# THE SENATE THE TWENTY-FIFTH LEGISLATURE REGULAR SESSION OF 2009

### COMMITTEE ON HEALTH

Senator David Y. Ige, Chair Senator Josh Green, M.D., Vice Chair

## COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Rosalyn H. Baker, Chair Senator David Y. Ige, Vice Chair

# MEASURES DEFERRED TO WEDNESDAY, FEBRUARY 25, 2009

DATE: Wednesday, February 25, 2009

TIME: 2:45PM

PLACE: Conference Room 016

State Capitol

415 South Beretania Street

#### DECISION MAKING ON THE FOLLOWING MEASURE(S):

(Deferred from Monday, February 23, 2009)

SB 166 Testimony	RELATING TO INSURANCE. Requires health insurance providers to provide parity of coverage for oral and intravenous chemotherapy.	HTH/CPN
SB 591 Testimony	RELATING TO INSURANCE. Requires insurers that offer health care coverage to the regular employees of any group or association to offer the same coverage to part-time employees working at least 15 hours per week. Requires the insurance commissioner to report to the legislature on cost-benefit.	HTH/CPN
SB 430 Testimony	RELATING TO HEALTH INSURANCE.  Mandates health insurance coverage to screen for colorectal cancer by colonoscopy every 10 years, beginning at age 50.	HTH/CPN
SB 794 Testimony	RELATING TO HEALTH.  Requires health insurance providers to cover weight management and obesity prevention, evaluation, and guidance services for children.	HTH/CPN
SB 795 Testimony	RELATING TO HEALTH INSURANCE. Requires all health insurers, mutual benefit societies, and health maintenance organizations to provide mandatory coverage for all policyholders, members, subscribers, and individuals from birth to age three for medically necessary early intervention services.	HTH/CPN
SB 940 Testimony	RELATING TO INSURANCE. Requires direct payment to the State for provision of pre-hospital ambulance treatment and transport services.	HTH/CPN

SB 1077 RELATING TO HEALTH INSURANCE. HTH/CPN Testimony Establishes a temporary preventative health care task force to develop a plan to encourage health insurance providers to offer preventative health care plans to its members, enrollees, or new applicants. SB 171 RELATING TO THE PATIENTS' BILL OF RIGHTS. HTH/CPN Testimony Amends the patients' bill of rights by prohibiting certain unfair or deceptive business practices by managed care plans, such as canceling, denying, or nonrenewing an enrollment or subscription because of a person's health status; prohibits rates for any individual that exceed 200% of the standard group rate. SB 588 RELATING TO NONGOVERNMENT HEALTH PLAN HTH/CPN Testimony PAYMENTS TO CRITICAL ACCESS HOSPITALS AND FEDERALLY QUALIFIED HEALTH CENTERS. Requires health plans other than government payers, mutual and fraternal benefit societies, and health maintenance organizations to pay: (1) critical access hospitals no less than 101% of costs for services; and (2) federally qualified health centers no less than their respective prospective payment system rates. RELATING TO THE HAWAII MEDICAL BOARD. HTH/CPN SB 1220 Affirmatively requires Hawaii medical board to adopt rules in **Testimony** accordance with the administrative procedure law. Prohibits the issuing of statements that prescribe, interpret, or implement law or policy that lack a sound and demonstrable source of statutory authority. Makes such statements void as against public policy. SB 1264 RELATING TO MEDICAL TREATMENT. HTH/CPN Testimony Requires the Hawaii medical board to collect and publish information about physicians licensed in the State to allow consumers to make informed decisions in selecting physicians. **SCR 26** REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND CPN/HTH. WAM Testimony FINANCIAL EFFECTS OF REQUIRING HEALTH INSURANCE COVERAGE FOR COLONOSCOPY COLORECTAL CANCER

No testimony will be accepted.

FOR FURTHER INFORMATION, PLEASE CALL THE COMMITTEE CLERK AT 808-586-6230.

SCREENING.