DAVID Y. IGE GOVERNOR OF HAWAII



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Testimony in SUPPORT of HB2220 RELATING INSURANCE

REPRESENTATIVE DELLA AU BELATTI, CHAIR HOUSE COMMITTEE ON HEALTH Hearing Date: February 8, 2016 Room Number: 329

1 Fiscal Implications: The Department defers to the Department of Commerce and Consumer

2 Affairs regarding fiscal implications.

3 **Department Testimony:** The Department of Health (DOH) supports HB 2220. The purpose of

4 HB2220 is to provide insurance coverage for lifestyle and nutrition programs intended to treat

5 various health conditions, including but not limited to cardiovascular disease, diabetes, blood

6 pressure issues, and diabetes-related blood sugar issues.

The Department appreciates the suggestion to broadly expand coverage for preventive
programs intended to treat various health conditions, but realizes the current language may be
too expansive to study and implement as it is written. The Department suggests narrowing the
bill language to expand coverage according to the United States Preventive Services Task Force
(USPSTF) recommendations and identified by the Centers for Disease Control and Prevention
(CDC) in their 6|18 Initiative to reduce high-burden health conditions with effective
interventions.¹

One example of the 6|18 recommendations is to expand access to the National Diabetes Prevention Program (DPP), a program developed and evaluated by the CDC, which has been proven to reduce the onset of diabetes in at-risk adults by 58 percent, using a cost-effective, community-based intervention.² National DPP programs has shown that only moderate weight

¹ Centers for Disease Control and Prevention, The 6|18 Initiative: Accelerating Evidence into Action. <u>http://www.cdc.gov/sixeighteen/index.html</u>

² The Centers for Disease Control and Prevention, Preventing Type 2 Diabetes, A guide to refer your patients with prediabetes to an evidencebased diabetes prevention program. <u>http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf</u>

loss is required to achieve preventive health benefits.³ Weight loss of 5 to 7 percent of body
weight, or 10 to 14 pounds for a person weighing 200 pounds, led to reduction in diabetes onset
mentioned above.⁴

The inclusion of coverage for behavioral counseling for patients with abnormal blood glucose follows the new recommendation by the USPSTF released on October 27, 2015.⁵ USPSTF recommendations state that clinicians should offer or refer patients with abnormal glucose to intensive behavioral counseling interventions to promote healthful diet and physical activity.⁶ However, while most of Hawaii's health plans cover the screening for pre-diabetes, most plans do not cover DPP services that can help people achieve normal blood sugar levels and prevent diabetes.

11 Diabetes and pre-diabetes rates have been steadily increasing in Hawaii; nearly one

12 quarter of all adults in Hawaii (24.1%) report having diabetes or pre-diabetes.⁷ Alarmingly,

13 these rates do not fully capture the burden of these conditions. Based on a study by Dall, et al,

14 (2014) and a methodology developed by the American Diabetes Association, half of all adults in

Hawaii (52.7%) currently have diabetes (11.2%) or pre-diabetes (41.5%).^{8,9}

16 Thank you for the opportunity to testify.

⁴ The Centers for Disease Control and Prevention, Preventing Type 2 Diabetes, A guide to refer your patients with prediabetes to an evidencebased diabetes prevention program. <u>http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf</u>

⁵ Centers for Disease Control and Prevention, The 6 | 18 Initiative: Accelerating Evidence into Action.

⁸ Dall TM, Yang W, Halder P, et al. The economic burden of elevated blood glucose levels in 2012: Diagnosed and undiagnosed diabetes, gestational diabetes mellitus, and prediabetes. Diabetes Care. 2014;37:3172-3179.

³ The Centers for Disease Control and Prevention, Preventing Type 2 Diabetes, A guide to refer your patients with prediabetes to an evidencebased diabetes prevention program. <u>http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf</u>

http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes

⁶ U.S. Preventive Services Task Force, Final Recommendation Statement, Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening. <u>http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes</u>

⁷ Hawaii Health Data Warehouse. Diabetes Prevalence - Categorical. Honolulu, Hawaii: Hawaii State Department of Health;2016

⁹ American Diabetes Association. The burden of diabetes in Hawaii. In: Association AD, ed. Alexandria, VA: n.d.



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JO ANN M. UCHIDA TAKEUCHI DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE Regular Session of 2016

> Monday, February 8, 2016 1:45 p.m.

TESTIMONY ON HOUSE BILL NO. HB 2220 - RELATING TO INSURANCE.

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department").

The purpose of this bill is to require health insurance coverage for lifestyle and nutrition programs intended to treat various conditions. The Department supports the intent of this bill and submits the following comments.

Plans compliant with the Affordable Care Act ("ACA") currently cover evidence based preventive services such as blood pressure screening in adults 18 years or older, healthy diet and physical activity counseling to prevent cardiovascular disease for adults with cardiovascular risk factor, and obesity screening and counseling for adults.

To the extent that the proposed legislation mandates new coverage benefits for non-ACA plans, the Department takes no position. The Department defers to the Legislature to determine the appropriate health coverage mandates. Pursuant to Section 23-51, Hawaii Revised Statutes, any proposed mandatory health insurance coverage may also require the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate.

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



House Committee on Health The Hon. Della Au Belatti, Chair The Hon. Richard P. Creagan, Vice Chair

Testimony in Support of House Bill 2220 <u>Relating to Insurance</u> Submitted by Dustin Stevens, Public Affairs and Policy Director February 8, 2016, 1:45 pm, Room 329

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, strongly supports House Bill 2220, seeking to require health insurance coverage for lifestyle and nutrition programs intended to treat various conditions.

House Bill 2220 seeks to amend the existing HRS statutes by adding two provisions, § 431:10A and §432:1, for the coverage of "…lifestyle and nutrition programs intended to treat various health conditions, including but not limited to cardiovascular disease, diabetes, blood pressure issues, and diabetes-related blood sugar issues."

Currently, almost 600,000 people in Hawaii are living with diabetes or prediabetes. In the past two years alone there has been an increase of diabetes diagnoses in adults, rising an astonishing 26% and despite receiving the rank of the healthiest state in the country, Hawaii was deemed just the 24th overall in terms of diabetes prevalence.

Recently, to help combat this rise, the HPCA partnered with the State Department of Health and the University of Hawaii to implement a federal grant program designed to provide outreach, education, and improved clinical outcomes to those most at risk in the state. This measure, if passed, will ensure the ongoing and continued success of this program past the initial grant period by ensuring that necessary payments are made for these vital measures.

For these reasons the HPCA strongly supports House Bill 2220 and thanks you for the opportunity to testify.



Government Relations

Testimony of John M. Kirimitsu Legal and Government Relations Consultant

Before: House Committee on Health The Honorable Della Au Belatti, Chair The Honorable Richard P. Creagan, Vice Chair

> February 8, 2016 1:45 pm Conference Room 329

Re: HB 2220 Relating to Insurance

Chair, Vice-Chair, and committee members thank you for this opportunity to provide testimony on HB 2220 relating to insurance coverage for "lifestyle and nutrition programs to treat various conditions."

Kaiser Permanente Hawaii supports the intent of this bill, but opposes this bill in its current draft.

Kaiser Permanente Hawaii supports this bill's intent to promote healthier lifestyles through disease management programs to treat various medical conditions. Kaiser Permanente already provides healthier lifestyle programs, including educational services, self-management training and education, therapy and support groups, and clinical counseling, directed to members who wish to make changes in their behavior to reduce health risks.

That being said, Kaiser Permanente requests clarification as to the type of "lifestyle and nutrition programs" that this bill is requesting health insurers to cover. Without a standard definition, it is difficult to determine which services would need to be included, or if those services are already covered.

Thank you for your consideration.

711 Kapiolani Blvd Honolulu, Hawaii 96813 Telephone: 808-432-5224 Facsimile: 808-432-5906 Mobile: 808-282-6642 E-mail: john.m.kirimitsu@kp.org



February 8, 2016

The Honorable Della Au Belatti, Chair House Committee on Health The Honorable Richard Creagan, Vice Chair House Committee on Health

Re: HB 2220 – Relating to Insurance

Dear Chair Belatti, Vice Chair Creagan, and Committee Members:

The Hawaii Medical Association (HMSA) supports the intent of HB 2220 which seeks to require health insurance coverage for lifestyle and nutrition programs intended to treat various conditions.

As is emphasized in the Affordable Care Act, preventive health and wellness initiatives are critical to the wellbeing of the community and the molding of a more efficient healthcare system. In Hawaii, where we have an inordinate number of community members who suffer from diabetes and obesity, it is imperative that we help our members reverse those conditions.

To this point, HMSA has partnered with 'Ekahi Health Systems and Hawaii Pacific Health in offering the Ornish Reversal Program for our members. This is in line with our mission to create an environment to help our members achieve wellness. The selection of the Ornish Program was a result of our staff reviewing the available clinical studies; including the intensive review already performed by CMS' National Coverage Determination (NCD) for Intensive Cardiac Rehabilitation (ICR) Programs. In order to ensure the highest quality of service to our members we want to make sure that any lifestyle and nutrition program required as part of HB 2220 also meets similarly high quality standards.

Should the Committee choose to advance HB 2220, we would request a corresponding sunrise analysis of lifestyle and nutrition programs so the Legislature and the community better understand the costs and implications for including them in health plan coverage.

Thank you for allowing us to testify on HB 2220.

Sincerely,

Jennifer Diesman Vice President, Government Relations

From:	mailinglist@capitol.hawaii.gov		
Sent:	Saturday, February 06, 2016 3:33 PM		
То:	HLTtestimony		
Cc:	dylanarm@hawaii.edu		
Subject:	Submitted testimony for HB2220 on Feb 8, 2016 13:45PM		

HB2220

Submitted on: 2/6/2016 Testimony for HLT on Feb 8, 2016 13:45PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Armstrong	Individual	Support	No

Comments: Diabetes is a menace to the people of Hawaii and is a primary contributor to health inequality in our state. This bill is an important step in the right direction.

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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