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TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, March 1, 2016
3:00 p.m.

Agenda #4

**TESTIMONY ON HOUSE BILL NO. 1897, H.D. 1 – RELATING TO INSURANCE
COVERAGE OF HEALTH SCREENINGS.**

TO THE HONORABLE SYLVIA LUKE, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”).

The purpose of this bill is to ensure insurance coverage for annual screenings for sexually transmitted disease screenings, including screenings for human immunodeficiency virus and acquired immunodeficiency syndrome. The Department submits the following comments.

Sections 2 to 4 of this bill would require all health policies, plans, contracts, or agreements (except limited benefit and specified diseases policies as described in section 431:10A-102.5, Hawaii Revised Statutes) to cover sexually transmitted disease screenings annually. It would also require reimbursement to the health care provider of all costs associated with such coverage.

Pursuant to the federal Patient and Affordable Care Act (2010) (“ACA”), the federal Department of Human Services adopted guidelines for ACA compliant plans regarding coverage for women’s preventative services, including annual well-woman visits and HIV/AIDS screening without cost sharing. ACA compliant plans currently

cover these screenings for women. To the extent that the proposed legislation mandates new coverage benefits for patients of all genders with ACA qualified health plans, the addition of new expanded mandated coverage may trigger section 1311(d)(3) of the ACA which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state's qualified health plan.

The Department takes no position as to mandating new coverage benefits for these ACA qualified health plans and non-ACA compliant plans. The Department defers to the Legislature to determine the appropriate health coverage mandates. Pursuant to Section 23-51, Hawaii Revised Statutes, any proposed mandatory health insurance coverage may also require the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate.

We thank this Committee for the opportunity to present testimony on this matter.



COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

DATE: Tuesday, March 1, 2016

TIME: 3:00 P.M.

PLACE: Conference Room 308

From: Hawaii Medical Association

Dr. Scott McCaffrey, MD, President

Dr. Linda Rasmussen, MD, Legislative Co-Chair

Dr. Ronald Keinitz, MD, Legislative Co-Chair

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

Re: HB 1897, Relating to Insurance Coverage of Health Screenings

Position: Support with amendments

The Hawaii Medical Association support the position of the Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) in support of this measure and other legislative proposals that promote insurance coverage for sexually transmitted infection (STI) testing in accordance with national professional guidelines.

Burden of Sexually Transmitted Infections

- Hawaii has the 15th highest rate of chlamydial infection in the country with significant disparities across age and racial and ethnic groups in disease prevalence.¹
- Despite clear national recommendations for STI testing, rates of STI testing in young women are troublingly low. A study of adolescents seen for routine health check-ups found that only 34% had received any STI counseling or screening at their visit.² Among sexually active women ages 16-25, only 42% with commercial PPOs and 58% with Medicaid had received chlamydia screening within the past year.³ Of six health plans in Hawaii reporting chlamydia screening data for sexually active women ages 16-25 in 2008, a 56.2% screening rate was reported.⁴
- Unrecognized and untreated sexually transmitted infections can result in pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain, as well as infections of sexual partners and neonates.
- Unrecognized and untreated sexually transmitted infections in male partners results in infection and reinfection of women.
- Infection with one STI predisposes a person to contracting other STIs.

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Insurance Coverage for Sexually Transmitted Infection Testing

- Under the Affordable Care Act (ACA), private health plans are required to cover recommended preventive health services without any patient cost-sharing. This includes A and B level recommendations by the U.S. Preventive Services Task Force (USPSTF).
- ACOG and the USPSTF recommend screening for chlamydia and gonorrhea in sexually active women age 24 years or younger, and in older women who are at increased risk for infection, at least annually or when new risk factors develop since the last negative result.^{5,6}
- ACOG and the USPSTF recommend screening for HIV in women 15-65, and in younger and older women at increased risk. Need for repeat screening is recommended to be assessed at least annually.^{5,6}
- More frequent STI testing is recommended by national STI testing guidelines for pregnant women, those with symptoms of STIs, and those whom have recently tested positive for an STI.
- Since some women are covered by 'grandfathered' plans not currently subject to ACA-mandated coverage of preventive health services, not all non-'grandfathered' plans are compliant with ACA coverage requirements, and it is extremely difficult to efficiently determine a woman's insurance coverage for STI testing, many health care providers and women are hesitant to perform STI testing as recommended due to coverage and cost concerns.

Requested Amendments:

For the reasons that: many women may not have an annual gynecologic exam, STI testing is often indicated outside of an annual gynecologic exam, STI testing may be medically indicated more often than annually, and male partners serve as sources of STI infection and re-infection for women, **we respectfully request that this committee change the bill's language from (line 15 page 2) 'shall provide insurance coverage for sexually transmitted disease screenings, including screenings for human immunodeficiency virus and acquired immunodeficiency syndrome, during a female insured's annual gynecological exam' to as follows, "shall provide insurance coverage for sexually transmitted disease testing in accordance with national professional guidelines, such as those of the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention."**

For these reasons, **HI HMA supports this measure with the above requested amendments** and urges the Legislature to work toward decreasing the health burdens of sexually transmitted infections in Hawaii. We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

¹STD Surveillance 2013: Table 2: Chlamydia- reported cases rates by state, ranked by state, United States, 2013. (Accessed January 8, 2015, at <http://www.cdc.gov/std/stats13/tables/2.htm>.)

²Rietmeijer CA, Bull SS, Ortiz CG, et al. Patterns of general health care and STD services use among high risk youth participating in community-based urine chlamydia screening. Sex Transm Dis 1998;25:457-63.

³The State of Health Care Quality 2006; Chlamydia Testing. (Accessed January 10, 2015, at <http://www.ncqa.org/tabid/447/Default.aspx>.)

⁴Chlamydia Screening Percentages Reported by Commercial and Medicaid Plans by State. (Accessed February 10, 2015, at Chlamydia Screening Percentages Reported by Commercial and Medicaid Plans by State and Year.)

⁵American College of Obstetricians & Gynecologists Guidelines for Women's Health Care: A Resource

Manual. 4th Edition. 2014.

⁶ *Final Recommendation Statement: Chlamydia and Gonorrhea: Screening*. U.S. Preventive Services Task Force. December 2014.

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>



An Independent Licensee of the Blue Cross and Blue Shield Association

March 1, 2016

The Honorable Sylvia Luke, Chair
The Honorable Scott Y. Nishimoto, Vice Chair
House Committee on Finance

Re: HB 1897, HD1 – Relating to Insurance Coverage of Health Screenings

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1897, HD1, which would require health plan coverage of screenings for sexually transmitted diseases. HMSA supports this Bill, and we offer clarifying amendments.

Research has shown that preventive health services can save lives and improve health by identifying illnesses earlier, managing them more effectively, and treating them before they develop into more complicated, debilitating conditions, and that some services are also cost-effective. In recognition of this, the Affordable Care Act (ACA) mandates coverage for a range of preventive services without cost-sharing. The required preventive services come from recommendations made by four expert medical and scientific bodies – the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the Health Resources and Services Administration's (HRSA's) Bright Futures Project, and HRSA and the Institute of Medicine (IOM) Committee on Women's Clinical Preventive Services.

In compliance with the ACA, all of HMSA's non-grandfathered plans currently provide coverage for all USPSTF grade a and b recommendations which include: chlamydia screening: gonorrhea screening: HIV screening, and syphilis screening. In addition we offer coverage for sexually transmitted infections counseling.

In further reviewing the Bill, we realized a couple of provisions may require clarification. In both Sections 2 and 3 of the Bill, the phrase, "annual screenings of sexually transmitted diseases" is not defined. To ensure alignment with ACA, the Committee may wish to consider amending that phrase to read:

*...annual screenings of sexually transmitted diseases, **as prescribed by the United States Preventive Services Task Force, including screenings for human immunodeficiency virus and acquired immunodeficiency syndrome.***

The Committee may also wish to consider an amendment clarifying that reimbursement for "all costs associated with the coverage" mandated in this Bill also is in accordance with a member's coverage plan. While we certainly wish to ensure coverage for these preventive services in all of our plans, our contracts with businesses and organizations have varying levels of deductibles and co-pays, and we would want to ensure this provision does not interfere with those contractual arrangements. We suggest §432:1- (b) in Section 3 be amended as follows:



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(b) Each mutual benefit society shall reimburse all costs described as payable under the individual's policy and associated with the coverage under subsection (a) to any physician or healthcare provider complying with this section.

A comparable amendment is suggested for similar provision in Section 2 of the Bill.

Thank you for allowing us to testify in support of HB 1897, HD1. Your consideration of our suggested amendments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal stroke extending to the right.

Jennifer Diesman
Vice President, Government Relations



To: Hawaii State House Committee on Finance
Hearing Date/Time: Tuesday, March 1, 2016, 3:00 p.m.
Place: Hawaii State Capitol, Rm. 211
Re: Testimony of Planned Parenthood of Hawaii in support of H.B. 1897, H.D.1,
Relating to Insurance Coverage of Health Screenings

Dear Chair Luke and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 1897, HD1, which requires insurance coverage for annual sexually transmitted disease testing.

PPVNH is dedicated to advocating for policies that promote sexual and reproductive health care and so we support H.B. 1897 because it will increase the affordability and availability of annual STI (“sexually transmitted infection”) testing for those who seek to proactively take care of their health. Patients should be able to obtain insurance coverage for testing if it is determined to be advisable based on a consultation with their doctors, as opposed to a determination made by an insurance company.

This bill is particularly important for those who may not qualify for covered STI testing under current policies because they may not have the required risk factors. For example, a woman over 35 with a long-term partner may not qualify for covered HIV testing, even though she has never been tested before and has concerns about whether her and/or her partner may have been at risk for STIs in the past.

The economic and other costs associated with STI testing are minimal compared to the cost of treating STIs. Promoting STI testing will ensure that those who with STIs have access to the treatment and care that they need and will result in a decrease in the rates of infection and costs associated with STIs.

Thank you for this opportunity to testify in support of H.B. 1897, HD1.

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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LATE

TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE HOUSE COMMITTEE ON FINANCE
ON
HOUSE BILL NO. 1897 HD 1

March 1, 2016, 3:00 p.m.

RELATING TO INSURANCE COVERAGE OF HEALTH SCREENINGS

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

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not had an opportunity to take a position on this bill. However, the Committee should be aware that the current EUTF medical plans provide coverage at no cost for sexually transmitted disease screenings, including screenings for human immunodeficiency virus and acquired immunodeficiency syndrome, during the insured's annual exam in accordance with the Patient Protection And Affordable Care Act.

Thank you for the opportunity to testify.

LATE

*American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section*
Greigh Hirata, MD, FACOG, Chair
94-235 Hanawai Circle, #1B
Waipahu, Hawaii 96797

ACOG
THE AMERICAN CONGRESS
OF OBSTETRICIANS
AND GYNECOLOGISTS

To: Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Scott Y. Nishimoto, Vice Chair

DATE: Tuesday, March 1, 2016

FROM: Hawaii Section, ACOG
Dr. Greigh Hirata, MD, FACOG, Chair
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair
Lauren Zirbel, Community and Government Relations

Statement of the Hawaii Section of the American Congress of Obstetricians and Gynecologists
HB 1897: STRONGLY SUPPORT WITH REQUESTED AMMENDMENTS

The Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) supports HB 1897 and other legislative proposals that promote insurance coverage for sexually transmitted infection (STI) testing in accordance with national professional guidelines. As a Section of the Nation's leading group of physicians dedicated to improving health care for women, HI ACOG represents the obstetricians/gynecologists in our state. HI ACOG strongly supports measures to decrease the serious health burdens of sexually transmitted infections, of which young women in Hawaii are disproportionately affected.

Burden of Sexually Transmitted Infections

- Hawaii has the 15th highest rate of chlamydial infection in the country with significant disparities across age and racial and ethnic groups in disease prevalence.¹
- Despite clear national recommendations for STI testing, rates of STI testing in young women are troublingly low. A study of adolescents seen for routine health check-ups found that only 34% had received any STI counseling or screening at their visit.² Among sexually active women ages 16-25, only 42% with commercial PPOs and 58% with Medicaid had received chlamydia screening within the past year.³ Of six health plans in Hawaii reporting chlamydia screening data for sexually active women ages 16-25 in 2008, a 56.2% screening rate was reported.⁴
- Unrecognized and untreated sexually transmitted infections can result in pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain, as well as infections of sexual partners and neonates.
- Unrecognized and untreated sexually transmitted infections in male partners results in infection and reinfection of women.
- Infection with one STI predisposes a person to contracting other STIs.

Insurance Coverage for Sexually Transmitted Infection Testing

- Under the Affordable Care Act (ACA), private health plans are required to cover recommended preventive health services without any patient cost-sharing. This includes A and B level recommendations by the U.S. Preventive Services Task Force (USPSTF).

- ACOG and the USPSTF recommend screening for chlamydia and gonorrhea in sexually active women age 24 years or younger, and in older women who are at increased risk for infection, at least annually or when new risk factors develop since the last negative result.^{5,6}
- ACOG and the USPSTF recommend screening for HIV in women 15-65, and in younger and older women at increased risk. Need for repeat screening is recommended to be assessed at least annually.^{5,6}
- More frequent STI testing is recommended by national STI testing guidelines for pregnant women, those with symptoms of STIs, and those whom have recently tested positive for an STI.
- Since some women are covered by 'grandfathered' plans not currently subject to ACA-mandated coverage of preventive health services, not all non-'grandfathered' plans are compliant with ACA coverage requirements, and it is extremely difficult to efficiently determine a woman's insurance coverage for STI testing, many health care providers and women are hesitant to perform STI testing as recommended due to coverage and cost concerns.

Requested Amendments

For the reasons that: many women may not have an annual gynecologic exam, STI testing is often indicated outside of an annual gynecologic exam, STI testing may be medically indicated more often than annually, and male partners serve as sources of STI infection and re-infection for women, we respectfully request that this committee change the bill's language as follows, "shall provide insurance coverage for sexually transmitted disease testing in accordance with national professional guidelines, such as those of the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention."

For these reasons, HI ACOG strongly supports HB1897 with the above requested amendments and urges the Legislature to work toward decreasing the health burdens of sexually transmitted infections in Hawaii. We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

¹STD Surveillance 2013: Table 2: Chlamydia- reported cases rates by state, ranked by state, United States, 2013. (Accessed January 8, 2015, at <http://www.cdc.gov/std/stats13/tables/2.htm>.)

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⁶*Final Recommendation Statement: Chlamydia and Gonorrhea: Screening*. U.S. Preventive Services Task Force. December 2014.
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