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

**Before the  
Senate Committee on Health  
Monday, February 14, 2022  
1:15 p.m.  
Via Videoconference**

**On the following measure:  
S.B. 2635, RELATING TO COVERAGE FOR MAMMOGRAPHY**

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 purpose of this bill is to require that mammography benefits mandated for health plans be subject to terms of coverage that are at least as favorable to health plan participants as terms of coverage for other radiological exams.

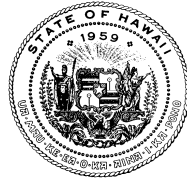
This bill will ensure a base level of coverage for breast cancer screening under current insurance mandates based on coverage for other radiological exams.

For clarity and consistency with other laws, we respectfully suggest the following amendments:

1. Section 2, p. 4, lines 10-13, revise the proposed amendments to read: “[-]; provided that the insured’s dollar limits, deductibles, and co-payments for the services shall be on terms at least as favorable to the insured as those applicable to other radiological examinations.”

2. Section 3, p. 7, line 20 to p. 8, line 2, revise the proposed amendments to read: “[-]; provided that the member's dollar limits, deductibles, and co-payments for the services shall be on terms at least as favorable to the member as those applicable to other radiological examinations.”

Thank you for the opportunity to testify on this bill.



**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

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**WRITTEN TESTIMONY ONLY**

**Testimony COMMENTING on S.B. 2635  
RELATING TO COVERAGE FOR MAMMOGRAPHY**

SENATOR JARRETT KEOHOKALOLE, CHAIR  
SENATE COMMITTEE ON HEALTH

Hearing Date: February 14, 2022

Room Number: Videoconference

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) offers comments on Senate Bill  
3 2635 (S.B. 2635) requiring that benefits mandated under individual or group accident and health  
4 or sickness insurance policies and individual or group hospital or medical service plan contracts  
5 be subject to terms of coverage that are at least as favorable to policyholders or members as  
6 terms of coverage for other radiological exams.

7 At this time, a mammogram is the best way to find breast cancer for most women of  
8 screening age. The U.S. Preventive Services Task Force recommends that women who are 50 to  
9 74 years old and are at average risk for breast cancer get a mammogram every two years.  
10 Women who are 40 to 49 years old should talk to their doctor or other health care professional  
11 about when to start and how often to get a mammogram. Women should weigh the benefits and  
12 risks of screening tests when deciding whether to begin getting mammograms before age 50.

13 In accordance with the Hawaii Cancer Plan 2030, increasing breast cancer screening rates  
14 is a priority for both the Centers for Disease Control and Prevention funded programs, the  
15 Hawaii Breast and Cervical Cancer Control Program (HBCCCP) and the Hawaii Comprehensive

1 Cancer Control Program (HCCCP) in the DOH. The HBCCCP provides critical screening and  
2 early detection services to high risk, uninsured and underinsured, rarely, or never screened  
3 women between the ages of 50 to 64. The HCCCP convenes and supports the Hawaii  
4 Comprehensive Cancer Coalition efforts to reduce cancer morbidity and mortality through  
5 screening and early detection.

6 Thank you for the opportunity to testify on this measure.



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SENATE COMMITTEE ON HEALTH  
Senator Jarrett Keohokalole, Chair  
Senator Rosalyn H. Baker, Vice Chair

Date: February 14, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB 2635 Women's Caucus; Health Insurance; Coverage; Mammography;  
Radiological Examinations  
Position: Support**

This bill would require that existing mammography benefits for a member under individual or group accident and health or sickness insurance policies and individual or group hospital or medical service plan contracts be subject to coverage that is at least as favorable to consumers as coverage for other radiological exams.

HMA supports this proposal for our patient ohana, particularly as it impacts women of Asian ancestry who are the ethnic group most likely to develop breast cancer before age 50 in our state <sup>1-2</sup>. Prolonged delays in mammography screening for Hawaii women related to the COVID-19 pandemic have likely lead to delayed diagnoses, poor health consequences, and an increase in cancer disparities among our minority patients already experiencing health inequities <sup>3-4</sup>. According to the CDC's National Breast and Cervical Cancer Early Detection Program (Early Detection Program), cancer screening declined by 87% for breast cancer and 84% for cervical cancer during April 2020 as compared with the previous 5-year averages for that month.

Hawaii must maintain preventative healthcare services. As our nation battles the latest COVID surges and further delays in cancer screening may occur, Hawaii should take steps to ensure that mammography screening benefits are reasonable and sustainable.

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

*continued*

**HMA OFFICERS**

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD  
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD  
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



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## REFERENCES

1. 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/>
2. 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>
3. Sharp Declines in Breast and Cervical Cancer Screening. 2021 June 30. Center for Disease Control and Prevention (CDC). <https://www.cdc.gov/media/releases/2021/p0630-cancer-screenings>.
4. Degroff A et al. COVID-19 impact on screening test volume through the National Breast and Cervical Cancer early detection program. [Prev Med 2021 Oct;151:106559](https://doi.org/10.1016/j.pmed.2021.106559). doi: 10.1016/j.pmed.2021.106559. Epub 2021 Jun 30.
5. 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](https://doi.org/10.1093/radiol/riab001).

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