

HB

481

A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 PART I

2 SECTION 1. The legislature finds that three-dimensional
3 mammography, also known as breast tomosynthesis, has been shown
4 to improve the results of mammography when compared to the more
5 common two-dimensional digital mammography. Because it improves
6 breast cancer detection, a growing number of states have
7 included coverage for breast tomosynthesis within their existing
8 insurance mandates for mammography. The purpose of this Act is
9 to improve breast cancer detection rates in the State by
10 clarifying that the existing health insurance mandate for
11 coverage of low-dose mammography includes coverage for digital
12 mammography and breast tomosynthesis.

13 SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
14 is amended to read as follows:

15 "§431:10A-116 Coverage for specific services. Every
16 person insured under a policy of accident and health or sickness



1 insurance delivered or issued for delivery in this State shall
2 be entitled to the reimbursements and coverages specified below:

3 (1) Notwithstanding any provision to the contrary,
4 whenever a policy, contract, plan, or agreement
5 provides for reimbursement for any visual or
6 optometric service, which is within the lawful scope
7 of practice of a duly licensed optometrist, the person
8 entitled to benefits or the person performing the
9 services shall be entitled to reimbursement whether
10 the service is performed by a licensed physician or by
11 a licensed optometrist. Visual or optometric services
12 shall include eye or visual examination, or both, or a
13 correction of any visual or muscular anomaly, and the
14 supplying of ophthalmic materials, lenses, contact
15 lenses, spectacles, eyeglasses, and appurtenances
16 thereto;

17 (2) Notwithstanding any provision to the contrary, for all
18 policies, contracts, plans, or agreements issued on or
19 after May 30, 1974, whenever provision is made for
20 reimbursement or indemnity for any service related to
21 surgical or emergency procedures, which is within the



1 lawful scope of practice of any practitioner licensed
2 to practice medicine in this State, reimbursement or
3 indemnification under the policy, contract, plan, or
4 agreement shall not be denied when the services are
5 performed by a dentist acting within the lawful scope
6 of the dentist's license;

7 (3) Notwithstanding any provision to the contrary,
8 whenever the policy provides reimbursement or payment
9 for any service, which is within the lawful scope of
10 practice of a psychologist licensed in this State, the
11 person entitled to benefits or performing the service
12 shall be entitled to reimbursement or payment, whether
13 the service is performed by a licensed physician or
14 licensed psychologist;

15 (4) Notwithstanding any provision to the contrary, each
16 policy, contract, plan, or agreement issued on or
17 after February 1, 1991, except for policies that only
18 provide coverage for specified diseases or other
19 limited benefit coverage, but including policies
20 issued by companies subject to chapter 431, article
21 10A, part II and chapter 432, article 1 shall provide



1 coverage for screening by low-dose mammography for
2 occult breast cancer as follows:

3 (A) For women forty years of age and older, an annual
4 mammogram; and

5 (B) For a woman of any age with a history of breast
6 cancer or whose mother or sister has had a
7 history of breast cancer, a mammogram upon the
8 recommendation of the woman's physician.

9 The services provided in this paragraph are
10 subject to any coinsurance provisions that may be in
11 force in these policies, contracts, plans, or
12 agreements.

13 For the purpose of this paragraph[, ~~the term~~
14 ~~"low dose mammography"~~]:

15 "Breast tomosynthesis" means a radiologic
16 procedure that involves the acquisition of projection
17 images over the stationary breast to produce cross-
18 sectional digital three-dimensional images of the
19 breast.

20 "Low-dose mammography" means the x-ray
21 examination of the breast using equipment dedicated



1 specifically for mammography, including but not
2 limited to the x-ray tube, filter, compression device,
3 screens, films, and cassettes, with an average
4 radiation exposure delivery of less than one rad mid-
5 breast, with two views for each breast. The term
6 "low-dose mammography" also includes digital
7 mammography and breast tomosynthesis. An insurer may
8 provide the services required by this paragraph
9 through contracts with providers; provided that the
10 contract is determined to be a cost-effective means of
11 delivering the services without sacrifice of quality
12 and meets the approval of the director of health;

- 13 (5) (A) (i) Notwithstanding any provision to the
14 contrary, whenever a policy, contract, plan,
15 or agreement provides coverage for the
16 children of the insured, that coverage shall
17 also extend to the date of birth of any
18 newborn child to be adopted by the insured;
19 provided that the insured gives written
20 notice to the insurer of the insured's
21 intent to adopt the child prior to the



1 child's date of birth or within thirty days
2 after the child's birth or within the time
3 period required for enrollment of a natural
4 born child under the policy, contract, plan,
5 or agreement of the insured, whichever
6 period is longer; provided further that if
7 the adoption proceedings are not successful,
8 the insured shall reimburse the insurer for
9 any expenses paid for the child; and

10 (ii) Where notification has not been received by
11 the insurer prior to the child's birth or
12 within the specified period following the
13 child's birth, insurance coverage shall be
14 effective from the first day following the
15 insurer's receipt of legal notification of
16 the insured's ability to consent for
17 treatment of the infant for whom coverage is
18 sought; and

19 (B) When the insured is a member of a health
20 maintenance organization (HMO), coverage of an
21 adopted newborn is effective:



- 1 (i) From the date of birth of the adopted
2 newborn when the newborn is treated from
3 birth pursuant to a provider contract with
4 the health maintenance organization, and
5 written notice of enrollment in accord with
6 the health maintenance organization's usual
7 enrollment process is provided within thirty
8 days of the date the insured notifies the
9 health maintenance organization of the
10 insured's intent to adopt the infant for
11 whom coverage is sought; or
- 12 (ii) From the first day following receipt by the
13 health maintenance organization of written
14 notice of the insured's ability to consent
15 for treatment of the infant for whom
16 coverage is sought and enrollment of the
17 adopted newborn in accord with the health
18 maintenance organization's usual enrollment
19 process if the newborn has been treated from
20 birth by a provider not contracting or



1 affiliated with the health maintenance
2 organization; and
3 (6) Notwithstanding any provision to the contrary, any
4 policy, contract, plan, or agreement issued or renewed
5 in this State shall provide reimbursement for services
6 provided by advanced practice registered nurses
7 licensed pursuant to chapter 457. Services rendered
8 by advanced practice registered nurses are subject to
9 the same policy limitations generally applicable to
10 health care providers within the policy, contract,
11 plan, or agreement."

12 SECTION 3. Section 432:1-605, Hawaii Revised Statutes, is
13 amended by amending subsection (c) to read as follows:

14 "(c) For purposes of this section[~~7~~,"~~low-dose~~
15 mammography"]:

16 "Breast tomosynthesis" means a radiologic procedure that
17 involves the acquisition of projection images over the
18 stationary breast to produce cross-sectional digital three-
19 dimensional images of the breast.

20 "Low-dose mammography" means the x-ray examination of the
21 breast using equipment dedicated specifically for mammography,



1 including but not limited to the x-ray tube, filter, compression
2 device, screens, films, and cassettes, with an average radiation
3 exposure delivery of less than one rad mid-breast, with two
4 views for each breast. The term "low-dose mammography" also
5 includes digital mammography and breast tomosynthesis."

6 PART II

7 SECTION 4. The state auditor shall conduct a review to
8 determine:

- 9 (1) If an impact assessment report pursuant to section 23-
10 51, Hawaii Revised Statutes, is warranted for coverage
11 of the benefits mandated in this Act; and
12 (2) If the benefits mandated in this Act trigger any
13 requirement to defray the cost of new mandated
14 benefits in excess of the essential health benefits as
15 required by section 1311(d)(3) of the federal Patient
16 Protection and Affordable Care Act (P.L. 111-148).

17 The state auditor shall submit a report of its findings and
18 recommendations, including any proposed legislation, to the
19 legislature no later than twenty days prior to the convening of
20 the regular session of 2020.



Report Title:

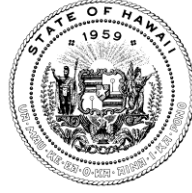
Insurance; Breast Cancer Detection; Covered Services;
Mammography; Breast Tomosynthesis; State Auditor Review

Description:

Amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. Requires the State Auditor to perform analysis of new benefits to determine if a statutory sunrise analysis requirement and federal requirements to defray costs of new mandate has been triggered. (HB481 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.





DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection and Commerce
Thursday, February 7, 2019
2:00 p.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 481, H.D. 1 RELATING TO INSURANCE**

Chair Takumi and Members of the Committee:

My name is Colin 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 purpose of this bill is to clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. H.D. 1 adds a new part II to this bill, directing the State Auditor to: (1) conduct a review to determine whether a report pursuant to Hawaii Revised Statutes (HRS) section 23-51 is warranted; (2) whether the bill will trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), requiring defrayment of costs; and (3) whether the bill would circumvent provisions of HRS section 432E-1.4. The Department concurs with the amendments made in H.D. 1.

Thank you for the opportunity to testify on this bill.



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To:

HOUSE COMMITTEE ON CONSUMER PROTECTION

Rep. Roy Takumi, Chair

Rep. Linda Ichiyama, Vice Chair

Date: February 7, 2019

Time: 2:00 p.m.

Place: Room 329

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

Re: HB 481 HD 1 – Relating to Insurance

Position: SUPPORT

On behalf of Hawaii's physician and student members, the HMA strongly supports HB 481 requiring coverage by insurers of digital breast tomosynthesis (DBT).

Use of 3-D imaging through DBT improves both sensitivity and specificity in screening for breast cancers, particularly in women with dense breast tissue. This is especially important for Hawaii, in that dense breast tissue is more common in those of Asian descent, of which comprise the majority of Hawaii's females. DTB permits better recognition of malignant and pre-malignant lesions, as well as fewer false positive interpretations, leading to potentially fewer unnecessary breast biopsies.

As an evolution of traditional mammography, it is the belief of the HMA that the original intent of the legislature to require coverage was not limited to a specific study technique, but rather to a commitment for women's health in making state-of-the-art breast cancer screening available to all women. As such, a mandate for DTB is appropriate.

Thank you for allowing testimony on this issue.

HMA OFFICERS

President – Jerry Van Meter, MD President-Elect – Michael Champion, MD Secretary – Thomas Kosasa, MD

Immediate Past President – William Wong, Jr., MD Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Christopher Flanders, DO



HAWAII RADIOLOGICAL SOCIETY
Chapter of the American College of Radiology

LETTER OF SUPPORT

February 6, 2019

To the Honorable Roy Takumi, the Honorable Linda Ichiyama and members of the CPC Committee:

WITH REGARD TO **HB 481** which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis,

the Hawaii Radiological Society (HRS) supports this measure.

A woman in the United States has a one in eight risk, over the course of her lifetime, of being diagnosed with breast cancer. We are sure that the HLT Committee understands the importance of screening to detect breast cancer in women, beginning at age 40.

3D mammography, or digital breast tomosynthesis (DBT), acquires a volumetric picture of the breast such that the Radiologist can scroll through the breast tissue in very thin slices. Because of this technique, the Radiologist can better “see through” dense breast tissue, allowing for detection of at least 2-3 additional cancers per 1000 women screened, and more importantly, recall about 30-50% fewer women for additional imaging from screening for a possible abnormality.

Several studies have shown significant financial savings to the healthcare system when tomosynthesis is incorporated into routine screening, with a recent model showing savings of over \$207,000 per year for a typical state Medicaid plan¹. As of 2015, Medicare and Medicaid have covered the cost of tomosynthesis. Despite the advantages of increased cancer detection, lower recall rates from screening, and cost savings, it is not universally covered by private insurers. Currently this imaging modality is offered only at a limited number of imaging centers here in Hawaii. In the best interest of our patients, many Hawaii radiology practices have opted to provide the service recognizing that they will likely not get paid; however, this is not sustainable financially nor is it appropriate that patients be denied these proven benefits.

On behalf of Hawaii Radiology physicians and our patients, we ask you to pass this bill, and allow **all** women in Hawaii to gain access to the best care by mandating insurance coverage of breast cancer screening to include Digital Breast Tomosynthesis.

Please contact us with any concerns or questions.
Mahalo for your thoughtful consideration of these issues.

With Warmest Aloha,

Elizabeth Ann Ignacio MD
President, Hawaii Radiological Society
808.250.7058

¹ Miller JD et al, Value analysis of digital breast tomosynthesis for breast cancer screening in a U.S. Medicaid Population. JACR 2017;14:467-474.

HB-481-HD-1

Submitted on: 2/6/2019 1:11:28 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

HB-481-HD-1

Submitted on: 2/5/2019 10:31:17 AM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
lynne matusow	Individual	Support	No

Comments:

My insurance covers tomograms. I have friends whose plans do not include it. This is an important diagnostic tool. Early discovery of breast cancer can save and prolong lives. Please pass this bill.

lynne matusow

HB-481-HD-1

Submitted on: 2/5/2019 9:04:36 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Hawaii Radiological Society	Support	No

Comments:

Dear Representatives,

Published research from the Yale School of Medicine in the American Journal of Radiology assessed the cost effectiveness of tomosynthesis. Much research has been published over the past decades about the cost effectiveness of 2D mammography. The cost of 2D mammography for quality adjusted life year or QALY in this meta analysis from the Journal of the National Cancer Institute <https://academic.oup.com/jnci/article/98/11/774/2521606> was between \$27,000 and \$58,000 per QALY depending on the screening strategy as to when mammography was started and how often the exams were performed.

The Yale researchers found “The incremental cost per QALY gained for tomosynthesis used over 2D mammography was \$20,230 for all ages(greater or equal to age 40)”. Early detection of up to 40% more cancers with 3D tomosynthesis was actually LESS expensive per QALY or in layman’s terms per life saved than using 2D mammography. This in part is due to the cost savings in far fewer (15-30%) false positive diagnostic work ups.

On a personal level, few things are more heartbreaking for a health care provider than talking to a young woman (who tend to have denser breasts) with advanced breast cancer which was not diagnosed in time to effect a cure. If we are going to perform breast cancer screening with mammography, then Hawaii should do so with superior modern generation equipment. The State Legislature resolved in HCR138 in 2004 “to support reimbursement for mammography at levels that allow health care providers to recover costs and acquire current generation equipment”. This bill sponsored by 39 lawmakers confirms that the Legislature still believes women in Hawaii should have access to the best care.

As a final note, the Legislature passed a bill in 2013 which requires

women with dense breasts to be notified that their mammogram may be less sensitive for breast, which did help to educate women, but did not offer a solution for this challenge. The solution, tomosynthesis, now exists and is widely used in the each of the other 49 states where DBT is covered by third party payers included Medicare and all BCBS payers.

Aloha, Scott Grosskreutz, M.D.

HB-481-HD-1

Submitted on: 2/6/2019 10:52:46 AM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Smith	Individual	Support	No

Comments:

I support HB481. This legislation mandates that existing insurance coverage of low dose mammography must also include coverage for digital mammography and breast tomosynthesis.

The evidence is clear that this is an important tool for diagnosing more breast cancer cases earlier, especially in dense fibrous breasts (a condition that is prominent here in Hawaii). It is the standard of care, and all other 49 states in the USA mandate this. Please support this bill.

Stephen Smith, MD

HB-481-HD-1

Submitted on: 2/6/2019 12:10:20 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Laeton J Pang	Individual	Support	No

Comments:

I'm writing to support HB481 HD1 SB123 which mandates insurance coverage of Digital Breast Tomosynthesis scheduled for hearing with the House COC Thursday Feb 7, 2019 2:00 pm.

As a practicing radiation oncologist, I've seen many women with breast cancer and dense breasts whose disease might have been detected earlier if screening tomosynthesis was used. Early detection leads to earlier diagnosis/treatment, saves lives and money. Patients with dense breasts are at higher risk of developing breast cancer.

NCI research documents the denser breast tissue of Asian women on mammography, which limits the sensitivity of mammography. Asian women also tend to have an earlier onset of breast cancer, and cancers in young women are often more aggressive than older women. Hawaii has the highest percentage of Asian women, and therefore the larger percentage of women with mammographically dense breasts. Our patients in Hawaii would benefit more from tomosynthesis, than any other state, and yet our state has amongst the worse coverage of tomosynthesis of any state in the U.S.

15 states have passed laws mandating the coverage of DBT. 17 states have 100% coverage of DBT for insured women. Medicare covers DBT nationwide. Medicaid, Aetna, Anthem, Cigna, United, Univeristy Health Alliance, Wellcare and Kaiser cover DBT in Hawaii. BSBS covers DBT in ALL of the other 49 U.S. States. HMSA currently has not yet announced a offical decision to cover DBT, but their representatives states that DBT coverage is being "strongly considered".

2D FFDM mammography detects between 2-5 cancers per thousand women screened. Tomosynthesis can increase the detection of addition invasive cancers by 40-50%, or 2-4 additional cancers per thousand women screened. Tomosynthesis decreases the false positive rate of screening mammography significantly in various studies by at least 15%, per the ACR.

Digital Breast Tomosynthesis (DBT) is cost effective. The global payment for screening mammography in Hawaii is \$155 for Medicare and \$190 from BCBS. The additional code charges for DBT is approximately \$60 for Medicare. So the cost for screening mammography increases by about a third, but 40-50% more invasive cancers are found

and fewer unnecessary diagnostic breast workups are performed. Studies have found that the additional early stage cancers found by DBT cost on average LESS than cancers found by 2D FFDM.

Treatment costs of late stage breast cancer can exceed \$200,000, so late diagnosis of breast cancer results in both increased costs and poor clinical outcomes.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822976/>

<https://www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n5/breast-cancer-will-treatment-costs-outpace-effectiveness>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207993>

Thank you for your consideration,

Laeton J Pang, MD, MPH, FACR, FACRO

Operations Medical Director

Cancer Center of Hawaii

2226 Liliha Street, B2 Level

Honolulu, Hawaii 96817

Phone: (808) 547-6881

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HB-481-HD-1

Submitted on: 2/6/2019 12:20:51 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cheyenne	Individual	Support	No

Comments:

HB-481-HD-1

Submitted on: 2/6/2019 1:08:09 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Gasperi	Individual	Support	No

Comments:

As a mammographer and current clinic manager with 10+ years of experience, I strongly support the bill to provide insurance coverage for tomosynthesis in Hawaii. My previous experience was at a clinic in Colorado who was one of the first providers in the state of DBT. In both Colorado and Iowa, DBT is considered the standard of care by imaging centers. DBT has been proven to reduce the number of unnecessary diagnostic workups, saving time and money.

Hawaii also has a high Asian population which generally have extremely dense breasts. Again, DBT has been proven to find more invasive cancers in dense breast than FFDM. Our demographic alone should suffice to provide coverage for this all important women's imaging service.

Nicole Gasperi, RT R M BD

HB-481-HD-1

Submitted on: 2/6/2019 2:22:49 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Smith	Individual	Support	No

Comments:

Aloha. I have worked in the diagnostic breast imaging industry for nearly 2 decades as a mammographer & breast sonographer. What few changes have occurred over that time- namely advancing from film screen mammography to full field digital mammography (FFDM) from a payor standpoint- have been overdue. This seems to be the case yet again with digital breast tomosynthesis (DBT).

Statistically, women with mammographically dense breast tissue are at a 4-6X INCREASED RISK of developing breast cancer than that of women with predominantly fatty breast tissues.

Statistically, women of Asian descent have the most dense breast tissue (ethnically).

Statistically, Hawaii has the highest population of Asian descendents (demographically).

Statistically, Native Hawaiians have the HIGHEST mortality rate from advanced stage breast cancers than any other ethnic group in Hawaii (socio-economic).

Statistically, nearly 50% MORE breast cancers are found with the aid of DBT used in tandem with 2D FFDM than with 2D FFDM alone.

Whole breast ultrasound is 1) time consuming, and 2) there is ALWAYS the possibility of a geographic miss. Target breast ultrasound also has its drawbacks- 1) if the sonographer fails to evaluate the correct area of concern, or 2) the possibility of geographic miss yet again, or 3) ultrasonically occult targets.

It would be an egregious mistep to further delay the coverage of DBT.

IMUA! Let's move HB481/SB1034 already! Let's DO BETTER for Health/Care of our people!

Christina Smith Hilo, HI

HB-481-HD-1

Submitted on: 2/6/2019 3:25:53 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

HB-481-HD-1

Submitted on: 2/6/2019 6:24:06 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Randy Lau	Individual	Support	No

Comments:

HB-481-HD-1

Submitted on: 2/6/2019 8:49:59 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Erin Capps	Individual	Support	No

Comments:

I am writing in support of HB 481. The Hawaii State Legislature previously resolved "to support reimbursement for mammography at levels that allow health care providers to recover costs and acquire current generation imaging equipment". This was an important step to ensure coverage for breast cancer screening for the women in this state. More recently, in 2013, the Hawaii State Legislature passed a dense breast notification law to ensure women are appropriately educated about breast density and limitations of standard mammography in the setting of dense breast tissue. Tomosynthesis with current generation equipment significantly improves the detection of breast cancer in women with dense breasts and has become the standard of care for breast cancer screening for women with dense breasts. Medicare has recognized and published data regarding the cost effectiveness of screening with Tomosynthesis, and offered coverage for Tomosynthesis nationwide since 2015. The patient population that we care for in this state is unique in that we have a large population of women of Asian American ancestry, which is known to have very dense breast tissue. Breast density is an independent risk factor for breast cancer, but not only does it infer increased risk, the breast density obscurs or masks cancers on standard mammograms. It is this patient population that will get the greatest benefit from DBT. The increased sensitivity will help to detect cancers when they are smaller and earlier stage, offering the best chance for cure and lower cost for treatment. Thank you for your consideration,

Erin Capps MD

Hearing of Bill HB481, 2/7/19 Thursday 2pm

Stance: Strongly Support

Chair Takumi, Vice Chair Ichiyama and members of the Consumer Protection and Commerce Committee,

My name is Joanne Zazzera and I strongly urge you to support bill HB481 which will mandate insurance coverage of Digital Breast Tomosynthesis.

I am a women's health physical therapist and part of an interdisciplinary team of dedicated radiologists, breast surgeons, medical oncologists, radiation oncologists, nurse practitioners, patient navigators, and researchers whose focus is on directing the best care for patients who have been diagnosed with breast cancer. Women's health physical therapy provides rehabilitation for women following their cancer treatment in order to facilitate their return to their prior level of function through restoration of movement, strength, and providing strategies in managing some of the long-term effects that can result following treatment.

Early detection of cancer directly affects the medical management and required course of action required for a patient. It is important to look at the large picture of patient care and that improved screening has significant implications to the overall wellbeing of the patient as well as determining overall health care cost. In my personal experience as a therapist earlier detection result in minimal surgical and treatment intervention with faster recovery of the patient to regain their shoulder movement, strength, and return back to their prior lifestyle. Whereas more advanced cancers that infiltrate nearby lymphatic nodes lead to higher shoulder dysfunction, pain, and can lead to a much more complicated diagnosis of lymphedema. Lymphedema is an overaccumulation of dense swelling of the arm on the side of the breast surgery. Lymphedema is a *life-long* chronic condition that is not easily managed and will need continuous medical management.

For example, some patients have required repeated physical therapy every few year for multiple sessions sometimes spanning months when they have a "flare up" because they flew on a plane, or decided to do yardwork on a hot day. Several women have shared that their lymphedema led to cellulitis, hospitalization, and a hefty bill. Other issues arise as well such as the story was of a woman whose weight of her swollen arm led to a rotator cuff tear but was denied surgical repair due to lymphedema and had to live with permanent shoulder pain. I think about these issues and the different medical intervention these people would have had if these cancers were detected sooner at an earlier stage.

Although it is easy to focus on initial cost changes to implement Digital Breast Tomosynthesis, it is important to consider the larger picture of overall healthcare costs and shift in healthcare cost across multiple disciplines. 2D FFDM mammography detects between 2-5 cancers per thousand women screened. Tomosynthesis can increase the detection of addition invasive cancers by 40-50%, or 2-4 additional cancers per thousand women screened. It is important that these cancers are not missed and the people of Hawaii are able to utilize the best screening care available, shaping their future medical management and wellbeing.

Thank you for your consideration,

Joanne Zazzera PT, DPT

Chair Mizuno and Members of the Health Committee,

My name is Scott Harada and I am a radiologist with additional fellowship training in breast imaging. I strongly support HB 481, which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

3D mammography, or digital breast tomosynthesis (DBT), acquires a series of low dose images of the breast at different angles and creates multiple pictures that represent thin slices of the breast. DBT addresses one of the main limitations of conventional 2D mammography, which is overlapping breast tissue. DBT helps to both detect and characterize abnormalities in the breast that could otherwise be hidden by overlapping tissues.

As a breast imager, the question that I am asked most often by women is if they should have a 3D mammogram. I have personally seen the advantages of DBT in detecting cancers that would likely have been missed on 2D mammography. I believe that DBT is simply a better mammogram and do let patients know my preference when asked. Several facts that I share with patients in support of DBT include the following:

- DBT detects more breast cancers than 2D mammography. Furthermore, DBT increases the detection of invasive breast cancers, which have the potential to spread to other parts of the body, and detects them earlier.
- DBT decreases screening recalls for non-cancerous findings. Fewer false alarms mean less anxiety and avoiding the inconvenience and costs of additional imaging.
- DBT offers superior lesion assessment. This includes both the characterization and localization of abnormalities in the breast. DBT can reduce the need for additional mammograms to evaluate abnormalities and result in decreased radiation and costs.

DBT will likely replace 2D mammography as the standard of care for screening in the future and all women in Hawaii should have access to its benefits. Thank you very much for considering this bill and the opportunity to provide testimony in support of coverage of digital breast tomosynthesis as a medically necessary screening and diagnostic mammography service.

Sincerely,

Scott Harada, MD

HB-481-HD-1

Submitted on: 2/7/2019 7:40:54 AM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolyn Ludwig	Individual	Support	No

Comments:

HB-481-HD-1

Submitted on: 2/7/2019 7:44:47 AM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joel Okazaki	Individual	Support	No

Comments:

I am a Radiologist currently licensed and working on Oahu. I support the Bill to mandate insurance coverage of Tomosynthesis for Hawaii's residents. I have been working with Tomosynthesis in Mammography for several years and find that it improves detection of small cancers and also decreases the call back rate for questionable abnormalities, thus decreasing mortality and morbidity from breast cancer while saving time and money for patients and providers.

HB-481-HD-1

Submitted on: 2/7/2019 10:39:51 AM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lana Wilkinson	Maui Medical Group	Support	No

Comments:

HB-481-HD-1

Submitted on: 2/7/2019 12:29:51 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jami Fukui	Individual	Support	No

Comments:

I'm writing to support HB481 HD1 SB123 which mandates insurance coverage of Digital Breast Tomosynthesis scheduled for hearing with the House CPC Thursday Feb 7, 2019 2:00 pm.

As a practicing breast medical oncologist, I've seen many women diagnosed with breast cancer after they have had a recent normal screening mammogram. These women tend to have dense breasts whose disease might have been detected earlier if screening tomosynthesis was used. Early detection leads to earlier diagnosis/treatment, saves lives and money. Patients with dense breasts are at higher risk of developing breast cancer.

NCI research documents the denser breast tissue of Asian women on mammography, which limits the sensitivity of mammography. Asian women also tend to have an earlier onset of breast cancer, and cancers in young women are often more aggressive than older women. Hawaii has the highest percentage of Asian women, and therefore the larger percentage of women with mammographically dense breasts. In addition, Hawaii is 6th highest in breast cancer incidence compared to the rest of the US according to the Hawaii Tumor Registry (http://www.uhcancercenter.org/images/pdf/HTR_cancer_booklet.pdf page 13). Our patients in Hawaii would benefit more from tomosynthesis, than any other state, and yet our state has amongst the worse coverage of tomosynthesis of any state in the U.S.

15 states have passed laws mandating the coverage of DBT. 17 states have 100% coverage of DBT for insured women. Medicare covers DBT nationwide. Medicaid, Aetna, Anthem, Cigna, United, Univeristy Health Alliance, Wellcare and Kaiser cover DBT in Hawaii. BSBS covers DBT in ALL of the other 49 U.S. States. HMSA currently has not yet announced a offical decision to cover DBT, but their representatives states that DBT coverage is being "strongly considered".

2D FFDM mammography detects between 2-5 cancers per thousand women screened. Tomosynthesis can increase the detection of addition invasive cancers by 40-50%, or 2-

4 additional cancers per thousand women screened. Tomosynthesis decreases the false positive rate of screening mammography significantly in various studies by at least 15%, per the ACR.

Digital Breast Tomosynthesis (DBT) is cost effective. The global payment for screening mammography in Hawaii is \$155 for Medicare and \$190 from BCBS. The additional code charges for DBT is approximately \$60 for Medicare. So the cost for screening mammography increases by about a third, but 40-50% more invasive cancers are found and fewer unnecessary diagnostic breast workups are performed. Studies have found that the additional early stage cancers found by DBT cost on average LESS than cancers found by 2D FFDM.

Treatment costs of late stage breast cancer can exceed \$200,000, so late diagnosis of breast cancer results in both increased costs and poor clinical outcomes.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822976/>

<https://www.ajmc.com/journals/evidence-based-oncology/2012/2012-2-vol18-n5/breast-cancer-will-treatment-costs-outpace-effectiveness>

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207993>

Thank you for your consideration,

Jami Fukui, MD

Breast Medical Oncologist

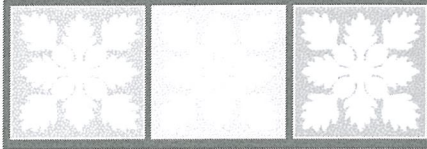
University of Hawaii Cancer Center-research site/Kapi'olani Women's Center-practice site

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February 6, 2019

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection & Commerce

LATE TESTIMONY

House Bill 481 HD1 – Relating to Insurance

Dear Chair Takumi, Vice Chair Ichiyama, and Committee Members:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on HB 481 HD1, which amends the existing health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis. It also requires the State Auditor to perform analysis of new benefits to determine if a statutory sunrise analysis requirement and federal requirements to defray costs of new mandate has been triggered.

HAHP supports early 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.

We express concerns on this new mandate as it does not follow widely accepted medical guidelines. As a new mandated benefit, we appreciate the amendments made inserting the language in Part II of the measure requesting the State Auditor to conduct an impact assessment report pursuant to Section 23-51 and 23-53 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 express concerns on HB 481 HD1.

Sincerely,

HAHP Public Policy Committee