

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health
Tuesday, March 12, 2019
9:00 a.m.
State Capitol, Conference Room 329**

**On the following measure:
S.B. 1034, S.D. 1, RELATING TO INSURANCE**

Chair Mizuno and Members of the Committee:

My name is Colin 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.

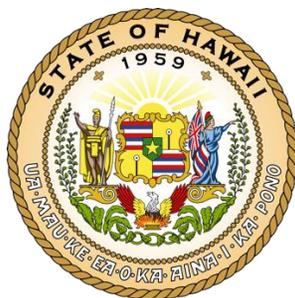
The purpose of this bill is to clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

This bill purports to mandate digital mammography and breast tomosynthesis, and this may be viewed as a new mandate. 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 plan under the PPACA. Additionally, any proposed mandate providing coverage for care requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report

Testimony of DCCA
S.B. 1034, S.D. 1
Page 2 of 2

assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes section 23-51.

Thank you for the opportunity to testify on this bill.



LATE

Testimony on behalf of the
Hawai'i State Commission on the Status of Women
Khara Jabola-Carolus, Executive Director

Prepared for the House Committee on HLT

In Support of SB1034 SD1
Tuesday, March 12, 2019, at 9:00 a.m. in Room 329

Dear Chair Mizuno, Vice Chair Kobayashi, and Honorable Members,

The Hawai'i State Commission on the Status of Women supports SB1034 SD1, which would clarify that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis.

Breast cancer is one of the most common kinds of cancer in women. Nearly 1 in 8 women born today in the United States will get breast cancer sometime during her life. Digital mammography provides images of the breast in many different angles, providing greater accuracy in finding abnormalities and determining which abnormalities seem potentially worrisome. Women who undergo screening with a combination of 3D+2D mammography are less likely to be called back for more testing due to a suspicious finding that turns out not to be cancer. These life-saving advancements should be accessible and covered by the existing health insurance mandate.

Mahalo,

Khara Jabola-Carolus



HAWAII RADIOLOGICAL SOCIETY
Chapter of the American College of Radiology

LETTER OF SUPPORT

March 11, 2019

To the Honorable John M. Mizuno, the Honorable Bertrand Kobayashi and members of the HLT Committee:

WITH REGARD TO **SB 1034 SD1** which clarifies that the existing health insurance mandate for coverage of low-dose mammography includes coverage for digital mammography and breast tomosynthesis,

the Hawaii Radiological Society (HRS) supports this measure.

A woman in the United States has a one in eight risk, over the course of her lifetime, of being diagnosed with breast cancer. We are sure that the HLT Committee understands the importance of screening to detect breast cancer in women, beginning at age 40.

3D mammography, or digital breast tomosynthesis (DBT), acquires a volumetric picture of the breast such that the Radiologist can scroll through the breast tissue in very thin slices. Because of this technique, the Radiologist can better “see through” dense breast tissue, allowing for detection of at least 2-3 additional cancers per 1000 women screened, and more importantly, recall about 30-50% fewer women for additional imaging from screening for a possible abnormality.

Several studies have shown significant financial savings to the healthcare system when tomosynthesis is incorporated into routine screening, with a recent model showing savings of over \$207,000 per year for a typical state Medicaid plan¹. As of 2015, Medicare and Medicaid have covered the cost of tomosynthesis. Despite the advantages of increased cancer detection, lower recall rates from screening, and cost savings, it is not universally covered by private insurers. Currently this imaging modality is offered only at a limited number of imaging centers here in Hawaii. In the best interest of our patients, many Hawaii radiology practices have opted to provide the service recognizing that they will likely not get paid; however, this is not sustainable financially nor is it appropriate that patients be denied these proven benefits.

On behalf of Hawaii Radiology physicians and our patients, we ask you to pass this bill, and allow **all** women in Hawaii to gain access to the best care by mandating insurance coverage of breast cancer screening to include Digital Breast Tomosynthesis.

Please contact us with any concerns or questions.
Mahalo for your thoughtful consideration of these issues.

With Warmest Aloha,

Elizabeth Ann Ignacio MD
President, Hawaii Radiological Society
808.250.7058

¹ Miller JD et al, Value analysis of digital breast tomosynthesis for breast cancer screening in a U.S. Medicaid Population. JACR 2017;14:467-474.

SB-1034-SD-1

Submitted on: 3/8/2019 5:26:56 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Field	Planned Parenthood Votes Northwest and Hawaii	Support	No

Comments:

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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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 HEALTH
ON SENATE BILL NO. 1034 S.D. 1

March 12, 2019
9:00 a.m.
Room 329

RELATING TO INSURANCE

Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to provide estimates of the cost impact.

This bill is to clarify that the existing health mandate for coverage of low-dose mammography include coverage for digital mammography and breast tomosynthesis. If the EUTF plans were enhanced to this benefit level, it would add approximately \$147,000 and \$113,000 in annual claims to the EUTF HMSA employee and retiree plans, respectively. EUTF Kaiser plans already cover this procedure. It is estimated that such an increase in the HMSA claims to the retiree plans would increase the State and counties unfunded liability by \$2.4 million.

Thank you for the opportunity to testify.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

Testimony of
John M. Kirititsu
Legal and Government Relations Consultant

Before:
House Committee on Health
The Honorable John M. Mizuno, Chair
The Honorable Linda Ichiyama, Vice Chair

March 12, 2019
9:00 am
Conference Room 329

SB 1034, SD1 Relating to Insurance

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure mandating coverage for digital mammography and breast tomosynthesis procedures.

Kaiser Permanente Hawaii supports the intent of this measure, but would like to offer comments.

Kaiser Permanente supports the intent of this bill to improve breast cancer detection rates in the State, but since this bill purports to mandate new coverage, an impact assessment report may be statutorily required under Sections 23-51 and 23-52 of the Hawaii Revised Statutes. Furthermore, any addition of a new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act, which would require the State to defray the cost.

Thank you for your consideration.



HAWAII MEDICAL ASSOCIATION

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To:

HOUSE COMMITTEE ON HEALTH

Rep. John Mizuno, Chair

Rep. Bertrand Kobayoshi, Vice Chair

Date: March 12, 2019

Time: 9:00 a.m.

Place: Room 329

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

Re: SB 1034 SD1 – Relating to Insurance

Position: SUPPORT

On behalf of Hawaii's physician and student members, the HMA strongly supports SB 1034 SD 1 requiring coverage by insurers of digital breast tomosynthesis (DBT).

Use of 3-D imaging through DBT improves both sensitivity and specificity in screening for breast cancers, particularly in women with dense breast tissue. This is especially important for Hawaii, in that dense breast tissue is more common in those of Asian descent, of which comprise the majority of Hawaii's females. DBT permits better recognition of malignant and pre-malignant lesions, as well as fewer false positive interpretations, leading to potentially fewer unnecessary breast biopsies.

As an evolution of traditional mammography, it is the belief of the HMA that the original intent of the legislature to require coverage was not limited to a specific study technique, but rather to a commitment of women's health in making state-of-the-art breast cancer screening available to all women. As such, a mandate for DBT is appropriate.

Thank you for allowing testimony on this issue.

HMA OFFICERS

President – Jerry Van Meter, MD President-Elect – Michael Champion, MD Secretary – Thomas Kosasa, MD
Immediate Past President – William Wong, Jr., MD Treasurer – Elizabeth A. Ignacio, MD
Executive Director – Christopher Flanders, DO

SB-1034-SD-1

Submitted on: 3/10/2019 3:02:50 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David	Individual	Support	No

Comments:

To: COMMITTEE ON HEALTH

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

HEARING: TUESDAY, MARCH 12, 2019, 9:00 AM, ROOM 329

RE: Testimony in SUPPORT of SB 819 SD 2: RELATING TO PRESCRIPTIVE AUTHORITY FOR CERTAIN CLINICAL PSYCHOLOGISTS.

Our communities are suffering because of the lack of access to comprehensive mental health care. Some of our most vulnerable citizens are unable to obtain the care needed to live healthy and functional lives. Often times, this leads to serious consequences such as drug overdose, suicide, and homelessness. The homelessness issue is a concern on every island and Psychologists are ready and willing to help. We already provide more access to care to Medicaid and Medicare patients than other prescribing mental health professionals, and are part of the coalition to address homelessness, and provide care alongside of our colleagues and community partners.

Prescriptive Authority for advanced practice Psychologists is a safe and already utilized option in five other states, in Federally Qualified Health Centers, on Indian Reservations and in the military. More and more, prescriptive authority is being authorized by states for specially trained advance practice psychologists to use as a tool in providing comprehensive, and integrative mental health care.

SB 819 SD 2 will provide the foundation to explore the suitability of Prescriptive Authority for advanced practice Psychologists to be able to support psychotherapy with psychopharmacological support, and I am in full support of this effort.

Prescribing Psychologists have been successfully prescribing since the 1990s in the US military, the Public Health service, the Indian Health Service, Louisiana, New Mexico, Guam, and most recently have the opportunity to do so in Illinois, Iowa, and Idaho.

Please vote YES on SB 819 SD 2 to allow greater access to care for those most in need.

Dr David Wittenberg

Manager of Maui CrisisTeam for Behavioral health services of Maui LLC

Respectfully submitted, Behavioral health services of Maui LLC

SB-1034-SD-1

Submitted on: 3/11/2019 8:01:37 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:

Dear Representatives,

Thank you for considering this bill, which will increase cureable breast cancer detection with tomosynthesis using mammography by over 40% and could save the lives of over 60 women in Hawaii annually. Currently across the nation, 93% of women ages 40-74 have insurance coverage for tomosynthesis, compared to only 22% in Hawaii. Hawaii has the largest population of women of Asian ancestry, who tend to have the densest breast tissue on mammography, which limits mammography, so Hawaii would particularly benefit from insurance coverage of current generation mammography equipment.

Published research from the Yale School of Medicine in the American Journal of Radiology assessed the cost effectiveness of tomosynthesis. Much research has been published over the past decades about the cost effectiveness of 2D mammography. The cost of 2D mammography for quality adjusted life year or QALY in this meta analysis from the Journal of the National Cancer Institute <https://academic.oup.com/jnci/article/98/11/774/2521606> was between \$27,000 and \$58,000 per QALY depending on the screening strategy as to when mammography was started and how often the exams were performed.

The Yale researchers found “The incremental cost per QALY gained for tomosynthesis used over 2D mammography was \$20,230 for all ages(greater or equal to age 40)”. Early detection of up to 40% more cancers with 3D tomosynthesis was actually LESS expensive per QALY or in layman’s terms per life saved than using 2D mammography. This in part is due to the cost savings in far fewer (15-30%) false positive diagnostic work ups.

On a personal level, few things are more heartbreaking for a health care provider than talking to a young woman (who tend to have denser breasts) with advanced breast cancer which was not diagnosed in time to effect a cure. If we are going to perform breast cancer screening with mammography, then Hawaii should do so with superior modern generation equipment. The State Legislature resolved in HCR138 in 2004 “to support reimbursement for mammography at levels that allow heath care providers to recover costs and acquire current generation equipment”. This bill sponsored by 39 lawmakers confirms that the Legislature still believes women in Hawaii should have access to the best care.

As a final note, the Legislature passed a bill in 2013 which requires women with dense breasts to be notified that their mammogram may be less sensitive for breast, which did help to educate women, but did not offer a solution for this challenge. The solution, tomosynthesis, now exists and is widely used in each of the other 49 states where DBT is covered by third party payers included Medicare and all BCBS payers.

The American Cancer Society estimates 1280 women in Hawaii will be diagnosed with breast cancer in 2019, and 160 women will die from the disease. As Hawaii currently has the lowest coverage for tomosynthesis of all 50 states (less than 50%), making tomosynthesis available to Hawaii's women this year could significantly reduce the mortality of breast cancer in our state.

Aloha, Scott Grosskreutz, M.D.

LATE

SB-1034-SD-1

Submitted on: 3/11/2019 5:01:23 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chrystie Fujimoto	Individual	Support	No

Comments:



March 11, 2019

LATE

House Committee on Health
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

Senate Bill 1034, SD1 – Relating to Insurance

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 1034, SD1.

HAHP supports early 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.

We express concerns on this new mandate as it does not follow widely accepted medical guidelines. Also as this would be a new mandated benefit, it is subject to an impact assessment report by the Auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for allowing us to express concerns on SB 1034, SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

LATE

SB-1034-SD-1

Submitted on: 3/11/2019 10:54:28 PM
Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

LATE

SB-1034-SD-1

Submitted on: 3/11/2019 9:41:09 PM
Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair Kobayashi and members,
We are support of this measure to help detect breast cancer.
Mahalo,
Ann S Freed
Co-Chair Hawaii Women’s Coalition