

# HB2128

Measure Title: RELATING TO VICTIMS OF SEXUAL VIOLENCE.

Report Title: Insurance Coverage; Clinical Victim Support Services;  
Victims of Sexual Violence and Abuse

Description: Requires that health insurance policies include coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders. Defines "clinical victim support service" and "victim of sexual violence or abuse" for the purposes of insurance coverage. (HB2128 HD2)

Companion: [SB2342](#)

Package: Women's Legislative Caucus

Current Referral: CPH, WAM

Introducer(s): EVANS, BELATTI, DECOITE, FUKUMOTO, ICHIYAMA, LEARMONT, LOPRESTI, LOWEN, LUKE, MATSUMOTO, MCKELVEY, MIZUNO, MORIKAWA, NAKAMURA, NISHIMOTO, SAN BUENAVENTURA, TAKAYAMA, THIELEN, TUPOLA, YAMASHITA

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

March 12, 2018

TO: The Honorable Senator Rosalyn H. Baker, Chair  
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB2128 HD2- RELATING TO VICTIMS OF SEXUAL VIOLENCE**

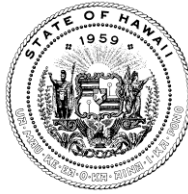
Hearing: Tuesday, March 13, 2018, 9:00 a.m.  
Conference Room 229, State Capitol

**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 improve mental health service availability for victims of sexual violence and abuse by requiring that accident and health or sickness insurance policies provide coverage for appropriate clinical victim support services provided by licensed mental health providers.

The State's Medicaid program, QUEST Integration (QI) and its fee-for-service programs provide coverage for mental health services if determined to be medically necessary, including for victims of sexual violence and abuse. In prior testimony, we had expressed concerns about services such as coordinating with schools, employers and assisting with obtaining government benefits. The HD 2 amendments that deleted references to such services addresses our concerns.

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



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 SENATE COMMITTEE ON  
COMMERCE, CONSUMER PROTECTION, AND HEALTH**

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

Tuesday, March 13, 2018  
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 2128, H.D. 2, RELATING TO VICTIMS OF  
SEXUAL VIOLENCE.**

TO THE HONORABLE ROSALYN H. BAKER, 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. 2, 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 appreciates the intent of this measure and provides the following comments on this bill.

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.

Sexual assault victims should receive appropriate treatment to help in the healing process, however we note this bill purports to mandate appropriate, related clinical victim support services by licensed 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, section 4, page 6, lines 9-13, proposed subsection (b)(5) mandates that clinical victim support services provided by a licensed mental health provider for victims of sexual violence and abuse be a covered benefit. 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.

HAWAII  
STATE  
COMMISSION  
ON THE  
STATUS  
OF  
WOMEN



Chair  
LESLIE WILKINS

COMMISSIONERS:

SHERRY CAMPAGNA  
CYD HOFFELD  
MARILYN LEE  
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LISA ELLEN SMITH

Executive Director  
Khara Jabola-Carolus

Email: [kjabola-carolus@dhs.hawaii.gov](mailto:kjabola-carolus@dhs.hawaii.gov)

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March 12, 2018

To: Rosalyn Baker, Chair  
Jill Tokuda, Vice Chair  
Honorable Members of the Senate Committee on Commerce, Consumer Protection, and Health

From: Khara Jabola-Carolus  
Executive Director  
Hawai'i State Commission on the Status of Women

Re: Testimony in Support, HB2128

Thank you for this opportunity to testify in support HB2128, which would improve access to mental health services for those victimized by sexual violence and abuse. Sexual assault persists on a systemic scale in Hawai'i, and impacts all ages. The Commission is aware that the Sex Abuse Treatment Center has assisted children as young as two months old and adults in their late 90s. Trauma from sexual violence can leave lasting and significant impacts on the mental health of survivors.

Survivors with mental health conditions can require complex case management, wherein licensed mental health providers assist with linking patients with other service providers and other systems which may be difficult to navigate. Case management by mental health providers is a best practice that is medically necessary for some survivors to recover and heal. Further, trust with the mental health provider is a key determinant of the effectiveness of treatment, especially for children.

Some insurers do cover *limited* case management and mental health services for patients but do not currently cover comprehensive case management. Limited coverage prevents victims from accessing medically necessary mental health services. It is the Commission's understanding that providing more robust coverage for case management services would not be considered a "new mandate" warranting a social and financial audit investigation.

The Commission supports HB2128 and urges the Committee to pass it.

Sincerely,

Khara Jabola-Carolus

**HB-2128-HD-2**

Submitted on: 3/12/2018 8:48:14 AM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	Testifying for OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

Comments:

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
Senate Committee on Commerce, Consumer Protection, and Health  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Jill N. Tokuda, Vice Chair

March 13, 2018  
9:00 am  
Conference Room 229

**Re: HB 2128 HD2, 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 this bill, as amended.**

Kaiser Permanente already provides clinical counseling for sex abuse victims through its Integrated Behavioral Health, which is an integration of Kaiser Permanente's psychiatry, psychology and licensed social work counselor departments, and Kaiser Permanente continues to support such clinical mental health services for victims of sexual violence.

Thank you for your consideration.



March 13, 2018

The Honorable Rosalyn H. Baker, Chair  
The Honorable Jill N. Tokuda, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

Re: HB 2128, HD2– Relating to Victims of Sexual Violence

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2128, HD2, 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.

We appreciate and support the clarifying amendments made by the previous Committees to HB 2128, HD2. HMSA continues to believe this bill may not be necessary 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 are committed to working with the stakeholders to find common ground to ensure that victims receive the care they deserve. Thank you for allowing us to provide these comments on HB 2128, HD2.

Sincerely,

Pono Chong  
Vice-President, Government Relations





March 13, 2018

To: Senator Rosalyn Baker, Chair  
Senator Jill Tokuda, Vice Chair and  
Members of the Committee on Commerce, Consumer Protection, and Health

From: Jeanne Y. Ohta, Co-Chair

RE: HB 2128 HD2 Relating to Victims of Sexual Violence  
Hearing: Tuesday, March 13, 2018, 9:00 a.m., Room 229

POSITION: SUPPORT

The Hawai'i Democratic Women's Caucus (HSDWC) writes in support of HB 2128 HD2 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.

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 to include some clinical victim support services.

We support the proposed SD1, which replaces language that was removed from the original bill by the House to cover all three types of clinical victim support services, with specific findings that the services do not constitute a 'new mandate' which would require auditor review, as they are mental health outpatient services that should always have been covered. We respectfully request that the committee pass this measure with the proposed amendments.

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 in support.

**HB-2128-HD-2**

Submitted on: 3/10/2018 3:24:48 PM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Doris Segal Matsunaga	Testifying for Save Medicaid Hawaii	Support	No

Comments:

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:** March 13, 2018

**To:** The Honorable Rosalyn Baker, Chair  
The Honorable Jill Tokuda, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

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

**RE:** Testimony in Support of H.B. 2128 H.D. 2 with Amendments  
Relating to Victims of Sexual Violence

Good afternoon Chair Baker, Vice Chair Tokuda, and members of the House Committee on Commerce, Consumer Protection, and Health:

The Sex Abuse Treatment Center (SATC) supports H.B. 2128 H.D. 2, 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 licensed mental health provider with whom the victim has established a therapeutic relationship. Clinical victim support services can include, in addition to coordinating with a victim's other health care providers, working with schools, employers and others on such issues as safety planning and reasonable accommodations for the victim's mental health conditions, and assisting a victim to obtain entitlements and to access programs and services.

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, health insurers have historically chosen not to provide coverage for appropriate clinical victim support services, which causes some licensed 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. 2 would help to remove this barrier by requiring health insurers to provide more complete, meaningful coverage of mental health outpatient services, inclusive of clinical victim support services. This would more accurately reflect 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 comments and request for amendment:

- In previous hearings on this measure, it was suggested that coverage of clinical victim support services may be a new mandate requiring auditor review under H.R.S. § 23-51. This resulted in amendment of the measure to require coverage only for coordination of care between health care providers, a single type of clinical victim support service a previous Committee determined would not need auditor review.

However, we strongly believe that none of the types of clinical victim support services covered in the initial version of this measure would require auditor review.

Rather, this measure clarifies an existing covered service category for already-recognized health conditions (diseases) that are provided by mental health provider types. We note that 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 outpatient services').

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

Clinical victim support services clearly fit into the definition of 'mental health outpatient services' as currently provided in H.R.S. § 431M-1 ("Mental health outpatient services" means mental health nonresidential treatment provided on an ambulatory basis to patients with mental illness that includes interventions

prescribed and performed by a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, or advanced practice registered nurse). The difficulty is that insurers, for whatever reason, have historically chosen not to cover this type of mental health outpatient service, although they should have under the plain language of the statute as already written.

Therefore, we propose amendment of this measure to clarify the existing mandate that health insurers provide meaningful and adequate coverage for 'mental health outpatient services,' consistent with their obligations under H.R.S. §§ 431M-1, 431M-2, and 431M-4, as detailed in the attached Proposed S.D. 1.

- We also respectfully ask that the Committee please include an express exemption for insurance coverage of clinical victim support services from the requirements of H.R.S. § 23-51 in an updated H.B. 2128, based on the rationale provided above, as detailed in the attached Proposed S.D. 1.

Therefore, we ask that you please pass H.B. 2128 H.D. 2, with amendments.

HOUSE OF REPRESENTATIVES  
TWENTY-NINTH LEGISLATURE, 2018

H.B. NO. 2128  
Proposed  
S.D. 1

STATE OF HAWAII

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# A BILL FOR AN ACT

RELATING TO VICTIMS OF SEXUAL VIOLENCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. The legislature finds that sexual violence and abuse are extremely prevalent in the United States. One in six women and one in thirty-three men have experienced an attempted or completed rape in their lifetimes, while one-in-four girls and one-in-six boys will be sexually abused before they turn eighteen. According to The Centers for Disease Control and Prevention, an estimated 43.9 per cent of women and 23.4 per cent of men have experienced forms of sexual violence other than rape within their lifetimes.

The legislature further finds that sexual violence and abuse can have severe and lasting emotional and mental health impacts on victims. Victims of sexual assault during adulthood suffer post-traumatic stress disorder at a rate between thirty to sixty-five per cent, as well as elevated rates of depressive disorders, parasuicidal behaviors, and substance use disorders.

Victims of sexual abuse during childhood face numerous psychological challenges at rates higher than people who have not experienced sexual abuse including being three to five times more likely to be diagnosed with post-traumatic stress disorder, fifty-two per cent higher lifetime depression rates, experience increased rates of suicide, self-harming behaviors, alcohol use, eating disorders, and disruptions to developmental processes that lead to personality disorders. Consequently, many victims of sexual violence and abuse represent mental health cases that require clinical victim support services by licensed mental health providers, in addition to psychotherapy, to effectively manage mental disorders related to sexual violence and abuse.

The legislature also finds that it can be difficult for victims of sexual violence and abuse to obtain appropriate mental health services due to the limited availability of licensed mental health providers who are able to take on potentially complex mental health cases. Clinical victim support services, which are required for treatment of mental disorders caused, in whole or in part, by sexual violence and abuse, are not generally covered by health insurers. This is a barrier to sufficient provider availability, as clinical victim support services are often an unreimbursed expense that discourages providers from accepting potentially complex cases.

The legislature moreover finds that insurers in Hawai'i have been and are required to provide coverage for mental health outpatient services, based on the existing Sections 431M-2 and 431M-4 of the Hawai'i Revised Statutes. Clinical victim support services are routinely and normally provided by licensed mental health providers to survivors of sexual violence, and are within the existing definition of "mental health outpatient services" which insurers are already required to cover. Coverage for clinical victim support services should already have been included in coverage for "mental health outpatient services," and is not a new mandate for coverage. Therefore, section 23-51 of the Hawai'i Revised Statutes, which requires a social and financial effect assessment for new mandates, is not applicable.

The purpose of this Act is to improve mental health service availability for victims of sexual violence and abuse by requiring that accident and health or sickness insurance policies provide coverage for appropriate clinical victim support services provided by licensed mental health providers.

SECTION 2. Section 431M-1, Hawaii Revised Statutes, is amended by adding two new definitions to be appropriately inserted and to read as follows:

"Clinical victim support service" means a professional mental health outpatient service conducted by a licensed mental



health provider to identify needs and assist in obtaining coordinated, appropriate services, and resources for a victim of sexual violence and abuse to curtail or prevent the progression and worsening of mental disorders and associated functional impairments caused, in whole or in part, by the sexual violence and abuse. Clinical victim support services include:

(1) Coordinating with other health care providers, such as primary care physicians, behavioral and mental health care providers, and hospitals;

(2) Assisting victims of sexual violence and abuse in obtaining appropriate government entitlements, access, insurance coverage, and other appropriate programs and services offered by government agencies and community organizations; and

(3) Coordinating with schools, employers, and other individuals and entities concerning a victim.

"Victim of sexual violence and abuse" means an individual who suffers from one or more mental disorders caused, in whole or in part, by sexual violence and abuse."

SECTION 3. Section 431M-2, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) All individual and group accident and health or sickness insurance policies in this State, individual or group

hospital or medical service plan contracts, and nonprofit mutual benefit society, fraternal benefit society, and health maintenance organization health plan contracts shall include within their hospital and medical coverage the benefits of alcohol use disorder, substance use disorder, and mental health treatment services, including services for alcohol dependence and drug dependence[7] and clinical victim support services for victims of sexual violence and abuse, except that this section shall not apply to insurance policies that are issued solely for single diseases, or otherwise limited, specialized coverage."

SECTION 4. Section 431M-4, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Mental illness benefits.

(1) Covered benefits for mental health services set forth in this subsection shall be limited to coverage for diagnosis and treatment of mental disorders. All mental health services shall be provided under an individualized treatment plan approved by a physician, psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, advanced practice registered nurse, or licensed dietitian treating eating disorders, and must be reasonably expected to improve

the patient's condition. An individualized treatment plan approved by a licensed clinical social worker, licensed marriage and family therapist, licensed mental health counselor, advanced practice registered nurse, or a licensed dietitian treating eating disorders, for a patient already under the care or treatment of a physician or psychologist shall be done in consultation with the physician or psychologist;

- (2) In-hospital and nonhospital residential mental health services as a covered benefit under this chapter shall be provided in a hospital or a nonhospital residential facility. The services to be covered shall include those services required for licensure and accreditation;
- (3) Mental health partial hospitalization as a covered benefit under this chapter shall be provided by a hospital or a mental health outpatient facility. The services to be covered under this paragraph shall include those services required for licensure and accreditation; ~~and~~
- (4) Mental health outpatient services shall be a covered benefit under this chapter, including Clinical victim support services."

SECTION 5. Notwithstanding any other law to the contrary, the social and financial assessment requirement of Section 23-51 of the Hawai'i Revised Statutes for new insurance mandates is not applicable to the coverage and reimbursement for clinical victim support services required under sections 2, 3, and 4 of this Act.

SECTION 6. Notwithstanding any other law to the contrary, the coverage and reimbursement for clinical victim support services for victims of sexual violence and abuse required under sections 2, 3, and 4 of this Act shall also apply to all health benefit plans under chapter 87A, Hawaii Revised Statutes, issued, renewed, modified, altered, or amended on or after the effective date of this Act.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect on July 1, 3000.



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

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**TESTIMONY FOR HOUSE BILL 2128, HOUSE DRAFT 2, RELATING TO VICTIMS  
OF SEXUAL VIOLENCE**

**Senate Committee on Commerce, Consumer Protection, and Health**  
**Hon. Rosalyn H. Baker, Chair**  
**Hon. Jill N. Tokuda, Vice Chair**

**Tuesday, March 13, 2018, 9:00 AM**  
**State Capitol, Conference Room 229**

Honorable Chair Baker 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 2, 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

To: Hawaii State Senate Committee on Consumer Protection, Commerce, And Health

Hearing Date/Time: Place: Tuesday, March 13, 2018, 9AM

Hawaii State Capitol, Room 229

*Position Statement in Support of House Bill 2128 HD2*

Good afternoon Chair Baker, Vice Chair Tokuda, and members of the Committee,

Thank you for the opportunity to testify in **strong support of HB 2128 HD2** 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 violence<sup>1</sup>. Additionally, evidence has shown that substance abuse is highly correlated with women's physical and sexual abuse<sup>2</sup>. 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 HD2**.

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

Kathleen Algire  
Director, Public Policy and Advocacy



March 13, 2018

To: Senator Rosalyn H. Baker, Chair  
Senator Jill N. Tokuda, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

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

Re: **HB 2128 HD2– Relating to Victims of Sexual Violence – SUPPORT**  
**Hawaii State Capitol, Room 229, March 13, 2018, 9:00 AM**

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**On behalf of Hawaii Children's Action Network (HCAN), we are writing to support HB 2128, HD2 – 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 vote to 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-2**

Submitted on: 3/12/2018 1:32:42 PM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
amy agbayani	Testifying for Filipina Advocacy Network FAN	Support	No

Comments:

Filipina Advocacy Network strongly supports hb 2128 hd2 relating to types of clinical victim support services.

Amy Agbayani

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# A BILL FOR AN ACT

RELATING TO VICTIMS OF SEXUAL VIOLENCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that sexual violence and  
2 abuse are extremely prevalent in the United States. One in six  
3 women and one in thirty-three men have experienced an attempted  
4 or completed rape in their lifetimes, while one-in-four girls  
5 and one-in-six boys will be sexually abused before they turn  
6 eighteen. According to The Centers for Disease Control and  
7 Prevention, an estimated 43.9 per cent of women and 23.4 per  
8 cent of men have experienced forms of sexual violence other than  
9 rape within their lifetimes.

10           The legislature further finds that sexual violence and  
11 abuse can have severe and lasting emotional and mental health  
12 impacts on victims. Victims of sexual assault during adulthood  
13 suffer post-traumatic stress disorder at a rate between thirty  
14 to sixty-five per cent, as well as elevated rates of depressive  
15 disorders, parasuicidal behaviors, and substance use disorders.  
16 Victims of sexual abuse during childhood face numerous

1 psychological challenges at rates higher than people who have  
2 not experienced sexual abuse including being three to five times  
3 more likely to be diagnosed with post-traumatic stress disorder,  
4 fifty-two per cent higher lifetime depression rates, experience  
5 increased rates of suicide, self-harming behaviors, alcohol use,  
6 eating disorders, and disruptions to developmental processes  
7 that lead to personality disorders. Consequently, many victims  
8 of sexual violence and abuse represent mental health cases that  
9 require clinical victim support services by licensed mental  
10 health providers, in addition to psychotherapy, to effectively  
11 manage mental disorders related to sexual violence and abuse.

12 The legislature also finds that it can be difficult for  
13 victims of sexual violence and abuse to obtain appropriate  
14 mental health services due to the limited availability of  
15 licensed mental health providers who are able to take on  
16 potentially complex mental health cases. Clinical victim  
17 support services, which are required for treatment of mental  
18 disorders caused, in whole or in part, by sexual violence and  
19 abuse, are not generally covered by health insurers. This is a  
20 barrier to sufficient provider availability, as clinical victim  
21 support services are often an unreimbursed expense that  
22 discourages providers from accepting potentially complex cases.

23 The legislature moreover finds that insurers in Hawai'i  
24 have been and are required to provide coverage for mental health

1 outpatient services, based on the existing Sections 431M-2 and  
2 431M-4 of the Hawai'i Revised Statutes. Clinical victim support  
3 services are routinely and normally provided by licensed mental  
4 health providers to survivors of sexual violence, and are within  
5 the existing definition of "mental health outpatient services"  
6 which insurers are already required to cover. Coverage for  
7 clinical victim support services should already have been  
8 included in coverage for "mental health outpatient services,"  
9 and is not a new mandate for coverage. Therefore, section 23-51  
10 of the Hawai'i Revised Statutes, which requires a social and  
11 financial effect assessment for new mandates, is not applicable.

12 The purpose of this Act is to improve mental health service  
13 availability for victims of sexual violence and abuse by  
14 requiring that accident and health or sickness insurance  
15 policies provide coverage for appropriate clinical victim  
16 support services provided by licensed mental health providers.

17 SECTION 2. Section 431M-1, Hawaii Revised Statutes, is  
18 amended by adding two new definitions to be appropriately  
19 inserted and to read as follows:

20 "Clinical victim support service" means a professional  
21 mental health outpatient service conducted by a licensed mental  
22 health provider to identify needs and assist in obtaining  
23 coordinated, appropriate services, and resources for a victim of  
24 sexual violence and abuse to curtail or prevent the progression

1 and worsening of mental disorders and associated functional  
2 impairments caused, in whole or in part, by the sexual violence  
3 and abuse. Clinical victim support services include:

4 (1) Coordinating with other health care providers, such as  
5 primary care physicians, behavioral and mental health  
6 care providers, and hospitals;

7 (2) Assisting victims of sexual violence and abuse in  
8 obtaining appropriate government entitlements, access,  
9 insurance coverage, and other appropriate programs and  
10 services offered by government agencies and community  
11 organizations; and

12 (3) Coordinating with schools, employers, and other  
13 individuals and entities concerning a victim.

14 "Victim of sexual violence and abuse" means an individual  
15 who suffers from one or more mental disorders caused, in whole  
16 or in part, by sexual violence and abuse."

17 SECTION 3. Section 431M-2, Hawaii Revised Statutes, is  
18 amended by amending subsection (a) to read as follows:

19 "(a) All individual and group accident and health or  
20 sickness insurance policies in this State, individual or group  
21 hospital or medical service plan contracts, and nonprofit mutual  
22 benefit society, fraternal benefit society, and health  
23 maintenance organization health plan contracts shall include  
24 within their hospital and medical coverage the benefits of

1 alcohol use disorder, substance use disorder, and mental health  
2 treatment services, including services for alcohol dependence  
3 and drug dependence[7] and clinical victim support services for  
4 victims of sexual violence and abuse, except that this section  
5 shall not apply to insurance policies that are issued solely for  
6 single diseases, or otherwise limited, specialized coverage."

7 SECTION 4. Section 431M-4, Hawaii Revised Statutes, is  
8 amended by amending subsection (b) to read as follows:

9 "(b) Mental illness benefits.

10 (1) Covered benefits for mental health services set forth  
11 in this subsection shall be limited to coverage for  
12 diagnosis and treatment of mental disorders. All  
13 mental health services shall be provided under an  
14 individualized treatment plan approved by a physician,  
15 psychologist, licensed clinical social worker,  
16 licensed marriage and family therapist, licensed  
17 mental health counselor, advanced practice registered  
18 nurse, or licensed dietitian treating eating  
19 disorders, and must be reasonably expected to improve  
20 the patient's condition. An individualized treatment  
21 plan approved by a licensed clinical social worker,  
22 licensed marriage and family therapist, licensed  
23 mental health counselor, advanced practice registered  
24 nurse, or a licensed dietitian treating eating

1 disorders, for a patient already under the care or  
2 treatment of a physician or psychologist shall be done  
3 in consultation with the physician or psychologist;

4 (2) In-hospital and nonhospital residential mental health  
5 services as a covered benefit under this chapter shall  
6 be provided in a hospital or a nonhospital residential  
7 facility. The services to be covered shall include  
8 those services required for licensure and  
9 accreditation;

10 (3) Mental health partial hospitalization as a covered  
11 benefit under this chapter shall be provided by a  
12 hospital or a mental health outpatient facility. The  
13 services to be covered under this paragraph shall  
14 include those services required for licensure and  
15 accreditation; ~~and~~

16 (4) Mental health outpatient services shall be a covered  
17 benefit under this chapter, including Clinical victim  
18 support services."

19 SECTION 5. Notwithstanding any other law to the contrary,  
20 the social and financial assessment requirement of Section 23-51  
21 of the Hawai'i Revised Statutes for new insurance mandates is  
22 not applicable to the coverage and reimbursement for clinical  
23 victim support services required under sections 2, 3, and 4 of  
24 this Act.

1           SECTION 6. Notwithstanding any other law to the contrary,  
2 the coverage and reimbursement for clinical victim support  
3 services for victims of sexual violence and abuse required under  
4 sections 2, 3, and 4 of this Act shall also apply to all health  
5 benefit plans under chapter 87A, Hawaii Revised Statutes,  
6 issued, renewed, modified, altered, or amended on or after the  
7 effective date of this Act.

8           SECTION 6. Statutory material to be repealed is bracketed  
9 and stricken. New statutory material is underscored.

10          SECTION 7. This Act shall take effect on July 1, 3000.





**Report Title:**

Insurance Coverage; Clinical Victim Support Services; Victims of Sexual Violence and Abuse

**Description:**

Requires that health insurance policies include coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders. Defines "clinical victim support service" and "victim of sexual violence or abuse" for the purposes of insurance coverage. (HB2128 SD1)

**HB-2128-HD-2**

Submitted on: 3/10/2018 3:43:38 PM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
chelsea pang	Individual	Support	No

Comments:

I'm right Pontiac it again I support on behalf of save Medicaid Hawaii

**HB-2128-HD-2**

Submitted on: 3/12/2018 7:46:34 AM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rebeca Zamora	Individual	Support	No

Comments:

**HB-2128-HD-2**

Submitted on: 3/12/2018 4:02:07 PM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joy Marshall	Individual	Support	No

Comments:

**HB-2128-HD-2**

Submitted on: 3/12/2018 5:45:38 PM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lea Minton	Individual	Support	No

Comments:

I am in strong support of HB2128HD2 and request the Senate Committee on CPH consider the proposed SD1 amendments provided by the Sex Abuse Treatment Center that covers all three types of of clinical victim support services.

Mahalo for the opportunity to testify in strong support with amendments.

**HB-2128-HD-2**

Submitted on: 3/13/2018 3:42:13 AM

Testimony for CPH on 3/13/2018 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rachel L. Kailianu	Testifying for Ho`omana Pono, LLC	Support	Yes

Comments: