: February 1, 2023

Aloha Representative Au Belatti, Chair; Representative Takenouchi, Vice Chair; and Committee Members,

Thank you for the opportunity to submit testimony regarding HB 663. As a RN and current Doctor of Nursing Practice candidate at the UH Hilo, I am in **strong support** of this bill to ensure women are adequately screened for breast cancer based on the US Task Preventative Services Task Force guidelines.

Breast cancer rates in the US spike significantly at the age of 40 and continue to increase with each decade. Research in 2018 showed that white patients have peak incidence of breast cancer in their 60s while non-white patients peak in their 40s<sup>1</sup>. I have personally had a handful of patients in their 40s be diagnosed with breast cancer during my current clinical rotation. Furthermore, requiring existing health insurance mandate for coverage to include breast tomosynthesis will further ensure patients receive better screening. Tomosynthesis increases sensitivity and specificity over diagnostic mammography.

Expanding the screening and inclusion of more tomosynthesis by health insurance would ensure these women of Hawai'i receive early screening and the best methods to identify breast cancer as early as possible. As a future primary care provider in Hawai'i county, I can attest that early detection of diseases is paramount to ensuring survival due to the limited resources and specialty care especially on the outer islands.

Mahalo for the opportunity to provide this testimony and thank you for your enduring support to promote the health and safety of Hawai'i residents.

Respectfully,

Megan E.B. Sedig, RN, MSN, DNP (c)

<sup>1</sup>Stapleton, S. M., Oseni, T. O., Bababekov, Y. J., Hung, Y.-C., & Chang, D. C. (2018). Race/ethnicity and age distribution of breast cancer diagnosis in the United States. *JAMA Surgery*, 153(6), 594–595. <https://doi.org/10.1001/jamasurg.2018.0035>



**HB-663**

Submitted on: 2/1/2023 10:54:36 AM

Testimony for HLT on 2/1/2023 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Laeton J Pang	Hawaii Radiological Society	Support	Written Testimony Only

Comments:

I'm writing in favor of this legislation.

Laeton J Pang, MD, MPH, FACR, FACRO

President, Hawaii Radiological Society