

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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LATE

**Testimony COMMENTING on S.B. 827
RELATING TO BREAST CANCER SCREENING**

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: February 12, 2021

Room Number: Videoconference

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) offers comments on Senate Bill
3 (S.B.) 827. The policy recommendations in S.B. 827 to increase categories of women required
4 to be covered by mammogram screening do not align with the [U.S. Preventive Services Task](#)
5 [Force \(USPSTF\)](#) published in January 2016 that guides screening policies and practices for the
6 DOH, Hawaii Breast and Cervical Cancer Control Program (HBCCCP). The USPSTF reviews
7 the balance of harm to benefit and does not recommend breast cancer screening before age 50.
8 Based on these guidelines, the HBCCCP is able to provide exceptions for screening women in
9 their 40s with parent, sibling, or child with breast cancer.

10 According to the 2018 data from the Hawaii Behavioral Risk Factor Surveillance System,
11 87% of women aged 50-74 had a mammogram within the past two years.¹ Screening is effective
12 in identifying breast cancer early, when it is often highly treatable. Increasing cancer screening
13 rates and ensuring access to breast cancer screening for residents of Hawaii is a priority for both
14 Centers for Disease Control and Prevention (CDC) funded programs, the HBCCCP and Hawaii
15 Comprehensive Cancer Control Program (HCCCP) in the DOH. The HBCCCP provides critical
16 screening and early detection services to high risk, uninsured and underinsured, rarely, or never
17 screened women between the ages of 50-64. The HCCCP convenes and supports the Hawaii
18 Comprehensive Cancer Coalition's efforts to reduce cancer morbidity and mortality through
19 screening and early detection.

- 1 Thank you for the opportunity to testify on this measure.
- 2 **Offered Amendments:** None

¹ Hawaii State Department of Health, Hawaii Health Data Warehouse. Behavioral Risk Factor Surveillance System. (2018). <http://hhdw.org>. Accessed on February 3, 2021.



February 12, 2021

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

Re: SB 827 – Relating to Breast Cancer Screening

Dear Chair Keohokalole, Vice Chair Baker, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 827, which increases the categories of women required to be covered for mammogram screenings. It requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. It defines digital breast tomosynthesis. It also requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

HMSA appreciates the intent of this measure. We offer breast cancer screening benefits for our members that are aligned with national guidelines from the U.S. Preventive Services Task Force (USPSTF). HMSA offers annual mammography screening for women aged 40 and older with an average risk. Women identified as higher risk may receive an earlier screening after shared decision making with their physician on an individual basis to determine if it is appropriate. Part of the reason why national guidelines do not recommend mammograms for all younger, lower risk women is because radiation is cumulative in the body. The greater the exposure to radiation from mammography starting from a younger age the greater the increase in risk of potential malignancy.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-53 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify in opposition to SB 827. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations

SB-827

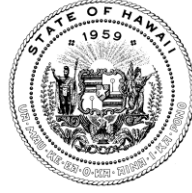
Submitted on: 2/10/2021 9:05:16 AM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
John Lauris Wade MD	Individual	Support	No

Comments:

Support with the caveat that some professional societies would prefer baseline mammography start at age 40 in normal risk women. If the Legislature finds that baseline mammography between age 35-39 for normal risk women elicits opposition from Professional Medical Societies, HRS would not oppose deletion of the referable clause.



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

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

335 MERCHANT STREET, ROOM 310
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Health
Friday, February 12, 2021
1:00 p.m.
Via Videoconference**

**On the following measure:
S.B. 827, RELATING TO BREAST CANCER SCREENING**

Chair Keohokalole and Members of the Committee:

My name is Colin M. 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 purposes of this bill are to: (1) increase the categories of women required to be covered for mammogram screenings; (2) require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis; (3) define digital breast tomosynthesis; and (4) require health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

It is unclear if part of this bill is a new mandate. Hawaii Revised Statutes (HRS) section 23-51 provides, in part, that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor

to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage[.]” Further, HRS section 23-52 sets forth the requirements of the auditor’s report, which must assess “the extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders[.]” If this bill is a new mandate, the Department recommends adding language to the bill that would require the auditor’s report to assess the additional cost of a proposed mandate that may be subject to defrayal.¹

Lastly, since this bill does not include chapter 432D entities (i.e., health maintenance organizations), it will not apply to the Kaiser Foundation Health Plan.

Thank you for the opportunity to testify on this bill.

¹ 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.



HAWAII MEDICAL ASSOCIATION

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SENATE COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Date: February 12, 2021

From: Hawaii Medical Association

Michael Champion MD, President

Christopher Flanders DO, HMA Legislative Liaison

Stephen Kemble MD, HMA Legislative Liaison

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Linda Rosehill JD Legislative Affairs

Re: SB 827 Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis Position: SUPPORT

There is ample data showing annual mammographic screenings significantly reduce breast cancer deaths and morbidity and that effective screening programs are in the best interest of Hawai'i and its people. However minority women would be disproportionately and adversely impacted by implementation of current USPSTF guidelines. This measure addresses an important healthcare disparity that exists for young Asian and Native Hawaiian women in our state.

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 in our state. The women of Hawaii between ages 40-49 have higher incidence of breast cancer compared to the US national average. Additionally Native Hawaiian women have the greatest breast cancer incidence and mortality in Hawaii. Nationally half of all fatal cancers are diagnosed in women before age 50 in the general population. HMA feels strongly that this bill could save lives, especially for our minority women who are more likely to develop breast cancer before age 50. HMA strongly supports this measure that will ensure women with high risk of breast cancer in Hawaii have access to breast cancer screening early.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

CONTINUED

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD

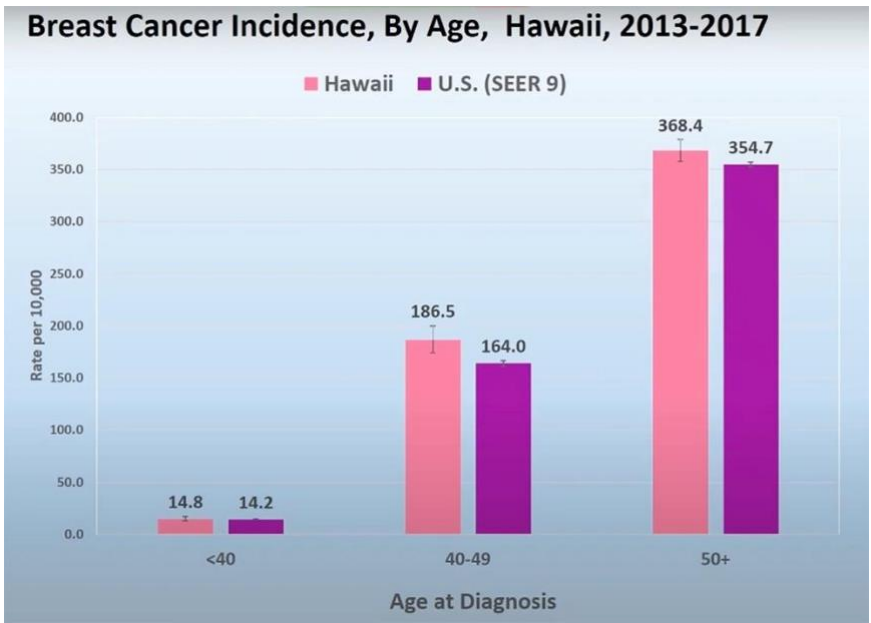
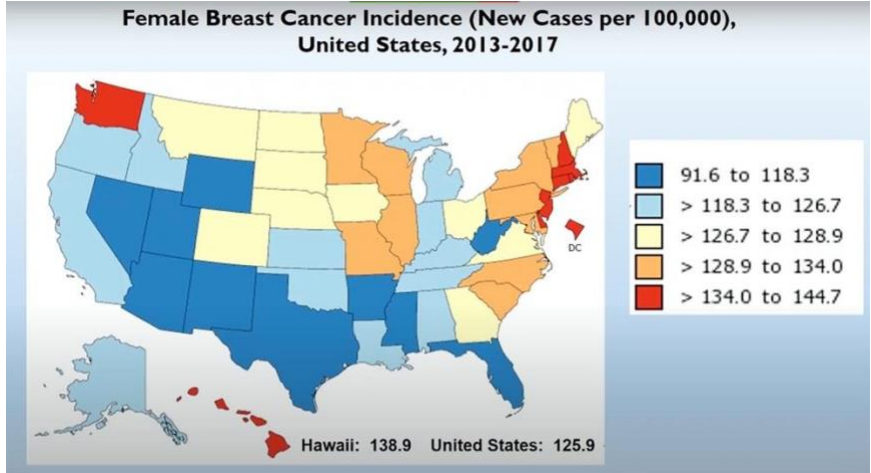
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REFERENCES

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 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>

Monticciolo DL, Newell MS, Hendrick RE, Helvie MA, Moy L, Monsees B, et al. Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations From the ACR. *J Am Coll Radiol*. 2018;15(3):408-414.

Monticciolo DL, Newell MS, Hendrick RE, Helvie MA, Moy L, Monsees B, et al. Breast Cancer Screening for Average-Risk Women: Recommendations From the ACR Commission on Breast Imaging. *J Am Coll Radiol*. 2017;14(9):1137-43.

Bever TB, Helvie MA, Bonaccio E, Calhoun KE, Daly MB, Farrar WB, et al. NCCN Guidelines version 3.2018 Breast Cancer Screening and Diagnosis. *J Natl Compr Canc Netw* 2018 Nov 16 (11): 1362-1389.

HMA OFFICERS

President – Michael Champion, MD President-Elect – Angela Pratt, MD
Immediate Past President – Jerry Van Meter, MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Thomas Kosasa, MD

SB-827

Submitted on: 2/10/2021 6:23:46 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

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

Comments:

Thank you to the Women's Caucus and our Legislature for introducing this bill. Hawaii has one of the highest incidences of breast cancer among U.S. states. We have a very diverse population and research has confirmed an earlier peak age of diagnosis of breast cancer in Asian, Hispanic and African American women before age 50. Risk assessment for breast cancer at age 30 is very important clinically to determine which women are of high risk for breast cancer so they can be informed of their options for increased surveillance. The severe shortage of providers on the Neighbor Islands also negatively impacts the number of women being screening and resulting in increased mortality according to www.hawaiihealthmatters.org. Kindly consider language which would promote breast cancer risk assessment as per HB309.

(5) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement issued on or after January 1, 2022, except for policies that only provide coverage for specified diseases or other limited benefit coverage, but including policies issued by companies subject to chapter 431, article 10A, part II and chapter 432, article 1 shall provide as additional breast cancer screening coverage:

(A) For women age thirty or older, a formal risk factor screening assessment informed by any readily available risk factor modeling tool; and

Mahalo Nui Loa for hearing this bill.

Aloha,
Scott Grosskreutz
President Hawaii Radiological Society

Many U.S. states already have laws in effect providing for baseline mammography age 35-39. The option for an earlier baseline mammogram in Hawaii is particularly

important, given the early peak age of diagnosis in minority women, the increasing incidence of breast cancer before age 50 and the lack of healthcare. However, given the Insurance Commissioner's determination that the earlier baseline mammogram constitutes a new mandate, please consider amending the bill to remove this clause. The most important aspect of this bill is the language to ensure women in Hawaii are assessed for their risk status for breast cancer, as this would save many lives and reduce mortality in our state.

Testimony of
John M. Kirititsu
Legal and Government Relations Consultant

Before:
Senate Committee on Health
The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair

February 12, 2021
1:00 pm
Via Videoconference

SB 827 Relating to Breast Cancer Screening

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure regarding breast cancer screening.

Kaiser Permanente Hawaii would like to request an amendment.

Kaiser Permanente supports the intent of this bill to improve breast cancer detection rates in the State, but asks that the reference to “annual baseline mammogram” be changed to “baseline mammogram” since by definition, a baseline mammogram represents a patient’s **first** mammogram screening, which is then used as a point of comparison with future mammograms. Thus, a baseline exam is a one-time (first) exam, and not an annual exam.

Accordingly, on Page 5, lines 13-14, the term “annual” should be deleted from the reference to “baseline mammogram”:

- (A) For women age thirty-five to thirty-nine inclusive, ~~an annual~~ [a] baseline mammogram;

Thank you for your consideration.



February 12, 2021

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SENATOR JARRETT KEOHOKALOPE, CHAIR
SENATOR ROSALYN BAKER, VICE-CHAIR
MEMBERS OF THE HEALTH COMMITTEE

Re:

TESTIMONY IN SUPPORT

SB827 - RELATING TO BREAST CANCER SCREENING

Increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines digital breast tomosynthesis. Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

Dear Chair, Vice-Chair and Members of the Committee:

The Hawaii Society of Clinical Oncology (HSCO) is a local community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a voice for multidisciplinary cancer care teams and the patients they serve. Founded in 1996, HSCO is the largest oncology professional organization in the state.

We support SB827 because it follows the screening guidelines issued by leading clinical organizations such as the American College of Radiology, the National Comprehensive Cancer Network, and the American Medical Association instead of the U.S. Preventive Services Task Force (USPSTF).

Based on testimony on similar bills, it appears that the Department of Health and some of the health insurance companies rely on the national guidelines from the USPSTF and prefer our law stays that way. However, doing so fails to acknowledge the evidence showing women of certain ethnic groups suffer a disproportionately higher rate of breast cancer diagnosis before the age of fifty. Hawaii has a large population of Asian American women who have an earlier peak age of breast cancer diagnosis and a Native Hawaiian population which has the highest mortality from breast cancer. Because of the ethnic diversity in Hawai'i, health insurance coverage for screening for certain risk factors as well as lowering the age of for women to undergo baseline mammograms would improve health outcomes for those women whose ethnic backgrounds and other characteristics make them susceptible to an earlier onset of breast cancer.

Thank you for the opportunity to testify.



ASCO State/Regional
Affiliate Program



February 12, 2021

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

Senate Bill 827 – Relating to Breast Cancer Screening

Dear Chair Keohokalole, Vice Chair Baker, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 827, which increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines digital breast tomosynthesis. Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

HAHP supports early breast cancer 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. However, we would like to express concerns on this new mandate as it does not follow widely accepted medical guidelines from the U.S. Preventive Services Task Force (USPSTF). We would also like to note that radiation is cumulative in the body and if there is no medically necessary reason to conduct a mammogram on a younger lower-risk individual, the additional radiation exposure does not outweigh the benefit of a screening.

As a new mandate, we would respectfully request that the State Auditor conduct an impact assessment report pursuant to Sections 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 testify expressing concerns on SB 827.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



**Testimony to the Senate Committee on Health
Friday, February 12, 2021; 1:00 p.m.
Via Videoconference**

RE: SENATE BILL NO. 0827, RELATING TO BREAST CANCER SCREENING.

Chair Keohokalole, Vice Chair Baker, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 0827, RELATING TO BREAST CANCER SCREENING.

The bill, as received by your Committee, would clarify that beginning January 1, 2021, mandatory coverage under accident and sickness contracts (Chapter 431:10A, Hawaii Revised Statutes (HRS)), and for mutual benefit societies (Chapter 432:1, HRS), shall include:

- (1) For women between ages 35 and 39, an annual baseline mammogram;
- (2) For women over age 30 who have above-average risk for breast cancer as determined by the use of a risk-factor modeling tool, annual mammograms; and
- (3) For any woman regardless of age, any additional supplemental imaging, such as breast magnetic resonance imaging, digital breast tomosynthesis, or ultrasound.

This bill would also require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis, and require health care providers be reimbursed at rates accurately reflecting the resource costs specific to each service.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

Testimony on Senate Bill No. 0827
Friday, February 12, 2021; 1:00 p.m.
Page 2

According to the National Cancer Institute, in 2017, an estimated 1,688,780 people in the United States were diagnosed with cancer, and 600,920 will die of cancer. Estimates of the premature deaths that could have been avoided through screening vary from 3% to 35%, depending on a variety of assumptions. Beyond the potential for avoiding death, screening may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers.

The HPCA welcomes the opportunity to partner with the Department of Health, the American Cancer Society, and all stakeholders to expand screening for cancer. Ultimately, such efforts will promote a healthier and happier population.

We urge your favorable consideration of this bill.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

SB-827

Submitted on: 2/9/2021 4:00:48 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

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

Comments:

Planned Parenthood Votes Northwest and Hawaii supports SB 827.

SB-827

Submitted on: 2/11/2021 11:28:02 AM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mihoko Ito	Testifying for Hawaii Women Lawyers	Support	No

Comments:

February 11, 2021

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Senate Committee on Health

Re: S.B. 827 Relating to Breast Cancer Screening

Hearing: Friday, February 12, 2021, 1:00 pm via Videoconference

Dear Chair Keohokalole, Vice Chair Baker and Members of the Committee on Health:

Hawaii Women Lawyers submits testimony in **support** of S.B. 827. This measure addresses the ready access for women to breast cancer screening, by lowering the age of women required to be covered for mammogram screenings, and requiring the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

HWL supports this bill because it ensures that women will continue to have access to breast cancer screening as a life-saving diagnostic prevention tool. While the federal Protecting Access to Lifesaving Screening Act of 2019, which protects against additional copays for mammograms, was recently extended, we believe that it would still be helpful to have the proposed additional coverage for mammograms codified in our state law.

There is a higher instance of breast cancer, particularly late-stage diagnosis in Filipino and ethnic Hawaiian women, with a risk of death that is 1.5-1.7 percent higher than that of Caucasian, Chinese, and Japanese women.^[1] The key to surviving breast cancer is early detection through mammograms. We believe that S.B. 827 will provide greater opportunity to the women of Hawaii to detect and recover from breast cancer. For these reasons, we respectfully request that the Committee pass S.B. 827.

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

P.O. Box 2072 • Honolulu, Hawaii 96805

Email: hawaiiwomenlawyers@gmail.com

^[1] M.J. Goodman, Breast Cancer in Multi-Ethnic Populations: the Hawaii Perspective, 18 Suppl 1:S5-9 Breast Cancer Res Treat. (1991).

SB-827

Submitted on: 2/10/2021 6:06:36 AM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Martinez	Individual	Support	No

Comments:

I strongly support bill SB827.

I am so grateful my insurance covered cancer screenings, every year and then every six months when my results were abnormal. Had they not covered them, the additional burden of having to pay hundreds or thousands of dollars out of pocket would have been very stressful and likely reduced the quality of care I selected. With proper screenings and few surgical medical procedures, I was able to return my screening results to 'normal.' I can't imagine how frustrating and heartbreking it would have been to not have adequate resources and thus allowed this preventable condition to have progressed to cancer.

Particularly in light of a pandemic, it is very important to require insurances to cover cancer screenings and expand access for breast cancer screenings.

SB-827

Submitted on: 2/11/2021 12:04:56 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Veronica J Rooks	Individual	Support	No

Comments:

SB-827

Submitted on: 2/11/2021 12:10:05 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christian Welch, M.D.	Individual	Support	No

Comments:

I am a radiologist practicing in the islands, which fellowship training in breast cancer, and I support SB827 measure in hope it will increase detection of breast cancer in high risk populations.

SB-827

Submitted on: 2/11/2021 1:47:43 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Dane Lee	Testifying for Hawaii Pacific Health	Support	No

Comments:

As a radiologist who practices mammography, I have seen multiple patients now that have had breast cancer that are in their 40s. This is in stark contrast to when I recently trained in the mainland, where breast cancer was rare in women of this age. It is crucial that women in Hawaii have access to screening mammograms from the age of 40 to catch breast cancer early and begin treatment. The lives of many of our Wahine are at stake. Please consider the women in your life - your wife, sister, daughter, cousin, aunt, etc. who could potentially benefit from early cancer detection! No one wants to see a woman in her 40s pass away from metastatic breast cancer, when it is too late to successfully cure the disease.

SB-827

Submitted on: 2/11/2021 6:16:30 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alvin Ikeda	Testifying for Pacific Radiology Group	Support	No

Comments:

As a practicing radiologist at one of the busiest women's centers in the state, i fully support SB827

SB-827

Submitted on: 2/11/2021 1:20:26 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Martha Wiedman, M.D.	Individual	Support	No

Comments:

I am a board certified radiologist who has lived in Hawaii for two years and has interpreted mammograms for over 30 years, in both California and Hawaii. Hawaii SEER data presented by Dr. Brenda Hernandez of UH Cancer Research Center shows that women of Asian ancestry in Hi. are in the ethnic group most likely to develop breast cancer before age 50. Women in Hi. between ages 40-49 have a higher incidence of breast cancer compared to average women of these ages in the rest of the United States. Native Hawaiian have the greatest breast cancer incidence and mortality in Hi. Many of these women do not receive mammograms in a timely fashion due to lack of adequate insurance coverage or to lack of access to a health care program. This bill proposes to provide coverage and access to digital mammography and breast tomosynthesis for these groups and to provide reimbursement to health care providers at rates accurately reflecting the cost of these services, including costs post January 1, 2021. This bill can help diagnose breast cancer at an early stage and decrease morbidity and mortality to these women, especially before age 50. This bill is timely and is urgently needed.

LATE

SB-827

Submitted on: 2/11/2021 4:41:00 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gregory Dunn	Individual	Support	No

Comments:

I strongly support SB827 on behalf of patients that are often not heard due to being in the minority or not being fully aware. Studies have shown that Asian Americans in Hawaii ages 40-49 have a higher incidence of breast cancer than those in the general population of the United States, and since Hawaii has a large Asian American population, it is that much more important to support the residents of Hawaii to ensure they receive the care that they need. Furthermore, Native Hawaiians have the highest incidence of breast cancer in Hawaii, an need the full support of the government to protect their health. I personally am part Asian American and Native Hawaiian, and wish to advocate for my family and my community. Please also support your own families, friends, and community.

Much Aloha. Thank you for all you do as our leaders.

LATE

SB-827

Submitted on: 2/11/2021 8:00:24 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

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

Comments:

I'm writing in support of SB 827 Breast Cancer Screening as a radiation oncologist who has practiced in Hawaii for 26 years.

The bill addresses screening for breast cancer and an important healthcare disparity that exists for young Asian and Native Hawaiian women in our state.

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 in our state. The women of Hawaii between ages 40-49 have higher incidence of breast cancer compared to the US national average.

Additionally Native Hawaiian women have the greatest breast cancer incidence and mortality in Hawaii. Nationally half of all fatal cancers are diagnosed in women before age 50 in the general population.

I feel strongly that this bill could save lives, especially for our minority women who are more likely to develop breast cancer before age 50.

Warmest Aloha,

Laeton J Pang, MD, MPH, FACR, FACRO

LATE

SB-827

Submitted on: 2/11/2021 9:28:40 PM

Testimony for HTH on 2/12/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Andy Chon	Individual	Support	No

Comments:

Essential to providing quality, value based care to all our citizens