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LATE TESTIMONY

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 3, 2009

MEMORANDUM

TO: Honorable Ryan I. Yamane, Chair
House Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 823 – RELATING TO HEALTH INSURANCE**

Hearing: Tuesday, February 3, 2009, 8:30 AM.
Conference Room 329, State Capitol

PURPOSE: The purpose of this bill is to mandate 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.

DEPARTMENT'S POSITION: The Department of Human Services opposes this bill for the reason that requiring coverage for colorectal cancer screening by CT colonoscopy or by fecal DNA testing is not supported by high quality evidence. These tests are more expensive than alternative screening modalities, and that they are effective with benefits exceeding potential harms is not clear. The Department does, however, support the mandate for availability of screening colonoscopy.

CT colonoscopy exposes the patient to a level of radiation that is estimated to potentially cause cancer in 1 out of 1,000 receiving this test; and while sensitive, fecal DNA has low specificity

meaning many false positive tests would occur requiring unnecessary follow up interventions. Note that those involved in the development of the guideline, referenced in the bill, recommending these modalities may have had a financial conflict of interest, e.g. American College of Radiology.

Colorectal cancer is the third most common cancer for both men and women. In 2004, the most recent data from the Centers for Disease Control and Prevention, more than 53,000 men and women died from colorectal cancer. Many colorectal cancer deaths are preventable with screening, early detection, and early intervention. However, rates of colorectal cancer screening are less than 55%.

The U.S. Preventive Services Task Force (USPSTF), an independent panel of experts in primary care and prevention, makes recommendations based on systematic reviews of the scientific evidence that are widely considered to be the gold standard. Federal law references certain Medicare coverage to USPSTF recommendations.

The USPSTF recommendation on colorectal cancer screening is as follows and available at <http://www.ahrq.gov/clinic/uspstf/uspscolo.htm>:

- The USPSTF recommends screening for colorectal cancer (CRC) using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary. Grade: A Recommendation.
- The USPSTF recommends against routine screening for colorectal cancer in adults age 76 to 85 years. There may be considerations that support colorectal cancer screening in an individual patient. Grade: C Recommendation.

- The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years. Grade: D Recommendation.
- The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer. Grade: I Statement.

Per the USPSTF, these recommendations apply to adults 50 years of age and older, excluding those with specific inherited syndromes (the Lynch syndrome or familial adenomatous polyposis) and those with inflammatory bowel disease. The recommendations do apply to those with first-degree relatives who have had colorectal adenomas or cancer, although for those with first-degree relatives who developed cancer at a younger age or those with multiple affected first-degree relatives, an earlier start to screening may be reasonable.

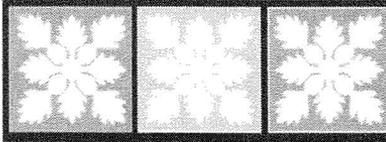
Colonoscopy is an effective screening modality, but it is not without potential harms. According to the USPSTF, serious complications—defined as deaths attributable to colonoscopy or adverse events requiring hospital admission, including perforation, major bleeding, diverticulitis, severe abdominal pain, and cardiovascular events—are significantly more common, occurring in an estimated 25 per 10,000 procedures.

Mandating coverage of the evidence-based screening modalities fecal occult blood testing, flexible sigmoidoscopy, and colonoscopy is in the best interest of patients. However, none of these has been shown to be superior to the others. Patients should be offered counseling about the different recommended colorectal cancer screening tests, including fecal occult blood testing, flexible sigmoidoscopy, and colonoscopy, and make an informed decision about which modality is right for them.

With rising healthcare costs, mandating coverage of colorectal screening modalities that are expensive, not shown to be any better than less expensive effective modalities, and potentially harmful would seem unwise. Coverage of CT colonoscopy and fecal DNA should not be mandated at this point.

Thank you for the opportunity to comment on this bill.

LATE TESTIMONY



Hawaii Association of Health Plans

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:

My name is Rick Jackson and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of seven (7) member organizations:

AlohaCare
Hawaii Medical Assurance Association
HMSA
Hawaii-Western Management Group, Inc.

MDX Hawai'i
University Health Alliance
UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to testify in opposition to HB 823 which would require health plans provide colon cancer screenings which follow guidelines supported by American Cancer Society (ACS), the U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology, which include the following: colonoscopy, flexible sigmoidoscopy, double contrast barium enema, CT colonoscopy (virtual colonoscopy), fecal occult blood test (FOBT), fecal immunochemical test (FIT), and stool DNA test (sDNA). While HAHP supports ensuring medically appropriate colon cancer screenings are available for our members, we are unable to support this measure and oppose the language contained in HB 823.

Over the past few months HAHP members, along with other plans have been meeting with the local ACS chapter on this issue. All plans in the state were made aware of the expanded set of colorectal screenings being promoted by ACS and meetings were convened to determine if the plans and ACS could come to a mutual agreement on the provision of coverage for the expanded screenings rather than mandate it through statute.

Unfortunately, despite our efforts, HAHP and the other plans have been unable to come to an agreement with ACS.

There are three main reasons why HAHP member organizations do not support the expanded set of screening guidelines proposed by ACS.

First, two of the screening methods listed in the mandate (CT colonography and fecal DNA testing) are not recommended by the U.S. Preventive Services Task Force (USPSTF) in their report of November 4, 2008. "The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined." The USPSTF also recommends that screening be done for individuals aged 50 to 75 years, and states in their guidelines that risks outweigh benefits for patients who are older than age 75. Colorectal screening guidelines are not uniformly "settled science."

Second, we believe that with an expanded set of screening guidelines, Hawaii providers already in short supply (i.e. gastroenterologists) will be further stretched. Although we cannot state this with certainty, HAHP is concerned that Hawaii does not have the capacity to fulfill this mandate successfully. HAHP member organizations are concerned that individuals who truly are in a high-risk category will be forced to wait longer for a medically appropriate invasive colorectal screening (i.e. colonoscopy) and may face worse medical outcomes as a result.

Finally, it is also important to remember that Hawaii's employers bear the cost of any mandated benefit. With the exception of FOBT, none of the tests listed in the mandate are inexpensive; if enacted, this mandate will be costly. With the current economic downturn having no end in sight, we believe that any legislation that would increase health care costs should be closely scrutinized prior to passage.

Thank you for the opportunity to offer comments today.

Sincerely,



Rick Jackson
President



LATE TESTIMONY

Testimony of
Phyllis Dendle
Director of Government Affairs

Before:
House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice Chair

February 3, 2009
8:30 am
Conference Room 329

Re: HB 823 Relating to Health Insurance

Chair Yamane and committee members thank you for this opportunity to testify on this bill regarding colorectal cancer screening.

According to Robert Decker M.D. the chief of gastroenterology at Kaiser Permanente Hawaii we currently provide screening colonoscopy for high-risk individuals at no cost (or in some cases the co-pay of an office visit \$14). For average risk patients Fecal Occult Blood Test (FOBT) and flexible sigmoidoscopy is provided at no cost and a colonoscopy is provided at no cost if these tests are positive. The definition of high-risk that we use is evidence based. For example: the risk of colon cancer in an individual with one first degree relative (father, mother, sibling, or child) with colon cancer after the age of 60 is no different than the general population.

We are currently doing close to the maximum number of colonoscopies we can do with current staffing. To provide universal access to screening colonoscopies as proposed would require at least 2 additional gastroenterologists. Each gastroenterologist, taking into account salary, benefits, malpractice, a nurse, a technician, a medical assistant, and equipment, costs about \$1,000,000 a year.

Even if funded we would still have a problem because of the shortage of gastroenterologists. It took us 2 years to recruit the last hire. There is a nationwide shortage and it is even more severe in Hawaii. Outside of Kaiser, with not providing average risk screening, the average wait time is approximately 3 months. This is for high risk (blood positive stools, family history, symptomatic patients, etc). To increase the burden by mandating average risk screening could potentially lengthen the time that a high-risk patient goes without an exam.

Phyllis Dendle
Kaiser Permanente Hawaii
Government Relations
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E-mail: phyllis.dendle@kp.org

The risk of injury or adverse event during a colonoscopy is approximately 30 times that of a flexible sigmoidoscopy. The published rate of injury for colonoscopy is about 1/1,000 exams, whereas a flexible sigmoidoscopy is 1/30,000. Nobody to date has published a study showing that colonoscopy, as a screening exam, is superior in terms of net outcomes. It is intuitively logical that a more complete exam will find more lesions, but at what cost in terms of money, delaying wait times for high risk individuals, and injuries due to colonoscopy and sedation?

Mandating screening colonoscopies could have negative outcomes if there is a shift from hemocults and sigmoidoscopy to colonoscopy. It could result in a more thorough evaluation for far fewer patients. With the same resources we can screen 4 patients with a sigmoidoscopy or 1 patient with a colonoscopy.

We think these are some of the issues that need to be considered prior to passing this mandate. We urge the committee to hold this bill and request that the legislative auditor do a study as required by Sections 23-51 and 23-52 of the Hawaii Revised Statutes. The guidelines proposed by this bill are not the only standards used by health care providers in the United States. We ask that other guidelines also be reviewed by the auditor as a comparison to what is being proposed here.

Thank you for your consideration.



Nursing Advocates & Mentors, Inc.

... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.

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LATE TESTIMONY

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TESTIMONY IN STRONG SUPPORT OF HB 823 RELATING TO HEALTH INSURANCE

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

Report Title: Mandatory Health Insurance Coverage;
Colonoscopy

Description: 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.

To: Hon. Ryan I. Yamane, Chair; Hon. Scott Y. Nishimoto, Vice-Chair; Hon. Health Committee Members

From: Beatrice Ramos-Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc. (NAMI)

My name is Beatrice Ramos Razon. As the founder and president of NAMI (Nursing Advocates & Mentors, Inc.), we are in strong support of this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people by addressing not only a statewide, but worldwide nursing shortage through the training and mentoring of foreign medical graduate nurses, many of whom come from underprivileged backgrounds, to pass Hawai'i's nurses board exams.

NAMI strongly supports this bill because colorectal cancer screening can detect and remove pre-cancerous polyps, thereby preventing the growth of cancer. Health insurance coverage for colorectal cancer screening is a significant systems change needed to achieve the cost savings for early detection and prevention of cancer. I have served as a volunteer with the American Cancer Society. I also serve on the advisory council for the National Cancer Institute's Asian American Network for Cancer Awareness, Research and Training to increase cancer screening among Filipinos, who have the lowest screening rate in the state. This can change with your help to pass this bill. Thank you for the opportunity to testify.

Sincerely,
Beatrice Ramos-Razon, RN, FACDONA
President, Nursing Advocates and Mentors, Inc.



UNITED FILIPINO COUNCIL OF HAWAII

P.O. BOX 498, Honolulu, Hawaii 96809-0498

LATE TESTIMONY

TESTIMONY IN STRONG SUPPORT OF HB 823

House Committee on Health

Feb. 3, 2009, 8:30 a.m. · Hawai'i State Legislature · House Conference Rm. 329

To: Honorable Ryan I. Yamane, Chair
Honorable Scott Y. Nishimoto, Vice-Chair
Honorable Health Committee Members

From: Eddie Agas, President, United Filipino Council of Hawaii

Measure Title: RELATING TO HEALTH INSURANCE

Report Title: Mandatory Health Insurance Coverage; Colonoscopy

Description: 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.

My name is Eddie Agas. I am the president of the United Filipino Council of Hawaii (UFCH). I submit this testimony to strongly support this bill on behalf of UFCH, an umbrella organization with member organizations from six islands. UFCH membership is comprised of nearly 5,000 individual members.

In keeping with resolutions that have been passed at our statewide conventions, the United Filipino Council of Hawaii is committed to partnerships that address health disparities. More than 3,000 visa applications are processed annually by Hawaii's Philippine Consulate for individuals from the Philippines who intend to make Hawaii their home. Thus, Filipinos comprise sixty-one percent, the largest immigrant group in the state, compared to all other immigrant groups combined. Cancer screening guidelines for colorectal cancer are not surprisingly the farthest thing from their mind in their adjustment and survival in Hawaii for newly arrived Filipinos.

It is imperative that the insurer engage in community partnerships with organizations like ours to increase access to colorectal cancer screening information. It is also vital for insurers and health care providers to be culturally competent and sensitive in effective patient-physician communication to discuss risks and benefits of colorectal cancer screening.

Your help to mandate health insurance coverage for colorectal cancer screening will save lives.

Respectfully submitted,

Eddie Agas, President, United Filipino Council of Hawaii



LATE TESTIMONY

TESTIMONY IN STRONG SUPPORT OF HB 823

House Committee on Health

Feb. 3, 2009, 8:30 a.m. | Hawai'i State Legislature | House Conference Room 329

Measure Title: RELATING TO HEALTH INSURANCE

Report Title: Mandatory Health Insurance Coverage; Colonoscopy

Description: 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.

To: Honorable Ryan I. Yamane, Chair, and Honorable Scott Y. Nishimoto, Vice-Chair
Honorable Health Committee Members

My name is Amy Agbayani. I strongly support this bill. I serve as Vice Chair of the National Federation of Filipino American Associations Region XII, which represents the interests of Filipinos in Hawai'i, Guam, and the Commonwealth of Northern Marianas Islands, we support the significant contributions of Filipino nurses in America's health care systems. NaFFAA Region XII is an affiliate of the National NaFFAA. Washington policy-makers, private industry and national advocacy groups recognize NaFFAA as the Voice of Filipinos and Filipino Americans throughout the United States. We are a non-partisan, non-profit national affiliation of more than five hundred Filipino-American institutions and umbrella organizations that span twelve regions throughout the continental United States and U.S. Pacific territories.

Filipinos and Native Hawaiians in Hawaii carry an uneven burden of colorectal cancer due to low screening rates and high percentages of late stage diagnosis. Studies have shown that health insurance coverage and education on screening guidelines can turn this downward trend around.

Health disparities is a social justice issue that requires both civic engagement and systems changes. Hawaii's economy and its workforce are only as strong as the health of its people. Studies have shown positive returns on investment for employers. This bill is a measure we cannot afford to sit on.

Sincerely,

Amy Agbayani, Ph.D., Vice Chair, NaFFAA Region XII



OAHU FILIPINO COMMUNITY COUNCIL

P.O. Box 17531 • Honolulu • Hawaii 96817

Unit Organizations

Alliance of Residential
Carehome Administrators
Aloha Saguibsib Cultural
Foundation, Inc.
Annac ti Bado iti Hawaii
Annac ti Batac
Annac ti Caoayan 2002
Annak ti Kailokuan iti
America
Annak ti Sinait iti Hawaii
Asingan Organization of
Hawaii
Badoc-Pinili Aid
Association of Hawaii
Banna Association of
Hawaii
Bannatiran Association of
Hawaii
Batangas Association of
Hawaii
Bulacan Circle of Hawaii
Caballeros de Dimasalang
Cabugao Sons & Daughters
of Hawaii
Candonians of Hawaii
Caoayan ISAH
Cavitenians of Hawaii
Dingras Association of
Hawaii
Divine Word College
Alumni Association
FilAm Sports USA
Fil American Citizens
League
Filipino Business Women's
Club
Filipino Nurses Organization
of Hawaii
Filipino Women's Civic
Club
GUMIL Hawaii
GUMIL Oahu
Hawaii Filipino Women's
Club
Hawaii Council of Bilingual
Educators
ILAH
Ilocos Norteniens of
America
INCAT Alumni Association
of Hawaii
International Filipino
Society of Hawaii
Kalayaan Phil.-Hi. Int.
La Union Circle of
Hawaii
Lingayen Gulf Club of
Hawaii

TESTIMONY IN STRONG SUPPORT OF HB 823

House Committee on Health
RELATING TO HEALTH INSURANCE
Feb. 3, 2009, 8:30 a.m.
Hawai'i State Legislature
House Conference Room 329

To:
Honorable Ryan I. Yamane, Chair
Honorable Scott Y. Nishimoto, Vice-Chair
Honorable Health Committee Members
From:
Cirvalina Longboy, President
Oahu Filipino Community Council (OFCC)

My name is Cirvalina Longboy, president of the Oahu Filipino Community Council. OFCC is an umbrella organization that represents a network of non-profit civic groups with a unified vision to improve the lives of our Filipino communities.

I submit this testimony to strongly support this bill, which mandates: 1) health insurance coverage for colorectal cancer screening, 2) that the insurer provide the insured with information about the risks of undiagnosed colorectal cancer and 3) encourages the insured to consult with their physician about screening options. OFCC also recommends support and partnerships for language access to this lifesaving cancer information. This is important because all it takes is one catastrophic disease like colorectal cancer, and the economic costs to one's family, worksite, and community is devastating. First generation Filipinos are least likely to get screened, and most likely to be diagnosed with late stages of colorectal cancer. Please support the passage of this bill, which will benefit all of Hawaii's diverse people, including communities, where English is not the first language spoken.

Sincerely,

Cirvalina Longboy, President
Oahu Filipino Community Council

Unit Organizations

Magsingal Association of
Hawaii
Narvacan/San Antonio Club of
Hawaii
Nueva Vizcaya Association of
Hawaii
Pasuquinos Association of
Hawaii
Philippine Cultural Foundation
Philippine Nurses
Association of Hawaii
Piddig Association of Hawaii
Sanchez Mira Association of
Hawaii
San Manuel Pangasinan
Association of Hawaii
San Nicolaneos USA
San Nicolas Goodwill
Foundation
San Nicolas Teachers of
Hawaii
Santa Lucia Association of
Hawaii
Sarrat Association of Hawaii
Sarrat International Inc.
Sinait Nt. High School Alumni
of Hawaii
Solsona of Hawaii
Tarlac Mutual Club of Hawaii
TPCP
Kalihii Ballroom, Inc.
Sadiri ti San Nicolas iti Hawaii
Samar Leyte Association of
Hawaii
Sampaguita/Sunflower Club of
Hawaii
San Juan Association of
Hawaii
San Nicolas Nat. High
Santa Marians of Hawaii
School Alumni
Santa Nicolas Nat. High
School Bingao Annex
Tagalog Association of Oahu
United Bacarreños of Hawaii
United Group of Home
Operators
United Pangasinan of Hawaii
United Urdaneta Club of
Hawaii
United Vintarinians of Hawaii
Vigan Association of Hawaii

Filipino American Citizens League

Jake Manegdeg, President
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TESTIMONY IN STRONG SUPPORT OF HB 823

LATE TESTIMONY

House Committee on Health

Feb. 3, 2009, 8:30 a.m. · Hawai'i State Legislature · House Conference Rm. 329

To:

Honorable Ryan I. Yamane, Chair & Honorable Scott Y. Nishimoto, Vice-Chair
Honorable Health Committee Members

From:

Jake Manegdeg, President, Filipino American Citizens League

Measure Title: RELATING TO HEALTH INSURANCE

Report Title: Mandatory Health Insurance Coverage; Colonoscopy

Description: 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.

My name is Jake Manegdeg. I am the president of the Filipino American Citizens League and I am a cancer survivor. The Filipino American Citizens League was formed over ten years ago to contribute to the advancement of civil rights and social justice for minority groups, underserved populations, and vulnerable communities through education, advocacy, and social action.

I submit this testimony to strongly support this bill because I am humbly and thankfully a living testament to the lifesaving advances of medical research that shows that early detection of cancer saves lives. Our Filipino community, especially those who were born and raised in the Philippines, need access to colorectal cancer screening information in their own language, and in culturally sensitive ways. There are great fears that cancer is a death sentence. There are myths and misconceptions that must be dispelled, in order for our people to take advantage of this proposed health insurance coverage. Please ensure that Hawaii's multi-lingual groups can be informed of the benefits of colorectal cancer screening, and understand the guidelines.

Thank you for the chance to provide support for this bill. Your help in its passage is greatly appreciated.

Very Sincerely,

Jake Manegdeg
President, Filipino American Citizens League