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TO SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Thursday, February 23, 2017
1:35 p.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON SENATE BILL NO. 503, S.D. 1 – RELATING TO VICTIMS OF
SEXUAL VIOLENCE**

TO THE HONORABLE JILL N. TOKUDA, CHAIR, AND MEMBERS OF THE
COMMITTEE:

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

The purpose of this bill is to improve mental health service availability for victims of sexual violence and abuse by requiring insurance coverage for appropriate, related case management services by qualified mental health providers.

This bill purports to mandate appropriate, related case management services by qualified mental health providers. This may be viewed as a new mandate. Any proposed mandate providing coverage for care may require the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes section 23-51.

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

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

COMMISSIONERS:

SHERRY CAMPAGNA
CYD HOFFELD
JUDY KERN
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February 23, 2017

To: Senator Jill Tokuda, Chair
Senator Donovan Dela Cruz, Vice Chair
Members of the Senate Committee on Ways and Means

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

Re: Testimony in Support, SB 503, SD1, Relating To Victims of Sexual Violence

Thank you for this opportunity to testify in support of SB 503, SD1, which would require insurers to cover complex case management services for survivors of sexual violence. The Commission recommends that the language in SD1 be reverted back to the language contained in the original version of SB 503, 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 reimburseable, covered benefit under this chapter,” removing the language in SD1 stating that “The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used.” The intent of this bill was to improve survivors’ access to case management services from their chosen therapists, with whom the survivor has an established patient-provider relationship. In reality, if survivors are tasked with finding a third party contractor to provide the case management, we are asking survivors to create an entirely new patient/therapist relationship with a stranger.

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.

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. SB 503, SD1 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 SB 503, SD1 with the requested amendments.

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 23, 2017

TO: The Honorable Senator Jill N. Tokuda, Chair
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 503 SD 1 -RELATING TO HUMAN SERVICES**

Hearing: February 23, 2017, 1:35 p.m.
Conference Room 211, State Capitol

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

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 provides case management services for narrow targeted populations, although not explicitly for victims of sexual violence.

We would like to clarify in response to the Committee on Commerce, Consumer Protection, and Health's Standing Committee Report 163 that states that there is no need to seek an 1115 amendment and federal approval. To clarify, it will be necessary to amend the 1115 waiver to expand to this targeted population in order to obtain federal Medicaid matching dollars. Without the 1115 amendment and approval from CMS, DHS Med-QUEST Division (MQD) and the Medicaid contracted health plans would provide the services outlined in the bill using general funds only. Thus, an appropriation would likely be needed.

If the legislative intent is for the service to become a Medicaid covered benefit for which federal Medicaid matching dollars can be used, DHS requests language that would condition applicability to MQD based on receipt of approval from the Centers of Medicare and Medicaid Services.

Thank you for the opportunity to testify on this bill.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 21, 2017 2:44 PM
To: WAM Testimony
Cc: laurie.field@ppvnh.org
Subject: *Submitted testimony for SB503 on Feb 23, 2017 13:35PM*

SB503

Submitted on: 2/21/2017

Testimony for WAM on Feb 23, 2017 13:35PM in Conference Room 211

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

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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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 Ways and Means Senator Jill Tokuda, Chair Senator Donovan Dela Cruz, Vice Chair

Testimony in Support of SB503 SD1

Thursday, February 23, 2017, 1:35 pm, Room 211

The Hawai'i Psychological Association (HPA) strongly supports SB503 SD1, 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.

SB503 SD1 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 SB503 SD1 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 SB503 SD1.

Respectfully submitted,

Raymond A. Folen, Ph.D., ABPP
Executive Director



February 21, 2017

To: Hawai'i State Senate Committee on Commerce, Consumer Protection, and Health, and the Hawai'i State Senate Committee on Ways and Means

Hearing Date/Time: Thursday, February 23, 2017 (1:35 p.m.)

Place: Hawai'i State Capitol, Rm. 211

Re: Testimony of American Association of University Women – Hawai'i in **SUPPORT of S.B. 503 S.D. 1**, relating to victims of sexual violence

Dear Senator Rozalyn H. Baker (Chair), Senator Clarence K. Nishihara (Vice Chair), Senator Jill N. Tokuda (Chair), Senator Donovan M. Dela Cruz (Vice Chair), and Members of the CPH and WAM Committees,

I am grateful for this opportunity to testify in **strong support of S.B. 503 S.D. 1**, relating to victims of sexual violence.

My testimony is on behalf of the approximately 400 members of the American Association of University Women (AAUW) in Hawai'i, who list gender violence as an important current concern. My testimony is informed by many years of work in the field of domestic violence, and research conducted with survivors of intimate partner violence (IPV). In addition, when I lived in New Zealand, I managed a 24-hour, 7-days/week domestic violence hotline, and I also trained hotline Advocates to respond skillfully and empathetically to survivors of violence. I provided extensive education to Advocates for Women, and also worked with police, courts, and other service agencies on behalf of survivors. Most of the IPV survivors experienced sexual violence.

Based on these experiences, I argue that passage of S.B. 503 S.D. 1 is important, with potential to assist survivors of sexual violence, many of whom are unable to get the counseling/mental health services that they need. Most people living here do not realize how many sexually abused survivors surround them. Since I teach "Gender Violence" at UH-Manoa each spring and fall semester, I am highly aware of the excessive number of people affected, and the fact that many of them take years to understand their abusive experiences, and to cope with them successfully. I number myself among this group, and encourage legislators to pass this bill on behalf of many in Hawai'i.

In conclusion, passage of S.B. 503 S.D. 1 is an important step in improving justice for survivors of sexual violence. Thank you for the opportunity to testify.

Sincerely

Susan J. Wurtzburg, Ph.D.; Policy Chair



THE SEX ABUSE TREATMENT CENTER

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

Executive Director
Adriana Ramelli

Advisory Board
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Donne Dawson
Dennis Dunn
Councilmember
Carol Fukunaga
David I. Haverly
Linda Jameson
Michael P. Matsumoto
Robert H. Pantell, MD
Joshua A. Wisch

Date: February 23, 2017

To: The Honorable Jill N. Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Senate Committee on Ways and Means

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 S.B. 503 S.D. 1 with Comments
Relating to Victims of Sexual Violence

Good afternoon Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Ways and Means:

The Sex Abuse Treatment Center (SATC) supports S.B. 503 S.D. 1, which requires health insurers to provide coverage for case management services by qualified mental health providers for victims of sexual violence.

However, we respectfully request the following amendment:

- On page 7 lines 9 through 14, S.B. 503 S.D. 1 states that “case management services by qualified mental health providers for victims of sexual violence and abuse shall be a reimbursable, covered benefit under this chapter. The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used.”

We respectfully ask that the language please be reverted back to the language contained in the original version of S.B. 503, 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 reimburseable, covered benefit under this chapter,” removing the language in S.D. 1 stating that “The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used.”

The primary goal 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 S.D. 1 may allow insurers to (a) require that the survivor use the insurer's in-house or contracted third-party case managers and (b) decline payment for 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 be construed as an intrusion when applied to 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 qualified 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.

S.B. 503 S.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 S.B. 503 S.D. 1, with SATC's suggested amendment.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/email: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON WAYS AND MEANS

Sen. Jill Tokuda, Chair

Sen. Donovan Dela Cruz, Chair

Thursday, February 23, 2017

1:35 p.m.

Room 211

SUPPORT FOR SB 503 – COVERED SERVICES FOR SEX ASSAULT SURVIVORS

Aloha Chair Tokuda, Vice Chair Dela Cruz and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for two decades. This testimony is respectfully offered on behalf of the almost 6,000 Hawai'i individuals living behind bars or under the "care and custody" of the Department of Public Safety. We are always mindful that approximately 1,700 of Hawai'i's imprisoned people are serving their sentences abroad thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

Community Alliance on Prisons supports this measure that provides insurance coverage for survivors of sexual assault. This is probably one of the most traumatic things a person could go through and it is only humane and compassionate to provide the array of services that people need.

While we totally support insurance coverage for survivors, we are concerned that the services covered shall be provided directly or contracted out, depending on the plan used. Sex assault survivors need trusted case management and to have the insurer decide who will provide proper services, instead of a provider already known and trusted by the survivor, is problematic.

We, therefore, respectfully ask that the language be reverted back to that contained in the original version of SB. 503 on page 6 lines 9 through 11, that states "*case management services by licensed mental health providers for victims of sexual violence shall be a reimbursable, covered benefit under this chapter,*"

Hawai'i is lucky to have the services provided by the Sex Abuse Treatment Center to our people who have endured this crime and we support their testimony on this bill.

Community Alliance on Prisons hopes that the committee will consider reverting back to the language in the original bill to reduce further traumatizing survivors.

Mahalo for caring about our community and for the opportunity to testify in support of SB 503 SD1 with this language change.



Date: February 23, 2017

To: The Honorable Jill N. Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Senate Committee on Ways and Means

From: NASW Hawaii Chapter

RE: Testimony in Support of S.B. 503 S.D. 1 Relating to Victims of Sexual Violence

Chair Tokuda, Vice Chair Dela Cruz, and members of the Senate Committee on Ways and Means:

The National Association of Social Workers- Hawaii (NASW-Hawaii) strongly supports S.B. 503 S.D. 1, which requires health insurers to provide coverage for case management services by qualified mental health providers for victims of sexual violence.

Professional social workers are the nation's largest group of mental health service providers. There are more clinically trained social workers (over 200,000) in the country than psychiatrists, psychologists and psychiatric nurses combined. This issue is of great importance to our membership of professional Social Workers.

The focus of this bill is to improve survivors' access to case management services from licensed mental health providers and ensure coverage of these services by insurance providers. Unfortunately, case management for survivors of sexual violence is not routinely covered by health 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 preventative services that are community based, which are both more effective and less costly than inpatient services, such as hospitalization.



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.

Sonja Bigalke-Bannan, MSW, LSW
Executive Director
National Association of Social Workers, Hawai'i Chapter



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

**TESTIMONY FOR SENATE BILL 503, SENATE DRAFT 1, RELATING TO VICTIMS
OF SEXUAL VIOLENCE**

**Senate Committee on Ways and Means
Hon. Jill N. Tokuda, Chair
Hon. Donovan M. Dela Cruz, Vice Chair**

**Thursday, February 23, 2017, 1:35 PM
State Capitol, Conference Room 211**

Honorable Chair Tokuda 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 Senate Bill 503, SD 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 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

To: Hawaii State Senate Committee on Ways and Means
Hearing Date/Time: Thursday, February 23, 2017, 1:35PM
Place: Hawaii State Capitol, Rm. 211

Position Statement in Support of Senate Bill 503 S.D 1

Chair Tokuda, Vice Chair Dela Cruz, and members of the Committee on Ways and Means,

The YWCA O'ahu manages the women's work furlough program for the state. Trauma, including sexual violence, leads the path to incarceration for many women. Without treatment, 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.

We respectfully request the following amendment:

- On page 7 lines 9 through 14, S.B. 503 S.D. 1 states that "case management services by qualified mental health providers for victims of sexual violence and abuse shall be a reimbursable, covered benefit under this chapter. The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used."

We respectfully ask that the language please be reverted to the original language contained in S.B. 503. Remove the language in S.D. 1 stating that "The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used," and replace with the original language in S.B 503, on page 6 lines 9 through 11, which stated "case management services by licensed mental health providers for victims of sexual violence shall be a reimbursable, covered benefit under this chapter."

The primary goal 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 S.D. 1 may allow insurers to (a) require that the survivor use the insurer's in-house or contracted third-party case managers and (b) decline payment for 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 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

eliminating racism
empowering women

ywca

O'ahu

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1566 Wilder Avenue
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Kokokahi YWCA
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Laniākea YWCA
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ywcaoahu.org

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.

Case management is a critical piece of treatment for survivors of sexual violence. I respectfully urge you to support SB 503.

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

Kathleen Algire
Advocacy Coordinator

YWCA IS ON A MISSION



Hawaii Women's Coalition

COMMITTEE ON WAYS AND MEANS

Senator Jill N. Tokuda, Chair

Senator Donovan M. Dela Cruz, Vice Chair

DATE: Thursday, February 23, 2017

TIME: 1:35 P.M.

PLACE: Conference Room 211

STRONG SUPPORT FOR S.B. 503 in its original form

Good afternoon Chair Tokuda, Vice Chair Dela Cruz and members,

The Coalition is in support of this bill, which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence.

However, The Coalition supports the Sex Assault Treatment Center (SATC) in asking that SD1 be amended as follows:

- On page 7 lines 9 through 14, S.B. 503 S.D.1 states that “case management services by qualified mental health providers for victims of sexual violence and abuse shall be a reimbursable, covered benefit under this chapter. The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used.”
- We ask that the bill revert back to the language contained in the original version of S.B. 503, 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,” and that following language, “The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used,” be deleted.

The revised language in S.D. 1 may allow insurers to (a) require that the survivor use the insurer’s in-house or contracted third-party case managers and (b) decline payment for case management services provided by the survivor’s chosen therapist. This would **defeat the purpose** of the bill that is to provide continuity of care to traumatized rape victims with a spectrum of mental health issues.

As the SATC has noted, “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 be construed as an intrusion when applied to a survivor of sexual violence.”

Please pass the important bill out of committee with the suggested amendment.

Mahalo for the opportunity to testify,

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

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



TO: Chair Tokuda, Vice Chair Dela Cruz, and Members of the Senate Committee on Ways and Means

FROM: Ryan Kusumoto, President & CEO of Parents And Children Together (PACT)

DATE/LOCATION: Thursday, February 23, 2017; 1:35 p.m., Conference Room 211

RE: TESTIMONY IN SUPPORT OF SB 503 SD1 – RELATING TO VICTIMS OF SEXUAL VIOLENCE

I strongly urge you to support SB503 SD1 – Relating to Victims of Sexual Violence. We support this bill which would require health insurance coverage for case management services by licensed mental health providers to victims of sexual violence. Case management provides comprehensive support to victims and their families. Case management is the important conduit for navigating the services and support that is needed as a result of a traumatic experience. Case managers fill in the gaps in knowledge and provide support on a timely basis for victims. This facilitates the healing process and can save the victim from further impacts and unnecessary costs.

Case management is an early intervention for healing and prevention. This can have significant savings on costs, and if not addressed in the proper manner, could have large economic impact for the health system. Requiring insurance coverage for case management will allow for victims to get the services and care that will be a benefit to our system.

Founded in 1968, Parents And Children Together (PACT) is one of Hawaii's not-for-profit organizations providing a wide array of innovative and educational social services to families in need. Assisting more than 18,000 people across the state annually, PACT helps families identify, address and successfully resolve challenges through its 16 programs. Among its services are: early education programs, domestic violence prevention and intervention programs, child abuse prevention and intervention programs, sex trafficking intervention programs, child and adolescent behavioral health programs, and community building programs.

Thank you for the opportunity to testify in **strong support of SB 503 SD1**, please contact me at (808) 847-3285 or rkusumoto@pacthawaii.org if you have any questions.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 23, 2017

The Honorable Jill Tokuda, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Senate Committee on Ways and Means

Re: SB 503, SD1 – Relating to Victims of Sexual Violence

Dear Chair Tokuda, Vice Chair Dela Cruz, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 503, SD1 requiring health insurance coverage for case management services by licensed mental health providers for victims of sexual violence. HMSA appreciates the intent of SB 503, SD1 and offers the following comments.

The intent of this measure fits with HMSA's broader goal of providing an integrated and coordinated care experience for our members. While we believe 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, we do understand that victims of sexual violence have particular case management needs that deserve specific consideration.

We appreciate the Committee's attention to this important issue and we respectfully offer the following comments for your consideration:

- Section 2, consider including a definition for licensed mental health provider.
- Section 2, line 10, as written reads: "Case management" includes but is not limited to: The Committee may want to consider amending the bill to remove "but is not limited to" in order to provide greater clarity as to what would be required of the case management services system. We would also note that this Bill, and several others that are before the Legislature, address case management services; we believe that future Committees may want to consider adopting a uniform definition of case management that aligns with national standards (for example, Case Management Society of America or Commissions for Case Manager Certification).
- Consider amending Section 7 of the bill to change the effective date to apply to all policies, contracts, plans, or agreements issued or renewed in the State after January 1, 2018; this will ensure that that plans and providers have suitable time to implement and operationalize any proposed changes.
- SB 503, SD1 could also require plans to expand the provider types that are currently credentialed to deliver additional case management services to members. We believe that HMSA's existing case management services would likely meet the intent of this measure,



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however, as currently drafted could expand benefits beyond what plans currently offer, resulting in additional administrative and financial costs.

Thank you for allowing us to provide these comments on SB 503, SD1.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Oto". The signature is written in a cursive style with a long horizontal stroke at the end.

Mark K. Oto
Director, Government Relations.



LATE

TO: Chair Tokuda
Vice Chair Dela Cruz
Members of the Committee on Ways and Means

FR: Nanci Kreidman, M.A.

RE: SB 503 SD1 Comments

Aloha and thank you for your consideration of this initiative to support victims as they endeavor to heal from the trauma they have suffered. What is provided for in this Bill is a measure to assist with the challenges.

We would like to offer that it would be helpful, when making a structural change such as that proposed in SB 503, SD1, to include abuse, beyond sexual violence. The complexity and the efforts to navigate safety, healing, and logistical challenges are not well understood. Case management support is key to aid survivors;. survivors of an array of abusive behaviors and tactics.

We would suggest that the phrase to encompass the universe of universe “abuse and sexual violence.”

Thank you.

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 23, 2017 12:13 PM
To: WAM Testimony
Cc: Heather@Epic-changes.com
Subject: *Submitted testimony for SB503 on Feb 23, 2017 13:35PM*

SB503

Submitted on: 2/23/2017

Testimony for WAM on Feb 23, 2017 13:35PM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Blodgett	Epic-Interventions LLC	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Dear Chair Tokuda, Vice Chair Dela Cruz, and committee members:

I am a survivor of childhood sex abuse and support the intent of SB503, SD1. 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, SD1, makes material changes that will affect who can provide these case management services. SD1 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 SB503, in Section 4 (5) 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