



STATE OF HAWAII
DEPARTMENT OF HEALTH
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WRITTEN ONLY

**Testimony in SUPPORT of SCR0064 SD1
REQUESTING THE AUDITOR TO CONDUCT A SUNRISE ANALYSIS OF
MANDATORY HEALTH INSURANCE COVERAGE FOR NUTRITION AND
LIFESTYLE PROGRAMS, INCLUDING AN ANALYSIS OF MANDATORY
INSURANCE COVERAGE FOR THE NATIONAL DIABETES PREVENTION
PROGRAM OFFERED TO PATIENTS FOUND TO HAVE ABNORMAL BLOOD
GLUCOSE**

SENATOR JILL N. TOKUDA
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: March 24, 2016

Room Number: 211

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 SCR64 SD1. The purpose
4 of SCR64 SD1 is to request a sunrise analysis from the Auditor of mandatory insurance coverage
5 for the National Diabetes Prevention Program offered to patients found to have abnormal blood
6 glucose.

7 The Centers for Disease Control and Prevention (CDC) 6|18 Initiative, based off of the
8 the United States Preventive Services Task Force (USPSTF) recommendations, urges expanding
9 access to the National Diabetes Prevention Program (DPP).¹ The DPP program was developed
10 and evaluated by the CDC, and has been proven to reduce the onset of diabetes in at-risk adults
11 by 58 percent, using a cost-effective, community-based intervention.² National DPP programs
12 have shown that only moderate weight loss is required to achieve preventive health benefits.³

¹ Centers for Disease Control and Prevention, The 6|18 Initiative: Accelerating Evidence into Action.

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

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

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

1 Weight loss of 5 to 7 percent of body weight, or 10 to 14 pounds for a person weighing 200
2 pounds, led to reduction in diabetes onset mentioned above.⁴

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

10 Diabetes and pre-diabetes rates have been steadily increasing in Hawaii; nearly one
11 quarter of all adults in Hawaii (24.1%) report having diabetes or pre-diabetes.⁷ These rates do
12 not fully capture the burden of these conditions when considering people who have not been
13 screened. Based on a study by Dall, et al, (2014) and a methodology developed by the American
14 Diabetes Association, half of all adults in Hawaii (52.7%) currently have diabetes (11.2%) or
15 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 evidence-based diabetes prevention program. http://www.cdc.gov/diabetes/prevention/pdf/STAT_toolkit.pdf

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

<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.

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

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

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.

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



Senate Committee on Ways and Means
The Hon. Jill N. Tokuda, Chair
The Hon. Donovan M. Dela Cruz, Vice Chair

Testimony in Support of Senate Concurrent Resolution 64 SD1
Submitted by Dustin Stevens, Public Affairs and Policy Director
March 24, 2016, 9:00 am, Room 211

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, strongly supports SCR 64 SD1, requesting the auditor to conduct a study of mandatory health insurance coverage for nutrition and lifestyle programs.

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 resolution, if passed, will continue to shed light on this and other like kind programs and the vital role they play in the state of health in Hawaii moving forward.

Realizing the expansive nature of such programs, the HPCA appreciates and supports the narrow scope in the SD1, focusing largely on diabetes prevention programs in the state.

For these reasons the HPCA strongly supports SCR 64 SD1 and thanks you for the opportunity to testify.



**Hawaii
Health
Foundation**

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Mission Statement

*"To improve the health of
the people of Hawaii and
the world, and to
promote Hawaii as a
World Center for Health
through research,
education, and programs
which include traditional
values and diet, and
integrative
health practices."*

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March 23, 2016

WAM Committee
Hon. Sen. Tokuda, Chair
Hawaii State Senate

Re: Support and suggestions for amendment to SCR64 SD1

Dear Honorable Senator Tokuda:

And greetings to members of the WAM committee. I am in support of SCR64 SD1 with a suggestion that the following language be included.

1) WHEREAS, a study funded by the Hawaii State Legislature showed in a 2008 report to the Legislature that the Hawaii Health Program conducted by Dr. Shintani and the Hawaii Health Foundation induced a reduction in blood sugar, blood pressure, cholesterol and weight and reduced the cost of medication by 25.7%.

2) Add the the resolution "BE IT RESOLVED by the Twenty-eight Legislature of the State of Hawaii at the end of the paragraph. "and coverage for the Hawaii Health Program conducted by the Hawaii Health Foundation offered to patients found to have abnormal blood glucose, blood pressure or cholesterol.

Please note that this could be a stepping stone to help support the Medical School's Dept of Complementary and Integrative Medicine with private and Federal funds. This is because this Program could be conducted through our Department and it may help Medicare to fund this Hawaii-based Program and they already fund a mainland based program up to \$9000 per patient.

I have attached a copy of the study funded by the Hawaii state legislature that was presented to your health committee in Jan 2008.

Sincerely,

Terry Shintani, MD, JD, MPH
President

**FINAL REPORT
FOR
HAWAII HEALTH FOUNDATION
INTEGRATIVE MEDICINE
AND HEALTH COST REDUCTION PROJECT
Grant amount: \$100,000**

**These funds are pursuant to:
CONTRACT BETWEEN THE DEPARTMENT OF HEALTH AND
HAWAII INSTITUTE OF INTEGRATIVE HEALTH
dba HAWAII HEALTH FOUNDATION
Item E-11, Act 178 2005 HSL 447
as amended by Sequence #2002-001, Item E-11, Act 160, 2006 HSL 469**

**Contract Dated April 26, 2007
For year beginning July 1, 2006**

January 15, 2008

**Submitted by
Terry Shintani, MD, JD, MPH, President
HAWAII HEALTH FOUNDATION
(808) 521-3097**

EXECUTIVE SUMMARY

The Hawaii Health Foundation Integrative Medicine and Health Cost Reduction Project is an ongoing project of the Hawaii Institute of Integrative Health dba Hawaii Health Foundation. It is designed to promote health in Hawaii and to help provide a major model for reduction in health cost through whole-person integrative medicine practices.

Responding to Need and Demand

This project was started in response to the high cost of health care and the most serious health problem faced by Hawaii and the U.S. – which kills over 67% of all Americans - nutrition-related diseases (heart disease, cancer, diabetes, etc.) and obesity. We recognized that the cause of this problem – diet and lifestyle - was being neglected by the health-care system in favor of the use of drugs and surgery. It is believed that an “Integrative” lifestyle and traditional values based health program can reduce the cost of health care.

Coupled with this need, is the fact that Hawaii is the “integrative medicine” capital of the world. There is a great demand for “complementary and alternative medicine”(CAM) also known as “integrative medicine” services across the nation. Hawaii leads the nation in the demand and use of these services.

Outcomes of the Initiatives Under This Grant

The outcomes of the initiatives under this grant (described in greater detail below) are as follows:

- I. Conducting health presentations and events promoting health in Hawaii
 - a. Many presentations conducted with audiences totaling over 2700
 - b. Brown and Bakken World Health Awards Completed
- II. Conducting a demonstration program for the reversal of chronic illness and reduction in need for medication through lifestyle and integrative practices
 - a. 21 day and 10 day programs completed demonstrating reduction in cost of medication:
 - A. 25.7% reduction in cost of medication in 21 day program
 - B. 31.6% reduction in cost of medication in 10 day program
 - b. Improvement in health measures
 - A. At the same time, with less medication, health measures improved including weight, blood pressure, lipids, and blood sugar
 - B. There were also and improvement in many of the symptoms such as headaches and joint pain, despite less medication
- III. Assisting the John A. Burns School of medicine in establishing and promoting an integrative medicine practice group.
 - a. In progress: JABSOM Wellness Center opening Jan 2008
 - b. Infrastructure set up for website and recording of lectures and teleseminars.

FINAL REPORT

Please note that while the grant year started in July of 2006, funds were not released until April of 2007. As a result, the grant year was extended to December 2007.

PRESENTATIONS

Reversing Chronic Disease

In July of 2006, two presentations were conducted to promote health and to introduce the concept of the reversal of disease through diet, lifestyle and integrative practices. These presentations were conducted through a collaboration with a non-profit organization, Integrative Sustainable Solutions Foundation. Their interest was to produce a film showing the reversal of disease through our approach of lifestyle medicine. The first was held at the Hibiscus Room at the Ala Moana Hotel and the second overflow crowd was held at the Mokichi Okada Association's "True Health Center", now known as "Toho No Hikari"

The presentations featured Dr. Shintani in a lecture and slide show about reversing chronic disease. This was a forum from which individuals were interviewed and selected for the demonstration project. The following is a description of the presentation and program:

Dr. Terry Shintani and Verne Varona (health advocate from New York associated with the film company), are offering a FREE public lecture to secure participants for a healthy lifestyle and diet program. (see ad in interim report and in Attachment A.) This project entails preparing food and serving approximately 20 to 25 individuals dinners at the Toho no Hikari Church (Church) on Pali Highway. We intend to film parts of this program for the purpose of making a documentary film.

Our intention is to show the general public the true value of taking responsibility for one's health and the possibility of being able to safely withdraw from medications for conditions that can be successfully reversed. Some of these conditions (see attached flyer) are Type 2 Diabetes, Early Stage Arthritis, Hypertension and others. Our study is medically monitored by Dr. Terry Shintani and his medical team. We work very gradually with people and will encourage participants to recover at a pace that is comfortable for them.

These were attended by approximately 1400 people.

DEMONSTRATION PROGRAM

A. Overview

The disease reversal program was conducted with a group of 24 people selected from the presentations described above. The program was 21 days long and was a "whole person" program that focused on diet and lifestyle and included spiritual, mental, emotional, and physical components. Traditional Hawaiian values were woven into the program.

The program started with a weekend of classes and cooking demonstrations. Recipes and meal plans were included. In addition, a workbook was provided for participants to log their activities. Approximately 18 meetings were conducted during this period.

B. Here is a description of the programs.

The first program in July of 2006 was a 21-day program. The second in November or 2007 was a 10-day program. The program requires a preliminary screening visit in order to collect information to help ensure that the program is conducted appropriately for the individual and to screen for potential problems. In order to facilitate this process, those who are participating in medical monitoring must fill out a medical history form. At this screening, a history and basic physical exam will be conducted including weight and blood pressure. Assuming there are no health conditions that make it unsafe for a participant, (for example, recent hospitalization or uncontrolled blood pressure etc.) a beginning fasting blood test measuring blood sugar and cholesterol will be prescribed.

The program officially begins on Saturday, at 8:00 AM at the Mokichi Okada Association (MOA) lecture hall, also known as "Toho No Hikari". Initial blood pressure, weights etc. will be taken at this time for those who are undergoing medical monitoring. There are classes the whole day on Saturday and three meals provided.

All morning Breakfast/meal pickups are between 6:30 am to 8:30 am. At this time, your weight and blood pressure will be checked and if necessary for people with diabetes, blood sugar tests will be done using your own blood sugar monitor if you have diabetes. Dinner will be served between 6:00 pm to 8:00 pm on weekdays and dining together is required unless previously arranged. There will be teaching & discussion sessions during these dinners starting at 7:00 pm on most evenings and at 6:30 pm on some evenings.

The final blood draw is on the morning after the last dinner. You must continue on the regimen until the final blood is drawn. Light breakfast will be provided on that morning after the blood draw. There is a closing event scheduled after the blood tests are completed and reviewed.

SUMMARY OF SCHEDULE

10 Day Diet	Morning	Mid Day	Evening
One Week Prior	Pre-Screening		
One Day Prior	Fasting Blood Test		
Day 1 (All Day Saturday MOA)	Weigh In at MOA Breakfast Morning Seminars	Lunch at MOA Seminars to show cooking	Dinner at MOA Seminar
Day 2 (Half Day Sunday at DTE)	Check in Breakfast at Moilili Lecture and Shopping Tour	Lunch at DTE	Self-Made Dinner
Day 3 Monday	Check In at MOA Breakfast	Lunch – (Provided)	Dinner at MOA Seminar
Day 4 Tuesday	Check In at MOA Breakfast	Lunch – Self Made	Teleseminar Support Call
Day 5 Wednesday	Breakfast Self Made	Lunch – Self Made	Self-Made Dinner
Day 6 Thursday	Check In at MOA Breakfast Morning Session	Lunch – Self Made	Dinner at MOA Seminar
Day 7 Friday	Breakfast on own	Lunch – Self Selected	Self-Made Dinner
Day 8 Saturday	Check in at DTE Breakfast	Lunch – Self Made	Teleseminar Support Call
Day 9 Sunday	Breakfast – self made	Lunch – Self Made	Self-Made Dinner
Day 10 Monday	Breakfast – self Made	Lunch – Self Made	Dinner at MOA Seminar
Day 11 Tuesday	Check in at MOA Breakfast Fasting Blood Test	Lunch – Self Made	Self-Made Dinner
Day 14			Dinner Celebration MOA
Week 3	Optional Blood Test at Day 21		Teleseminar Support Call
Month 2			Follow-Up Dinner MOA

C. Results: May individuals were able to reduce their need for medication. Weights, blood pressure, cholesterol, blood sugar all showed an average improvement. Final results below may be subject to adjustment based on peer review, for example if published in a journal. Please see attached video and screenshots in attachment B for additional description of results.

a. Clinical Results

i. 21 Day Program

There were 24 people in the 21 day program. 23 of them completed the program. As evident in the table below, all health measures that we tracked improved except for cholesterol ratio, which stayed the same.

21 DAY PROGRAM

	Begin	End	Change	% Change
Weight	199.6	186	-13.6	-6.8%
Systolic BP	142.11	121.7	-20.41	-14.4%
Diastolic BP	87	72.9	-14.1	-16.2%
Cholesterol	183.3	152.2	-31.1	-17.0%
HDL	43.4	35.7	-7.7	-17.7%
LDL	115.4	91.9	-23.5	-20.4%
Triglycerides	122.6	122.8	0.2	0.2%
Ratio	4.4	4.4	0	0.0%
Glucose	112.3	96.1	-16.2	-14.4%

ii. 10 Day Program

The 10 day program differed in that a fee that nearly covered cost was charged. There were 11 participants on this program. This was done so that eventually, this program could be self-sustaining. Similar to the 21 day program, all health measures improved, and in this program, cholesterol levels improved as well.

10 DAY PROGRAM

	Begin	End	Change	% Change
Weight	218.4	211.3	-7.1	-3.3%
Systolic BP	144.1	129.5	-14.6	-10.1%
Diastolic BP	73.7	72	-1.7	-2.3%
Cholesterol	181	168	-13	-7.2%
HDL	38.8	35.1	-3.7	-9.5%
LDL	107.1	91.6	-15.5	-14.5%
Triglycerides	185.9	162.1	-23.8	-12.8%
Ratio	4.4	4.2	-0.2	-4.5%
Glucose	113.3	100.6	-12.7	-11.2%

b. Cost Reduction

i. 21 Day Program

Among the 23 participants who were on the 21 day program, there were a total of approximately 76 prescription medications that they were taking. As health parameters improved such as blood pressure, blood sugar, headaches and joint pain, these medications were gradually reduced. In all 11 medications were reduced or stopped. This amounted to an estimated cost savings of \$1,436 per month. The estimated cost of medication at the beginning of the program was \$5,580 so the reduction represented a reduction in 25.7% in the cost of medication.

21 Day Program

Meds	Begin	End	Change	% Change
Number	76	65	-11	14.5%
Cost	\$5,580	\$4,143	\$1,436	25.7%

ii. 10 Day Program

Among the 11 participants who were on the 10 day program, there were a total of approximately 38 prescription medications that they were taking. As health improved 11 medications were reduced or stopped. This amounted to an estimated cost savings of \$879 per month. The estimated cost of medication at the beginning of the program was \$2,783 so the reduction represented a reduction in 31.6% in the cost of medication.

10 Day Program

Meds	Begin	End	Change	% Change
Number	38	29	-9	-23.7%
Cost	\$2,783	\$1,904	\$879	-31.6%

These preliminary results should provide a good rationale for further funding of this project to see the long term effect of this type of program.

DR. AGNES KALANIHO'OKAHA COPE TRADITIONAL HAWAIIAN HEALING CENTER

March 23, 2016

WAM Committee

Hon. Sen. Tokuda, Chair

Hawaii State Senate

Re: Support and suggestions for amendment to SCR64 SD1

Dear Honorable Senator Tokuda:

And greetings to the members of the WAM committee. The Council of Elders of the Native Hawaiian Healers supports SCR64 SD1 with the following amendments as we are aware of the effectiveness of Dr. Shintani's Hawaii Health Program and would like this Program covered by insurance.

We suggest that the resolution include the following.

1) WHEREAS, a study funded by the Hawaii State Legislature showed in a 2008 report to the Legislature that the Hawaii Health Program conducted by Dr. Shintani and the Hawaii Health Foundation induced a reduction in blood sugar, blood pressure, cholesterol and weight and reduced the cost of medication by 25.7%.

2) Add the the resolution "BE IT RESOLVED by the Twenty-eight Legislature of the State of Hawaii at the end of the paragraph. "and coverage for the Hawaii Health Program conducted by the Hawaii Health Foundation offered to patients found to have abnormal blood glucose, blood pressure or cholesterol.

As you may know this "Council of Elders" has been officially sanctioned by your legislature in a law embodied in HRS 453-2(c) as a "Kupuna Council" as convened by Papa Ola Lokahi.

Please note that this could be a stepping stone to help bring more money into Hawaii through Federal funds. This is because this P.Medicare to fund this Hawaii-based Program and they already fund a mainland based program up to \$9000 per patient.

Sincerely



Kamaki Kanahele

Iku Ha'i, Chair, Kupuna Council, Native Hawaiian Healers

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SCR64 on Mar 24, 2016 09:00AM*
Date: Tuesday, March 22, 2016 2:20:34 PM

SCR64

Submitted on: 3/22/2016

Testimony for WAM on Mar 24, 2016 09:00AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, 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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