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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Finance  
Thursday, April 4, 2019  
2:05 p.m.  
State Capitol, Conference Room 308**

**On the following measure:  
S.B. 1034, S.D. 1, H.D. 1, RELATING TO INSURANCE**

Chair Luke 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.

This bill purports to mandate digital mammography and breast tomosynthesis, and this may be viewed as a new mandate. The addition of new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State's qualified health plan under the PPACA. Additionally, any proposed mandate providing coverage for care requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report

assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes section 23-51.

Thank you for the opportunity to testify on this bill.



Testimony on behalf of the  
**Hawai'i State Commission on the Status of Women**  
Khara Jabola-Carolus, Executive Director

Prepared for the House Committee on FIN  
In Support of SB1034 SD1, HD1

Dear Chair Luke, Vice Chair Cullen, and Honorable Members,

The Hawai'i State Commission on the Status of Women supports SB1034 SD1, HD1, which would clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

Breast cancer is one of the most common kinds of cancer in women. Nearly 1 in 8 women born today in the United States will get breast cancer sometime during her life. Digital mammography provides images of the breast in many different angles, providing greater accuracy in finding abnormalities and determining which abnormalities seem potentially worrisome. Women who undergo screening with a combination of 3D+2D mammography are less likely to be called back for more testing due to a suspicious finding that turns out not to be cancer. These life-saving advancements should be accessible and covered by the existing health insurance mandate.

Mahalo,

Khara Jabola-Carolus



## **HAWAII MEDICAL ASSOCIATION**

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To:

HOUSE COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Ty Cullen, Vice Chair

Date: April 4, 2019

Time: 2:05 p.m.

Place: Room 308

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

**Re: SB 1034 SD1 HD1 – Relating to Insurance**

**Position: SUPPORT**

On behalf of Hawaii's physician and student members, the HMA strongly supports SB 1034 SD1 HD1 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. DBT 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 of women's health in making state-of-the-art breast cancer screening available to all women. As such, a mandate for DBT 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

Thursday, April 4, 2019 at 2:05 PM  
Conference Room 308

**House Committee on Finance**

To: Representative Sylvia Luke, Chair  
Representative Ty Cullen, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of SB 1034, SD1, HD1  
Relating to Insurance**

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My name is Michael Robinson, Vice President, Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health (HPH) is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

**I write in support of SB 1034, SD1, HD1** which amends the current health insurance mandate to specify that coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

With conventional mammography, overlapping tissue can result both in unnecessary recalls from screening mammograms (false positives studies) and in missed cancers (false negative studies). Digital breast tomosynthesis (DBT) helps to address the problem of overlapping tissue and reduces interpretation inaccuracy. Since receiving FDA approval in 2011, there have been numerous published studies demonstrating the clinical benefits of DBT. These studies consistently report substantial decreases in the recall rate from screening and substantial increases in the cancer detection rate. DBT leads to improved detection of early breast cancer, resulting in improved health outcomes for women.

Clarifying that current health insurance mandates includes coverage for digital mammography and breast tomosynthesis provides for greater access to vital screening tools in the fight against cancer.

Thank you for the opportunity to testify.

**SB-1034-HD-1**

Submitted on: 4/3/2019 1:59:56 PM

Testimony for FIN on 4/4/2019 2:05:00 PM

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

Comments:



**HAWAII RADIOLOGICAL SOCIETY**  
**Chapter of the American College of Radiology**

**LETTER OF SUPPORT**

April 4, 2019

To the Honorable Sylvia Luke, the Honorable Ty Cullen and members of the CPC Committee:

WITH REGARD TO **SB 1034 SD1 HD1** 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 CPC 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.

Tomosynthesis is cost effective. While the cost for screening mammography increases by about a third, 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 mammography. We need to find these breast cancers early, and that is facilitated by DBT. The cost to the healthcare system is much higher with advanced cancers <sup>1</sup>.

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 plan<sup>2</sup>. 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

**HAWAII RADIOLOGICAL SOCIETY**  
**Chapter of the American College of Radiology**

<sup>1</sup> Sun L et al. Global treatment costs of breast cancer by stage: A systematic review: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0207993>.

<sup>2</sup> 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.





April 4, 2019

The Honorable Sylvia Luke, Chair  
The Honorable Ty J.K. Cullen, Vice Chair  
House Committee on Finance

Re: SB 1034, SD1, HD1 – Relating to Insurance

Dear Chair Luke, Vice Chair Cullen, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1034, SD1, HD1 which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for advancing methodologies of digital mammography and breast tomosynthesis.

HMSA appreciates the intent of SB 1034, SD1, HD1, to improve breast cancer detection rates in the State. HMSA has been working with various providers since last year to review the efficacy and safety of this technology, and decided last year that upon renewal of a members plan beginning July 1<sup>st</sup> of this year HMSA will provide coverage for screening mammograms rendered using digital breast tomosynthesis (DBT).

As we believe that all insurers in the State are already providing coverage for screening mammograms in line with national recommending bodies, this measure is not necessary and we respectfully ask that it be deferred. Thank you for allowing us to provide these comments on SB 1034, SD1, HD1.

Sincerely,

Pono Chong  
Vice President, Government Relations



Hawaii Association of Health Plans

April 4, 2019

House Committee on Consumer Protection & Commerce  
The Honorable Sylvia Luke, Chair  
The Honorable Ty J.K. Cullen, Vice Chair

**Senate Bill 1034, SD1, HD1 – Relating to Insurance**

Dear Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 1034, SD1, HD1.

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. Also as this would be a new mandated benefit, it is subject to an impact assessment report by the Auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for allowing us to express concerns on SB 1034, SD1, HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

**SB-1034-HD-1**

Submitted on: 4/3/2019 3:06:30 PM

Testimony for FIN on 4/4/2019 2:05:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amy Monk	Individual	Support	No

Comments:

I support this bill. All mammography should be covered by insurance.

The patient's doctor should be able to request the appropriate kind of imaging depending on the patient's breast density and risk for cancer, and after discussion with the patient, prescribe the proper kind of mammography without regard insurance coverage.

Respectfully,

Amy Monk

**SB-1034-HD-1**

Submitted on: 4/3/2019 3:14:58 PM

Testimony for FIN on 4/4/2019 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Individual	Support	Yes

Comments:

Dear Representatives,

This bill is critically needed. It is greatly appreciated that more insurance companies are covering tomosynthesis for screening mammography but for many patients tomosynthesis is NOT covered for diagnostic mammography. Women who undergo diagnostic mammography either have a prior history of breast cancer, or they have possible signs and symptoms of breast cancer, and have a higher chance of having breast cancer. Passing this bill would ensure all women in Hawaii would have access to a more accurate mammogram exam, and would save lives.

Medical research has been shared with the Legislature demonstrating that tomosynthesis increases the detection of small invasive, and thus curable, breast cancer by about 40% according to the American College of Radiology. Tomosynthesis technology also significantly decreases the number of women who are called back for additional imaging. This could save several million dollars in health care costs annually in our state, even accounting for the additional costs of the tomosynthesis exam, according to the analysis of Hawaii insurance market provided below. This bill is critically needed in Hawaii. Some insurance plans state that they will make tomosynthesis a "benefit" this year and yet require the patient to pay all of the cost of the tomosynthesis exam out of pocket. Insurance plans may also electing to "cover" tomosynthesis for screening mammography, but not diagnostic mammography which is reserved for women with possible signs and symptoms of breast cancer. Women requiring diagnostic mammography have a significantly greater risk of having breast cancer, so not covering tomosynthesis for these women is not a medically coherent policy for these patients.

I personally feel that most people feel that all Americans deserve equal access to good medical care. Fortunately, the Federal Government has ensured coverage for Medicare and Medicaid patients for tomosynthesis for several years. The challenge is that many members of the public in Hawaii are currently required to pay for not only private insurance policies, but also pay additional out of pocket expenses to have the benefits of

tomosynthesis. Some of these women have to decide between paying the bills for their families or having a more accurate mammogram. Hawaii currently has the lowest number of women with covered access to tomosynthesis mammography of all 50 states. Please pass this bill, ensuring equal access to good health care and saving lives, while decreasing health care costs.

## **Digital Breast Tomosynthesis**

### **Hawaii**

#### **Define the need**

Women in Hawaii are experiencing significant barriers to access due to lack of insurance coverage for 3D mammography. Hawaii ranks last, #50 of 50 for insurance coverage of DBT in the United States.

- Patients with Medicare, Medicaid, United, Anthem, Cigna and Aetna have coverage, all other patients face a financial barrier to access. This creates two standards of care depending on a patient's insurance and ability to afford a better mammogram.

Prompt annual mammography has shown the ability to reduce the mortality rate from breast cancer in a population by 15% to 50%.

- As many as 20% of breast cancers will be missed by mammography.
- Approximately 10% of women are recalled for additional workup and a significant portion prove to have no abnormality, resulting in unnecessary anxiety and cost.

Current digital mammography allows for tissue superimposition

- Overlap of normal breast tissues can obscure a lesion, generating a false negative
  - Resulting in missed masses

- Overlapping structures can mimic mammographic lesions, generating a false positive
- Resulting in unnecessary recalls

## **Introduce Digital Breast Tomosynthesis**

**Digital breast tomosynthesis (DBT)** is a technology that acquires a series of images of a compressed breast at multiple angles, and reconstructs this data into a 3D image of the breast.

- **DBT** is a mammography service that is done in conjunction with a 2D mammogram and should be included within your mammography coverage.

**DBT** is DIFFERENT than digital mammography alone

- Digital mammography is an x-ray along a 2-dimensional plane.
- **DBT** takes a series of images and converts them into a 3-dimensional image.
- **DBT** should be paid separately than digital mammography.

**DBT** clinical studies have demonstrated:

- Improved lesion visibility
  - Leads to an increase in cancer detection
- A significant reduction in recall rates ranging from 30% - 40%
  - Removing issue of superimposed/overlying tissues
- Increased ability to size and stage masses
  - Important for pre-operative planning and diagnosis
- Increased sensitivity in dense breasts
  - Improved visualization and detection in younger women
  - Addresses the population subgroup least well-served by current mammography

**DBT has become the standard of care for mammography**

- Over 250 peer reviewed clinical publications with over 850,00 breast screening exams
- Over 28M patients screened
- 4,912 facilities in the US currently have DBT as their primary mammography screening technology
- Societies support the use of DBT
  - American College of Radiology
  - National Comprehensive Cancer Network (NCCN)
  - ACOG felt that DBT produces a better image, improved accuracy and lower re-call rates compared with Digital Mammography alone.
  - Positive Technology Assessment review by the Institute for Clinical and Economic Review (ICER) and CTAF

### **DBT has widespread Insurance Coverage**

- Nationally, 93% of women aged 40-74 have insurance coverage for DBT
- Medicare has been covering DBT since January 1, 2015.
- Over 120 commercial payers cover DBT including UnitedHealthcare, Aetna, Cigna, HCSC (BCBS AZ, IL, TX, MT, NM), Anthem and Humana
- The only Blue's plans that do not cover DBT are HMSA and BCBS Puerto Rico



\*Covered in Hawaii

### **Medicare Reimbursement**

- Medicare reimbursement for DBT is \$55.86 and is paid in addition to 2D mammography rates
  - Professional \$30.63
  - Technical \$25.23
- Screening and Diagnostic DBT has been set at the same rate. (CPT 77063 and G0279)

### **DBT Savings in Hawaii**

Truven Health Analytics has assessed the financial impact of changes in screening technologies used for the detection of breast cancer. The tool

projects costs or cost savings resulting from changing from standard digital mammography (FFDM) alone and shifting toward use of breast tomosynthesis and digital mammography together.

The numbers on the chart below reflect **1,427,538** covered lives (insured Hawaii population as of July 2018) in Hawaii combined with claims data from Truven's market scan database. This number was obtained from the Decision Resource Group database.

The outcome of the model shows **\$3,740,124 million dollars in savings to the healthcare system in Hawaii** with an **additional \$55.86 in reimbursement** for the breast tomosynthesis portion of the mammogram. Cost savings is realized through the reduction in recalls and earlier cancer detection.

When using breast tomosynthesis, **10,701 fewer women in Hawaii** would **not be recalled** for additional images and workup that otherwise would be called back.





**SB-1034-HD-1**

Submitted on: 4/4/2019 2:11:03 PM

Testimony for FIN on 4/4/2019 2:05:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
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 CPC 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>

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