

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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WRITTEN TESTIMONY ONLY

**Testimony COMMENTING on SB189  
RELATING TO BREAST CANCER SCREENING**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: January 27, 2025

Room Number: Conference Room 225

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) offers comments on Senate Bill 189  
3 (S.B. 189). The policy recommendation in S.B. 189 would expand mandated insurance coverage  
4 for breast cancer screening and imaging to include an annual mammogram for a woman of any  
5 age having an above-average risk of breast cancer, and risk factor screening for women 30 years  
6 of age and older. The measure also proposes to expand coverage to include additional  
7 supplemental imaging for any woman, regardless of age.

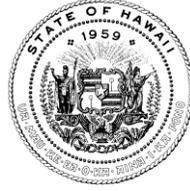
8 The proposals in S.B. 189 are more expansive than the biennial screening mammography  
9 for women aged 40 to 74 years recommended by the U.S. Preventive Services Task Force  
10 (USPSTF).<sup>1</sup> For women with dense breasts, the USPSTF concluded more research is urgently  
11 required to weigh the benefits and harm to recommend for or against additional screening.

12 The DOH, Hawaii Breast and Cervical Cancer Control Program supports community-  
13 based programs for women who are under- or uninsured, rarely or never screened. The federal  
14 grant program is required to rely on the USPSTF April 30, 2024 screening policies and practices.  
15 The program has received approval to pay for screenings for under- or uninsured women of any  
16 age with a history of breast cancer or whose mother or sister has had a history of breast cancer.

17 Thank you for the opportunity to submit testimony.

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<sup>1</sup> USPSTF. Final Recommendation Statement. Breast Cancer: Screening. April 30, 2024. Retrieved on 1/24/25:  
[Clinician Summary: Breast Cancer: Screening | United States Preventive Services Taskforce](#)



**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**Senate Committee on Health and Human Services**  
**Monday, January 27, 2025**  
**1:00 p.m.**  
**State Capitol, Conference Room 225 & via Videoconference**

**On the following measure:**  
**S.B. 189, RELATING TO BREAST CANCER SCREENING**

Chair San Buenaventura and Members of the Committee:

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

The purpose of this bill is to expand coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age having an above-average risk for breast cancer, risk factor screening for women 30 years of age and older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline.

We note that it is unclear whether the amendments in sections 2 and 3 of this bill, which expands coverage of breast cancer screening and imaging that health plans are required to cover, would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), and

Testimony of DCCA

S.B. 189

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therefore subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits “in addition to the essential health benefits.”

Furthermore, Hawaii Revised Statutes (HRS) section 432E-1.4 sets forth standards for medical necessity. This bill proposes to define the medical necessity of any treatment in accordance with a specific standard, “current guidelines developed by the American Society of Clinical Oncology,” which is not consistent with the HRS section 432E-1.4 standard.

Thank you for the opportunity to testify on this bill.



January 27, 2025

The Honorable Joy A. San Buenaventura, Chair  
The Honorable Henry J.C. Aquino, Vice Chair  
Senate Committee on Health and Human Services

Re: SB 189 – RELATING TO BREAST CANCER SCREENING

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB 189, which would expand coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age having an above-average risk for breast cancer, risk factor screening for women 30 years of age and older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline.

HMSA supports the intent of this measure and advocates for ready access to essential breast cancer screening. However, we are concerned that the current language in the bill may allow individuals to self-designate as being at above-average risk, potentially leading to the overuse of early-age mammograms. Radiation exposure in young adults is not without risks. Therefore, we believe that risk assessments should be conducted and treatments prescribed by a licensed healthcare provider, in accordance with the recommendations of the American College of Radiology.

We respectfully request committee consider the following changes to SB 189:

Pg. 4 ln 10; “an annual mammogram upon the recommendation of the woman's physician.”

Pg. 10 ln 1; “an annual mammogram upon the recommendation of the woman's physician.”

Thank you for the opportunity to testify on this measure.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations



## Hawaii Medical Association

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Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

### SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair

Date: January 27, 2025  
From: Hawaii Medical Association (HMA)  
Jerald Garcia MD - Chair, HMA Public Policy Committee

### **RE SB 189 Relating to Health - Breast Cancer; Annual Mammography; Risk Factor Screening; Health Insurance Position: Support**

This measure would expand coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age having an above-average risk for breast cancer, risk factor screening for women 30 years of age and older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline.

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. Limitations by insurance lead to delays and out of pocket costs. Hawaii must address insurance barriers to cancer screening for earlier detection and diagnosis of breast cancer. HMA supports this measure to 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.

#### **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

## 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. 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.
3. 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.
4. 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.
5. 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.
6. 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>.
7. 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.
8. 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>
9. 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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Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair

Date: January 27, 2025  
From: Hawaii Radiological Society HRS  
M Wiedman MD - HRS Legislative Liaison  
Ven Seguritan MD – President, HRS

**RE SB 189 Relating to Health - Breast Cancer; Annual Mammography; Risk Factor Screening; Health Insurance**  
**Position: Support**

This measure would expand coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age having an above-average risk for breast cancer, risk factor screening for women 30 years of age and older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline.

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, 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 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 on this issue.



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. 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.
3. 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.
4. 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.
5. 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.](#)
6. 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>.
7. 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.
8. 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>
9. 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/>

**SB-189**

Submitted on: 1/24/2025 4:18:44 PM

Testimony for HHS on 1/27/2025 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Oriana Leao	Individual	Support	Written Testimony Only

Comments:

Early detection is everything.

**SB-189**

Submitted on: 1/24/2025 5:26:52 PM

Testimony for HHS on 1/27/2025 1:00:00 PM

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

Comments:

Thank you for scheduling a hearing on this bill. I'm a practicing radiation oncologist of 30-plus years in Hawai'i, serving as a former president of the Hawai'i Society of Radiation Oncology and Immediate Past President of the Hawai'i Radiological Society. I currently hold appointment as a clinical assistant professor with the John A Burns School of Medicine Department of Surgery, clinical member of the UH Cancer Research Center, Radiology Representative to the Hawai'i Medical Association, and serve as President elect of the Council of Affiliated Regional Radiation Oncology Societies, a non geographic chapter of the American College of Radiology, with additional fellowship designations from the American College of Radiation Oncology, Association of Cancer Care Centers, and American Society of Radiation Oncology.

I'm writing in support of SB189 which expands coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age having an above-average risk for breast cancer, risk factor screening for women 30 years of age and older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline having personally seen and treated patients who were diagnosed before age 40 and concerned that we're seeing more patients being diagnosed with cancers at an earlier age with data suggesting a link to microplastics.

The alarming link between environmental microplastics and health hazards with special emphasis on cancer - ScienceDirect

<https://www.sciencedirect.com/science/article/abs/pii/S0024320524005277#:~:text=Microplastics%20trigger%20uncontrolled%20cell%20proliferation,breasts%2C%20prostate%2C%20and%20Ovaries>

Please feel free to contact me if you've any questions.

Laeton J Pang MD MPH FACR FACRO FACCC FASTRO

**SB-189**

Submitted on: 1/25/2025 5:18:37 AM

Testimony for HHS on 1/27/2025 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Scott Grosskreutz, M.D.	Individual	Support	Written Testimony Only

Comments:

Dear Senator San Buenaventura and members of the Senate Health and Human Services Committee,

The early detection of breast cancer is critical for survival. Many women in Hawai'i have a predisposition for the early onset of breast cancer, such as women with Asian ancestry, those with a family history of breast cancer and with breast oncogenes. The American College of Radiology and Hawai'i Medical Association have worked together to encourage the USPSTF national guidelines to lower the recommended screening age for mammography for average risk women to age 40. Beginning screening at age 50, as the USPSTF previously recommended, meant that our women of Asian ancestry often started screening after their peak age of incidence.

In my practice in Hilo, we have diagnosed thousands of women with breast cancer. By utilizing ACR breast cancer screening recommendations, most of these women were detected at an early stage of disease and have had excellent outcomes.

The most heart breaking tragedies are when young women present for workup of a palpable lump, which is diagnosed as a large invasive cancer, often with metastasis adenopathy. These young women are more likely to have aggressive, or hormonally fueled cancers, and tend to have a poor prognosis. They often have families with young children.

On the Big Island where the doctor shortage exceeds 40%, these women too often do not have a healthcare provider. They are usually not undergoing early breast cancer screening, with mammograms, or MRI, because they are not aware they are at high risk for the disease.

Passage of this bill, will help promote the risk assessment of women in Hawai'i at age 30 and promote early screening in high risk women. The development of online risk assessment screening tools by the Hawai'i Department of Health or the Hawai'i Cancer Research Center, could help with the risk assessment of those women without healthcare providers.

Scott Grosskreutz, M.D., FACR

Founder, Hawai'i Breast Society