STAND. COM. REP. NO. 714

Honolulu, Hawaii

MAR 0 4 2021

RE: S.B. No. 827 S.D. 2

Honorable Ronald D. Kouchi President of the Senate Thirty-First State Legislature Regular Session of 2021 State of Hawaii

Sir:

Your Committee on Commerce and Consumer Protection, to which was referred S.B. No. 827, S.D. 1, entitled:

"A BILL FOR AN ACT RELATING TO BREAST CANCER SCREENING,"

begs leave to report as follows:

The purpose and intent of this measure is to:

- (1) Increase the categories of women required to be covered for mammogram screenings;
- (2) Require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis;
- Define "digital breast tomosynthesis"; and (3)
- (4)Require health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after January 1, 2021.

Your Committee received testimony in support of this measure from the Hawaii Radiological Society, Hawaii Society of Clinical Oncology, Hawaii Primary Care Association, Hawaii Medical Association, Hawai'i Pacific Health, and five individuals. Your Committee received testimony in opposition to this measure from

the Hawaii Association of Health Plans. Your Committee received comments on this measure from the Department of Commerce and Consumer Affairs, Department of Health, and Hawaii Medical Service Association.

Your Committee finds that Hawaii has one of the highest incidences of breast cancer among the United States due to its diverse population. Research has confirmed an earlier peak age of diagnosis of breast cancer in Asian, Hispanic, African American, and native Hawaiian women before age fifty. Therefore, risk assessment for breast cancer as early as age thirty is clinically important to determine which women are of higher risk so they can be informed of their options for increased surveillance. Screening may also reduce cancer morbidity, since treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers. This measure will help ensure women identified by Surveillance, Epidemiology, and End Result Program (SEER) data, especially minority women with high risks of breast cancer, have access to early breast cancer screening.

Your Committee notes the concerns raised in testimony that this measure is not consistent with quidelines established by the United States Preventative Services Task Force (USPSTF). Your Committee finds, however, that if USPSTF guidelines were followed, insurance companies would no longer be required to pay for screening mammography in women ages forty to forty-nine, a critical age group in early breast cancer detection. Additionally, minority women would be disproportionately and adversely impacted by implementation of the USPSTF guidelines and this measure is specifically intended to address important health care disparities that exist for young Asian and native Hawaiian women in the State. Your Committee finds that it is more important and ethical to screen for breast cancer early, as multiple studies have shown that early screening and detection can result in treatment cost savings between thirty to one hundred percent, in addition to reducing cancer morbidity.

Your Committee further notes that coverage for low-dose mammography is not a new benefit that would be subject to an impact assessment report. Breast tomosynthesis is simply an advancing technology within the existing mammography mandate that should also be covered under the same benefit. Moreover, this technology has been shown to be more effective for women with

dense breast tissue and those that are at higher risk of breast cancer. Attempts to delay action pose risks to the health of patients who would benefit from advancing technologies and methodologies.

Your Committee has amended this measure by:

- (1) Clarifying the insurance coverage contemplated by this measure shall apply to health maintenance organizations subject to chapter 432D, Hawaii Revised Statutes;
- (2) Clarifying health insurance coverage shall include annual screening by a low-dose mammogram for women age thirty to fifty, deemed by a licensed physician or clinician to have an above-average risk for breast cancer; provided that a formal risk factor screening assessment is first made and informed by any readily available risk factor modeling tool; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

As affirmed by the record of votes of the members of your Committee on Commerce and Consumer Protection that is attached to this report, your Committee is in accord with the intent and purpose of S.B. No. 827, S.D. 1, as amended herein, and recommends that it pass Third Reading in the form attached hereto as S.B. No. 827, S.D. 2.

Respectfully submitted on behalf of the members of the Committee on Commerce and Consumer Protection,

Rosalyn H. BAKER, Chair

The Senate Thirty-First Legislature State of Hawai'i

Record of Votes Committee on Commerce and Consumer Protection CPN

| Bill / Resolution No.:* | Committee Referral: | | | Date: | |
|--|---------------------|-----|----------|------------|---------|
| SB827 SD1 | HTH, CPN | | | 02/24/2021 | |
| The Committee is reconsidering its previous decision on this measure. | | | | | |
| If so, then the previous decision was to: | | | | | |
| The Recommendation is: | | | | | |
| Pass, unamended Pass, with amendments Hold Recommit 2312 2311 2310 2313 | | | | | |
| Members | | Aye | Aye (WR) | Nay | Excused |
| BAKER, Rosalyn H. (C) | | / | | | |
| CHANG, Stanley (VC) | | / | | | |
| MISALUCHA, Bennette E. | | | | | |
| NISHIHARA, Clarence K. | | / | | | |
| RIVIERE, Gil | | | | | |
| SAN BUENAVENTURA, Joy A. | | | | | |
| FEVELLA, Kurt | | | | | |
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| TOTAL | | 7 | | 4 | - |
| Recommendation: | | | | | |
| Adopted Not Adopted | | | | | |
| Chair's or Designee's Signature: | | | | | |
| Distribution: Original Yellow Pink Goldenrod File with Committee Report Clerk's Office Drafting Agency Committee File Copy | | | | | |
| | 2.311 | | | , 50 | |

*Only one measure per Record of Votes