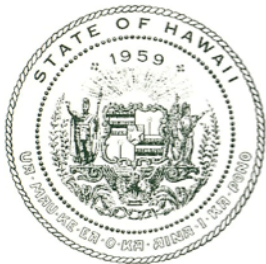


HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

COMMISSIONERS:

SHERRY CAMPAGNA
CYD HOFFELD
JUDY KERN
MARILYN LEE
AMY MONK
LISA ELLEN SMITH

Executive Director
Catherine Betts, JD

Email:
Catherine.a.betts@hawaii.gov
Visit us at:
humanservices.hawaii.gov
/hscsw/

235 S. Beretania #407
Honolulu, HI 96813
Phone: 808-586-5758
FAX: 808-586-5756

February 9, 2017

To: Representative Angus L.K. McKelvey, Chair
Representative Linda Ichiyama, Vice Chair
Members of the House Committee on Consumer Protection and
Commerce

From: Cathy Betts
Executive Director, Hawaii State Commission on the Status of Women

Re: Testimony in Support, HB 665, HD1, Relating To Victims of Sexual
Violence

Thank you for this opportunity to testify in support of HB 665, HD1,
which would require insurers to cover complex case management services for
survivors of sexual violence.

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.

However, case management for survivors of sexual violence is not
routinely covered by health insurers. Some mental health providers may
decline to accept cases that could be complex and potentially difficult to
manage. This bill remedies this issue by ensuring health insurance coverage for
a broad array of mental health services for survivors of sexual violence. The
Commission strongly supports the passage of HB 665, HD1.

Thank you for this opportunity to testify.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339



February 9, 2017

TO: The Honorable Representative Angus L.K. McKelvey, Chair
House Committee on Consumer Protection & Commerce

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 665 HD 1- RELATING TO HUMAN SERVICES**

Hearing: February 9, 2017, 2:00 p.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bill, offers comments, and requests an amendment to address the need for DHS to seek an 1115 waiver amendment.

PURPOSE: The purpose of the bill is to improve mental health service availability for victims of sexual violence who suffer from mental illness.

DHS recognizes the deep trauma that victims of sexual violence can experience, and the need for access to mental health treatment including potentially case management services. Medicaid already provides case management services for targeted populations, although not explicitly for victims of sexual violence.

Our prior testimony to the House Committee on Health on HB 665, we noted that we may need to request an amendment to our 1115 waiver to expand the case management services to this targeted population, and we recommended clarifying language to accommodate that need. Our further research on this topic has confirmed the necessity of seeking federal approval through both an amendment to our 1115 waiver as well as a state plan amendment.

To address our concerns, DHS respectfully suggests insertion of the following language on page 6, to replace the existing Section 6, and renumber the sections accordingly:

“SECTION 6. Application of this Act to the state/federal medicaid program is contingent upon approval by the U. S. Centers for Medicare and Medicaid Services, of an 1115 waiver and a state plan amendment to expand coverage of mental health treatment including case management services to victims of sexual violence.”

Thank you for the opportunity to testify on this bill.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON HEALTH
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair

COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Representative Angus L.K. McKelvey, Chair
Representative Linda Ichiyama, Vice Chair

Thursday, February 9, 2017, 2:00 pm, Room 329

The Hawai'i Psychological Association (HPA) strongly supports H.B. 665, which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence.

The prevalence of sexual violence is higher than heart disease, stroke, and the other leading health concerns in the U.S. According to research, over 43% of women and over 23% of men have experienced some form of sexual violence during their lifetimes. An additional almost 20% of American women and almost 2% of men are survivors of rape.

Trauma from sexual violence often produces profound, long-term mental health symptoms that interfere with the survivor's interpersonal, vocational, and personal functioning. Interference with vocational functioning and the need for medical and psychological care also entail a material cost to the state of Hawai'i's health care system and economy. These costs can be reduced by coordinating assessment and treatment in the most efficacious and cost-effective manner, which requires case management. Case management is especially important for survivors of sexual trauma because functional impairments specifically due to trauma make it difficult if not impossible for them to advocate for their needs, research the services available to them, and arrange for their own treatment.

Case management extends beyond psychotherapy. It involves communication and coordination of services between different service providers and systems. These often include the primary care physicians, pediatricians, gynecologists and other medical specialists, child welfare services, the school system, psychotherapists, employers, social security administrators, TRICARE, private insurance companies, women's shelters, and targeted service agencies like the Sex Abuse Treatment Center.

Case managed, coordinated early intervention can prevent the extensive deterioration of functioning that might otherwise lead to inpatient hospitalization and additional costly interventions.

Despite documented benefit to sexual violence survivors and cost savings to the health care system and economy, health insurers do not routinely reimburse care providers to provide case management services. The absence of reimbursement is a barrier to care. It is a potent disincentive for care providers to treat survivors of sexual violence whose care is likely to be complex and involve coordination with multiple systems and professionals. Consequently, sexual violence survivors are often underserved, receiving less coordinated care than is necessary to adequately address their needs, or no treatment at all.

H.B. 665 is specifically written to remove this barrier to care by requiring health insurance reimbursement for mental health providers who provide much needed case management services.

The Hawai'i Psychological Association sees H.B. 665 as foundational to the provision of appropriate and necessary treatment for survivors of sexual violence, and strongly urges that you support its passage.

Thank you for this opportunity to offer testimony in support of H.B. 665.

Respectfully submitted,

Ray Folen, Ph.D.
Executive Director
Hawai'i Psychological Association



To: Hawaii State House of Representatives Committee on Commerce and Consumer Protection
Hearing Date/Time: Thursday, Feb. 9, 2017, 2:00 p.m.
Place: Hawaii State Capitol, Rm. 229
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in strong support of H.B. 665, HD1, relating to Victims of Sexual Violence

Dear Chair McKelvey and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 665, HD1, which seeks to require health insurance coverage for case management services by licensed mental health providers for victims of sexual violence.

PPVNH is dedicated to advocating for women’s full equality in health care and we support H.B. 665, HD1, because it will 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

LATE



February 9, 2017

To: Rep. Angus L.K. McKelvey, Chair
Rep. Linda Ichiyama, Vice Chair
Committee on Consumer Protection and Commerce

From: Karen Worthington, Project Coordinator
Early Childhood Action Strategy

Re: HB665-HD1 – Relating to Victims of Sexual Violence
Hawaii State Capitol, Room 329, February 9, 2017, 2:00 PM

Position: Action Strategy supports HB665-HD1 Relating to Victims of Sexual Violence

Dear Representative McKelvey, Representative Ichiyama, and Committee Members:

Thank you for the opportunity to provide testimony on behalf of Hawaii's Early Childhood Action Strategy, a public private collaborative that recognizes the strength of communities and works across sectors to increase the number of young children in Hawaii who are born healthy, developing on track, ready for school when they enter kindergarten, and proficient learners by third grade.

Action Strategy supports HB665-HD1 which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence. HB665-HD1 is related to the work of Action Strategy because (1) when parents are physically and emotionally healthy, they are better able to provide safe and nurturing environments for their children, and (2) when children are victims of sexual violence, they need appropriate responses and interventions to help them heal from the trauma of that violence. HB665-HD1 will help parents and children who experience sexual violence to access the services they need to heal.

Many of the estimated 43.9% of women and 23.4% of men who experience sexual violence in their lifetimes are parents or will be parents. The trauma of sexual violence can negatively impact all aspects of a survivor's life, including their ability to successfully perform daily parenting functions and to nurture a young child's rapidly developing brain and body. Therefore, helping survivors of sexual violence heal from the trauma not only improves the survivors' lives, but increases the likelihood that their children's health and development will be on track and not negatively impacted by the parents' trauma. For example, survivors of sexual violence who do not receive appropriate responses and interventions may suffer from depression, and maternal depression is a risk factor

for multiple negative child development outcomes. Preventing and treating maternal depression leads to improved outcomes for children.

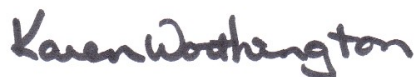
Survivors of sexual violence may need an array of supports and services to help them fully heal. In addition to psychotherapy, survivors with mental health conditions caused in whole or in part by the violence can require case management, a professional intervention where a survivor's mental health provider helps the patient to link to and coordinate with other service providers, systems, programs and entitlements. Some examples of case management provided to survivors of sexual violence include communicating and coordinating with schools, pediatricians, gynecologists, primary care providers, child welfare services, other therapists, employers, social security administrators, and insurers.

Restoring a feeling of emotional and physical control and autonomy is often an important aspect of healing for survivors of violence. Therefore, it is important for them to choose who their service providers are, and to maintain relationships with ongoing mental and physical health providers if they wish to do so. The original version of the bill, HB665, allowed survivors this choice but the revised version allows health insurance providers to deny coverage for case management services delivered by a survivor's existing therapist if that treating provider is not already in a contractual relationship with the insurer. We respectfully request that the survivors' needs be honored and the original language be reinstated.

Action Strategy is committed to ensuring Hawaii's young children are healthy, safe and ready to learn and HB665-HD1 supports that vision. We ask you to pass this bill.

Please feel free to contact me for additional information. I can be reached at 808-214-9336 or karen@clnhawaii.org.

Sincerely,

A handwritten signature in black ink that reads "Karen Worthington". The signature is written in a cursive, slightly slanted style.

Karen Worthington, JD



COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair

Rep. Linda Ichiyama, Vice Chair

DATE: Thursday, February 9, 2017

TIME: 2:00 PM

PLACE: Conference Room 329

STRONG SUPPORT FOR HB665

Aloha Chair McKelvey, Vice Chair Ichiyama and members,

The Coalition is in strong support of the original version of this bill. We concur with the Sex Assault Treatment Center (SATC) in asking that the language revert back to language in the original version of H.B. 665, which, on page 6 lines 9 through 11, stated “case management services by licensed mental health providers for victims of sexual violence shall be a reimbursable, covered benefit under this chapter.”

The SATC is the lead organization on this legislation and as they noted in their testimony “The fundamental aim of this bill is to improve survivors’ access to case management services from their chosen therapists, with whom the survivor has an established patient-provider relationship.” The language in HD1 would allow insurers to force victims to use their in-house or contracted service providers. This would subvert the purpose of the bill that is intended to remove bureaucratic, stove-pipe barriers to traumatized victims with complex problems.

Please pass this important bill in its original form 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 9, 2017

The Honorable Angus L.K. McKelvey, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection and Commerce

Re: HB 665 HD1 – Relating to Victims of Sexual Violence

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 665 HD1, requiring health insurance coverage for cases management services by licensed mental health providers for victims of sexual violence.

HB 665 HD1 fits with HMSA's broader goal of providing an integrated and coordinated care experience for our members. We believe, however, that this bill may be unnecessary as there is no distinction made when a member has a mental health issue in regards to the suspected cause or reason for the condition being treated. We do however appreciate the intent of the Bill and the previous Committee's work to address some of our initial concerns with regard to clarifying the scope and defining the providers that this would apply to.

Thank you for allowing us to provide these comments on HB 665 HD1.

Sincerely,



Mark K. Oto
Director, Government Relations.

LATE



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

**TESTIMONY FOR HOUSE BILL 665, HOUSE DRAFT 1, RELATING TO
VICTIMS OF SEXUAL VIOLENCE**

**House Committee on Consumer Protection and Commerce
Hon. Angus L.K. McKelvey, Chair
Hon. Linda Ichiyama, Vice Chair**

**Thursday, February 9, 2017, 2:00 PM
State Capitol, Conference Room 329**

Honorable Chair McKelvey and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 350 members. On behalf of our members, we offer this testimony in strong support of House Bill 665, HD1, 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 direct intervention services to 130 victims, successfully emancipating them from slavery and assisting in their restoration. 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 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 sex trafficked children being under the age of 16. Approximately 150 high-risk sex trafficking establishments are operational in Hawai'i. An estimated 1,500-2,500 women and children are victimized by sex traffickers in our state annually. Over 110,000 advertisements for Hawai'i-based prostitution are posted online each year, a number that has *not* decreased with the recent shuttering of Backpage.com's "adult services" section. 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 of 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 such. As one underage victim—now a 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.”

For the sake of our survivors, we ask you to do all you can to ensure, and insure, the availability of mental health services, including clinical case management. Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance



THE SEX ABUSE TREATMENT CENTER

A Program of Kapi'olani Medical Center for Women & Children

LATE

Executive Director
Adriana Ramelli

Advisory Board

President
Mimi Beams

Joanne H. Arizumi

Mark J. Bennett

Andre Bisquera

Marilyn Carlsmith

Dawn Ching

Senator (ret.)
Suzanne Chun Oakland

Monica Cobb-Adams

Donne Dawson

Dennis Dunn

Councilmember
Carol Fukunaga

David I. Haverly

Linda Jameson

Michael P. Matsumoto

Robert H. Pantell, MD

Joshua A. Wisch

Date: February 9, 2017

To: The Honorable Angus L.K. McKelvey, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection & Commerce

From: The Sex Abuse Treatment Center
A Program of Kapi'olani Medical Center for Women & Children

RE: Testimony in Support of H.B. 665 H.D. 1 with Amendments
Relating to Victims of Sexual Violence

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

The Sex Abuse Treatment Center (SATC) supports H.B. 665 H.D. 1, which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence.

However, we respectfully request the following amendment:

- On page 6 lines 17 through 19, H.B. 665 H.D. 1 states that "case management services by a licensed mental health providers for victims of sexual violence shall be a covered benefit under this chapter."

We respectfully ask that the language be reverted back to the language contained in the original version of H.B. 665, which, on page 6 lines 9 through 11, stated "case management services by licensed mental health providers for victims of sexual violence shall be a reimbursable, covered benefit under this chapter."

The fundamental aim of this bill is to improve survivors' access to case management services from their chosen therapists, with whom the survivor has an established patient-provider relationship. The creation of such a relationship, at its core, involves survivors disclosing their most intimate feelings and emotions regarding the sexual assault to their therapists, and trusting in their therapist to provide them with needed treatment and care.

The language in the bill that was revised in H.D. 1 would allow insurers to (a) require that the survivor use the insurer's in-house or contracted third-party case managers and (b) decline to reimburse case management services provided by the survivor's chosen therapist. We note that the insurer's in-house or contracted third-party case managers would not have an established patient-provider

relationship with the survivor. Under such a scenario, in order to utilize the insurer's case manager effectively, the survivor—and their therapist—may be compelled to disclose the intimate details of the survivor's experience with sexual assault to someone who is, essentially, a stranger to the survivor.

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 easily be construed as an unwanted and violating intrusion when imposed upon a survivor of sexual violence.

In the United States, it is estimated that 19.3% of women and 1.7% of men are survivors of rape, and an estimated 43.9% of women and 23.4% of men have experienced other forms of sexual violence in their lifetimes. Trauma from this violence can have significant, lasting impacts on mental health that interfere with a survivor's functional ability to engage and interact with the world.

In addition to psychotherapy, survivors with mental health conditions caused in whole or in part by the violence can require case management, a professional intervention where a survivor's mental health provider helps the patient to link to and coordinate with other service providers, systems, programs and entitlements. Some examples of case management provided by SATC therapists to survivor patients include communicating and coordinating with schools, pediatricians, gynecologists, primary care providers, child welfare services, other therapists, employers, social security administrators, and insurers.

These services are particularly responsive to some survivors' need for assistance coping with stressors that they experience in daily life, but which their mental health may not allow them to functionally address. As such, case management by mental health providers is a best practice that is medically necessary for some survivors to recover and heal, and can help them to avoid additional harm and decompensation. It is also consistent with a healthcare approach that invests in services that prevent the need for more costly interventions, such as hospitalization.

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.

SATC notes that this contributes to a significant capacity issue that prevents survivors from accessing services in the community and reduces their options for treatment.

H.B. 665 H.D. 1, with SATC's suggested amendment, would be narrowly tailored to remove this barrier, by ensuring that health insurance coverage for mental health services includes both case management and psychotherapy provided by the survivor's established therapist, and accurately reflects the range of medically necessary care that is needed for survivors of sexual violence to recover and heal.

Therefore, we respectfully urge you to support H.B. 665 H.D. 1, with SATC's suggested amendment.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 7:57 AM
To: CPCtestimony
Cc: crystalkpaul@yahoo.com
Subject: *Submitted testimony for HB665 on Feb 9, 2017 14:00PM*

HB665

Submitted on: 2/8/2017

Testimony for CPC on Feb 9, 2017 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Crystal Kia Paul	Individual	Support	No

Comments:

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LATE

Dear Chair McKelvey, Vice Chair Ichiyama, and committee members:

I am a survivor of childhood sex abuse and support the intent of HB665, HD1. Funding case management services to survivors of sexual violence will help them heal and become productive members of society. As stated in the bill, sexual violence can have severe and lasting emotional and mental health impacts. I've learned in my own recovery that treatment is not "one size fits all". I've gone through multiple therapists and body workers to help heal my mind, body and soul. Some were experienced with PTSD and the effects of trauma on the brain, but many times were not. I've found the right treatment through trial and error over the past decade, but wish I had some professional help to direct me in my journey towards recovery. This bill will help survivors get the appropriate help they need and provide access to other effective modalities of treatment in a timely manner.

But the latest version, HD1, makes material changes that will affect who can provide these case management services. HD1 allows insurers to use in-house managers or contracted third-party case managers. More importantly, it allows insurers to decline to reimburse case management services provided by the survivor's chosen therapist, the person who knows the survivor the best! How can someone with no experience or knowledge about the survivor or their condition be expected to provide the best mode of care to them? The survivor could be subject to further difficult and painful disclosure of their experience to a stranger, the insurer's case management provider, in order to obtain further treatment. I request that the original version of HB665, on page 6 lines 9 through 11 be reverted back to the original language - "case management services by licensed mental health providers for victims of sexual violence shall be a reimbursable, covered benefit under this chapter."

Thank you very much,

Andre Bisquera

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 11:43 PM
To: CPCtestimony
Cc: codysilva89@gmail.com
Subject: *Submitted testimony for HB665 on Feb 9, 2017 14:00PM*

HB665

Submitted on: 2/8/2017

Testimony for CPC on Feb 9, 2017 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Cody Silva	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 5:19 PM
To: CPCtestimony
Cc: mamaupin@hotmail.com
Subject: *Submitted testimony for HB665 on Feb 9, 2017 14:00PM*

HB665

Submitted on: 2/8/2017
Testimony for CPC on Feb 9, 2017 14:00PM in Conference Room 329

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

Comments:

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