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LAWRENCE M. REIFURTH
DIRECTOR
RONALD BOYER
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TO THE HOUSE COMMITTEE ON HEALTH
TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Tuesday, February 3, 2009
8:30 a.m.

TESTIMONY ON HOUSE BILL NO. 823 – RELATING TO HEALTH INSURANCE.

TO THE HONORABLE RYAN I. YAMANE, CHAIR, AND MEMBERS OF THE
COMMITTEE:

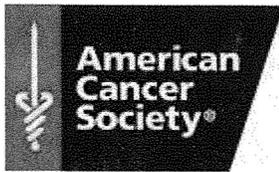
My name is J.P. Schmidt, State Insurance Commissioner (“Commissioner”),
testifying on behalf of the Department of Commerce and Consumer Affairs
(“Department”). The Department takes no position on this bill.

The purpose of this bill is to mandate coverage for colorectal cancer screening.
We do not have medical expertise on our staff and cannot evaluate the merits of this
screening.

Any mandated benefit helps some people, but also imposes increased cost
burdens on the employers and individuals that pay the premiums.

Finally, we note that mandated benefits are required by law to undergo a review
by the Legislative Auditor.

We thank this Committee for the opportunity to present testimony on this matter.



February 1, 2009

Committee on Health
Representative Ryan Yamane, Chair
Representative Scott Nishimoto, Vice Chair

Hearing:

8:30 A.M. Tuesday, February 3, 2009
Hawaii State Capitol, Room 329

RE: HB823-Relating to Health Insurance

Testimony in Strong Support

Chair Yamane, Vice Chair Nishimoto, and members of the Committee on Health. My name is Jackie Young and I am the Chief Staff Officer for Mission at the American Cancer Society Hawaii Pacific Inc. Thank you for the opportunity to testify in strong support of HB823, which will requires health insurance coverage for colorectal cancer screening and directs the insurer to provide its insured members with information about the risk of undiagnosed colorectal cancer.

The American Cancer Society Hawaii Pacific Inc., was founded in 1948, and is a community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. This mission is consistent with the Society's ambitious 2015 goals of slashing the cancer mortality rate by 50%, reducing the incidence of cancer by 25%, and improving the quality of life of cancer patients and survivors by reducing the pain and suffering that cancer causes.

Colorectal cancer is the third most common cancer in the United States. 154,000 new cases were diagnosed in 2007. With almost 50,000 deaths a year, it is the second leading cause of cancer deaths among men and women. In Hawaii, over 700 of our residents will develop colon cancer and approximately 210 will die. **The real tragedy is that many of these cancer cases and deaths occur needlessly, as they could be prevented if more people took advantage of regular colorectal cancer screening.** When colorectal cancer is diagnosed at the earliest stage the five year survival rate is 90%. After the cancer spreads, the five year survival rate plunges to 10%. The pain and suffering due to cancer diagnosis can be completely prevented through the early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings. **It is imperative that barriers to screenings be eliminated!**

The most recent figures show that 53.7% of Hawaii residents over the age of 50 report having a colorectal cancer screening exam (FOBT or Sigmoidoscopy/Colonscopy). While there are many reasons for low rates of colorectal cancer screening, insurance coverage is a contributing factor. Studies from across the nation have shown that limits on covered benefits impede an individual's

Ability to benefit from early detection of/or screening for cancer. Furthermore, primary care physicians often do not refer people for tests if they believe those tests are not covered benefits.

The most vivid evidence of this comes from comparing states that have passed laws requiring insurers to cover the full range of colorectal cancer screenings (between 1999 and 2008, twenty-five have passed such laws). Analysis by the American Cancer Society shows that colorectal cancer screening rates have risen faster and are significantly higher in states that have enacted colorectal cancer screening legislation. As more state pass colorectal cancer screening coverage laws, more Americans will surely benefit from these life saving exams.

The cost of treating colorectal cancer varies. When detected early the cost is between \$30,000 and \$35,000. If detected late the average cost is in excess of \$100,000. The cost for providing colorectal cancer screening is extremely low when compared to the cost of treatment. **The per member per month cost of colonoscopy every 10 years is 55¢. The per member per month cost of a fecal occult blood test or flexible sigmoidoscopy performed annually is 66¢.**

HB823 is also unique in the fact that it incorporates the latest colorectal screening guidelines which were developed collaboratively between the American Cancer Society, the American College of Radiology, and the U.S. Multi-Society Task Force on Colorectal Cancer (which includes the American College of Gastroenterology and the American College of Physicians).

The guidelines also emphasize “options” because:

- Individuals differ in their preferences for one test or another. It is a fact that not everyone will elect to have a colonoscopy.
- Colonoscopy access is uneven geographically in Hawaii, thus other tests are available.
- Primary care physicians differ in their ability to offer, explain, or refer patients to all options equally.
- The utilization of colonoscopy in Hawaii is still low, with only 53.7% of all adults reporting a FOBT/sigmoidoscopy or colonoscopy.
- Providing a wide range of test will enhance screening rates.
- **Remember, “the best test is, the one you get” than no test at all.**

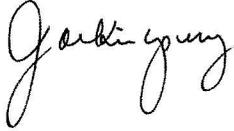
We do have a comment regarding SECTION 1 “§431:10A- Colon cancer screening coverage. (b) Beginning March 1, 2010, a health care coverage provider shall include information in the policy about the risk associated with undiagnosed colorectal cancer and encouraging the insured to consult with the insured's physician about available screening options. For the purposes of section 432D-23, the requirement under this subsection shall be considered one of the benefits of coverage.”

We would ask that the **March 1, 2010 date be deleted and the date January 1, 2010, be inserted,** to remain consistent with date in SECTION 5.

HB823 is a good bill. For only a few cents per insured individual per month it will dramatically reduce colon cancer death and incidents rates in Hawaii. Cancer does not distinguish between Democrats or Republicans, rich or poor, your or old, insured or uninsured, male or female. It is an equal opportunity disease impacting victims, caregivers, and love ones. HB823, if enacted, can lead to the defeat of at least one form of cancer in Hawaii.

Mahalo for the opportunity to provide testimony in very strong support this measure.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Young". The signature is written in black ink and is positioned above the printed name and title.

Jackie Young, Ph.D.
Chief Staff Officer for Mission

HMSA



Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

February 3, 2009

The Honorable Ryan Yamane, Chair
The Honorable Scott Nishimoto, Vice Chair
House Committee on Health

Re: HB 823 – Relating to Health Insurance

Dear Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 823 which would mandate health plans provide expanded coverage for colon cancer screenings and provide information to members on the risks of undiagnosed colorectal cancer.

The National American Cancer Society has recently updated its colon cancer screening guidelines with a focus on consumer choice, acknowledging the fact that some individuals are unlikely to agree to certain screening exams. While HMSA applauds this proactive approach, we would like to note that HMSA PPO and HMO plans already cover medically appropriate colon cancer screenings for our members.

HMSA's existing colon cancer screenings are based on the U.S. Preventive Services Task Force (USPSTF) recommended guidelines. Screening colonoscopy, sigmoidoscopy and Fecal Occult Blood Test (FOBT) are all covered benefits for HMSA's HMO members. FOBT is a covered benefit for HMSA's PPO members for those over the age of 50. If an HMSA member receives a health screening through HealthPass they may be referred for a screening colonoscopy or sigmoidoscopy. Otherwise for PPO members, colonoscopy and sigmoidoscopy are covered for diagnostic purposes.

HMSA is concerned with the efficacy of some of the screenings which are outlined in this measure. At this time, the USPSTF awards an "A Recommendation" for screening for colorectal cancer in adults using FOBT, sigmoidoscopy, or colonoscopy. An "A Recommendation" means that these tests are recommended and have a high certainty of being beneficial. For computed tomographic colonography and fecal DNA testing as screenings for colorectal cancer, the USPSTF has given an "I statement" meaning that the current evidence is insufficient to assess the balance of benefits and harms of the service.

We also have concerns with the language that would require health plans to include information in the policy about the risk associated with undiagnosed colorectal cancer and encouraging the member to consult a physician about screening options. While on the surface, this seems like a good idea, there are no parameters set on the outreach a plan would have to provide. It is important to recognize that HMSA already notifies members about appropriate screenings through our Reminder for Screening & Vaccination Program (RSVP) program which tracks

screening for breast, cervical and colorectal cancers; heart disease screening; diabetes screenings; and pneumococcal vaccinations.

In addition, we believe that prior to passing any new legislation which would require health plans to provide benefits not currently covered in their plan offerings, the Legislature should request an Auditor's study as required under Hawaii Revised Statutes 23-51 and 23-52. This study will provide decision-makers with objective information prior to expanding benefits.

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal flourish extending to the right.

Jennifer Diesman
Assistant Vice President
Government Relations



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February 2, 2009

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

PLEASE DELIVER TO:

Health Committee

2/3/2009

8:30 a.m.

Room 329

From: Gary A. Okamoto, MD, President
Linda Rasmussen, MD, Legislative Co-Chair
Philip Hellreich, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: HB 823 RELATING TO HEALTH INSURANCE

(Mandates health insurance coverage for colorectal cancer screening and that the insurer provide the insured with information about the risks of undiagnosed colorectal cancer and encourage the insured to consult with their physician about screening options.)

Chairs & Committee Members:

Hawaii Medical Association supports the addition of colorectal cancer screening coverage and that the insurer provide the insured with information about the risks of undiagnosed colorectal cancer and encourage the insured to consult with their physician about screening options.

While physicians now provide such information, physicians in many instances only get to see the patient when the patient has a reason to visit their doctor. Having insurers provide the information will provide information in advance of the physician's opportunity to do so.

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
www.hmaonline.net

Hearing: February 3, 2009, 8:30 a.m., Conference Room 329

RE: Testimony in Strong Support of HB823. Relating to Health Insurance
Chair Yamane and members of the House Committee on Health

My name is Crissy Terawaki Kawamoto, and I am a registered voter in Palolo Valley. Thank you for the opportunity to submit testimony in favor of HB823.

In 2008, the American Cancer Society, the U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology issued a NEW joint recommendation for colorectal cancer screening, advocating for the promotion and coverage of the following screening methods: colonoscopy, flexible sigmoidoscopy, double contrast barium enema, CT colonography (also known as virtual colonoscopy), fecal occult blood test (FOBT), fecal immunochemical test (FIT), and stool DNA test (sDNA). The rationale behind recommending insurance coverage for all of these methods is, one size simply does not fit all when it comes to screening for colorectal cancer. Not every person is comfortable with or willing to accept going in for each kind of test – but if all tests work in detecting cancer or its early signs to some extent, isn't it better that we get that person in for testing, period?

People need to know that they have options and that these options will be covered by their health insurance once they make the important decision to be screened for colorectal cancer.

Evidence has shown that if colorectal cancer is detected early – through screening – up to 90% of colorectal cancer patients survive at least 5 years post-diagnosis. There is no reason, then, that this disease should continue to rank as the second leading cause of cancer death in this state.

We've all lost someone we love to cancer, and we owe it to those we have lost – and to those we know who are currently fighting the disease – to do whatever we can to reduce pain, suffering, and death due to cancer, especially one that is so highly preventable and treatable. We can and must do something, and right now, that something is passing HB823.

Mahalo for doing the right thing.

Signed,

Crissy Terawaki Kawamoto
Co-Leader, LIVESTRONG Army Honolulu