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Testimony of Phyllis Dendle Director of Government Affairs

Before:

Senate Committee on Health The Honorable David Y. Ige, Chair The Honorable Josh Green M.D., Vice Chair

Senate Committee on Commerce and Consumer Protection The Honorable Rosalyn H. Baker, Chair The Honorable David Y. Ige, Vice Chair

> February 23, 2009 3:00 pm Conference Room 016

Re: SCR 26 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURANCE COVERAGE FOR COLONOSCOPY COLORECTAL CANCER SCREENING

Chairs Ige and Baker, and committee members, thank you for this opportunity to provide testimony on this resolution regarding coverage for colonoscopy colorectal cancer screening.

Kaiser Permanente Hawaii supports this request.

Kaiser Permanente's position on proposed legislative mandates of health coverage is that they are usually not a good idea, for several reasons:

1. First, because they generally tend to raise the cost of delivering health care, thereby resulting in higher premiums and increased cost to the purchasers and payors of health plan coverage, whether they be employer groups or individuals;

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- SCR 26
- 2. Second, because they often tend to dictate how medicine should be practiced, which sometimes results in medicine that is not evidence based and interferes with the role and expertise of the practicing physician and other health care professionals who provide medical treatment and services; and
- Finally, because they often lock in statutory requirements that become outdated and do not keep pace with the ever evolving and advancing fields of medicine and medical technology.

Accordingly, Kaiser supports requesting the legislative auditor to conduct an impact assessment report, as required pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes, to assess among other things:

- a) the extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders; and
- b) the impact of this mandated coverage on the total cost of health care.

Thank you for the opportunity to comment.

Testimony by: Cherie Teranishi-Hashimoto, DPT



SCR 26, Requesting the Auditor to Assess the Social And Financial Effects of Requiring Health Insurance Coverage for Colonscopy Colorectal Cancer Screening Sen CPN/HTH, February 23, 2009 Room 16, 3:00 pm Position: Support

Chairs Ige and Baker, and Members of the Sen CPN/HTH Committees:

I am Cherie Teranishi-Hashimoto, D.P.T., and a member of HAPTA's Legislative Committee. The Hawaii Chapter – American Physical Therapy Association (HAPTA) is comprised of 300 member physical therapists and physical therapist assistants employed in hospitals and health care facilities, the Department of Education and Department of Health systems, and private practice. Our members represent Hawaii at the national American Physical Therapy Association and are delegates for Pediatrics, Women's Health, Parkinson's Disease and other issue sections. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

HAPTA strongly supports SCR 26, which is a pre-requisite for mandating health insurance coverage for a specific health service. Colorectal cancer is the 3rd most common form of cancer, and it is the 2nd leading cause of cancer related death in the western world. The American Cancer Society 2008 Report states that the estimated new cancer cases and deaths in the U.S. pertaining to the colon/rectal regions were: 151,880 new cases and 50,640 estimated deaths.

The good news is that colorectal cancer is highly curable through early detection and treatment in the early stages, as with most cancers detected by screens (e.g., mammograms for breast cancer) that are covered by insurance carriers. However, only 21 states have laws mandating colonscopy coverage, and other states usually cover colonscopies if there are symptoms that warrant a screen.

According to the 2007 Colorectal Cancer Legislation Report Card, Hawaii was given an "F" rating, which means we do not have legislation in place that requires insurance providers to cover preventative colorectal cancer screenings.

Treatment of colorectal cancer can vary: surgery, chemotherapy, or radiation. After treatment, the individual may experience fecal incontinence (inability to control bowel movements). These individuals that experience fecal incontinence may be treated by a physical therapist trained in pelvic floor rehabilitation. When colorectal cancer is caught in the earlier stages there may be a decrease risk of damage to the anal sphincter and pelvic floor region through surgical interventions, radiation and other treatment options pursued.

I may be reached at 432-5872 if there are any questions. Thank you for the opportunity to present testimony.



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An Independent Licensee of the Blue Cross and Blue Shield Association

February 23, 2009

The Honorable David Ige, Chair The Honorable Rosalyn Baker, Chair

Senate Committees on Health and Commerce and Consumer Protection

Re: SCR 26 – Requesting the Auditor to Assess the Social and Financial Effects of Requiring Health Insurance Coverage for Colonoscopy Colorectal Cancer Screening

Dear Chair Ige, Chair Baker and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SCR 26.

We are pleased that the Legislature is requesting 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 including these new benefits. With health care costs continuing to escalate it is important to consider the impact that requiring such benefits will have on the cost of health care, especially for local employers who typically bear the brunt of such cost increases. With that being said, we would point out that HMSA's health plans already provide coverage for colon cancer screenings.

Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman Assistant Vice President Government Relations