

**HCR-134**

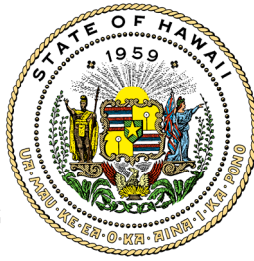
Submitted on: 3/19/2025 4:26:15 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Llasmin Chaine	Hawaii State Commission on the Status of Women	Support	Written Testimony Only

Comments:

I stand in support of HCR134 and agree with the premise that "removing financial barriers to follow-up diagnostic and supplemental breast examinations is critical for the health and economic security of women in Hawaii and will help avoid more costly treatments in the future". Thank you for your consideration of this resolution, your support of women's health measures, and this opportunity to testify.



HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

The Honorable Gregg Takayama, Chair

The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

**H.C.R. NO. 134, REQUESTING THE AUDITOR TO CONDUCT AN IMPACT  
ASSESSMENT OF ELIMINATING COST-SHARING FOR CERTAIN DIAGNOSTIC  
AND SUPPLEMENTAL BREAST EXAMINATIONS**

Hearing: Friday, March 21, 2025, 9:30 a.m.

The Office of the Auditor offers the following comments on H.C.R. No. 134, which requests the Office of the Auditor to conduct an impact assessment of eliminating cost-sharing for certain diagnostic and supplemental breast examinations as proposed in H.B. No. 598, introduced during the regular session of 2025.

The assessment required by Section 23-51, HRS, requires the Auditor to assess the social and financial effects of any bill that proposes mandated health insurance coverage for “a specific health service, specific disease, or certain providers of healthcare services as part of individual or group health insurance policies.” H.B. No. 598, however, does not propose to mandate new health insurance coverage. Sections 431:10A-116, 432:1-605, and 432D-23, HRS, currently require health insurers to provide coverage for screening for women forty years of age and older with an annual mammogram. We do not believe prohibiting cost-sharing constitutes a new proposed health service. Thus, we do not believe that prohibiting cost-sharing for certain diagnostic and supplemental breast examinations as proposed H.B. No. 598 requires an assessment under Section 23-51, HRS.



HOUSE COMMITTEE ON HEALTH  
Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: March 21, 2025  
From: Hawaii Radiological Society HRS  
Ven Seguritan MD – President, HRS

**RE HCR 134 Relating to Health** - REQUESTING THE AUDITOR TO CONDUCT AN IMPACT ASSESSMENT OF ELIMINATING COST-SHARING FOR CERTAIN DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATIONS - Auditor; Impact Assessment Report; Cost-Sharing Prohibition; Diagnostic and Supplemental Breast Examinations.

**Position: Support**

This resolution requests that the Auditor conduct an impact assessment in accordance with sections 23-51 and 23-52, Hawaii Revised Statutes, of eliminating cost-sharing for certain diagnostic and supplemental breast examinations as proposed by House Bill No. 598, Regular Session of 2025.

Breast cancer is the most common cancer diagnosed in women in Hawaii. According to the University of Hawaii Cancer Center, invasive breast cancer incidence rates have increased 1.7% per year over the last 10 years, and the incidence in Hawaii (139.6 per 100,000) was higher than the U.S. overall (126.9. Per 100,000) <sup>1</sup>. In Hawaii, breast cancer incidence is higher among Japanese and Native Hawaiian women compared to other racial/ethnic groups, and Native Hawaiian women also have higher mortality from breast cancer.

According to the American College of Radiology (ACR), for most women at higher-than-average risk and women with dense breast tissue, the supplemental screening method of choice is breast MRI. For those who qualify for but cannot undergo breast MRI, contrast enhanced mammography (CEM) or ultrasound (US) could be considered <sup>2</sup>.

Hawaii patients face significant financial barriers to timely and medically necessary breast imaging. Insurance coverage limits the use of supplemental breast imaging, and so patients may forgo these studies even if they have higher risk factors or dense breast tissue and the studies are recommended by their healthcare provider. It is critically important that Hawaii reduce the financial obstacles associated with breast cancer screening. HRS strongly supports this measure that will improve access to the medical care that Hawaii patients need.

Thank you for allowing the Hawaii Radiological Society to testify in support of the resolution.



References and Quick Links:

1. Hawaii Cancer At A Glance. Hawaii Tumor Registry.  
<https://www.uhcancercenter.org/research/shared-resources/hawaii-tumor-registry>. Accessed Jan 23, 2025.
2. Hughes DR, Espinoza W, Fein S, Rula EY, McGinty G. Patient Cost-Sharing and Utilization of Breast Cancer Diagnostic Imaging by Patients Undergoing Subsequent Testing After a Screening Mammogram. *JAMA Netw Open*. 2023 Mar 1;6(3):e234893. doi: 10.1001/jamanetworkopen.2023.4893. PMID: 36972047; PMCID: PMC10043745.
3. Monticciolo DL, Newell MS, Moy L, Lee CS, Destounis SV. Breast Cancer Screening for Women at Higher-Than-Average Risk: Updated Recommendations From the ACR. *J Am Coll Radiol*. 2023 Sep;20(9):902-914. doi: 10.1016/j.jacr.2023.04.002. Epub 2023 May 5. PMID: 37150275.
4. Hussein H, Abbas E, Keshavarzi S, Fazelzad R, Bukhanov K, Kulkarni S, Au F, Ghai S, Alabousi A, Freitas V. Supplemental Breast Cancer Screening in Women with Dense Breasts and Negative Mammography: A Systematic Review and Meta-Analysis. *Radiology*. 2023 Mar;306(3):e221785. doi: 10.1148/radiol.221785. Epub 2023 Jan 31. PMID: 36719288.
5. US Preventive Services Task Force; Nicholson WK, Silverstein M, Wong JB, et al. Screening for breast cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2024;331(22):1918-1930. doi: 10.1001/jama.2024.5534.
6. 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.](#)
7. 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>.
8. 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.
9. [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>
10. 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 Medical Association**

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#### **HOUSE COMMITTEE ON HEALTH**

Representative Gregg Takayama, Chair

Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: March 21, 2025

From: Hawaii Medical Association (HMA)

Jerald Garcia MD - Chair, HMA Public Policy Committee

Elizabeth Ann Ignacio MD FACR FSIR– President, HMA

**RE HCR 134 Relating to Health** - Breast Cancer; Annual Mammography; Risk Factor Screening; Health Insurance - Auditor; Impact Assessment Report; Cost-Sharing Prohibition; Diagnostic and Supplemental Breast Examinations.

#### **Position: Support**

This resolution requests that the Auditor conduct an impact assessment in accordance with sections 23-51 and 23-52, Hawaii Revised Statutes, of eliminating cost-sharing for certain diagnostic and supplemental breast examinations.

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. The women of Hawaii have higher incidence of breast cancer compared to the US national average. Additionally Japanese and Native Hawaiian women have the greatest breast cancer incidence in Hawaii, and Native Hawaiian women also have higher mortality.

Breast cancer that is found at early stage is the most treatable. According to the American College of Radiology (ACR), for women at higher-than-average risk, the supplemental screening method of choice is breast MRI. For those who qualify for but cannot undergo breast MRI, contrast enhanced mammography (CEM) or ultrasound (US) could be considered. Cost-sharing by insurance leads to delays and deferral of recommended preventive services. Hawaii must address insurance barriers to cancer screening for earlier detection and diagnosis of breast cancer. HMA supports this Auditor study to inform legislative measures that improve access to necessary breast imaging for our Hawaii patients.

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

#### **References and Quick Links:**

#### **2025 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

#### **2024 Hawaii Medical Association Public Policy Coordination Team**

Jerald Garcia, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

1. Hawaii Cancer At A Glance. Hawaii Tumor Registry. <https://www.uhcancercenter.org/research/shared-resources/hawaii-tumor-registry>. Accessed Jan 23, 2025.
2. Hughes DR, Espinoza W, Fein S, Rula EY, McGinty G. [Patient Cost-Sharing and Utilization of Breast Cancer Diagnostic Imaging by Patients Undergoing Subsequent Testing After a Screening Mammogram. JAMA Network Open.](#) 2023 Mar 1;6(3):e234893.
3. Office of the Auditor, State of Hawaii. [23-03 Study of Proposed Mandatory Health Insurance Coverage for Easrly Access Breast Cancer Screening. Feb 6 2023. Hawaii.gov.](#) Accessed Mar 18, 2025.
4. Monticciolo DL, Newell MS, Moy L, Lee CS, Destounis SV. Breast Cancer Screening for Women at Higher-Than-Average Risk: Updated Recommendations From the ACR. J Am Coll Radiol. 2023 Sep;20(9):902-914. doi: 10.1016/j.jacr.2023.04.002. Epub 2023 May 5. PMID: 37150275.
5. Hussein H, Abbas E, Keshavarzi S, Fazelzad R, Bukhanov K, Kulkarni S, Au F, Ghai S, Alabousi A, Freitas V. Supplemental Breast Cancer Screening in Women with Dense Breasts and Negative Mammography: A Systematic Review and Meta-Analysis. Radiology. 2023 Mar;306(3):e221785. doi: 10.1148/radiol.221785. Epub 2023 Jan 31. PMID: 36719288.
6. US Preventive Services Task Force; Nicholson WK, Silverstein M, Wong JB, et al. Screening for breast cancer: US Preventive Services Task Force recommendation statement. JAMA. 2024;331(22):1918-1930. doi: 10.1001/jama.2024.5534.
7. 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.](#)
8. 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>.
9. 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.
10. 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>
11. 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/>

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Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

#### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

**HCR-134**

Submitted on: 3/20/2025 9:28:14 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

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

Comments:

House Committee on Health

Representative Gregg Takayama, Chair

Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: March 20, 2025

From: Hawai'i Radiological Society HRS

Marti Wiedman, MD

RE: HCR 134 Relating to Health- Reguesting the Auditor to Conduct an Impact Assessment of Eliminating Cost-Sharing for Certain Dkiagnostic and Supplemental Breast Examinations

Position: Support:

A new report by the American Cancer Society Cancer Action Network(ACS Can) found that over 70% of commercially-insured patients encountered out-of-pocket expenses for follow-up breast cancer diagnosis tests in 2023. These follow-up tests, such as diagnostic mammogram, MRI, ultrasound or biopsy are medically recommended next steps to determine if an individual may or may not have cancer; however, barriers like cost can keep people from getting them. Out-of-pocket cost sharing is a significant barrier for those individuals who need access to multiple early detection serices in order to find cancer at an earlier stage wen gtreatment is more effective. These additional expenses can lead to delayed or even skipped medically necessary procedures resulting in potentially life-threatening consequences. The delay can result in later-stage diagnosis and higher healthcare costs. Hawai'i is listed as having an average of 30.8% share of out-of-pocket cost sharing across procedures.

In 2024, more than 1 million women aged 40 to 75 were estimated to experience a delay in follow-up testing and imaging due to associated costs.

The report also showed that the elimination of out-of-pocket cost sharing for follow-up tests could prevent more than 7,500 later-stage diagnoses and ultimately save the U.S. an estimated \$2.2 billion in lifetime breast cancer treatment costs.

Breast cancer is the most common cancer diagnosed in women in Hawai‘i with invasive breast cancer incidence rates increasing 1.7% per year over the last 10 years, per the University of Hawai‘i Cancer Center. Breast cancer incidence is higher among Japanese and Native Hawaiian women compared to other racial/ethnic groups and Native Hawaiian women also have higher mortality from breast cancer. The passage of this bill would help increase access to diagnostic and supplemental breast examinations for many Hawaiian women who find cost-sharing a financial burden and a critical obstacle to their diagnosis, treatment and survival.

Thank you for allowing the Hawai‘i Radiological Society to testify in support of this resolution.

References:

1. American Cancer Society Action Network Press Release:

Out of Pocket Costs for Follow-Up Tests After Abnormal Screening Mammogram and Their Impact on Breast Cancer Survival, January 13, 2025.

2. Hawai‘i Cancer At A Glance, 2014-2018, Hawai‘i Tumor Registry

<https://www.uhcancercenter.org/research/shared-resources/hawaii-tumore-registry>.



March 20, 2025

**To:** Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, and Members of the Committee on Health

**Date:** Friday, March 21, 2025 **Time:** 9:30 a.m.

**Place:** Via Videoconference and Conference Room 329

**Subject:** Testimony in Strong Support of HCR134 - Impact Assessment of eliminating cost-sharing for certain Diagnostic and Supplemental Breast Examinations

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

The Health Committee of the Democratic Party of Hawaii strongly supports HCR134, which requests the Auditor to conduct an impact assessment of eliminating cost-sharing for certain diagnostic and supplemental breast examinations. This measure is essential to improving access to life-saving diagnostic tools and reducing barriers to timely and equitable care for women across the state.

**Key Points in Support:**

**1. Improving Access to Vital Diagnostic Tools:**

- Cost-sharing requirements can serve as a significant barrier to accessing diagnostic and supplemental breast examinations, particularly for underserved populations.
- Eliminating cost-sharing ensures that more individuals can access early detection and diagnostic services without financial hardship, which is critical for improving health outcomes.

**2. Supporting Early Detection and Prevention:**

- Breast cancer is the most commonly diagnosed cancer among women. Early detection through diagnostic and supplemental examinations significantly improves survival rates and reduces the need for more aggressive, costly treatments.

- By eliminating cost-sharing, this measure encourages earlier diagnosis and prevention, which benefits patients and reduces the overall burden on Hawaii's healthcare system.

**3. Addressing Health Equity:**

- Women from low-income communities and marginalized groups are disproportionately affected by financial barriers to healthcare.
- Removing cost-sharing requirements promotes health equity, ensuring that all women, regardless of socioeconomic status, have access to essential breast health services.

**4. Informed Policymaking Through Impact Assessment:**

- Conducting an impact assessment will provide valuable data on the social and financial effects of eliminating cost-sharing, guiding policymakers in making informed decisions that prioritize health outcomes and fiscal sustainability.
- This assessment will highlight the potential long-term savings associated with early detection and reduced treatment costs.

**5. Reinforcing Hawaii's Commitment to Women's Health:**

- HCR134 aligns with Hawaii's commitment to advancing public health initiatives that prioritize prevention, equity, and accessibility.
- Supporting this measure underscores the state's dedication to protecting the health and well-being of its residents.

HCR134 represents a critical opportunity to advance women's health and reduce barriers to essential breast examinations. We commend the Legislature for its vision and leadership on this important issue and urge the passage of this measure to improve health outcomes for Hawaii's women.

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

Respectfully submitted,

Alan Burdick, Chair

Melodie Aduja, Vice Chair

Health Committee of the Democratic Party of Hawaii



***HCR 134 (Matsumoto) - SUPPORT  
Submitted to the House Health Committee  
3/21/2025  
By Susan G. Komen***

Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee, thank you for the opportunity to provide testimony in support of HCR 134 which relates to coverage of medically necessary diagnostic and supplemental breast imaging. My name is Conor Sweeney, and I am Regional Manager of State Policy & Advocacy at Susan G. Komen®.

Komen is the world's leading nonprofit breast cancer organization representing the millions of people who have been diagnosed with breast cancer. Komen has an unmatched, comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen is committed to supporting those affected by breast cancer today, while tirelessly searching for tomorrow's cures. We advocate on behalf of the estimated 1,510 people in Hawaii who will be diagnosed with breast cancer and the 200 who will die from the disease in 2025 alone.

While millions have coverage for screening mammography without cost sharing, individuals at a higher risk of breast cancer or those requiring follow-up imaging due to an abnormal screening mammogram result are subject to hundreds to thousands of dollars in cost sharing. Mammography is only the initial step in the early detection process and is not able to alone diagnose cancer. Early detection of breast cancer is not possible without the medically necessary diagnostic follow-up or additional supplemental imaging required to rule out breast cancer or confirm the need for a biopsy.

A recent study published in Radiology found that 1 in 5 patients said they would not go in for recommended follow-up imaging if they had to pay a deductible. The same study noted that 18% of patients shared they would skip the initial screening mammogram if they knew they would have to pay a deductible for the follow-up testing.

The use of breast cancer screening and follow-up diagnostics has led to significant increases in the early detection of breast cancer in the past 30 years. However, this is not true across all demographics. Evidence shows that commercially insured Black breast cancer patients were diagnosed at a later stage and had a higher mortality rate when compared with their white counterparts with the same insurance status. Additionally, Hispanic women tend to be diagnosed with later stage breast cancers than non-Hispanic white women which may be due to delays in follow-up after an abnormal mammogram.

Unfortunately, we often receive calls and emails from individuals who are unable to afford the out-of-pocket costs for their recommended breast imaging. Without assistance, many will simply delay or forego these medically necessary tests. This delay can mean that patients will not seek care until the cancer has spread, making it much deadlier and much more costly to treat. Breast cancer can be up to five times more expensive to treat when it has spread beyond the breast to other parts of the body.

It is imperative that we take measures to reduce the overall costs to the health care system, ensuring breast cancer is detected at the earliest possible stage helps to eliminate the exorbitant treatments costs associated with a later stage diagnosis.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have fair and equitable access to breast imaging that may save their lives. As such, we support HCR 134.

**Thank you for your consideration.**

**HCR-134**

Submitted on: 3/18/2025 8:31:36 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ted Bohlen	Individual	Support	Written Testimony Only

Comments:

**I SUPPORT!**

Breast cancer screening will save lives! Cost should not be a deterrent.

**HCR-134**

Submitted on: 3/19/2025 8:36:29 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
B.A. McClintock	Individual	Support	Written Testimony Only

Comments:

Please support this important bill. Mahalo.

**HCR-134**

Submitted on: 3/19/2025 10:21:56 PM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Louella Vidinha	Individual	Support	Written Testimony Only

Comments:

In support of this bill.

Louella Vidinha

Hawaii resident

**HCR-134**

Submitted on: 3/20/2025 9:26:45 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Laeton J Pang	Individual	Support	Written Testimony Only

Comments:

I'm writing in support of this resolution. Thank you for your consideration.

Laeton J Pang, MD, MPH, FACR, FACRO, FASTRO, FACCC

**HCR-134**

Submitted on: 3/20/2025 10:48:40 AM

Testimony for HLT on 3/21/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Terri Yoshinaga	Individual	Support	Written Testimony Only

Comments:

I support this bill.