

DAVID Y. IGE
GOVERNOR

DOUGLAS S. CHIN
LIEUTENANT GOVERNOR

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

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CATHERINE P. AWAKUNI COLÓN
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JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

**TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE**

**TWENTY-NINTH LEGISLATURE
Regular Session of 2018**

Wednesday, February 14, 2018
2:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 2128, RELATING TO VICTIMS OF SEXUAL
VIOLENCE.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

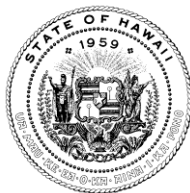
The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on H.B. 2128, H.D.1, Relating to Victims of Sexual Violence. My name is Gordon Ito, and I am the Insurance Commissioner for the Department’s Insurance Division. The Department provides the following comments on this bill, which is a companion to S.B. 2342, S.D.1.

The purpose of this bill is to require coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders.

This bill purports to mandate appropriate, related clinical victim support services by qualified mental health providers, and this may be viewed as a new mandate. The addition of a 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 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 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 measure.



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**TESTIMONY ON HOUSE BILL NO. 2128, H.D.1, RELATING TO VICTIMS OF
SEXUAL VIOLENCE.**

TO THE HONORABLE ROY M. TAKUMI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on H.B. 2128, H.D.1, Relating to Victims of Sexual Violence. My name is Gordon Ito, and I am the Insurance Commissioner for the Department’s Insurance Division. The Department provides the following comments on this bill, which is a companion to S.B. 2342, S.D.1.

The purpose of this bill is to require coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders.

This bill purports to mandate appropriate, related clinical victim support services by qualified mental health providers, and this may be viewed as a new mandate. The addition of a 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 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 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 measure.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 13, 2018

TO: The Honorable Representative Roy M. Takumi, Chair
House Committee on Consumer Protection & Commerce

FROM: Pankaj Bhanot, Director

SUBJECT: **HB2128 HD1 - RELATING TO VICTIMS OF SEXUAL VIOLENCE**

Hearing: Wednesday, February 14, 2018; 2:00 p.m.
Conference Room 309, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure and offers comments on this bill.

PURPOSE: The purpose of the bill is to require health insurance policies to include coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders.

The State's Medicaid program, QUEST Integration (QI) and its fee-for-service programs provide coverage for behavioral health services if determined to be medically necessary. The DHS has concerns regarding coverage of coordination of services that could potentially not be medically necessary such as coordinating with schools, employers, and assisting with obtaining government benefits. If required to cover these services, these services would have to be covered with 100% State funds.

Thank you for the opportunity to provide comments on this measure.

HB-2128-HD-1

Submitted on: 2/12/2018 6:14:12 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
	Domestic Violence Action Center	Support	No

Comments:



An Independent Licensee of the Blue Cross and Blue Shield Association

February 14, 2018

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Affairs and Commerce

Re: HB 2128, HD1– Relating to Health Coverage for Port-Wine Stains

Dear Chair Takumi, Vice Chair Ichiyama, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2128, HD1, requiring health insurance coverage for clinical victim support services for victims of sexual violence. HMSA appreciates the intent of this measure and respectfully offers the following comments.

On the Committee’s recommendation last Session HMSA met with the proponents of the bill during the interim to better understand the type of services that they seek to include as part of this benefit. We received a list of those services on the afternoon of 1/29/18 and are in the process of comparing it to the qualified case management services we provide.

That being said, we do continue to believe this bill is unnecessary as there is no distinction made when a member has a mental health issue in regards to the cause or reason for the condition; we do, however, understand and appreciate that victims of sexual violence have particular support service needs that deserve specific consideration and we believe we meet these needs.

We also draw the Committee’s attention to the following:

- HMSA’s existing case management services meet the intent of this measure; however, as drafted this measure could expand benefits beyond what plans currently offer. In particular, Section 2(3), coordination with schools, employers, and other individuals and entities concerning the victim.
- Section 2, consider replacing “qualified mental health provider” with “licensed mental health provider” and include an accompanying definition consistent with the statute.

We concur with the previous Committee’s suggestion that an auditor’s study of the proposed benefit would be prudent and will continue to work with stakeholders to find common ground. Thank you for allowing us to provide these comments on HB 2128, HD1.

Sincerely,

Jennifer Diesman
Senior Vice-President-Government Relations



February 14, 2018

To: Representative Roy Takumi, Chair
Representative Linda Ichiyama, Vice Chair and
Members of the Committee on Consumer Protection & Commerce

From: Jeanne Y. Ohta, Co-Chair

RE: HB 2128 HD1 Relating to Victims of Sexual Violence
Hearing: Wednesday, February 14, 2018, 2:00 p.m., Room 329

POSITION: SUPPORT

The Hawai'i Democratic Women's Caucus (HSDWC) writes in support of HB 2128 HD1 Relating to Victims of Sexual Violence which would require that health insurance policies include coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders.

HSDWC supports the amendment offered by the Sex Abuse Treatment Center.

Clinical victim support services are a best practice and are medically necessary for some victims to recover and heal. Sexual violence causes trauma that can have significant and lasting impacts on a victim's mental health that affect their ability to function and interact with the outside world. Necessary clinical victim support services are not routinely covered by health insurers, which prevents victims from accessing services and reduces their options for treatment.

This measure is necessary to clarify the existing mandate that health insurers cover outpatient mental health services. We respectfully request that the committee pass this measure with the requested amendment.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls.

Thank you for the opportunity to provide testimony.



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

**TESTIMONY FOR HOUSE BILL 2128, HOUSE DRAFT 1, RELATING TO VICTIMS
OF SEXUAL VIOLENCE**

**House Committee on Consumer Protection and Commerce
Hon. Roy M. Takumi, Chair
Hon. Linda Ichiyama, Vice Chair**

**Wednesday, February 14, 2018, 2:00 PM
State Capitol, Conference Room 329**

Honorable Chair Takumi and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 400 members. On behalf of our members, we offer this testimony in strong support of House Bill 2128, HD 1, relating to victims of sexual violence.

IMUAlliance is one of the state's largest victim service providers for survivors of sex trafficking. Over the past 10 years, we have provided comprehensive direct intervention services to 130 victims, successfully emancipating them from slavery and assisting in their restoration, while providing a range of targeted services to over 1,000 victims in total. Each of the victims we have assisted has suffered from complex and overlapping trauma, including post-traumatic stress disorder, depression and anxiety, dissociation, parasuicidal behavior, and substance abuse. Trafficking-related trauma can lead to a complete loss of identity. A victim we cared for in 2016, for example, had become so heavily trauma bonded to her pimp that while under his grasp, she couldn't remember her own name.

Sex trafficking is a profoundly violent crime. The Average age of entry into commercial sexual exploitation is 13-years-old, with 60 percent of trafficked children being under the age of 16. Approximately 150 high-risk sex trafficking establishments operate in Hawai'i. An estimated 1,500-2,500 women and children are victimized by sex traffickers in our state annually. Over 120,000 advertisements for Hawai'i-based prostitution are posted online each year, a number that is rapidly increasing as technology continues to outpace the law. More than 80 percent of runaway youth report being approached for sexual exploitation while on the run, over 30 percent of whom are targeted within the first 48 hours of leaving home. With regard to mental health, sex trafficking victims are twice as likely to suffer from PTSD as a soldier in a war zone. Greater than 80 percent

of victims report being repeatedly raped and 95 percent report being physically assaulted, numbers that are underreported, according to the United States Department of State and numerous trauma specialists, because of the inability of many victims to recognize sexual violence. As one underage survivor told IMUAlliance prior to being rescued, “I can’t be raped. Only good girls can be raped. I’m a bad girl. If I *want* to be raped, I have to *earn* it.”

Slavery has no place in paradise. For the sake of our survivors, we ask you to do all you can to ensure—and insure—their access to mental health services, including clinical case management. Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Consumer Protection & Commerce
The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair

February 14, 2018
2:00 pm
Conference Room 329

Re: HB 2128 HD1, Relating to Victims of Sexual Violence

Chair, Vice-Chair, and committee members thank you for this opportunity to provide testimony on this bill relating to insurance coverage for mental health services for victims of sexual violence.

Kaiser Permanente Hawaii supports the intent of this bill, but requests an amendment.

Kaiser Permanente supports this bill's intent to promote mental health service availability for victims of sexual violence and abuse. Kaiser Permanente already provides clinical counseling for sex abuse victims through its Integrated Behavioral Health (IBH), which is an integration of Kaiser Permanente's psychiatry/psychology/licensed social work counselor departments. Currently, Kaiser Permanente does not offer the coordination of services listed under Section 2(2) and (3). See Page 3, Lines 20-21 and Page 4, Lines 1-5. If allowed, this would mandate expanded coverage beyond what is currently covered.

As this bill recognizes, there is already a lack of access to professional clinical services due to the "limited availability of qualified mental health providers who are able to take on potentially complex mental health cases." See Page 2, Lines 13-14. To free up much-needed access to professional clinical services by qualified mental health providers, we request an amendment to add unlicensed clinical staff, under the supervision of qualified mental health providers, to assist in providing the coordination of services listed in Section 2(1) – (3). This addition will allow more flexibility by allowing clinical staff such as case managers/care coordinators, under the supervision of qualified mental health providers, to perform these administrative coordination of services functions and ease demand strain on qualified mental health providers (to allow them to focus exclusively on providing much needed psychotherapy clinical services, etc.).

Therefore, based on the foregoing, we request the following amendment on Page 3, Lines 15-16:

9 "Clinical victim support service" means a professional
10 intervention conducted by a qualified mental health provider to
11 identify needs and assist in obtaining coordinated, appropriate
12 services, and resources for a victim of sexual violence and
13 abuse to curtail or prevent the progression and worsening of
14 mental disorders and associated functional impairments caused,
15 in whole or in part, by the sexual violence and abuse. Clinical
16 victim support services include [coordination of services duties, which may be
performed by unlicensed clinical staff under the supervision of a qualified mental health
provider]:

- 17 (1) Coordinating with other healthcare providers, such as
18 Primary care physicians, behavioral and mental health
19 care providers, and hospitals;
20 (2) Assisting victims of sexual violence and abuse in
21 obtaining appropriate government entitlements, access,
1 insurance coverage, and other appropriate programs and
2 services offered by government agencies and community
3 organizations; and
4 (3) Coordinating with schools, employers, and other
5 individuals and entities concerning a victim.

*Added language in [brackets] and underscoring.

Thank you for your consideration.

HB-2128-HD-1

Submitted on: 2/13/2018 1:43:22 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities Committee of the Democratic Party of Hawaii	Support	No

Comments:

To: Hawaii State House of Representatives Committee on Consumer Protection and
Commerce
Hearing Date/Time: Wednesday, Feb. 14, 2018, 2:00 p.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in strong support
of H.B. 2128, HD1 with an amendment

Dear Chair Takumi and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 2128, HD1, which seeks to require health insurance policies to include coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders. However, we also request an amendment to include an express exemption from the requirements of H.R.S. § 23-51 in an updated H.B. 2128 HD2, based on the rationale provided by the Sex Abuse Treatment Center.

Please pass H.B. 2128 with this amendment to ensure that survivors of sexual violence are provided with the care and support they need to recover and heal.

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

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager

Executive Director
Adriana Ramelli

Advisory Board

President
Mimi Beams

Joanne H. Arizumi

Mark J. Bennett

Andre Bisquera

Kristen Bonilla

Marilyn Carlsmith

Dawn Ching

Senator (ret.)
Suzanne Chun Oakland

Monica Cobb-Adams

Donne Dawson

Dennis Dunn

Steven T. Emura, MD

Councilmember
Carol Fukunaga

Senator
Josh Green, MD

David I. Haverly

Linda Jameson

Michael P. Matsumoto

Nadine Tenn Salle, MD

Deane Salter

Joshua A. Wisch

Date: February 14, 2018

To: The Honorable Roy Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection and Commerce

From: Justin Murakami, Policy Research Associate
The Sex Abuse Treatment Center
A Program of Kapi'olani Medical Center for Women & Children

RE: Testimony in Strong Support of H.B. 2128 H.D. 1 with Amendments
Relating to Victims of Sexual Violence

Good morning Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce:

The Sex Abuse Treatment Center (SATC) strongly supports H.B. 2128 H.D. 1, and respectfully offers further comments and a requested amendment.

According to The Centers for Disease Control, sexual violence is extremely prevalent in the United States. It is estimated that 22 million women and 1.6 million men are victims of rape, while 53 million women and 25 million men have experienced some other form of sexual violence in their lifetimes. Trauma caused by this sexual violence can have significant, lasting impacts on a victim's mental health that interfere with their functional ability to engage and interact with the world.

In addition to psychotherapy, victims with mental health conditions caused by sexual violence can require clinical victim support services, a professional intervention delivered by a qualified mental health provider with whom the victim has established a therapeutic relationship. Clinical victim support services can include working with schools, employers and others on such issues as safety planning and reasonable accommodations for the victim's mental health conditions; assisting a victim to obtain entitlements and access programs and services; and coordinating with a victim's other health care providers.

These services are particularly responsive to some victims' need for assistance coping with daily stressors, which they are unable to manage on their own due to their sexual violence-related conditions. The trust and understanding developed between a victim and their therapist is critically important to the effectiveness of these services: the therapist, having received the victim's disclosure of sexual violence and possessing in-depth knowledge of how that trauma impacted the victim, is in the best position to identify the victim's specific needs and provide direct support to them.

As such, clinical victim support services are a best practice and are medically necessary for some victims to recover and heal, while avoiding additional harm and decompensation. These services are also consistent with a health care approach that invests in preventing the need for more costly interventions, such as hospitalization.

Unfortunately, clinical victim support services are not routinely covered by health insurers, which causes some qualified mental health providers to decline to accept cases that could be complex and require substantial unreimbursed time and effort. SATC notes that this contributes to a significant capacity issue that prevents victims from accessing services in the community and reduces their options for treatment.

H.B. 2128 H.D. 1 is narrowly tailored to remove this barrier, by ensuring that health insurance coverage for mental health services allows qualified mental health providers are able to deliver both psychotherapy and clinical victim support services, and accurately reflects the range of medically necessary care that is needed for victims of sexual violence to recover and heal.

In addition we respectfully offer the following comment and request for amendment:

- In the previous hearing with the House Committee on Health and Human Services, we noted that the Insurance Commissioner provided testimony suggesting that H.B. 2128 H.D. 1 may require auditor review under H.R.S. § 23-51.

Respectfully, we disagree with the Insurance Commissioner's suggestion.

We note that the measure does not newly mandate coverage for specific health services, diseases, or providers of health care services, as would trigger the audit requirement under H.R.S. § 23-51. Rather, the measure clarifies an existing covered service category for already-recognized health conditions (diseases) that are provided by recognized mental health provider types, under H.R.S. §§ 431M-2 (health insurers must provide coverage for 'mental health services') and 431M-4 (health insurers must provide coverage for mental health services including treatment under a plan and including mental health outpatient services).

As reflected in the testimony of dozens of qualified mental health providers and community organizations engaged with survivors of sexual violence, clinical victim support services are a medically necessary, standard of care outpatient mental health service delivered by clinicians in the normal course of planned treatment.

Moreover, the necessity of the services and the fact that they are a type of already-recognized outpatient mental health service has also effectively been conceded in the testimony provided by health insurers on H.B. 2128 and its

Senate Companion, S.B. 2342. In particular, they note that they already attempt to provide services that meet the intent of this bill, although we know their service delivery model does not serve the best interests of sexual violence survivors and support their healing and recovery.

The passage of H.B. 2128 H.D. 1 is necessary to clarify the existing mandate that health insurers cover outpatient mental health services. As such, a separate auditor review under H.R.S. § 23-51 is not required, and should not be allowed to further delay the provision of outpatient mental health services to insured survivors of sexual violence.

- We respectfully ask that the Committee please include an express exemption from the requirements of H.R.S. § 23-51 in an updated H.B. 2128 H.D. 2, based on the rationale provided above.

Therefore, we respectfully urge you to support H.B. 2128 H.D. 1, with additional amendment.

To: Hawaii State House Committee on Consumer Protection & Commerce

Hearing Date/Time: Place: Wednesday, February 14, 2018, 2PM

Hawaii State Capitol, Room 329

Position Statement in Support of House Bill 2128 HD1

Good afternoon Chair Takumi, Vice Chair Ichiyama, and members of the committees,

Thank you for the opportunity to testify in strong support of HB 2128 HD1 which requires health insurers to provide coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders. Almost 90 percent of women in jail are survivors of sexual violence¹. Additionally, evidence has shown that substance abuse is highly correlated with women's physical and sexual abuse². Many have never received treatment for the trauma and the issues from the violence plague the person and can manifest in unhealthy and dangerous ways. However, with treatment the person is better able to lead a productive, normal life.

Beyond disrupting the patient-therapist relationship and inserting a delaying and distorting layer of bureaucracy between the survivor and services that may be urgently needed, this approach to case management could be construed as an intrusion when applied to a survivor of sexual violence.

An integral part of treatment is the support of a skilled mental health case manager. The case manager assists the person in recovery and healing by communicating and coordinating with systems, programs, and people. Although this seems a simple task, the stress it brings can be overwhelming and can cause additional harm to the survivors when attempted on their own.

Unfortunately, case management for survivors of sexual violence is not routinely covered by health insurers, which causes some mental health providers to decline to accept cases that could be complex and require substantial unreimbursed services, or to provide a lower level of service than may be needed to appropriately address a survivor's condition. This bill would ensure health insurance coverage for mental health services includes case management.

For these reason, I respectfully urge you to support House Bill 2128 HD1.

Thank you for the opportunity to testify and for your consideration on this matter.

Kathleen Algire
Director, Public Policy and Advocacy

eliminating racism empowering women

ywca

YWCA of Kauai
3094 Elua Street
Lihue, HI 96766

T: 808-245-5959
F: 808-245-5961
www.ywcakauai.org

DATE: February 14, 2018

TO: The Honorable Roy Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection and Commerce

FROM: Renae Hamilton-Cambeilh, Executive Director
YWCA of Kaua`i

RE: Testimony in Strong Support of H.B. 2128 H.D. 1 with Amendments
Relating to Victims of Sexual Violence

Good Afternoon, Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce. My name is Renae Hamilton and I am the Executive Director for the YWCA of Kaua`i.

The YWCA of Kaua`i strongly supports H.B. 2128 H.D. 1 with Amendments which requires health insurers to provide coverage for clinical victim support services by qualified mental health providers for victims of sexual violence. The YWCA is the sole provider on Kaua`i for providing essential services related to sexual assault; crisis intervention and counseling treatment. We provide an average of over 2,000 counseling hours a year for over 200 clients. Over 50% of the victims that receive counseling services are under 18 years old. Adults who were molested as children are a large percentage of our adult clients. This bill provides an avenue to fill a gap in services for survivors of sexual assault who are participating in clinical treatment to heal from the trauma of sexual assault.

In addition to clinical treatment, victims with mental health conditions caused by being sexually assaulted often require clinical support services which can include; working with schools, employers, other agencies and government departments. The range of clinical support issues include; safety planning, assisting with reasonable accommodations as appropriate and accessing correct agencies or government departments for housing, health care etc. This clinical support is an essential aspect of treatment for SA victims and each, each survivors healing journey is unique and it is important to acknowledge that sexual assault offenses are not like other offenses and need additional support throughout the course of treatment. H.B. 2128 H.D. 1 is designed to remove barriers for victims to access these services. This bill would help these survivors access all the services they need and a means for those services to be funded with the ability to access health care coverage benefits.

I am also concerned that access to services may be delayed due to a suggestion by the Insurance Commissioner the an audit may be required due to H.R.S. 23-51. The YWCA supports a request that the Committee please include an express exemption from the requirements of H.R.S. 23-51 in an updated H.B. 2128 H.D. 2.

On behalf of the staff and Board of Directors, I thank you for this opportunity to testify and ask for your support of H.B. 2128 H.D. 1, with one amendment.



HB-2128-HD-1

Submitted on: 2/12/2018 12:06:42 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaylee Noborikawa	Individual	Support	No

Comments:

HB-2128-HD-1

Submitted on: 2/12/2018 12:29:39 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carmen Golay	Individual	Support	No

Comments:

HB-2128-HD-1

Submitted on: 2/12/2018 4:13:43 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin	Individual	Support	No

Comments:

HB-2128-HD-1

Submitted on: 2/12/2018 7:29:56 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lea Minton	Individual	Support	Yes

Comments:

Dear Chair Takumi, Vice Chair Ichiyama and members of the House Committee on Consumer Protection and Commerce:

I strongly support HB2128_HD1. It is imperative that health insurance coverage for mental health services allows qualified mental health providers to provide victims of sexual violence both psychotherapy and clinical victim support. It is inhumane and against the principle of health care not to consistently cover clinical victim support services.

I also believe that since HB2128_HD1 does not newly mandate coverage for specific services, but rather clarifies what qualified mental health providers are allowed to provide, we do not need an auditor review. This year long process for the audit will only delay needed services to an exquisitely vulnerable population - victims of sexual violence.

Let's demonstrate that the State of Hawai'i cares about victims of sexual violence and is ready to ensure they can access support services by clarifying what is included in mental health care.

Thank you for supporting this bill!

Mahalo,

Le'a Minton

HB-2128-HD-1

Submitted on: 2/12/2018 7:37:59 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Rocca	Individual	Support	No

Comments:

HB-2128-HD-1

Submitted on: 2/12/2018 7:52:54 PM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	Support	No

Comments:

HB-2128-HD-1

Submitted on: 2/13/2018 9:34:11 AM

Testimony for CPC on 2/14/2018 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	No

Comments:

In addition, the following are offered in amendment:

- In the previous hearing with the House Committee on Health and Human Services, we noted that the Insurance Commissioner provided testimony suggesting that H.B. 2128 H.D. 1 may require auditor review under H.R.S. § 23-51.

Disagree with the Insurance Commissioner's suggestion.

Note that the measure does not newly mandate coverage for specific health services, diseases, or providers of health care services, as would trigger the audit requirement under H.R.S. § 23-51. Rather, the measure clarifies an existing covered service category for already-recognized health conditions (diseases) that are provided by recognized mental health provider types, under H.R.S. §§ 431M-2 (health insurers must provide coverage for 'mental health services') and 431M-4 (health insurers must provide coverage for mental health services including treatment under a plan and including mental health outpatient services).

As reflected in the testimony of dozens of qualified mental health providers and community organizations engaged with survivors of sexual violence, clinical victim support services are a medically necessary, standard of care outpatient mental health service delivered by clinicians in the normal course of planned treatment.



February 14, 2018

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Affairs and Commerce

Re: HB 2128, HD1– Relating to Victims of Sexual Violence

Dear Chair Takumi, Vice Chair Ichiyama, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2128, HD1, requiring health insurance coverage for clinical victim support services for victims of sexual violence. HMSA appreciates the intent of this measure and respectfully offers the following comments.

On the Committee’s recommendation last Session HMSA met with the proponents of the bill during the interim to better understand the type of services that they seek to include as part of this benefit. We received a list of those services on the afternoon of 1/29/18 and are in the process of comparing it to the qualified case management services we provide.

That being said, we do continue to believe this bill is unnecessary as there is no distinction made when a member has a mental health issue in regards to the cause or reason for the condition; we do, however, understand and appreciate that victims of sexual violence have particular support service needs that deserve specific consideration and we believe we meet these needs.

We also draw the Committee’s attention to the following:

- HMSA’s existing case management services meet the intent of this measure; however, as drafted this measure could expand benefits beyond what plans currently offer. In particular, Section 2(3), coordination with schools, employers, and other individuals and entities concerning the victim.
- Section 2, consider replacing “qualified mental health provider” with “licensed mental health provider” and include an accompanying definition consistent with the statute.

We concur with the previous Committee’s suggestion that an auditor’s study of the proposed benefit would be prudent and will continue to work with stakeholders to find common ground. Thank you for allowing us to provide these comments on HB 2128, HD1.

Sincerely,

Jennifer Diesman
Senior Vice-President-Government Relations



Hawai'i Psychological Association

For a Healthy Hawai'i

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HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Rep. Roy M. Takumi, Chair
Rep. Linda Ichiyama, Vice Chair

Testimony in Support of HB2128_HD1

Wednesday, February 14, 2018, 2:00pm, House Conference Room 329

The Hawai'i Psychological Association (HPA) supports House Bill 2128_HD1, which requires health insurers to provide coverage for clinical victim support services by qualified mental health providers for victims of sexual violence.

According to The Centers for Disease Control (CDC), 22 million women and 1.6 million men are victims of rape, and 53 million women and 25 million men have experienced some other form of sexual violence in their lifetimes. Among this population, 81% of women and 35% of men report significant short- or long-term trauma, experience significant symptoms interfering with daily functioning, and receive mental health diagnoses including post-traumatic stress disorder. Appropriate victim support services can include, but are not limited to, medical care, psychotherapy, assistance (including special accommodations) within academic and vocational environments, assistance in obtaining access to programs and services offered by government agencies and community organizations, and coordination of services between care providers.

However, clinical victim support services are not routinely covered by health insurers, making service providers unavailable in many of the areas described above. HB 2128_HD1 can help improve access to services by requiring health insurers to provide coverage for mental health services and clinical victim support services.

Therefore, we respectfully urge you to support HB 2128_HD1.

Respectfully submitted,

Julie Takishima-Lacasa, PhD
Chair, Legislative Action Chair



Hawaii Women's Coalition

LATE

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Roy M. Takumi, Chair

Rep. Linda Ichiyama, Vice Chair

DATE: Wednesday, February 14, 2018

TIME: 2:00 P.M.

PLACE: Conference Room 329

STRONG SUPPORT FOR HB2128

Aloha Chair Takumi, Vice Chair Ichiyama and members,

Given the soul-stealing trauma that rape victims suffer it is not surprising that, as stated by the Sex Assault Treatment Center (SATC), this crime against humanity will have “significant, lasting impacts on a victim’s mental health that interfere with their functional ability to engage and interact with the world.” These victims deserve comprehensive and compassionate treatment for ALL of their health problems.

Yet what is happening with current insurance practice is that these scarred and scared human beings are being shuttled from one service provider to another, one specialist to another, where they are required to tell their story over and over again to a series of disconnected providers, causing further distress.

Clinical victim support services would obviate this practice, allowing a victim to keep his or her trusted therapist who can act as an advocate in obtaining all the health services that are indicated for a particular case.

In addition, we find it distressing that the Insurance Commissioner would put yet another obstacle towards the implementation of this “best practice” for rape victims, many of whom may give up seeking treatment under the current system, sometimes with dire consequences.

As SATC has said this measure is narrowly defined to “clarify an existing covered service category for already-recognized health conditions (diseases) that are provided by recognized mental health provider types, under H.R.S. §§ 431M-2 (health insurers must provide coverage for ‘mental health services’) and 431M-4 (health insurers must provide coverage for mental health services including treatment under a plan and including mental health outpatient services).

In an era where we are having a teachable moment in recognizing the persistent epidemic that is a spectrum of violence against women, beginning with sexual harassment and escalating to sex assault and domestic violence, this measure is a vital step in redressing the harms committed against women and some men, as attempts to “put us in our place”. Institutions who are stuck in the status quo are unwitting bystanders/accomplices in this.

Please be upstanders and pass this bill out of committee.

Mahalo for the opportunity to testify,

Ann S. Freed Co-Chair, Hawai'i Women's Coalition

Contact: annsfreed@gmail.com Phone: 808-623-5676



February 14, 2018

To: Representative Roy M. Takumi, Chair
Representative Linda Ichiyama, Vice Chair
House Committee on Consumer Protection & Commerce

From: Mandy Finlay, Director of Public Policy
Hawaii Children's Action Network

Re: **HB 2128 HD1– Relating to Victims of Sexual Violence – SUPPORT**
Hawaii State Capitol, Room 329, February 14, 2018, 2:00 PM

On behalf of Hawaii Children's Action Network (HCAN), we are writing to support HB 2128, HD1 – Relating to Victims of Sexual Violence.

The Centers for Disease Control and Prevention estimate that 9% of child maltreatment cases involve sexual abuse. Experiencing sexual violence or abuse at a young age can cause serious trauma, and significantly increases the likelihood that the child will experience negative health and well-being outcomes throughout their lifetime.

After experiencing sexual violence, children often require comprehensive medical and psychological services to help them heal, continue healthy neurodevelopment, and navigate everyday life. In addition to psychotherapy, sexual violence victims may require clinical victim support services, a professional intervention delivered by a qualified mental health provider with whom the victim has established a therapeutic relationship. This relationship of trust is especially important when dealing with child victims. Clinical support services could include working with a child's school or other entities to arrange reasonable accommodations to address the child's needs, helping a child and their family to access government or community programs and services, and coordinating with the child's pediatrician.

Unfortunately, although these services are often medically necessary to address victims' needs, reimbursement to providers for these services is routinely denied by health insurers. This measure merely clarifies that these services are required to be covered under insurance plans, and will ensure that children are not denied access to the services they need to heal from sexual abuse.

For these reasons, HCAN respectfully requests that the committee PASS this bill.

HCAN is committed to building a unified voice advocating for Hawaii's children by improving their safety, health, and education.

HB-2128-HD-1

Submitted on: 2/13/2018 5:10:09 PM

Testimony for CPC on 2/14/2018 2:00:00 PM



Submitted By	Organization	Testifier Position	Present at Hearing
Susan J. Wurtzburg	American Association of University Women, Hawaii	Support	No

Comments:

Aloha Chair, Vice Chair, and Committee Members,

AAUW-Hawaii supports this bill, with some slight modifications. We do not feel that it is necessary to delay further implementation of this bill, by various audits or a sunrise analysis. People need these services now, and any delay puts their health at risk. Please pass this bill, with implementation as soon as possible.

Thank you for the opportunity to testify.

Mahalo,

Susan J. Wurtzburg, Ph.D.

Policy Chair (AAUW-Hawaii)

Testimony on H.B. 2128 H.D. 1 with Amendments
Relating to Victims of Sexual Violence

By

Mark R. Mitchell, Ph.D. Director (Hawaii and the Pacific),
Institute on Violence and Trauma (IVAT)

LATE

House Committee on Consumer Protection and Commerce

Representative Roy Takumi, Chair

Representative Linda Ichiyama, Vice Chair

I am writing in strong support of HB2128 HD1 relating to victims of sexual violence.

It has been demonstrated that early and ongoing clinical interventions demonstrate a marked reduction in mental health related issues in individuals who have sustained trauma due to sexual violence.

To ameliorate the effects of trauma suffered by these individuals, it is crucial to intervene soon after these incidents have been identified. Clinical Victim Support Services provided by a qualified mental health professional have been shown to mitigate the need for longer term treatment and has demonstrated better outcomes of victims.

Therefore, not only do such services demonstrate better clinical outcomes, but also are fiscally prudent over the long term.

Mahalo for your consideration.