DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
cca.hawaii.gov

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, February 23, 2021
9:30 a.m.
Via Videoconference

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

WRITTEN TESTIMONY ONLY

Chair Baker 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: (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; (3) define "digital breast tomosynthesis"; and (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.

The addition of new mandated coverage may 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, such as an increase in the categories of women required to be covered for mammography screenings, is a new mandate, and the State would 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. However, the defrayment would apply only to women ages 35 through 39.

Hawaii Revised Statutes (HRS) section 23-51 provides, in part, that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, 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[.]" Further, HRS section 23-52 sets forth the requirements of the auditor's report, which must assess "the extent to which insurance coverage of the health care service or provider can be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders[.]" The Department recommends adding language to the bill that will require the auditor's report to assess the additional cost of this proposed mandate that will be subject to defrayal.

Lastly, since this bill does not include chapter 432D entities (i.e., health maintenance organizations), it will not apply to the Kaiser Foundation Health Plan.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

Testimony COMMENTING on S.B. 827, S.D. 1
RELATING TO BREAST CANCER SCREENING

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: February 23, 2021 Room Number: Videoconference

Fiscal Implications: None

Department Testimony: The Department of Health (DOH) offers comments on Senate Bill 827, Senate Draft 1 (S.B. 827, S.D. 1). The policy recommendations in S.B. 827, S.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 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

---

[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.

SB-827-SD-1
Submitted on: 2/21/2021 11:51:44 AM
Testimony for CPN on 2/23/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Grosskreutz, M.D.	Testifying for 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 increased surveillance. 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 healthcare. However, given the Insurance Commissioner's determination that the earlier baseline mammogram constitutes a new mandate, please consider admending the bill to remove this clause. 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.

Additional information regarded the testimony that mammography is inappropriate for screening younger women is included below:

Aloha,

Scott Grosskreutz

President Hawaii Radiological Society

Rep. Sharon Har has asked for more information about the testimony 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 breast cancer mortality in Hawaii, and I hope this information is helpful.

An Independent Licensee of the Blue Cross and Blue Shield Association

February 23, 2021

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: SB 827 SD1 – Relating to Breast Cancer Screening

Dear Chair Baker, Vice Chair Chang, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 827, SD1, which increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines "digital breast tomosynthesis". Requires 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. Effective 7/1/2050.

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.

Should this bill move forward, we respectfully request that the State Auditor conduct an impact assessment report pursuant to Section 23-51 and 23-53 of the Hawaii Revised Statutes first since it creates new mandated benefits which increase costs for our members.

Thank you for allowing us to testify expressing concerns. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Director, Government Relations

February 23, 2021

SENATOR ROSALYN BAKER, CHAIR
SENATOR STANLEY CHANG, VICE-CHAIR
MEMBERS OF THE COMMERCE & CONSUMER PROTECTION COMMITTEE

Re: **TESTIMONY IN SUPPORT**
SB827 SD1 - RELATING TO BREAST CANCER SCREENING
Increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines digital breast tomosynthesis. Requires 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.

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 SD1 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.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the Senate Committee on Commerce and Consumer Protection
Tuesday, February 23, 2021; 9:30 a.m.
State Capitol, Conference Room 299
Via Videoconference

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

Chair Baker, Vice Chair Chang, 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 1, RELATING TO BREAST CANCER SCREENING.

The bill, as received by your Committee, would clarify that beginning January 1, 2021, mandatory coverage under accident and sickness contracts (Chapter 431:10A, Hawaii Revised Statutes (HRS)), and for mutual benefit societies (Chapter 432:1, HRS), shall include:

(1) For women between ages 35 and 39, a baseline mammogram;

(2) For women over age 30 who have above-average risk for breast cancer as determined by the use of a risk-factor modeling tool, annual mammograms; and

(3) For any woman regardless of age, any additional supplemental imaging, such as breast magnetic resonance imaging, digital breast tomosynthesis, or ultrasound.

This bill would also require the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis, and require health care providers be reimbursed at rates accurately reflecting the resource costs specific to each service.

To facilitate continued discussion, the bill would take effect on July 1, 2050.

ADD 1003 BISHOP STREET PAUAHI TOWER SUITE 1810 HONOLULU, HI 96813 TEL 808.536.8442 WEB HAWAIIPCA.NET

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 MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Date: February 23, 2021
From: Hawaii Medical Association
Michael Champion MD, President
Christopher Flanders DO, HMA Legislative Liaison
Stephen Kemble MD, HMA Legislative Liaison
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee
Linda Rosehill JD Legislative Affairs

Re: SB 827 Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis
Position: SUPPORT

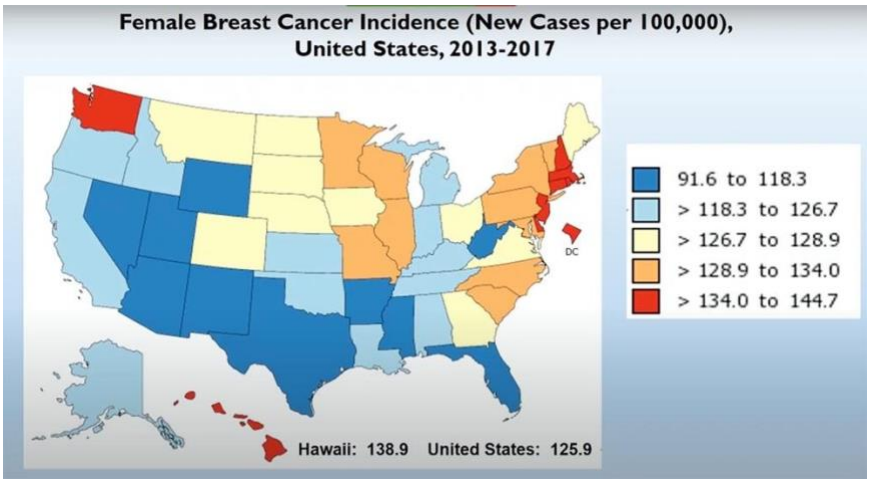
There is ample data showing annual mammographic screenings significantly reduce breast cancer deaths and morbidity and that effective screening programs are in the best interest of Hawai'i and its people. However minority women would be disproportionately and adversely impacted by implementation of current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

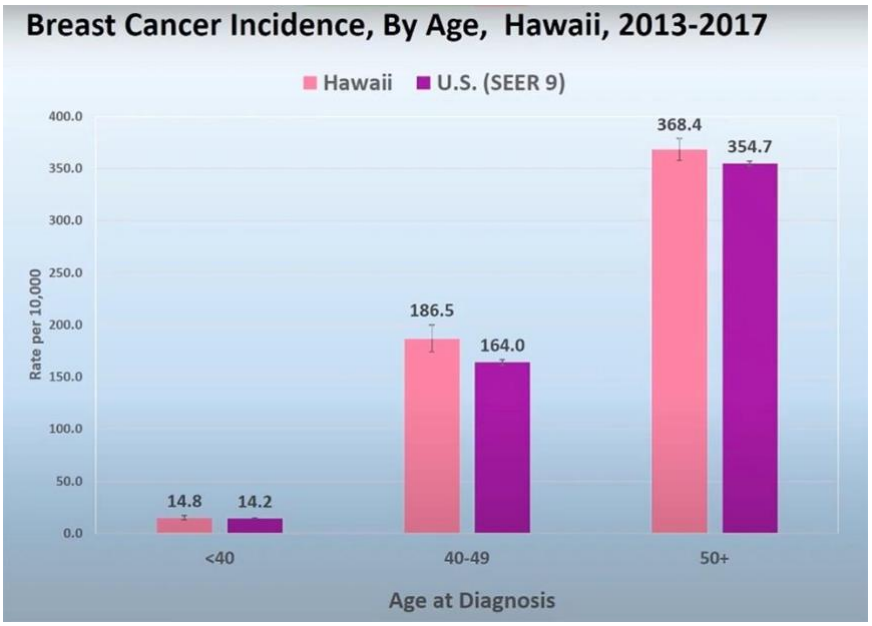
Hawaii SEER data presented by Dr. Brenda Hernandez of UH Cancer Research Center shows that women of Asian ancestry in Hawaii are the ethnic group most likely to develop breast cancer before age 50 in our state. The women of Hawaii between ages 40-49 have higher incidence of breast cancer compared to 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 strongly 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

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org





HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

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.

SB-827-SD-1
Submitted on: 2/22/2021 9:03:59 AM
Testimony for CPN on 2/23/2021 9:30:00 AM

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

Comments:

Aloha,

Thank you for your attention to the important issue of ensuring Breast Health Imaging Acess for Hawaii women.

There long term societal and economic benefits when you treat disease processes such as Breast Cancer at earlier stages. Unfortunately, this healthcare is under threat under guidelines set by the United States Preventive Services Task Force.

If USPSTF Guidelines were followed, Insurance companies would no longer be required to pay for screening mammography in women ages 40-49 under provisions of the Accountable Care Act. The USPSTF gave a grade of C to Screening Mammography in this age group. This grade absolves Insurance Companies from paying for the test. The USPST recommendation set has been met by near universal condemnation by Professional Medical Societies. Kudos to Kaiser Permanente's honorable support of the Women's Caucus Bill and HI Women!

The Legislature has requested information regarding assertions that radiation doses from mammography may cause cancer.

Let's be honest. Mammography ranks up there with root canals on Hawaii Women''s list of favorite pastimes. There are a variety of fears attached to the screening procedure and one of the most frequent is the fear of the radiation required to create images. The idea that women are "in danger" from mammography radiation is an alarming myth that has prevented many from getting the lifesaving imaging. Continued fostering of this myth is truly unfortunate.

The simple fact is that doses are extremely low. The dose is measured in millisieverts. According to the American Cancer Society, a typical 4 view screening mammogram dose is .4 millisieverts. Modern 3D Tomography uses slightly more radiation, in the range of .5-.7 mSV, but finds more cancers. For perspective, one should consider that all people are exposed to 3 mSv of annual background radiation annually. Getting a mammogram is equivalent to the exposure a normal person gets in 7 weeks of every day life. Meanwhile Federal government has determined radiation workers can be safely

exposed up to 50mSv annually. This is not to say that we should ignore radiation dose. All radiologists constantly seek to keep dosages as low as reasonably allowable while maintaining image quality and patient safety.

The truth is that benefits of mammography screening far exceed any downside risk of the small amount of radiation administered. It should also be noted the bill intends to identify high risk younger women through Breast Cancer Risk Assessment Tools. This is a questionnaire that can be provided to young women in the primary care setting. The questionnaires explore risk factors such as family history and helps young women and their physicians determine whether a screening mammogram is even appropriate.

The use of this Formal Risk Factor Screening Assessment is the true heart of the bill. This is the mechanism through which we can identify young women at higher risk for breast cancer at an early age due to ethnicity. The current one size fits all recommendation set is simply detrimental in some ethnic groups where there is an earlier age onset of Breast Cancer than in the caucasian women for which these recommendations were designed.

There has been concern that this Bill constitutes a "new mandate" to provide screening tests in youinger women. Nothing could be further from the truth. Filling out the Questionaire identifying high risk young women is free and can be performed in the Primary Care Setting. Those women identified as "high risk" would then be elgible for screening should their physician and the woman deem it appropriate. Once again, the goal is to identify women at high risk. If so identified, resulting screening test coverages are already in place.

Thank you for your consideration

Hawaii Association of Health Plans

February 23, 2021

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

Senate Bill 827 SD1 – Relating to Breast Cancer Screening

Dear Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 827 SD1.

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.

As a new mandate, we would respectfully request that the State Auditor conduct an impact assessment report pursuant to Sections 23-51 and 23-53 of the Hawaii Revised Statutes. Should this bill move forward, we respectfully request that the impact assessment be conducted first.

Thank you for allowing us to testify expressing concerns on SB 827 SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

LATE

Tuesday, February 23, 2021 at 9:30 AM
Via Video Conference

Senate Committee on Commerce and Consumer Protection

To: Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

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

Re: Testimony in Support of SB 827, SD1
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, SD1 which increases the categories of women required to be covered for breast cancer screening, and requires existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis.

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. 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.

Representative Rosalyn H. Baker, Chair
Representative Stanley Chang, Vice Chair
Committee on Commerce and Consumer Production

Submitted by: Melia Takakusagi

Monday, February, 22, 2021

Support for S.B. No. 827, S.D. 1, Relating to Breast Cancer Screening

My name is Melia Takakusagi, and I am a first-year medical student at the John A. Burns School of Medicine at the University of Hawai'i. I strongly support the S.B. No. 827, S.D. 1, relating to breast cancer screening, which would increase baseline mammograms for women ages 35-39 and expand the coverage of screenings.

The Centers for Disease Control and Prevention shows that female breast cancer is one of the leading cancer cases and deaths in the United States, with a new cancer case rate of 144 per 100,000 women in Hawai'i. Additionally, research shows that women in Hawai'i who are of Asian ethnicity, such as Japanese, Chinese, and Filipino, as well as women of Native Hawaiian descent are diagnosed during later stages of breast cancer and at earlier ages compared to Caucasian individuals.

Being a woman of Japanese and Filipino descent myself with a family history of breast cancer, including family members who have been diagnosed during their 20's, I am aware of the fact that I could one day be a part of these statistics sooner rather than later. As such, expanding the lower age range in baseline mammogram screenings and increasing coverage of screenings could greatly impact my future health and save the many lives of similar individuals living here in Hawai'i.

Seeing as breast cancer has a large impact on our community and research demonstrates that ethnicities prevalent in Hawai'i are affected by this disease at an earlier age, this bill would positively impact health within Hawai'i greatly. Which is why I urge the committee to pass S.B. No. 827, S.D. 1. Thank you for this opportunity to testify.

References:
Braun, K., Fong, M., Gotay, C., Pagano, I., & Chong, C. (2005). Ethnicity and breast cancer in Hawaii: increased survival but continued disparity. *Ethnicity & Disease*, *15*(3), 453-60.
USCS Data Visualizations. (2021). Retrieved 22 February 2021, from https://gis.cdc.gov/Cancer/USCS/DataViz.html

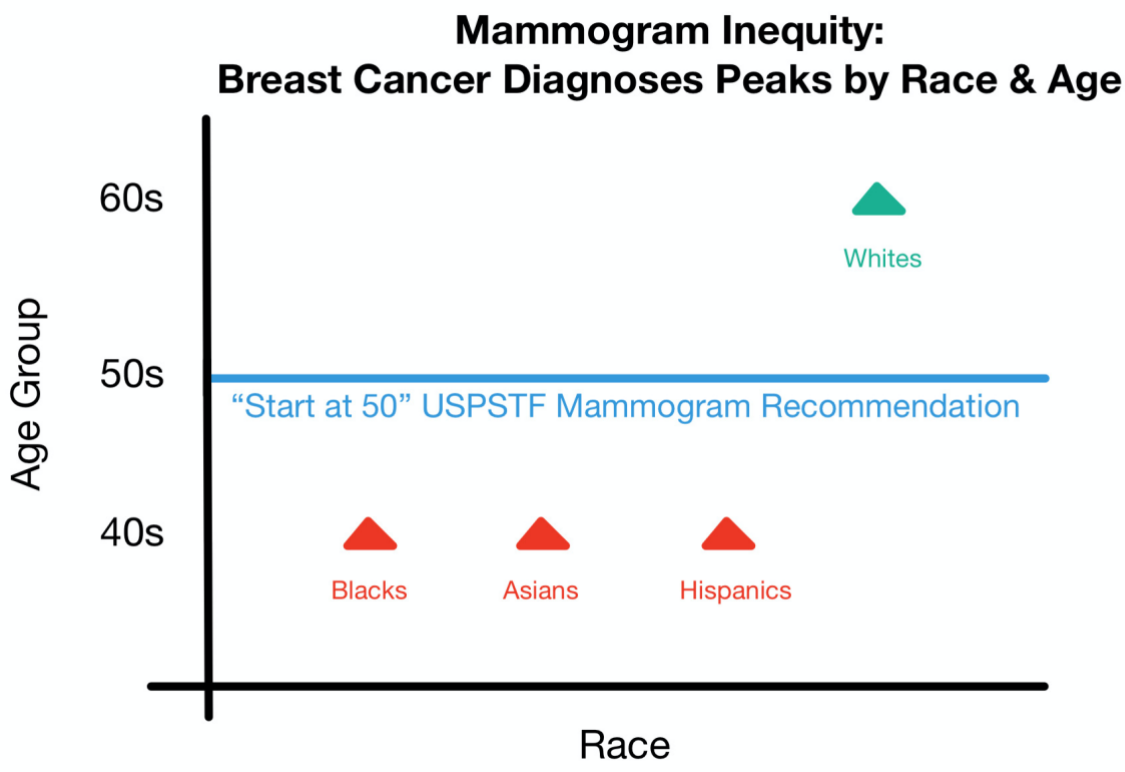
SENATE COMMITTEE ON HEALTH
Chair Keohokalole, Vice-Chair Baker, and Committee Members
State of Hawaii
Date: February 22, 2021

From: Zahra Khan (MPA, CPA_{MA}, CGMA)
Health Policy Researcher, Financial Equity Consultant, and Advocate for Annual Mammograms
Author: "Systemic Racism in Mammogram Guidelines," *Think Global Health*, 6/24/20
Keynote speaker: "Breast Screening Disparities, Diverse Populations and Divergent Guidelines" (Hawaii Radiological Society, and American College of Radiology, 9/23/20)

Re: SB827 Breast Cancer Screening
Position: SUPPORT

I was recently honored to have been a keynote panelist on a national mammogram disparities webinar (hosted by Hawaii Radiological Society, American College of Radiology's Commission for Women & Diversity, ACR Breast Commission) to talk to physicians, medical students, legislative liaisons, and others about mammogram inequity's cost and policy impact. Featuring themes from my article, "Systemic Racism in Mammogram Guidelines," published in *Think Global Health*, we reviewed the fact that the USPSTF guidelines adversely and disproportionately disadvantage minority women. My analysis showed that the controversial revised 2016 USPSTF guidelines for average-risk women to start screenings at age 50 devalue all women and are racially unjust for minorities (Blacks, Asians, and Hispanics) whose breast cancer diagnoses peak a decade earlier in their 40s. To convey this inequity visually, please see graph below showing ethnic groups left behind.

US National Mammogram Disparities Webinar, keynote presentation by Zahra Khan
hosted by Hawaii Radiological Society and ACR Commission for Women and Diversity 9/23/2020



Graphic created by Zahra Khan: based on policy implications & data peak citations in "Systemic Racism in Mammogram Guidelines" Think Global Health, Jun 24, 2020

** Data for peaks by age obtained from major Harvard study (Stapleton et al.) JAMA Surg. 2018;153(6):594-595. doi:10.1001/jamasurg.2018.0035*

Perhaps more alarmingly, underlying studies referenced by current USPSTF guidelines are taking costs into account when determining screening efficiency. As mentioned in "Systemic Racism in Mammogram Guidelines," the USPSTF claims that its final recommendations were made without cost considerations. Yet, the final Task Force modeling report intended "to help clinicians, employers, policymakers, and others make informed decisions about the provision of health care services," stated, "We compared model results for the twenty strategies to select the most efficient approach. In a decision analysis, we considered a new intervention more efficient than a comparison intervention if it results in gains in health outcomes, such as life-years gained or deaths averted, while consuming fewer resources (or costs)." **Although this content was recently removed from the USPSTF website, this cost intent is still clear by searching the USPSTF referenced CISNET study, which states that it explored twenty screening strategies; only those improving health outcomes "while consuming fewer resources (or costs)" were deemed "efficient."**

The current USPSTF website also states that "African American women are also substantially underrepresented in RCTs of mammography screening. As such, there is no high-quality evidence to conclude that screening African American women more often or earlier than already recommended for the overall population of women would result in fewer breast cancer deaths or a greater net benefit." **Expecting that African American or any other minority women should merely follow what all white women do because they were never included in the research in the first place is extremely irresponsible and totally devalues them as human beings, creating an immense guideline race gap.**

Indeed, it is irresponsible to start screening at age 50 when 1 in 6 breast cancer diagnoses for all women occurs in the 40s and breast cancer diagnoses peak for minorities (Blacks, Asians, Hispanics) in the 40s. Additionally, a significant 23% of white women are also diagnosed before age 50 (Harvard study, Stapleton et. al). Hence, my analysis shows a further need to re-evaluate screening guidelines for "whites," especially MENA heritage groups. Early diagnosis in the 40s is crucial to quality-of-life considerations for women who are often active mothers, spouses, and community members. In that sense, the 2016 USPSTF analysis's main focus on just mortality data is extremely misleading as a woman enduring years of treatment for a later-stage cancer catch could theoretically live an equally long life as a peer who was diagnosed at an earlier stage and therefore underwent less harsh treatment… but at what quality of life expense? Screening annually in the 40s is critical, so that women of all backgrounds have **AN EQUAL OPPORTUNITY TO PHYSICAL AND EMOTIONAL QUALITY OF LIFE OPTIMIZATION POSSIBLE BY EARLIEST DETECTION OF DISEASE.**

Earliest detection of disease must also include an equal opportunity for minorities to receive a stage zero (DCIS) pre-cancer diagnosis because this stage gives women the most information and freedom to understand risks and develop treatment plan options together with their physicians. The USPSTF mammogram guidelines do not account for this critical pre-cancer window. **Ultimately, all average-risk women need to be empowered to get annual mammograms in the 40s when stage zero detection is most likely for minorities, offering them the only chance to potentially DODGE progression to true invasive cancer (stages 1-4) entirely.**

On that note, as a South-Asian woman in her 40s without family history and no major risk factors, including a normal mammogram in the prior year, I am grateful that a random decision to get a routine mammogram gave me that critical opportunity to be a breast cancer DODGER rather than a breast cancer survivor. I want all women to have that same chance. While mammogram inequity is well documented, my writings sadly happen to be the first to nationally define this inequity clearly in terms of "systemic racism" and as being "racially unjust." Systemic racism is NOT always about an intent to be racist. The intent is irrelevant when the outcome of a created system, intended or not, is racially unjust. Certainly,

individuals from all political, religious, and racial backgrounds can speak against this inhumane outcome of mammogram inequity together as a bipartisan unit. I therefore support this bill in Hawaii to ensure all its women are guaranteed annual mammograms in the 40s.

Thank you for allowing me to share this testimony.

Sincerely,

Zahra Khan
(MPA, CPA_{MA}, CGMA)

Author:
"Systemic Racism in Mammogram Guidelines," *Think Global Health*, June 24, 2020
https://www.thinkglobalhealth.org/article/systemic-racism-mammogram-guidelines

"Breast cancer screening progress in Turkey: A global model for change in action," *Daily Sabah*, Oct. 30, 2020
https://www.dailysabah.com/opinion/op-ed/breast-cancer-screening-progress-in-turkey-a-global-model-for-change-in-action

"New Mammogram Guidelines Are Racially Unjust," *California Health Report*, Jan. 14, 2020
https://www.calhealthreport.org/2020/01/14/opinion-new-mammogram-guidelines-are-racially-unjust/

LATE

SB-827-SD-1
Submitted on: 2/22/2021 9:35:39 PM
Testimony for CPN on 2/23/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Erin Capps	Individual	Support	No

Comments:

I am a radiologist and breast imager practicing in Hawaii. I strongly support SB827 because it follows evidence-based screening guidelines issued by leading medical organizations including American College of Radiology, the National Comprehensive Cancer Network, and the American Medical Association.

Hawaii has a large population of Asian American women, whom have a greater instance of breast cancer before the age of 50. Native Hawaiian women are more likely to be diagnosed with late stage breast cancer and have the highest mortality from breast cancer. Coverage for screening mammograms must take into account the ethnic diversity of Hawaii. It is essential to provide screening coverage for those at greater risk, to improve health outcomes in our state and to save lives.

Thank you for your consideration.

LATE

Dear Chair Keohokalole, Vice Chair Baker, 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).

Continued on next page

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].

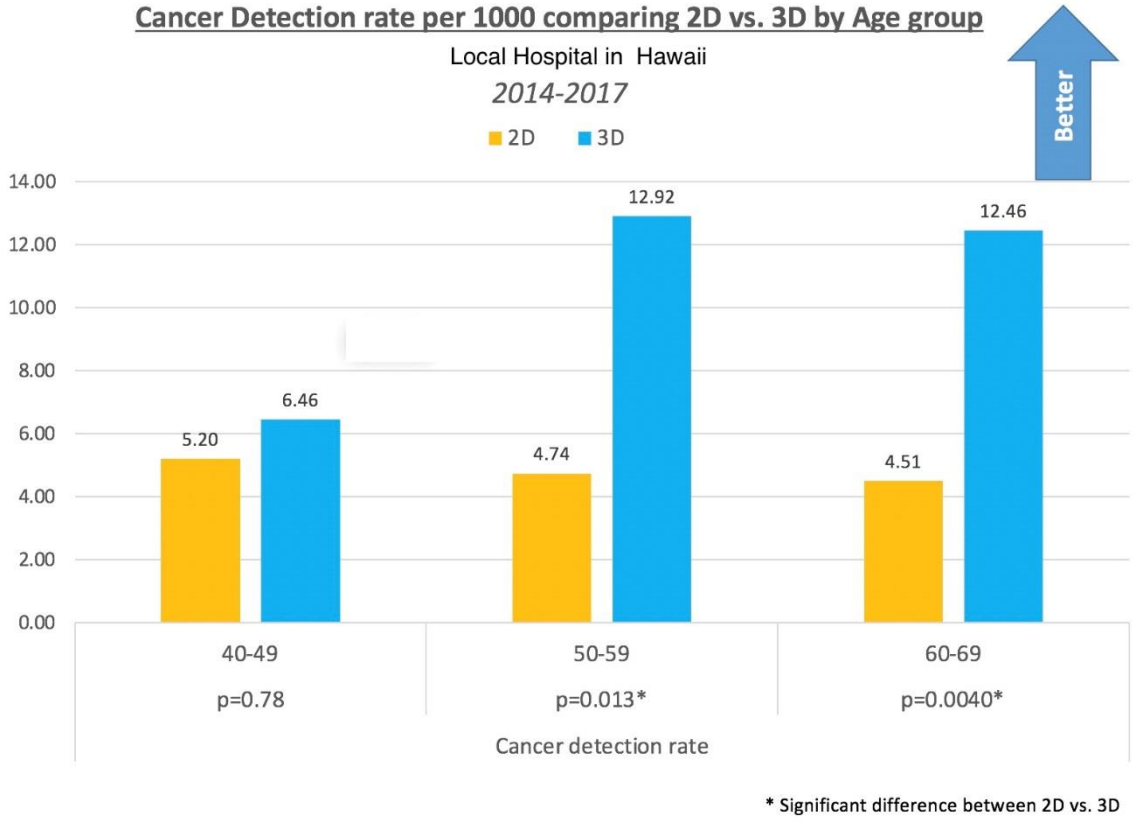
The USPTF also cited radiation as one of the harms of mammography. However, the radiation dose from a mammogram is equivalent to 7 weeks of naturally occurring background radiation, which humans are exposed to from just living on the earth. Meanwhile, 1 in 8 women will be diagnosed with invasive breast 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 data at Straub 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,

Kryss Kojima, MD
Department Chief of Radiology, Straub Medical Center
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.