

HB

484

HD1

A BILL FOR AN ACT

RELATING TO CLINICAL VICTIM SUPPORT SERVICES.

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

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PART I

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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 federal 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.

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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

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

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



1 support services are often an unreimbursed expense that
2 discourages providers from accepting potentially complex cases.

3 The purpose of this Act is to improve mental health service
4 availability for victims of sexual violence and abuse by
5 clarifying that clinical victim support services for victims of
6 sexual violence and abuse are a mental health outpatient
7 services benefit required to be covered under health insurance
8 policies offered by health insurers, mutual benefit societies,
9 fraternal benefit societies, and health maintenance
10 organizations.

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

14 "Clinical victim support services" means a professional
15 intervention conducted by a licensed mental health provider to
16 identify needs and assist in obtaining coordinated, appropriate
17 services and resources for a victim of sexual violence and abuse
18 to curtail or prevent the progression and worsening of mental
19 disorders and associated functional impairments caused, in whole
20 or in part, by the sexual violence and abuse. "Clinical victim
21 support services" includes:



- 1 (1) Coordinating with other health care providers, such as
2 primary care physicians, behavioral and mental health
3 care providers, and hospitals;
- 4 (2) Assisting victims of sexual violence and abuse in
5 obtaining appropriate government entitlements, access,
6 insurance coverage, and other appropriate programs and
7 services offered by government agencies and community
8 organizations; and
- 9 (3) Coordinating with schools, employers, and other
10 individuals and entities concerning a victim of sexual
11 violence and abuse.

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

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

17 "(a) All individual and group policies of accident and
18 health or sickness insurance [~~policies~~] issued in this State,
19 individual or group hospital or medical service plan contracts,
20 and nonprofit mutual benefit society, fraternal benefit society,
21 and health maintenance organization health plan contracts shall



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

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

11 "(b) Mental illness benefits.

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



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

9 (2) In-hospital and nonhospital residential mental health
10 services as a covered benefit under this chapter shall
11 be provided in a hospital or a nonhospital residential
12 facility. The services to be covered shall include
13 those services required for licensure and
14 accreditation;

15 (3) Mental health partial hospitalization as a covered
16 benefit under this chapter shall be provided by a
17 hospital or a mental health outpatient facility. The
18 services to be covered under this paragraph shall
19 include those services required for licensure and
20 accreditation; and



1 (4) Mental health outpatient services, including clinical
2 victim support services, shall be a covered benefit
3 under this chapter."

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

11 PART II

12 SECTION 6. The state auditor shall conduct a review to
13 determine:

- 14 (1) If an impact assessment report pursuant to section 23-
15 51, Hawaii Revised Statutes, is warranted for coverage
16 of the benefits mandated in this Act; and
- 17 (2) If the benefits mandated in this Act trigger any
18 requirement to defray the cost of new mandated
19 benefits in excess of the essential health benefits as
20 required by section 1311(d)(3) of the federal Patient



Report Title:

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

Description:

Clarifies that clinical victim support services for victims of sexual violence and abuse are a mental health outpatient services benefit required to be covered under health insurance policies. Requires the State Auditor to conduct analysis to determine if benefits rise to the level of triggering impact assessment report or defrayment per ACA. (HB484 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.





DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

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

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DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection and Commerce
Thursday, February 7, 2019
2:00 p.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 484, H.D. 1, RELATING TO CLINICAL VICTIM SUPPORT SERVICES**

Chair Takumi and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to clarify that clinical victim support services for victims of sexual violence and abuse are a mental health outpatient services benefit required to be covered under health insurance policies offered by health insurers, mutual benefit societies, fraternal benefit societies, and health maintenance organizations. H.D. 1 adds a new part II to this bill, directing the State Auditor to: (1) conduct a review to determine whether a report pursuant to HRS section 23-51 is warranted; (2) whether the bill will trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (PPACA), requiring defrayment of costs; and (3) whether the bill would circumvent provisions of HRS section 432E-1.4. The Department concurs with these amendments.

Thank you for the opportunity to testify on this bill.



HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair

H.B. NO. 484, H.D. 1, RELATING TO CLINICAL VICTIM SUPPORT SERVICES

Hearing: Thursday, February 7, 2019, 2:00 p.m.

The Office of the Auditor has **no position** regarding H.B. No. 484, H.D. 1, which clarifies that clinical victim support services for victims of sexual violence and abuse are a mental health outpatient services benefit required to be covered under health insurance policies. **However, with respect to Section 6 of the bill, we offer the following comments.**

Section 6 of H.B. No. 484, H.D. 1 requires that we conduct a review to determine:

1. If an impact assessment report pursuant to Section 23-51, Hawai'i Revised Statutes (HRS), is warranted for coverage of the benefits mandated in this Act; and
2. If the benefits mandated in this Act trigger any requirement to defray the cost of new mandated benefits in excess of the essential health benefits as required by section 1311(d)(3) of the federal Patient Protection and Affordable Care Act (P.L. 111-148).

We do not typically conduct a review to determine if an impact assessment is warranted pursuant to Section 23-51, HRS. Rather, Section 23-51, HRS, specifically requires the passage of a concurrent resolution requesting an impact assessment by the Auditor “[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies.” We defer to the Legislature as to whether the proposed legislation triggers the requirement and suggest that the committee consult with the its attorneys or the Department of the Attorney General for advice as to whether the proposal triggers the requirement of an impact assessment under Section 23-51, HRS.

We also note that the bill, as proposed, will require us to prepare a report on the need for an impact assessment prior to the 2020 legislative session. As a result, any concurrent resolution requesting an impact assessment would likely be passed no earlier than the 2020 legislative session and any legislative action on the proposed legislation would not occur at the earliest until the 2021 session, 2 years from now.

Thank you for considering our testimony related to H.B. No. 484, H.D. 1.

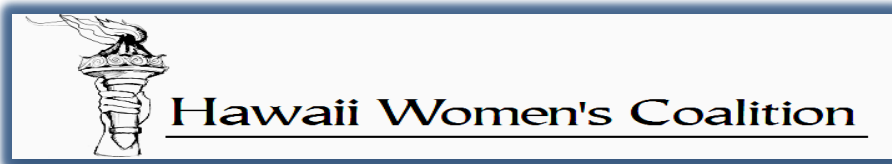
HB-484-HD-1

Submitted on: 2/5/2019 9:49:23 AM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Golojuch Jr	LGBT Caucus of the Democratic Party of Hawaii	Support	No

Comments:



COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Roy M. Takumi, Chair

Rep. Linda Ichiyama, Vice Chair

DATE: Thursday, February 7, 2019

TIME: 2 p.m.

PLACE: Conference Room 329

Strong Support for HB484, Clinical Services for Rape Victims

Aloha Chair Takumi, Vice Chair Ichiyama and members,

The Coalition is in **support of HB484** that clarifies that **clinical victim support services** for victims of sexual violence and abuse are a mental health outpatient services benefit required to be **covered under health insurance policies**. Requires the State Auditor to conduct analysis to determine if benefits rise to the level of triggering impact assessment report or defrayment per ACA.

This law is needed to protect rape victims from being shopped around by insurance providers from one agency/professional to another in order to get the comprehensive services they need following a deeply traumatic event. Faced with telling their story over and over again to new people revictimizes them. Faced with such a daunting set of tasks they may simply give up on getting the help they need.

H.B. 484 and S.B. 1036 would require health insurers to cover clinical victim support services for sexual violence survivors when performed by their qualified mental health care provider with whom they have an **established patient relationship**. (ONE point person they tell their trauma to as opposed to many strangers.)

Consider the scope of the problem. The CDC reports that an estimated 22 million women and 1.6 million men in the United States are victims of rape, while 53 million women and 25 million men have experienced other forms of sexual violence. Trauma caused by sexual violence will, in all likelihood, have severe negative consequences for a victim's mental health, with 81% of women and 35% of men reporting significant short- or long-term consequences such as post-traumatic stress disorder.

Besides psychotherapy, victims can require clinical victim support services to address their mental health conditions. Clinical victim support services are delivered by the victim's therapist and can include:

- Working with schools, employers and other individuals/entities on issues like safety planning and reasonable accommodations for the victim's mental health conditions
- Assisting a victim to obtain entitlements and access programs and services offered by government agencies and community organizations
- Coordinating with a victim's other health care providers, such as primary care physicians and hospitals

These services prevent additional trauma, and allow victims to heal, while avoiding costlier interventions such as hospitalization. The victim's therapists should be a coordinator/manager for the

victim and be able to provide these services directly to the victim and receive reimbursement. Providing insurance coverage for victim support services by victims' own therapists increases access to vital mental health care.

Please pass this bill. Mahalo for the opportunity to testify,

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



Hawai'i Psychological Association

For a Healthy Hawai'i

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HOUSE COMMITTEE ON
CONSUMER PROTECTION & COMMERCE
Representative Roy M. Takumi, Chair
Representative Linda Ichiyama, Vice Chair

Testimony in SUPPORT of HB484 HD1

Thursday, February 7, 2019, 2:00 PM, Room 329

The Hawai'i Psychological Association (HPA) supports HB 484 HD1, which is intended to improve mental health service availability for victims of sexual violence and abuse.

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

However, clinical victim support services are not routinely covered by health insurers, making service providers unavailable in many of the areas described above. HB 484 HD1 clarifies that clinical victim support services for victims of sexual violence and abuse are a mental health outpatient services benefit required to be covered under health insurance policies offered by health insurers, mutual benefit societies, fraternal benefit societies, and health maintenance organizations.

Therefore, we respectfully urge you to support HB 484 HD1.

Respectfully submitted,

Julie Takishima-Lacasa, PhD
Chair, Legislative Action Committee

Executive Director
Adriana Ramelli

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Joshua A. Wisch

Date: February 7, 2019

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

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

RE: Testimony in Strong Support of H.B. 484 H.D. 1 with Amendments
Relating to Clinical Victim Support Services

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

The Sex Abuse Treatment Center (SATC) strongly supports H.B. 484 H.D. 1, and respectfully submits an amendment for the Committee's consideration.

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 other forms of sexual violence. Trauma caused by 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 mental health outpatient service delivered by a licensed mental health provider with whom the victim has established a therapeutic relationship. Clinical victim support services can include coordinating with the 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.

Clinical victim support services are a best practice and are 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 declined to provide coverage for clinical victim support services, despite their obligation to cover mental health outpatient services. This causes some licensed mental health providers to decline to accept cases that could require substantial unreimbursed time,

contributing to a capacity issue that prevents victims from accessing services in the community and reduces their options for treatment.

We were recently pleased to learn that some health insurance providers intend to cover clinical victim support services in the future and have taken initial, internal steps in that direction. However, meaningful implementation—properly notifying patients and health care providers that the services will be covered and allowing the services to be billed and reimbursed—has not taken place.

It is therefore important that H.B. 484 pass in order to clarify the mental health benefit in law and assure that coverage for clinical victim support services will go into effect.

We acknowledge the position of the Hawai'i State Insurance Commissioner, in consideration of H.R.S. Sec. 23-51, concerning a sunrise review of the financial and social impact of the proposed statutory change, including whether the Affordable Care Act's section 1311(d)(3) may be implicated. It is our intent to work with the bill's sponsors to introduce and pass the Resolutions needed to initiate that analysis this Legislative Session.

As such, **we ask that the Committee please amend H.B. 484 H.D. 1 to remove Part II Section 6, from page 7 line 11 to page 8 line 6, from the measure.** This will allow the Resolutions to move forward with H.B. 484, according to the process provided in H.R.S. Sec. 23-51.

Thank you for this opportunity to testify in strong support of H.B. 484 H.D. 1 with amendments.

To: Hawaii State House of Representatives Committee on Consumer Protection and
Commerce
Hearing Date/Time: Thurs., Feb. 7, 2019, 9:00 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in strong support
of H.B. 484, H.D. 1, relating to Clinical Victim Support Services

Dear Chair Takumi and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 484, H.D.1, which seeks to require health insurance policies to include coverage for clinical victim support services for victims of sexual violence and abuse who suffer from mental disorders.

PPVNH is dedicated to advocating for women’s full equality in health care and we support H.B. 484, H.D. 1 because it will help to ensure that survivors of sexual violence are provided with the care and support they need to recover and heal.

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

Sincerely,
Laurie Field
Hawaii State Director

HB-484-HD-1

Submitted on: 2/6/2019 1:30:47 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	AAUW of Hawaii	Support	No

Comments:

Dear Chair Takumi, Vice Chair Ichiyama, and members of CPC committee,

Thank you for the opportunity to testify in support of H.B. 484 H.D.1 with amendments. As many of us now know the trauma caused by sexual violence can have negative consequences for a victim's mental health. Rape survivors are three times more likely to be diagnosed with major depression than individuals who have not been raped, four times more likely to attempt suicide, and rape has the highest victim cost at \$127 billion per year in the U.S. [1] Nearly 1 in 7 women in Hawaii, 1 in 5 women and 1 in 71 men in the U.S. have been raped.[2]

H.B. 484 would require health insurance providers to cover clinical victim support services for sexual violence survivors to be performed by qualified mental health care providers with whom the survivors have established relationship. These services would prevent additional trauma and prevent costlier interventions, short term and long term. AAUW Hawaii supports H.B. 484 because this type of victim support services isn't only rational and economical but humane.

We acknowledge the position of the Hawai'i State Insurance Commissioner, brought up during January 29th HLT Committee hearing, in consideration of H.R.S. Sec. 23-51, concerning a sunrise review of the financial and social impact of the proposed statutory change. It is the intent of The Sex Abuse Treatment Center to work with the bill's sponsors to introduce and pass the Resolutions needed to initiate that analysis this Legislative Session. As such, we ask that the Committee please amend H.B. 484 H.D. 1 to remove Part II Section 6, from page 7 line 11 to page 8 line 6, from the measure. This will allow the Resolutions to move forward with H.B. 484, according to the process provided in H.R.S. Sec. 23-51.

Mahalo for your consideration.

[1] Sexual Assault Treatment Center - <http://satchawaii.com/get-info-about-statistics.aspx>

[2] *ibid.*

HB-484-HD-1

Submitted on: 2/6/2019 3:30:21 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

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

Comments:

HB-484-HD-1

Submitted on: 2/6/2019 3:58:39 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
James Logue	Individual	Support	No

Comments:



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COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Thursday, February 7, 2019
2:00 p.m.

Conference Room 329
HB 484, HD1

Relating to Clinical Victim Support Services
TESTIMONY

Joy A Marshall, Legislative Committee, League of Women Voters of Hawaii

Chair Takumi, Vice Chair Ichiyama and Committee Members:

The League of Women Voters of Hawaii supports HB 484 HD1 as our Health Care position states that all residents of Hawaii must have access to a basic level of quality care.

We note that the Committee on Health amended the original HD 484 version of this measure to add a requirement that the State Auditor perform an analysis to determine if the mandated benefits rise to the level of triggering the Patient Protection and Affordable Care Act's requirement to defray the cost of any new mandate in excess of the essential health benefits, and an impact assessment report if required under section 23-51, Hawaii Revised Statutes.

We believe the services provided in this bill are essential mental health services that should be required under policies offered by all Hawaii health insurers, benefit societies, fraternal benefit societies and health maintenance organizations who provide this basic level of quality care. To resolve any uncertainty over the question that this is a well-established health benefit we do accept the necessity of having the State Auditor review the mandated benefits as required by law.

Thank you for allowing me the opportunity to submit testimony.



February 6, 2019

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

Re: HB 484, HD1 – Relating to Clinical Victim Support Services

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 484, HD1, which clarifies that clinical victim support services for victims of sexual violence and abuse are a mental health outpatient services benefit required to be covered under health insurance policies. It also requires the State Auditor to conduct an analysis to determine if benefits rise to the level of triggering an impact assessment report or defrayment per ACA.

HMSA would like to express concerns on this measure. We have been working with the Sex Abuse Treatment Center over the last year to find a resolution addressing their concerns. We are pleased to announce that effective January 1st of this year, we will allow appropriate mental health providers to bill case management services associated with victims of sexual violence. Therefore, we do not believe that this bill is necessary, and should be deferred.

Should the Committee wish to move this measure forward, we respectfully request that the State Auditor's impact assessment per HRS 23-51 in Part II of the bill be conducted first.

Thank you for allowing us to provide these comments expressing concerns on HB 484, HD1.

Sincerely,

Jennifer Diesman
Senior Vice-President-Government Relations

HB-484-HD-1

Submitted on: 2/7/2019 2:15:05 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

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

Comments: