DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

STATE OF HAWAII
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DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Finance
Wednesday, March 31, 2021
2:30 p.m.
Via Videoconference

On the following measure:
S.B. 827, S.D. 2, H.D. 1, RELATING TO BREAST CANCER SCREENING

Chair Luke and Members of the Committee:

My name is Colin M. Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purposes of this bill are to expand coverage of breast cancer screening and imaging to include: (1) an annual mammogram for a woman of any age with an above-average risk for breast cancer, as determined by the use of a risk-factor modeling tool; (2) risk factor screening for women ages 30 or older; and (3) additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline. This bill also requires the auditor to conduct an impact assessment report and make a report to the Legislature.

While the Department takes no position on supplemental imaging to include digital breast tomosynthesis, the Department notes that H.D. 1's expansion of coverage is a new mandate. This addition of new mandated coverage will trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), which

requires states to defray the additional cost of any benefits in excess of the essential health benefits of the State's qualified health plans under the PPACA. The federal Department of Health and Human Services (HHS) has confirmed that an expansion to an existing statute is a new mandate, and the State will be responsible for defrayment of the State's qualified health plans. For plan year 2021, Hawaii has 42 qualified health plans on the individual marketplace, and an average enrollment of over 18,600 lives in 2020.

Additionally, Hawaii Revised Statutes section 432E-1.4 sets forth standards for medical necessity. This bill proposes to define the medical necessity of any treatment in accordance with a specific standard, "an applicable guideline," which will narrow the criteria for what constitutes medical necessity. This will have a negative precedent on all coverages.

Finally, the Department recommends adding language to the bill that will require the Insurance Division to submit a report to the Legislature on: the impact and effects that California v. Texas[1] will have on the PPACA and state insurance mandate provisions; the estimated cost of state defrayment for this measure; options regarding how the defrayment should be made; any additional guidance provided by the Hawaii Department of Health and the Hawaii Department of Human Services on mandated provisions; the process to include the mammography benefit as an essential health benefit; and any proposed statutory recommendations. The Department recommends that this report be submitted to the Governor, Legislature, and Director of Budget and Finance 30 days prior to the 2022 legislative session.

Thank you for the opportunity to testify on this bill.

[1] Texas v. United States, 945 F.3d 355 (5th Cir. 2019), as revised (Dec. 20, 2019), as revised (Jan. 9, 2020), cert. granted sub nom. California v. Texas, 140 S.Ct. 1262, 206 L.Ed.2d 253 (2020), and cert. granted sub nom. Texas v. California, 140 S.Ct. 1262, 206 L.Ed.2d 253 (2020).

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HOUSE COMMITTEE ON FINANCE
The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair

S.B. NO. 827, S.D. 2, H.D. 1, RELATING TO BREAST CANCER SCREENING

Hearing: Wednesday, March 31, 2021, 2:30 p.m.

The Office of the Auditor takes **no position** on S.B. No. 827, S.D. 2, H.D. 1, and offers the following comments.

This bill, as amended, instructs the Auditor to "conduct an impact assessment report pursuant to sections 23-51 and 23-52, Hawai'i Revised Statutes, to assess the social and financial impacts of the proposed mandated coverage specified[.]"

We note for proposals mandating new health insurance coverage, Section 23-51, HRS, specifically requires the Legislature to pass a **concurrent resolution** requesting an impact assessment by the Auditor, the statute providing "before any legislative measure that mandates health insurance coverage . . . can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage."

Thank you for considering our testimony related to S.B. No. 827, S.D. 2, H.D. 1.

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
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Testimony COMMENTING on S.B. 827, S.D. 2, H.D. 1
RELATING TO BREAST CANCER SCREENING

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: March 31, 2021 Room Number: Videoconference

Fiscal Implications: None

Department Testimony: The Department of Health (DOH) offers comments on Senate Bill 827, Senate Draft 2, House Draft 1 (S.B. 827, S.D. 2, H.D. 1). The policy recommendations in S.B. 827, S.D. 2, H.D. 1 to increase categories of women required to be covered by mammogram screening do not align with the U.S. Preventive Services Task Force (USPSTF) published in January 2016 that guides screening policies and practices for the DOH, Hawaii Breast and Cervical Cancer Control Program (HBCCCP). The USPSTF reviews the balance of harm to benefit and does not recommend breast cancer screening before age 50 except for women in their 40s with parent, sibling, or child with breast cancer.[1] The Department respectfully recommends following the USPSTF guidelines of biennial screening mammography for women aged 50 to 74 years for breast cancer screening and supplemental screening.

According to the 2018 data from the Hawaii Behavioral Risk Factor Surveillance System, 87% of women aged 50-74 had a mammogram within the past two years.[2] Screening is effective in identifying breast cancer early, when it is often highly treatable. Increasing cancer screening rates and ensuring access to breast cancer screening for residents of Hawaii is a priority for both Centers for Disease Control and Prevention funded programs, the HBCCCP and Hawaii Comprehensive Cancer Control Program (HCCCP) in the DOH. The HBCCCP provides critical screening and early detection services to high risk, uninsured and underinsured, rarely, or never screened women between the ages of 50-64. The HCCCP convenes and supports the Hawaii

Comprehensive Cancer Coalition's efforts to reduce cancer morbidity and mortality through screening and early detection.

Thank you for the opportunity to testify on this measure.

Offered Amendments: None

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[1] U.S. Preventive Services Task Force, Final Recommendation Statement, Breast Cancer: Screening, January 11, 2016. Accessed on February 3, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.
[2] Hawaii State Department of Health, Hawaii Health Data Warehouse. Behavioral Risk Factor Surveillance System. (2018). http://hhdw.org. Accessed on February 3, 2021.

LATE

Testimony on behalf of the
Hawai‘i State Youth Commission

IN SUPPORT OF SB827
March 31, 2021

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Members of the Health Committee

From: Mallory Go
And Commissioners of the Hawai‘i State Youth Commission

I speak on behalf of the Hawai‘i State Youth Commission (HiYC) in expressing my support for SB827. HiYC was formed to “advise the governor and legislature on the effects of legislative policies, needs, assessments, priorities, programs, and budges concerning the youth” [§352D-11]. The 15 Youth Commission members (ages 14 – 24) are appointed by the Governor, the Senate President, and the Speaker of the House.

According to the Hawai‘i Medical Association, there is ample data showing annual mammographic screenings significantly reduce breast cancer deaths and morbidity and that effective screening programs are in the best interest of Hawai‘i and its people. Current USPFTF guidelines cause minority women to be disproportionately and adversely affected and SB827 addresses a significant healthcare disparity that exists for young Asian and Native Hawaiian women in our state. According to Hawaii SEER data, women of Asian ancestry in Hawaii are the ethnic group most likely to develop breast cancer before age 50 in our state. Additionally, Native Hawaiian women have the greatest breast cancer incidence and mortality in Hawaii. This measure will ensure women with a high risk of breast cancer in Hawaii have access to breast cancer screening early.

I am a youth at risk for breast cancer due to a strong family history of breast cancer as well as being a young Asian-American in Hawaii. Compared to older women, young women generally face more aggressive cancers and lower survival rates and still remain underrepresented in many research studies. Cancer affects family and friends, not just the person with the disease. I have witnessed my friends, family members, and community members being

negatively affected by this life-altering disease in terms of their physical, emotional, and mental health.

HiYC strongly urges the committee to pass SB827 which will help bridge the gap of minority healthcare as well as protect the health of Hawai‘i and the future of its youths. Thank you for the opportunity to testify on this critical measure.

Mahalo nui loa,
Mallory Go

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Wednesday, March 31, 2021 at 2:30 PM
Via Video Conference

House Committee on Finance

To: Representative Sylvia Luke, Chair
Representative Ty Cullen, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: Testimony in Support of SB 827, SD2, HD1
Relating to Breast Cancer Screening

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

HPH writes in **support** of SB 827, SD2, HD1 which expands coverage of breast cancer screening and imaging to include risk factor screening. It measure also requires an auditor's analysis and report of the mandate.

Significant data exists showing that annual mammographic screening significantly reduces breast cancer deaths and morbidity. Women of certain ethnic groups suffer a disproportionately higher rate of breast cancer diagnosis before the age of fifty. In Hawaiʻi, the rate of breast cancer in women whose age ranges of 40 to 49 years old is higher when compared to the Mainland. Hawaiʻi also has a large population of Asian American women who have an earlier peak age of breast cancer diagnosis and a Native Hawaiʻian population which has the highest mortality from breast cancer. Because of the ethnic diversity in Hawaiʻi, health insurance coverage for screening for certain risk factors as well as lowering the age of for women to undergo baseline mammograms would improve health outcomes for those women whose ethnic backgrounds and other characteristics make them susceptible to an earlier onset of breast cancer.

Early detection of breast cancer via mammography is cost effective in the long run because of decreased treatment costs. Multiple studies have shown that the savings in treatment costs through early screening may be 30 to 100% or more than the cost of screening.

Increasing the categories of women who would be covered for mammogram would make this important diagnostic tool more accessible to women who may be at risk for breast cancer. Thus, leading to earlier detection and treatment which in turn reduces mortality rates in women.

Thank you for the opportunity to testify.

March 30, 2021

REPRESENTATIVE SYLVIA LUKE, CHAIR
REPRESENTATIVE TY CULLEN, VICE-CHAIR
MEMBERS OF THE FINANCE COMMITTEE

Re: **Senate Bill (SB) 827, Senate Draft (SD) 2, House Draft (HD) 1 – SUPPORT**
RELATING TO BREAST CANCER SCREENING
Expands coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age with an above average risk for breast cancer, risk factor screening for women ages thirty or older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline. Requires the auditor to conduct an impact assessment report and make a report to the legislature.

Dear Chair, Vice-Chair and Members of the Committee:

The Hawaii Society of Clinical Oncology (HSCO) is a local community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a voice for multidisciplinary cancer care teams and the patients they serve. Founded in 1996, HSCO is the largest oncology professional organization in the state.

We support SB827, SD2, HD1 because it follows the screening guidelines issued by leading clinical organizations such as the American College of Radiology, the National Comprehensive Cancer Network, and the American Medical Association instead of the U.S. Preventive Services Task Force (USPSTF).

Based on testimony on similar bills, it appears that the Department of Health and some of the health insurance companies rely on the national guidelines from the USPSTF and prefer our law stays that way. However, doing so fails to acknowledge the evidence showing women of certain ethnic groups suffer a disproportionately higher rate of breast cancer diagnosis before the age of fifty. Hawaii has a large population of Asian American women who have an earlier peak age of breast cancer diagnosis and a Native Hawaiian population which has the highest mortality from breast cancer. Because of the ethnic diversity in Hawai'i, health insurance coverage for screening for certain risk factors as well as lowering the age of for women to undergo baseline mammograms would improve health outcomes for those women whose ethnic backgrounds and other characteristics make them susceptible to an earlier onset of breast cancer.

Thank you for the opportunity to testify.

SB-827-HD-1
Submitted on: 3/29/2021 7:34:56 PM
Testimony for FIN on 3/31/2021 2:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Hawaii Radiological Society	Support	No

Comments:

Thank you to the Women's Caucus and our Legislature for introducing this bill.

Hawaii has one of the highest incidences of breast cancer among U.S. states. We have a very diverse population and research has confirmed an earlier peak age of diagnosis of breast cancer in Asian, Hispanic and African American women before age 50. Risk assessment for breast cancer at age 30 is very important clinically to determine which women are of high risk for breast cancer, so they can be informed of their options for breast cancer surveillance. Determining their life time risk for breast cancer would enable Hawaii"s women to make informed choices about how to make how to best be screening for breast cancer and allow them to participate in their own healthcare decisions. Breast cancer risk assessment is not a "new mandate" and already is performed for hunderds of Hawaii women in our state annually.

The severe shortage of providers on the Neighbor Islands also negatively impacts the number of women being screening and resulting in increased mortality according to www.hawaiihealthmatters.org.

Kindly consider this language which would promote breast cancer risk assessment as per HB309:

(5) Notwithstanding any provision to the contrary, each policy, contract, plan, or agreement issued on or after January 1, 2022, except for policies that only provide coverage for specified diseases or other limited benefit coverage, but including policies issued by companies subject to chapter 431, article 10A, part II and chapter 432, article 1 shall provide as additional breast cancer screening coverage:

(A) For women age thirty or older, a formal risk factor screening assessment informed by any readily available risk factor modeling tool.

Many U.S. states already have laws in effect providing for baseline mammography age 35-39. The option for an earlier baseline mammogram in Hawaii is particularly important, given the early peak age of diagnosis in minority women, the increasing incidence of breast cancer before age 50 and the lack of access to healthcare given the severe and worsening provider shortage. The most important aspect of this bill is the language to ensure women in Hawaii are assessed for there risk status for breast cancer, as this would save many lives.

Testimony was submitted from the insurance industry that mammography in younger women is problematic because the radiation from mammography may cause cancer. Please consider the information from the American Cancer Society, that modern mammography equipment results in a very dose of radiation, which is a small fraction of what we all receive from natural background radiation each year.

Major medical organization supports mammography for high risk women starting at age 30. The clinical benefits of establishing an early stage diagnosis of breast cancer far exceeds the theoretical risk of mammography causing a breast cancer in an individual patient. There is some research suggesting that high risk women, that are younger than age 30, may have cumulative radiation exposure that could slightly raise their risk for breast cancer. For this reason breast MRI is recommended for these younger women. Both breast MRI and whole breast screening ultrasound have no radiation exposure and are available for those high risk women who choose to defer mammography.

I was pleased to see Kaiser Permanente support the Women’s Caucus bill to decrease decrease breast cancer mortality.

Scott Grosskreutz, M.D

President Hawaii Radiological Society

March 30, 2021

Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair
House Committee on Finance

Re: **S.B. 827, S.D. 2, H.D. 1, Relating to Breast Cancer Screening**

Hearing: **Wednesday March 31, 2021, 2:30 pm, Room 308 via Videoconference**

Dear Chair Luke, Vice Chair Cullen and Members of the Committee on Finance:

Hawaii Women Lawyers submits testimony in **support** of S.B. 827, S.D.2., H.D.1. This measure addresses the ready access for women to breast cancer screening by lowering the age of women required to be covered for mammogram screenings, and requiring the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

HWL supports this bill because it ensures that women will continue to have access to breast cancer screening as a life-saving diagnostic prevention tool. While the federal Protecting Access to Lifesaving Screening Act of 2019, which protects against additional copays for mammograms, was recently extended, we believe that it would still be helpful to have the proposed additional coverage for mammograms codified in our state law.

There is a higher instance of breast cancer, particularly late-stage diagnosis in Filipino and ethnic Hawaiian women, with a risk of death that is 1.5-1.7 percent higher than that of Caucasian, Chinese, and Japanese women.[1] The key to surviving breast cancer is early detection through mammograms. We believe that S.B. 827, S.D. 2, H.D.1 will provide greater opportunity to the women of Hawaii to detect and recover from breast cancer. For these reasons, we respectfully request that the Committee pass S.B. 827, S.D.2, H.D.1.

Thank you for the opportunity to testify in support of this measure.

[1] M.J. Goodman, Breast Cancer in Multi-Ethnic Populations: the Hawaii Perspective, 18 Suppl 1:S5-9 Breast Cancer Res Treat. (1991).

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Email: hawaiiwomenlawyers@gmail.com

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the House Committee on Finance
Wednesday, March 31, 2021; 2:30 p.m.
State Capitol, Conference Room 308
Via Videoconference

RE: SENATE BILL NO. 0827, SENATE DRAFT 2, HOUSE DRAFT 1, RELATING TO BREAST CANCER SCREENING.

Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 0827, Senate Draft 2, House Draft 1, RELATING TO BREAST CANCER SCREENING.

The bill, as received by your Committee, would:

(1) Expand coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age with an above average risk for breast cancer, risk factor screening for women ages thirty or older, and additional supplemental imaging for any woman regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline; and

(2) Require the Auditor to conduct an impact assessment report to assess the social and financial impacts of the proposed mandated coverage and report to the Legislature prior to the Regular Session of 2022;

This bill would take effect on July 1, 2060, to facilitate continued discussion.

As presently drafted, this bill is substantively the same as House Bill No. 0309, House Draft 2.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

According to the National Cancer Institute, in 2017, an estimated 1,688,780 people in the United States were diagnosed with cancer, and 600,920 will die of cancer. Estimates of the premature deaths that could have been avoided through screening vary from 3% to 35%, depending on a variety of assumptions. Beyond the potential for avoiding death, screening may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than that for more advanced-stage cancers.

The HPCA welcomes the opportunity to partner with the Department of Health, the American Cancer Society, and all stakeholders to expand screening for cancer. Ultimately, such efforts will promote a healthier and happier population.

We urge your favorable consideration of this bill.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiipca.net.

Hawaii Association of Health Plans

March 31, 2021

The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
House Committee on Finance

Senate Bill 827 SD2 HD1 – Relating to Breast Cancer Screening

Dear Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 827 SD2 HD1.

HAHP supports early breast cancer detection and provides coverage for screenings to our members. We follow evidence-based guidelines to ensure our members receive care that is safe and efficacious. However, we would like to express concerns on this new mandate as it does not follow widely accepted medical guidelines from the U.S. Preventive Services Task Force (USPSTF). We would also like to note that radiation is cumulative in the body and if there is no medically necessary reason to conduct a mammogram on a younger lower-risk individual, the additional radiation exposure does not outweigh the benefit of a screening.

We appreciate that language was added requesting that the State Auditor conduct an impact assessment report pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes. Should this bill move forward, we respectfully request that the impact assessment be conducted prior to enacting any mandates.

Thank you for allowing us to testify expressing concerns on SB 827 SD2 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

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HOUSE COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

Date: March 31, 2021
From: Hawaii Medical Association
Michael Champion MD, President
Christopher Flanders DO, HMA Legislative Liaison
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee
Linda Rosehill, HMA Legislative Affairs

Re: SB 827 SD2 HD1 Insurance; Breast Cancer Screening, Annual Mammography, Risk Factor Screening
Position: Strong Support

There is ample data showing annual mammographic screenings significantly reduce breast cancer deaths and morbidity and that effective screening programs are in the best interest of Hawai'i and its people. However minority women would be disproportionately and adversely impacted by implementation of current USPFTF guidelines. This measure addresses an important healthcare disparity that exists for young Asian and Native Hawaiian women in our state.

Hawaii SEER data presented by Dr. Brenda Hernandez of UH Cancer Research Center shows that women of Asian ancestry in Hawaii are the ethnic group most likely to develop breast cancer before age 50 in our state. The women of Hawaii between ages 40-49 have higher incidence of breast cancer compared to the US national average. Additionally Native Hawaiian women have the greatest breast cancer incidence and mortality in Hawaii. Nationally half of all fatal cancers are diagnosed in women before age 50 in the general population. HMA feels that this bill could save lives, especially for our minority women who are more likely to develop breast cancer before age 50. HMA strongly supports this measure that will ensure women with high risk of breast cancer in Hawaii have access to breast cancer screening early.

Thank you for allowing the Hawaii Medical Association to testify on this issue.

CONTINUED

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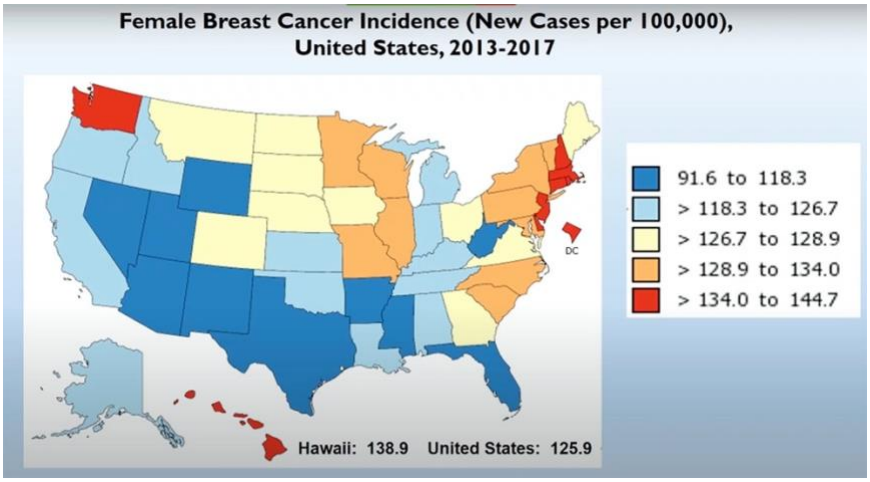

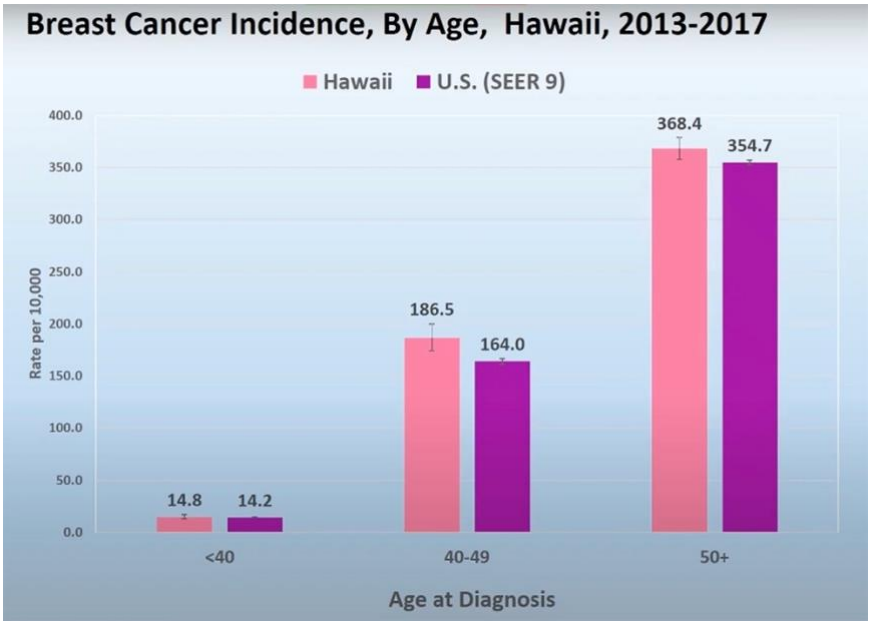

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REFERENCES

Sherman R. Mammogram guidelines can put women of color at risk. *Washington Post.* December 8, 2020. https://www.thelily.com/mammogram-guidelines-can-put-women-of-color-at-risk-these-women-thank-god-they-advocated-for-themselves/

Hawaii Radiological Society and American College of Radiology: "Breast Screening Disparities, Diverse Populations and Divergent Guidelines" September 25, 2020. https://www.youtube.com/watch?v=9o8uMuLxM4k&feature=youtu.be

Monticciolo DL, Newell MS, Hendrick RE, Helvie MA, Moy L, Monsees B, et al. Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations From the ACR. J Am Coll Radiol. 2018;15(3):408-414.

Monticciolo DL, Newell MS, Hendrick RE, Helvie MA, Moy L, Monsees B, et al. Breast Cancer Screening for Average-Risk Women: Recommendations From the ACR Commission on Breast Imaging. J Am Coll Radiol. 2017;14(9):1137-43.

Bevers TB, Helvie MA, Bonaccio E, Calhoun KE, Daly MB, Farrar WB, et al. NCCN Guidelines version 3.2018 Breast Cancer Screening and Diagnosis. J Natl Compr Canc Netw 2018 Nov 16 (11): 1362-1389.

An Independent Licensee of the Blue Cross and Blue Shield Association

March 31, 2021

The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
House Committee on Finance

Re: SB 827 SD2 HD1 – Relating to Breast Cancer Screening

Dear Chair Luke, Vice Chair Cullen, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 827, SD2, HD1, which expands coverage of breast cancer screening and imaging to include an annual mammogram for a woman of any age with an above average risk for breast cancer, risk factor screening for women ages thirty or older, and additional supplemental imaging for any woman, regardless of age, as deemed medically necessary by an applicable American College of Radiology guideline. Requires the auditor to conduct an impact assessment report and make a report to the legislature. Effective 7/1/2060.

HMSA appreciates the intent of this measure. We offer breast cancer screening benefits for our members that are aligned with national guidelines from the U.S. Preventive Services Task Force (USPSTF). HMSA offers annual mammography screening for women aged 40 and older with an average risk. Women identified as higher risk may receive an earlier screening after shared decision making with their physician on an individual basis to determine if it is appropriate. Part of the reason why national guidelines do not recommend mammograms for all younger, lower risk women is because radiation is cumulative in the body. The greater the exposure to radiation from mammography starting from a younger age the greater the increase in risk of potential malignancy.

We appreciate that language was added requiring that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-52 of the Hawaii Revised Statutes. We respectfully request that the impact assessment be conducted prior to implementing Sections 1 and 2 of bill.

Thank you for allowing us to testify on SB827 SD2 HD1. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations

LATE

SB-827-HD-1
Submitted on: 3/30/2021 4:44:18 PM
Testimony for FIN on 3/31/2021 2:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
John Lauris Wade MD	Hawaii Radiologic Society	Support	No

Comments:

I should like to commend the House and Senate Committees for continuing to advance this bill.

The heart of the bill is as the following:

The Bill essentially ensures that all women have access to **appropriate** Breast Health Care Imaging.

For women age thirty to fifty, deemed by a licensed physician or clinician to have an above-average risk for breast cancer, an annual mammogram; provided that a formal risk factor screening assessment is first made and informed by any readily available risk factor modeling tool.

I would note that the age range in this paragraph should read 30-40 as other sections of the bill already guarantee an annual mammogram for women ages 40 and up. For women age 30 to 40, this bill enables a woman and her physician or clinician to have a discussion about whether or not a mammogram is appropriate. The Risk Factor Modeling Tools offer an easy structural framework within this conversation can take place. This will enable identification of both higher **AND** lower risk women.

In point of fact, this clinical evaluation may avoid a number of unnecessary mammograms and may actually save some screening costs while ensuring that younger at risk woman are not denied the opportunity to find earlier and more easily treated cancer.

I should also like to add that the Nation is watching. HI is pioneering an approach that is soon to be adopted by the American College of Radiology and many other Professional Organizations.

Mahalo.

SB-827-HD-1
Submitted on: 3/30/2021 9:15:13 AM
Testimony for FIN on 3/31/2021 2:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Martha Wiedman, M.D.	Individual	Support	No

Comments:

I strongly support HB 827. I have been a radiologist for 32 years and have interpreted mammograms of hundreds of patients with breast cancer, ranging in age from 25 to 85. Many of the patients younger than 40 were patients of color, and some were uninsured or underinsured. It is vital that patients between 30 and 40 be assessed for the risk of breast cancer and have access to diagnosis and treatment. It is also vital that patients age 40 and over should have access to annual breast cancer screening. It is only when cancer is diagnosed early that there is optimal chance for cure and appropriate management.

In Hawaii, where I now practice, there is a large population of native Hawaiians and Pacific Islanders, who tend to be diagnosed with cancer at ages lower than that of the general population. They are also more likely to have aggressive forms of cancer, as are black and brown populations. These patients have traditionally been diagnosed later in the disease, when surgical and medical treatments are less effective. These groups need support in accessing the healthcare that can potentially save their lives. Annual mammography should be covered by insurance, so that no one need delay urgent diagnosis on an economic basis. When patients are diagnosed and treated earlier, they can continue to work, provide for their families and will ultimately save thousands of healthcare dollars spent on later stage surgery, therapy and home care.

I urge you to pass this bill!

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Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments:

Aloha Chair Luke, Vice Chair Cullen and members,

Strong support for this potentially lifesaving measure.

Mahalo, Ann S. Freed in Mililani

Dear Chair Luke, Vice Chair Cullen, and Committee members,

I am a radiologist who was born and raised in Hawaii. My medical training was at Oregon Health Sciences University and Stanford Medical Center. I returned to Hawaii in 2001 and have been the Department Chief of Imaging at Straub Medical Center for the last 13 years and am also now currently the Division Chief of Imaging for our parent company, Hawaii Pacific Health. I am testifying as a citizen in favor of SB 827.

Early detection of breast cancer with mammography has been shown to reduce one's chance of dying from breast cancer by 25-30%. In support of this, the American Medical Association, the American College of Obstetricians and Gynecologists, the National Cancer Institute, the American College of Radiology, and the National Comprehensive Cancer Network all recommend screening mammograms starting at age 40. In contrast, the United States Preventative Task Force's (USPTF) is an outlier in giving screening mammograms only a "C" recommendation for women specifically between the ages of 40 and 49 years old. However, the USPTF's recommendation is based on national and international data where the quality of the mammograms was not as high as it is currently in the U.S. Therefore, the USPTF greatly underestimated the benefits of mammography. In addition, their recommendation does not take into consideration the higher rate of breast cancer in Hawaii for the age ranges of 40 to 49 years old compared to the mainland. For example, a study at Cornell showed that for women of ages 40 to 49 years old, 3.6 cancers were detected per 1,000 screening mammograms[1]. At our local hospital, we conducted a quality assessment project over 4 years and showed that for the same ages, 5.7 cancers were detected per 1,000 screening mammograms, which is 58% higher than the cancer detection rate at Cornell (Figure 1 below). Furthermore, our local cancer detection rate of 5.7 cancers per 1000 mammograms in the 40 to 49 year old range was higher that the cancer detection rates in Vermont for women that were 50 years old or older. In Vermont, in the age range of 50 to 59 years old, 3.7 cancers were detected out of 1000 mammograms, while for the age range of 60 to 69 years old, 4.8 cancers were detected out of 1000 mammograms[2]. For reference, the national average for breast cancer detection in the U.S. for all ages is 4.7 cancers per 1000 mammograms[3]. Since the USPTF recommends screening mammography for women that are 50 years or older with states such as Vermont having cancer detection rates for this age range that are lower than the cancer detection rates in Hawaii's 40 to 49 year old women, it follows that screening mammography should be recommended for 40 to 49 year old women in Hawai'i (and older).

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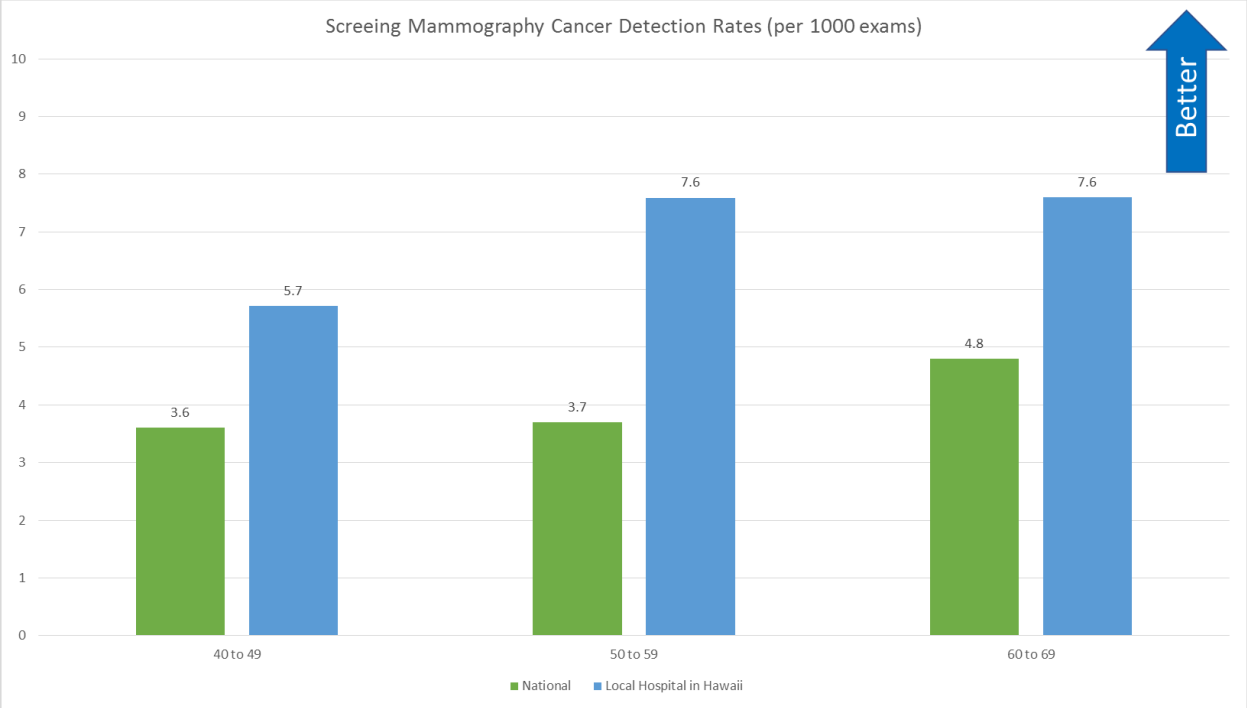
Figure 1. Breast Cancer Detection Rates. The breast cancer detection rate for mammograms for women in Hawai'i from age 40 to 49 is 5.7 cancers detected/1000 mammograms, which is higher than the breast cancer detection rate for women not only in the same age range reported on the mainland, but also greater in the age ranges of 50 through 69 years old (3.6 to 3.7 cancers detected/1000 mammograms).



In terms of cost, early detection of breast cancer via mammography is cost effective in the long run because of decreased treatment costs. Multiple studies have shown that the savings in treatment costs through early screening may be 30 to 100% or more than the cost of screening[4].

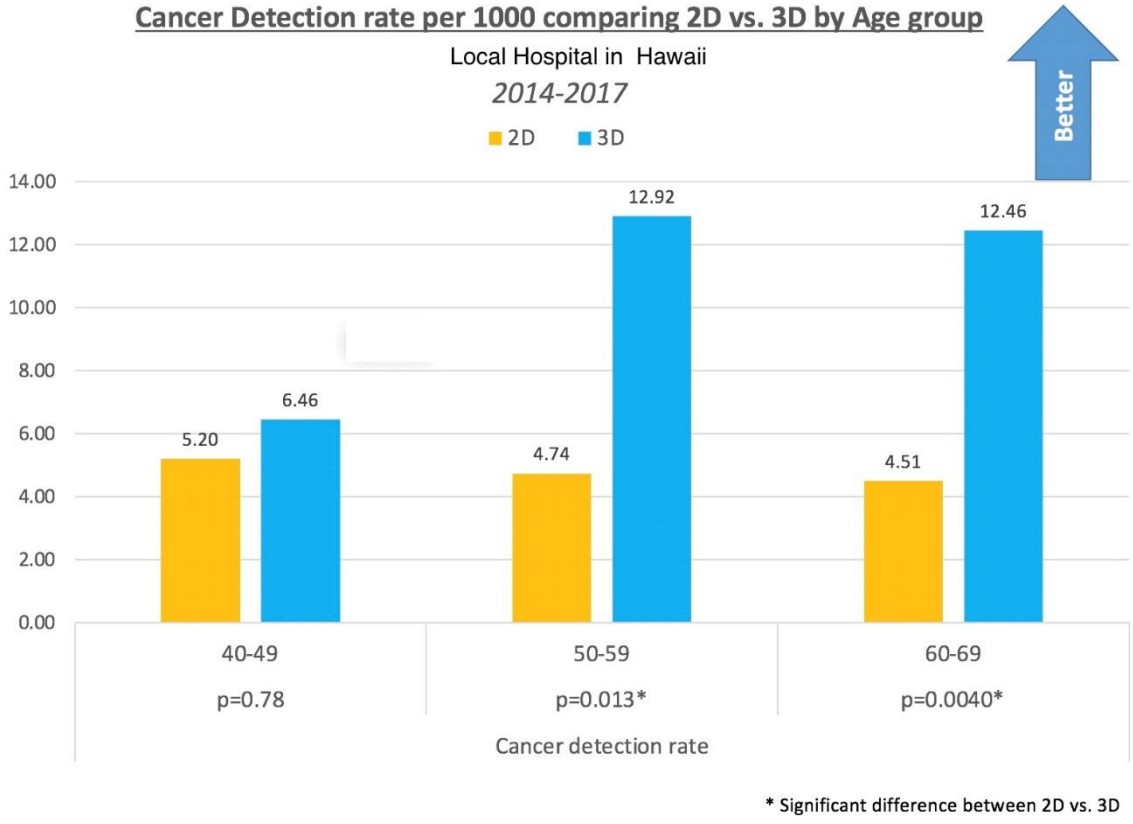
The USPTF also cited radiation as one of the harms of mammography. However, the radiation dose from a mammogram is equivalent to 7 weeks of naturally occurring background radiation, which humans are exposed to from just living on the earth. Meanwhile, 1 in 8 women will be diagnosed with invasive breast cancer in their lifetime. The radiation dose of the mammograms is highly regulated in the United States and only the smallest amount needed is used so that the benefits outweighs the risks.

Furthermore, tomosynthesis (or 3D mammography increases the cancer detection rate[5] compared to the standard 2D mammogram alone[5]. The 3D mammogram makes it easier to detect cancer by displaying multiple images (pictures) of the breast rather than having just one image. This is analogous to looking for a raisin in a loaf of bread where a standard 2D

mammogram would display the whole loaf while the 3D mammogram would show individual slices of the bread to look at, making it easier to detect the raisin.

Local quality data from a hospital in Hawaii shows the benefit of 3D vs 2D mammography with cancer detection rates increasing from 5.20 cancers detected per 1000 mammograms with 2D compared to 6.46 cancers detected per 1000 mammograms with 3D in the 40 to 49 year old range, for an increase of 24%. (Figure 2 below). For the 50 to 59 year old range, 4.74 cancers were detected per 1000 mammograms with 2D compared to 12.92 cancers detected per 1000 mammograms with 3D, for an increase of 173%. In the 60 to 69 year old range, 4.51 cancers per 1000 mammograms were detected with 2D and 12.46 cancers per 1000 mammograms were detected with 3D, for an increase of 176%. Overall for women 40 years and older the cancer detection rate increased from 5.62 with 2D to 11.71 with 3D, or an increase of 108%.

Figure 2. 3D mammography increases the cancer detection rate over 2D mammography by 24% for women age 40 to 49 years old and up to 176% for women age 60 to 69.



In conclusion, since the breast cancer detection rate of screening mammography in the 40 to 49 year old range is higher in Hawaii compared to the rest of the nation--not only in women of the same age but also in women who are 50 years or older, there should be no reason not to screen women in this age range with mammography in Hawaii. The health benefits also outweigh the risks of the low radiation doses from mammography, especially with early detection with 3D

mammography, which can increase the cancer detection rate by 24% for women between the ages of 40 and 49 years old and by 108% for all women 40 years of age and older. A woman's chance of dying of breast cancer decreases by 25 to 30% when breast cancer is detected early via mammography. Finally, the estimated cost savings through a reduction in treatment costs via early breast detection for women 40 years and older is 30 to 100% more with screening mammography. Please approve SB 827. Thank you.

Sincerely,

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Division Chief of Radiology, Hawai'i Pacific Health

References:

1. Pitman et al. Screening mammography for women in their 40s: The potential impact of the American Cancer Society and U.S. Preventative Services Task Force Breast Cancer Screening Recommendations. AJR 2017; 209:697-702.
2. Sinclair et al. Accuracy of screening mammography in older women. AJR 197:1268-1273.
3. Grabler et al. Recall and cancer detection rates for screening mammography: Finding the sweet spot. AJR 2017; 208:208:213.
4. Feig S. Cost-effectiveness of mammography, MRI, and ultrasonography for breast cancer screening. Radiol Clin North Am. 2010 Sep; 48(5):879-91.
5. Sharpe et al. Increased cancer detection rate and variations in the recall rate resulting from implementation of 3D digital breast tomosynthesis into a population-based screening program. Radiology 2015; 278(3):698-706.