



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Finance
Wednesday, April 6, 2022 at 2:45 p.m.

By

Joe W. Ramos, PhD

Interim Director

University of Hawai'i Cancer Center

And

Jerris Hedges, MD, MS, MMM

Professor & Dean

John A. Burns School of Medicine

And

Michael Bruno, PhD

Provost

University of Hawai'i at Mānoa

SB 3367 SD2 HD1 – RELATING TO HEALTH

Chair Luke, Vice-Chair Yamashita, and members of the committee:

Thank you for the opportunity to provide written testimony in support of SB 3367 SD2 HD1 relating to health. This bill creates an early lung cancer screening task force, which brings the community together to determine what steps and resources are needed to increase Hawai'i's very low rate of early lung cancer screening. An appropriation of \$250,000 is requested to carry out the purpose of the measure.

Lung cancer is the number one cancer killer for men and women in the state. The American Lung Association's State of Lung Cancer Report in Hawai'i for 2021 places Hawai'i dead last in early diagnosis of lung cancer. Early diagnosis gives lung cancer patients a better chance of survival and more affordable and effective treatment options. According to the American Cancer Society, in 2022, more people will die of lung cancer in Hawai'i than breast, liver, or prostate cancer combined.

Moreover, University of Hawai'i Cancer Center epidemiologists have shown that Native Hawaiians and Pacific Islanders develop lung cancer at an earlier age and with lower lifetime exposure to cigarettes, compared to Whites and Asian Americans.

The task force proposed in this bill will take on the important duty of researching the existing information, including potential contributors to the health disparities seen, recommending the steps and resources necessary to increase early lung cancer screening in Hawai'i, recommending any additional research that is needed, and providing a report to the legislature with possible policies the state can adopt. Once a comprehensive plan for lung cancer screening is adopted by Hawai'i, the University of

Hawai'i, John A. Burns School of Medicine will be instrumental in informing practicing physicians (and those in training) of this plan, as well as actively participating in any clinical research trials related to the campaign. University of Hawai'i Cancer Center researchers will work on new projects to follow up additional research recommended by the task force. Further, the legislatively established task force will also work with the medical school and cancer center to create a public awareness campaign to inform people about lung cancer screening.

Lung cancer is one of the deadliest cancers and it is 90% preventable. Fortunately, rates have decreased due to a reduction in smoking during the past 50 years. However, it is still the most common cause of cancer death in men and women. Sixty percent of new cases now occur in former smokers, pointing to the importance of screening to diagnose these cancers early and improve survival. Low-dose computerized tomography has been shown in 2011 to lower lung cancer mortality by 20% when used with high-risk patients. However, it is still underused, especially in Hawai'i. We must do all we can to make sure that all people at high risk of lung cancer are screened early so that they are allowed all the treatment options available.

On behalf of the University of Hawai'i Cancer Center and John A. Burns School of Medicine, we urge the committee's passage of SB 3367 SD2 HD1 and ensure we are doing all we can to help people with lung cancer get an early diagnosis and another chance at life.

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

April 5, 2022

TO: The Honorable Sylvia Luke, Chair
Committee on Finance

FROM: Cathy Betts, Director

SUBJECT: **SB 3367 SD2 HD1 – RELATING TO HEALTH.**

HEARING: April 6, 2022, 2:45 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the measure's intent, defers to the Department of Health (DOH), and offers comments. DHS respectfully requests that any appropriation not reduce or replace budget priorities identified in the executive budget.

PURPOSE: The purpose of the bill is to establish an early lung cancer screening task force to research the steps and resources necessary to increase early lung cancer screening in Hawaii. Appropriates funds. (HD1)

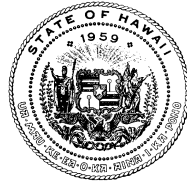
The SD1 amended the measure by requiring that a representative from the Hawaii Primary Care Association be selected to sit on the Task Force. The SD2 made amendments by:

- (1) Clarifying that a representative from the United States Department of Veterans Affairs should be invited to serve on the task force;
- (2) Changing the appropriation amount from \$250,000 to an unspecified sum;
- (3) Changing the effective date to July 1, 2050, to facilitate further discussion on the measure; and
- (4) Making technical nonsubstantive changes for purposes of clarity, consistency, and style.

The HD1 amended the measure by changing the effective date to July 1, 2060, to encourage further discussion; and making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

The Department supports efforts to increase cancer screening and prevention efforts. Lung and bronchus cancer is the leading cause of cancer death in men and women in Hawaii. The United States Preventive Services Task Force has found that the early detection and treatment of lung cancer improves the 5-year survival rate for smokers and former smokers. A task force on early lung cancer screening can propose opportunities to improve the early screening. Currently, a representative from the DHS Med-QUEST Division participates in the Hawaii Comprehensive Cancer Coalition and would likely participate in this lung cancer screening task force.

Thank you for the opportunity to testify on this measure.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of S.B. 3367, S.D. 2, H.D. 1
RELATING TO HEALTH

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: April 6, 2022

Room Number: Videoconference &
Conference Room 308

1 **Fiscal Implications:** The Department of Health (DOH) defers to the priorities of the Governor's
2 Executive Budget request. The bill appropriates out of the general revenues an unspecified sum
3 for fiscal year 2022-2023.

4 **Department Testimony:** The DOH supports Senate Bill 3367, Senate Draft 2, House Draft 1
5 (S.B. 3367, S.D. 2, H.D. 1). Lung and bronchus cancer is the leading cause of cancer death in
6 men and women in Hawaii. The United States Preventive Services Task Force recommends
7 annual screening for lung cancer with low-dose computed tomography (CT scan) in adults 50 to
8 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the
9 past 15 years. The recommendation is based on research that the early detection and treatment of
10 lung cancer improves the 5-year survival rate for smokers and former smokers.

11 In Hawaii, 3% of high-risk people undergo annual CT scans that capture detailed pictures
12 of the lungs, compared to 6% nationally. In addition, only 19% of new lung cancer cases in
13 Hawaii are diagnosed at an early stage, which is significantly lower than the national rate of
14 24%.¹

15 The Department concurs with the recommendations of the measure to convene an early
16 lung cancer screening task force to research what steps and resources are necessary to increase

¹ American Lung Association, State of Lung Cancer, Hawaii. 2021 Accessible at:
<https://www.lung.org/research/state-of-lung-cancer/states/hawaii>

1 lung cancer screening in Hawaii. The proposed task force includes many of the partners in the
2 Hawaii Comprehensive Cancer Coalition that supports the Hawaii Cancer Plan 2030 objective to
3 increasing lung cancer screenings.

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



STATE OF HAWAII
STATE PROCUREMENT OFFICE

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email: state.procurement.office@hawaii.gov
<http://spo.hawaii.gov>

TESTIMONY
OF
BONNIE KAHAKUI, ACTING ADMINISTRATOR
STATE PROCUREMENT OFFICE

TO THE HOUSE COMMITTEE
ON
FINANCE
APRIL 6, 2022, 2:45 PM

SENATE BILL 3367, SD2, HD1
RELATING TO HEALTH

Chair Luke, Vice Chair Yamashita, and members of the committee, thank you for the opportunity to submit testimony on Senate Bill 3367, SD2, HD1. The State Procurement Office (SPO) provides comments to the exemption language on page 6, SECTION 2, lines 20 to 21 set forth below.

“Any contract executed pursuant to this Act shall be exempt from chapter 103D, Hawaii Revised Statutes; ...”

The SPO objects to the procurement exemption and testifies that consultant services for this program should be competitively procured.

SPO recommends revised language:

“Any contract executed pursuant to this Act shall be ~~exempt from~~ in accordance with chapter 103D, Hawaii Revised Statutes; ...”

Chapter 103D, Hawaii Revised Statutes (HRS), the Hawaii Public Procurement Code (Code), is the single source of public procurement policy to be applied equally and uniformly, while providing fairness, open competition, a level playing field, government disclosure and transparency in the procurement and contracting process vital to good government.

Public procurement's primary objective is to provide everyone equal opportunity to compete for government contracts, to prevent favoritism, collusion, or fraud in awarding of contracts. To legislate that any one entity should be exempt from compliance with both HRS chapter 103D and 103F conveys a sense of disproportionate equality in the law's application.

Exemptions to the code mean that all procurements made with taxpayer monies will not have the same oversight, accountability and transparency requirements mandated by those procurements processes provided in the code. It means that there is no requirement for due diligence, proper planning or consideration of protections for the state in contract terms and conditions, nor are there any set requirements to conduct cost and price analysis and market research or post-award contract management. As such, Agencies can choose whether to compete any procurement or go directly to one contractor. As a result, leveraging economies of scale and cost savings efficiencies found in the consistent application of the procurement code are lost. It also means Agencies are not required to adhere to the code's procurement integrity laws.

The National Association of State Procurement Officials state: "Businesses suffer when there is inconsistency in procurement laws and regulations. Complex, arcane procurement rules of numerous jurisdictions discourage competition by raising the costs to businesses to understand and comply with these different rules. Higher costs are recovered through the prices offered by a smaller pool of competitors, resulting in unnecessarily inflated costs to state and local governments."

When public bodies, are removed from the state's procurement code it results in the harm described above. As these entities create their own procurement rules, businesses are forced to track their various practices. Moreover, a public body often can no longer achieve the benefits of aggregation by using another public body's contract because different state laws and regulations may apply to the various public bodies making compliance more difficult.

Each year new procurement laws are applied to state agencies, causing state agency contracts to become more complex and costly, while other public bodies, such as agencies with strong legislative influence, are exempted. Relieving some public bodies from some laws by exempting or excluding them from compliance with a common set of legal requirements creates an imbalance wherein the competitive environment becomes different among the various jurisdictions and the entire procurement process becomes less efficient and costlier for the state and vendors.

Thank you.

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
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ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON FINANCE
ON
SENATE BILL NO. 3367, S.D. 2, H.D. 1

April 6, 2022
2:45 p.m.
Room 308 and Videoconference

RELATING TO HEALTH

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 3367, S.D. 2, H.D. 1, establishes an early lung cancer screening task force within the Department of Health (DOH); allows the task force to contract with consultants and exempts the task force from Chapter 103D, HRS; requires the task force to submit interim and final reports to the Legislature; and appropriates an unspecified amount in general funds in FY 23 to DOH for the task force.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.



HAWAII MEDICAL ASSOCIATION

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Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

HOUSE COMMITTEE ON FINANCE

Representative Sylvia Luke, Chair
Representative Kyle T. Yamashita, Vice Chair

Date: April 6, 2022

From: Hawaii Medical Association

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB 3367 SD2 Early Lung Cancer Screening; Task Force; Department of Health; Comprehensive Cancer Control Program; Appropriation
Position: Support**

Lung cancer has the highest cancer related mortality in the United States. Only 19% of new lung cancer cases in Hawaii are caught at an early stage, which is significantly lower than the national rate of 24%. This metric has not significantly changed for at least the last 5 years (Figure 1) ¹.

In order for screening to be effective in reducing mortality, more of the high-risk population should be screened. The challenges of access and healthcare literacy can be addressed by the proposed task force that includes patient advocates, academic institutions, health systems, providers and county and state government. HMA supports the appropriation of funds for establishment of a task force in the Hawaii Department of Health, as needed for centralized collaboration, research and public education efforts toward effective lung cancer screening.

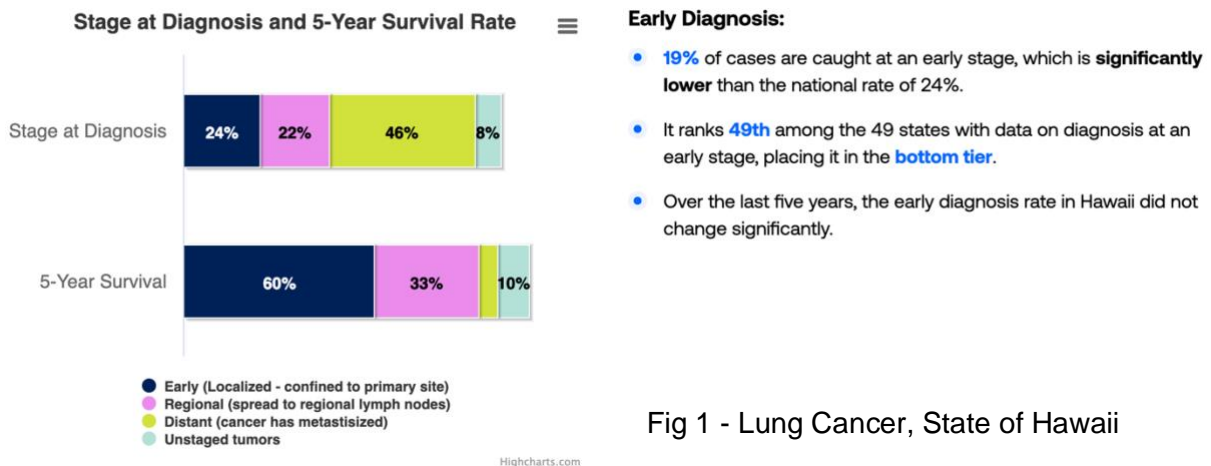


Fig 1 - Lung Cancer, State of Hawaii

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



HAWAII MEDICAL ASSOCIATION

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QUICK LINKS, REFERENCES

1. American Lung Association. State of Lung Cancer. <https://www.lung.org/research/state-of-lung-cancer/states/hawaii>
2. Gallo M et al. Lung Cancer Screening: A Necessary Tool Not Accessible for the Whole Population. J. Am. Coll. Radiol. [https://www.jacr.org/article/S1546-1440\(21\)00945-5/fulltext](https://www.jacr.org/article/S1546-1440(21)00945-5/fulltext)

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



DATE 05 April 2022

To: Representative Sylvia Luke, Chair
Representative Kyle T. Yamashita, Vice Chair
House Committee on Finance

Re: **Testimony in Support of SB 3367 SD2 RELATING TO HEALTH WITH SUGGESTED AMENDMENTS**

Hrg: 6 April 2022, 2:45PM conference room 308

Dear Chair Luke, Vice Chair Yamashita, and Members of the Committees,

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy. Additionally, HPHA aims to call attention to issues around social justice and equity in areas that extend beyond the traditional context of health (e.g., education, digital equity, cultural sensitivity), which can have profound impacts on health equity and well-being. As stewards of public health, HPHA is also advocating for equity in all policies.

HPHA strongly supports SB 3367 SD2, relating to health. This bill creates an early lung cancer screening task force, which brings the community together to determine what steps are needed to increase Hawai'i's very low rate of early lung cancer screening. **We respectfully recommend adding an assessment of lung cancer screening coverage by major private and public payers, including Medicaid, to the list of components to include in the task force report.**

The task force prosed in this bill will take on the important duty of researching and recommending the steps and resources necessary to increase early lung cancer screening in Hawaii, conducting any additional research that is needed, and providing a report to the legislature with possible policies the state can adopt. This task force will also create a public awareness campaign to inform people lung cancer screening.

Lung cancer is the number one cancer killer for men and women in Hawai'i. The American Lung Association's State of Lung Cancer Report in Hawaii for 2021 places Hawai'i dead last in early diagnosis of lung cancer. Early diagnosis gives lung cancer patients a better chance of survival and more affordable and effective treatment options. According to the American Cancer Society, in 2022, more people will die of lung cancer in Hawai'i than breast, liver, or prostate cancer combined.



In terms of health disparities, Asian Americans and Pacific Islanders in Hawai'i, and Native Hawaiian populations carry a higher burden of high lung cancer rates when compared across the nation. The rate of new lung cancer cases is 45 per 100,000 people among Asian Americans and Pacific Islanders in Hawai'i, compared with the rate of 34 per 100,000 among Asian Americans and Pacific Islanders nationally. Native Hawaiians have 126 new lung cancers cases per 100,000 people, which is significantly higher than the rate of 41 per 100,000 among indigenous Peoples nationally, and one of the highest rates of lung cancer of any group in the nation.

We strongly support SB 3367 SD2, and respectfully ask that you pass this measure to ensure we are doing all we can to help people with lung cancer get an early diagnosis and another chance at life. Thank you for the opportunity to provide testimony on this important public health issue.

Respectfully submitted,

Leocadia Conlon, PhD, MPH, PA-C
Legislative Committee Chair
Hawaii Public Health Association

COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Kyle T. Yamashita, Vice Chair

Wednesday, April 6, 2022, 2:45 PM

Testimony in Support of SB 3367, HD1, SD2, Relating to Health – With Suggested Amendment

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education, and advocacy. The work of the American Lung Association in Hawai‘i and across the nation is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases.

The American Lung Association strongly supports Senate Bill 3367, House Draft 1, Senate Draft 2, relating to health. This bill would create an early lung cancer screening taskforce to determine the best ways to increase early lung cancer screenings in Hawai‘i. We have one friendly amendment to recommend to make this taskforce stronger.

We recommend adding an assessment of lung cancer screening coverage by major private and public payers, including Medicaid, to the list of components to include in the task force report

In 2019, there were approximately 37,500 people who met the criteria of the U.S. Preventive Taskforce (USPST) guidelines for being at high risk for lung cancer. Of those people, only 1,400 of them were screened using a low-dose CT scan of their lungs. That is less than 4% of the population, even though the USPST guide recommends these high-risk individuals receive lung cancer screening every year. In 2020, the percent of people at high risk for lung cancer was lower than 3%.

According to the American Lung Association’s 2021 State of Lung Cancer report, the low levels of CT scans have contributed to Hawai‘i being last in the nation for early detection of lung cancer. Hawai‘i also has one of the lowest 5-year survival rates for lung cancer. Of the nearly 1000 people that are expected to be diagnosed with lung cancer in Hawai‘i in 2022, more than half of them are expected to die from the disease. These are more deaths than breast, prostate, and colorectal cancer combined.

The burden does not fall equally amongst Hawai‘i’s populations. Native Hawaiians and Pacific Islanders have higher rates of lung cancer than other groups in Hawai‘i. In fact, the State of Lung Cancer Report noted that Native Hawaiians in Hawai‘i have an over 200% higher incidence rate of new lung cancer cases than other Indigenous populations across the nation, one of the highest rates of lung cancer for any group. Based on new research, in March of 2021, the USPTF expanded its recommendation for screening to include a larger age range and more current and former smokers. This will dramatically increase the number of people of color considered at high risk for lung cancer.

The taskforce proposed in this bill will help bring together stakeholders who can help make a difference in increasing lung cancer screening in the state. The taskforce will include representatives from state agencies, stakeholders, advocates, healthcare professionals, health systems, and insurers to do review all available research; conduct or initiate new studies as it deems necessary; and create a public awareness campaign to inform Hawai‘i residents about early lung cancer screening.

The taskforce will also submit a report to the legislature of its findings and recommendations, including any proposed legislation. The report will also address cultural and social barriers associated with



completing lung cancer screening and will create a work plan that identifies needed steps for the next five years to increase lung cancer screening in the State.

The loss associated with lung cancer is too much for our state to bare. The assemblance of the taskforce proposed in SB 3367 is the first step towards reducing the burden of lung cancer on our state and on our most vulnerable populations. We urge you to please support and pass SB 3367, House Draft 1, Senate Draft 2 with the suggested amendment.

Pedro Haro
Executive Director
American Lung Association in Hawai'i
pedro.haro@lung.org



**Testimony to the House Committee on Finance
Wednesday, April 6, 2022; 2:45 p.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: SENATE BILL NO. 3367, HOUSE DRAFT 1, RELATING TO HEALTH

Chair Luke, Vice Chair Yamashita, 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. 3367, House Draft 1, RELATING TO HEALTH.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live 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.

This bill, as received by your Committee, would establish within the Department of Health, Chronic Disease Prevention and Health Promotion Division, an Early Cancer Screening Task Force (Task Force). To facilitate the work of the Task Force, this bill also appropriates an unspecified amount of general funds for fiscal year 2022-2023, to carry out Task Force activities.

The bill would take effect on July 1, 2060.

In an article dated November 16, 2021, Associated Press reported that Hawaii ranks last in the nation for the early diagnosis of lung cancer, and that just 19% of lung cancer cases in Hawaii are diagnosed early, compared to 24.5% nationally. (**See**, "Hawaii ranks last for early diagnosis of lung cancer", AP News, November 16, 2021, <https://apnews.com/article/health-hawaii-honolulu-cancer-lung-cancer-b3efbb29feec279b042cf2e4d7582f09>)

Senate Bill No. 3367, House Draft 1
Wednesday, April 6, 2022; 2:45 p.m.
Page 2

Community Health Centers serve on the front line providing desperately needed primary care for Hawaii's underprivileged communities throughout the State. Because our members are embedded in some of the most remote and isolated areas on all islands, the HPCA is uniquely constituted to provide insight and share information with the Task Force. Because of this, the HPCA welcomes the opportunity to partner with the Department of Health, the American Cancer Society, and all stakeholders

The HPCA greatly appreciates inclusion to the Task Force and stands committed to serving for this cause.

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.



Papa Ola Lokahi
Nana I Ka Pono Na Ma

Papa Ola Lōkahi

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Papa Ola Lokahi

is the Native Hawaiian Health Board established in 1988 to improve the health and well-being of Native Hawaiians.

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Office of Hawaiian Affairs

Executive Director

Sheri-Ann Daniels, EdD

House Committee on Finance

Representative Sylvia Luke, Chair

Representative Kyle Yamashita, Vice-Chair

Wednesday, April 6, 2022, 2:45 PM, CR 308 & Videoconference

RE: SB 3367 SD 2 HD 1 – Relating to Health

Position: STRONG SUPPORT with amendments

Papa Ola Lōkahi testifies in **strong support with amendments** for SB 3367 SD 2 HD 1. This measure will increase equitable access to dental care and move our State toward reducing health disparities. According to the American Lung Association, Hawai'i is last in the nation for early lung cancer diagnosis; just 2.8% of high-risk smokers receive yearly screenings, compared to 5.7% nationally. Early diagnosis affects the potential for patients to access effective and affordable treatment and thus may also be linked to mortality.

Native Hawaiians are more likely to die of lung cancer than any other ethnic group in the State, with 126 new lung cancer cases per 100,000 people, significantly higher than that among Indigenous People in the United States (41) and one of the highest rates of lung cancer of any ethnic group in the nation. Additionally, the [Hawai'i State Department of Health](#) reports that smoking prevalence among Native Hawaiians in Hawai'i is nearly double that of other ethnic groups, with smoking rates highest among Native Hawaiians who have less than high school education, are unemployed, with household incomes below \$15,000, and between the ages of 25-34 years old.

Papa Ola Lōkahi has an established track record conducting research, education, policy, and advocacy around cancer prevention, early detection, and treatment through our program 'Imi Hale – Native Hawaiian Cancer Network. Most of our health equity work addresses the social and cultural determinants of health that contribute to the dire health statistics. We work closely and provide technical assistance to the five Native Hawaiian Health Care Systems, which provide direct and enabling services, and other providers that serve Hawaiian communities.

Papa Ola Lōkahi supports this measure, offers to serve on the proposed task force to assure the population with the greatest burden due to lung cancer is appropriately represented, and recommends the following amendment:

Section 2(c)(3). (Page 5, Lines 7-12)

A representative from each health care system operating in the State, including but not limited to The Queen's Health Systems, Hawaii Pacific Health, Kaiser Permanente Hawaii, federally qualified health centers, ~~native Hawaiian health centers~~ Papa Ola Lōkahi, and Tripler Army Medical Center;

Thank you for the opportunity to testify in **support with amendments** to SB 3367 SD2 HD 1.

Papa Ola Lōkahi, the Native Hawaiian Health Board, authorized by the federal Native Hawaiian Health Care Improvement Act, is charged with raising the health status of Native Hawaiians to the highest possible level, which we achieve through strategic partnerships, programs, and public policy.



HIPHI Board

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Native Hawaiian Research Office

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Treasurer

Keshia Adolpho, LCSW
Molokai Community Health Center

Camonia Graham - Tutt, PhD
University of Hawai'i - West O'ahu

Carissa Holley, MEd
Hale Makua Health Services

May Okihiro, MD, MS
John A. Burns School of Medicine,
Department of Pediatrics

Misty Pacheco, DrPH
University of Hawai'i at Hilo

Michael Robinson, MBA, MA
Hawai'i Pacific Health

Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
Pharmacare Hawai'i

Titiimaea Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: April 5, 2022

To: Representative Sylvia Luke, Chair
Representative Kyle T. Yamashita, Vice Chair
Members of the Committee on Finance

Re: Support SB 3367, SD2, HD1, Relating to Health, with a suggested amendment

Hrg: April 6, 2022 at 2:45 PM in Conference Room 308 and via Videoconference

The Hawai'i Public Health Instituteⁱ is in **support of SB 3367, SD2, HD1** with a requested amendment. SB 3367 creates an early lung cancer screening task force to research what steps and resources are necessary to increase early lung cancer screening in Hawai'i.

We respectfully request the bill be amended to add an assessment of lung cancer screening coverage by major private and public payers, including Medicaid, to the list of components to include in the task force report.

Lung cancer is the number one cancer killer in Hawai'i.ⁱⁱ An annual lung cancer screening with low-dose computed tomography (CT scan) is the recommended way to detect lung cancer at an early stage.

Prognosis is greatly affected by the stage at which the cancer is discovered, so regular screenings are critical for the detection of cancer in its early stages, when it is more treatable. Only 19% of lung cancer cases in Hawai'i are diagnosed early, compared to 24.5% nationally.ⁱⁱⁱ The 2021 State of Lung Cancer Report by the American Lung Association ranks Hawai'i last in the nation for the early diagnosis of lung cancer, with only 2.8% of high-risk smokers in Hawai'i undergoing the recommended annual CT scan, compared to the national average of 5.7%.^{iv}

Creating a taskforce with representatives from state agencies, stakeholders, advocates, healthcare professionals, health systems, and insurers will help to determine what steps and resources are necessary to increase early lung cancer screening in Hawai'i. In addition, the report to the legislature of the taskforce's findings and recommendations, including any proposed legislation, how to address cultural and social barriers associated with completing lung cancer screening, and will create a work plan that identifies needed steps for the next five years to increase lung cancer screening in the state.

Mahalo,



Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ American Cancer Society. Cancer Statistics Center. Accessed from <https://cancerstatisticscenter.cancer.org/#!/state/Hawaii>

ⁱⁱⁱ American Lung Association. State of Lung Cancer in Hawaii. Accessed from <https://www.lung.org/research/state-of-lung-cancer/states/hawaii>

^{iv} American Lung Association. State of Lung Cancer in Hawaii. Accessed from <https://www.lung.org/research/state-of-lung-cancer/states/hawaii>