

SCR18

**LATE
TESTIMONY**



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to
File:

SENATE COMMITTEE ON HEALTH

**SCR18, URGING THE FORMATION OF A TASK FORCE TO DEVELOP
RECOMMENDATIONS FOR IMPROVING THE PROVISION OF OBESITY
PREVENTION-RELATED SERVICES AND COUNSELING IN ACCORDANCE
WITH THE IMPLEMENTATION OF THE PATIENT PROTECTION AND
AFFORDABLE CARE ACT**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health**

March 11, 2013

1 **Department's Position:** The Department of Health (DOH) supports this measure.

2 **Fiscal Implications:** None.

3 **Purpose and Justification:** The purpose of Senate Concurrent Resolution 18 is to create a task force to
4 develop recommendations for improving the provision of obesity-related services and counseling in
5 accordance with implementation of the Patient Protection and Affordable Care Act (PPACA).

6 The Department supports this bill as a part of the comprehensive package of legislation
7 developed by the Childhood Obesity Prevention Task Force. The Childhood Obesity Prevention Task
8 Force was created on July 6, 2012 as Senate Bill 2778 and signed into law as Act 269 by Governor
9 Abercrombie to address the growing crisis of childhood obesity in Hawaii. The Childhood Obesity
10 Prevention Task Force identified twelve policy recommendations that when implemented together, have
11 the potential to reshape the environments in Hawaii where people live, work, play, and learn. SCR18 is
12 one of the twelve recommended policies from the Childhood Obesity Prevention Task Force.

1 During meetings with the Childhood Obesity Prevention Task Force, which included
2 representatives from physician groups and health plans, it became clear that additional meetings and
3 discussions were necessary to identify information gaps and to address physician concerns about obesity
4 related-medical services. Physicians expressed concerns about the need to expand billable obesity-
5 related medical services and health plans felt that more education was needed on current billable
6 services. The intent of the task force is to help to identify gaps and education needs for healthcare
7 providers on reimbursable medical costs and treatment under the PPACA and develop recommendations
8 to address issues that are identified.

9 The Department supports passage of SCR18 and will support convening the task force. Thank
10 you for the opportunity to provide testimony.

11



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committees on Health and
Commerce and Consumer Protection
March 11, 2013 at 4:10pm

by

May Okihiro, MD

Director, Hawai'i Initiative for Childhood Obesity Research and Education

Department of Pediatrics

John A. Burns School of Medicine

and

Jerris Hedges, MD

on behalf of Deans and Directors in the

College of Health Sciences and Social Welfare

University of Hawai'i at Mānoa

SCR 18 – URGING THE FORMATION OF A TASK FORCE TO DEVELOP
RECOMMENDATIONS FOR IMPROVING THE PROVISION OF OBESITY
PREVENTION-RELATED SERVICES AND COUNSELING IN
ACCORDANCE WITH THE IMPLEMENTATION OF THE PATIENT
PROTECTION AND AFFORDABLE CARE ACT.

Chairs Green and Baker, Vice Chair Galuteria and members of the committees:

Obesity is the most significant risk factor for adult obesity and chronic disease such as diabetes and cardiovascular disease.

- Childhood obesity increased 29 percent from 1999 to 2011 (YRBS 2011). In some communities of Hawai'i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai'i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48 percent (BRFSS 2010).
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai'i rose from 1997 to 2007 rose from 5% to 7.7% of adults. Age-adjusted diabetes prevalence is highest in Hawai'i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogdon, 2012)

The development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai'i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach involving multiple sectors of the community.

Studies have shown that obese patients who receive appropriate counseling from their health care providers are more likely to begin a weight management program than those who do not (Wee 1999 & Kreuter 2000). Given the magnitude of the obesity epidemic, health care providers are in the prime position to manage childhood obesity, from prevention to treatment. This is especially true of healthcare providers who serve vulnerable communities at greatest risk for obesity and related illnesses.

Unfortunately, despite their position of influence, multiple barriers exist to optimizing the role of physicians and other healthcare providers in the prevention of obesity. Obesity assessment and counseling services by healthcare providers have historically been non-reimbursable services, despite the evidence to that these time-consuming services are often effective in changing patient knowledge and behaviors. With the passage of the Affordable Care Act, regulations related to obesity related services and reimbursement has led to further confusion among healthcare providers.

SCR 18 will create a Task Force to assess the gaps in the ability of healthcare providers to provide obesity related services, assess the options for reimbursement and support healthcare to utilize the reimbursement options in order to maximize their role in obesity prevention.

For these reasons, we strongly support this concurrent resolution.