

# OFFICE OF INFORMATION PRACTICES

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To: House Committee on Consumer Protection & Commerce

From: Cheryl Kakazu Park, Director

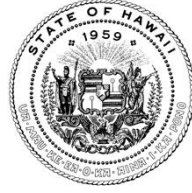
Date: February 14, 2024, 2:00 p.m.  
State Capitol, Conference Room 329

Re: Testimony on H.B. No. 2079, H.D. 1  
Relating to Health

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Thank you for the opportunity to submit testimony on this bill, which would, among other things, amend the protections for reproductive health care services established in Act 2 of 2023 to include gender-affirming health care services. The Office of Information Practices (OIP) takes no position on the substance of this bill, but testified previously to offer comments and a proposed amendment to address its concerns about a nondisclosure provision in the new law and this bill. **The House Committee on Health and Homelessness made OIP's recommended amendment in the H.D. 1 version of this bill, and OIP has no further concerns regarding the bill.**



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Consumer Protection and Commerce  
Wednesday, February 14, 2024  
2:00 p.m.  
Conference Room 329 and Videoconference**

**On the following measure:  
H.B. 2079, H.D.1, RELATING TO HEALTH**

Chair Nakashima and Members of the Committee:

My name is Rochelle Araki, and I am the Executive Officer for the Department of Commerce and Consumer Affairs' (Department) Professional and Vocational Licensing Division's (Division), Marriage and Family Therapy Program and Mental Health Counselors Licensing Program. The Department supports sections 4 and 5 of this bill as it amends Hawaii Revised Statutes (HRS) chapter 451J, and sections 8 and 9 of this bill as it amends Hawaii Revised Statutes chapter 453D, and takes no position on other sections of the bill.

The purposes of this bill are to: (1) relax the requirements for prescribing certain controlled substances as part of gender-affirming health care services; (2) expand the protections established under Act 2, SLH 2023, to include gender-affirming health care services; and (3) clarify jurisdictions under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

The amendments to HRS chapter 451J under sections 4 and 5 of the bill and HRS chapter 453D under sections 8 and 9 of the bill provides desired clarification for disciplinary actions against licensees who have been disciplined for a crime related to providing or receiving gender-affirming health care services, so long as the provision or receipt of the services was in accordance with the laws of this State. The bill also provides further clarification on the confidentiality and privileged communication of a licensed marriage and family therapist in disclosing any information that they have acquired in rendering marriage and family therapy services.

Thank you for the opportunity to testify on this bill.

**Testimony of the Hawaii Medical Board**  
**Before the**  
**House Committee on Health & Homelessness**  
**Wednesday, January 14, 2024**  
**2:00 p.m.**  
**Conference Room 329 and Videoconference**

**On the following measure:**  
**H.B. 2079, H.D. 1, RELATING TO HEALTH**

Chair Nakashima and Members of the Committee:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board supports sections 6 and 7 and takes no position on other sections of this measure.

The purposes of this bill are to: (1) relax the requirements for prescribing certain controlled substances as part of gender-affirming health care services; (2) expand the protections established under Act 2, SLH 2023, to include gender-affirming health care services; and (3) clarify jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

The Board supports the amendments made to Hawaii Revised Statutes (HRS) sections 453-8 and 453-8.6 as outlined in sections 6 and 7 of the bill, which provide clear exceptions for disciplinary action against licensed physicians or physician assistants who are disciplined or convicted in another state based on the provision or assistance in receipt or provision of medical, surgical, pharmaceutical, counseling, or referral services relating to gender-affirming health care services, so long as the provision or assistance in receipt or provision of such services are in accordance with the laws of this State or would have been in accordance with the laws of this State if it occurred within this State.

Most importantly, this bill will continue to protect bodily autonomy and access to gender affirming care.

Thank you for the opportunity to testify on this bill.

## **Testimony of the Board of Nursing**

**Before the  
House Committee on Consumer Protection & Commerce  
Wednesday, February 14, 2024  
2:00 p.m.  
Conference Room 329 and Videoconference**

**On the following measure:  
H.B. 2079, H.D. 1, RELATING TO HEALTH**

Chair Nakashima and Members of the Committee:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board supports sections 10 and 11 and takes no position on other sections of this measure.

The purposes of this bill are to: (1) relax the requirements for prescribing certain controlled substances as part of gender-affirming health care services; (2) expand the protections established under Act 2, SLH 2023, to include gender-affirming health care services; and (3) clarify jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

The amendments to Hawaii Revised Statutes chapter 457 under section 10 and 11 of the bill will provide exceptions for disciplinary action against a licensed practical nurse (LPN), registered nurse (RN), or advanced practice registered nurse (APRN) who is disciplined or convicted in another state based on the provision or assistance in receipt or provision of medical, surgical, pharmaceutical, counseling, or referral services relating to gender-affirming health care services, so long as the provision or assistance in receipt or provision of such services are in accordance with the laws of this State or would have been in accordance with the laws of this State if it occurred within this State.

This will allow protection of an individual's right to privacy and personal autonomy over their body within State boundaries by allowing LPNs, RNs, and APRNs to continue to provide or assist in the receipt or provision of gender-affirming health care services without adverse repercussions.

Thank you for the opportunity to testify on this bill.



## TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAII

### HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

FEBRUARY 14, 2024

HB2079 Relaxes the requirements for prescribing certain controlled substances as part of gender-affirming health care services. Expands the protections established under Act 2, SLH 2023, to include gender-affirming health care services. Clarifies jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

#### POSITION: STRONG SUPPORT

The Democratic Party of Hawaii **strongly supports** HB 2079, with amendments as detailed below.

HB 2079 will provide significant legal and civil protections to individuals and entities providing and receiving gender affirming care. It will:

- **act as a shield** from overreaching out-of-state prosecution and out-of-state subpoenas.
- **protect families** from having their keiki removed by out-of-state agencies, for either receiving or providing access to gender affirming care,
- **increase equitable access** to gender affirming care via telehealth prescription of Testosterone
- **ensure continued high quality** health care in Hawaii. By providing these protections to health care providers, we can help reduce the chances of health care provider attrition.

We, the Democratic Party of Hawai'i, believe that providing and receiving life saving health care is a basic human right. Sadly, over the last two years, it has become clear that extreme MAGA republicans across the nation have made it their legislative priority to target women and members of the LGBTQIA+ community by stripping away their rights, especially access to health care.

Dozens of states across the nation have either passed or are considering passing laws prohibiting gender affirming health care to people of ALL AGES. These laws target providers and recipients, making it a criminal offense to provide gender affirming care. Recently, there was a news<sup>1</sup> report that the Texas AG has gone as far as issuing subpoenas for medical records relating to gender affirming care - from medical providers outside his own state of Texas - to prosecute gender affirming care providers and recipients who may reside in Texas. Such moves are intended to have a chilling effect, frivolously overreaching state lines, in the pursuit to diminish and extinguish gender affirming care across the nation – even in states that do not have such discriminatory and misguided laws on their books. We must take action and take a stand to protect the human rights and human dignity of our LGBTQIA+ Community. The LGBTQIA+ community is under unprecedented attack across the nation, and it is our responsibility to stand up to bullies and protect the civil and basic human rights of our fellow residents.

Last year, we passed a similar bill (SB1) to address specific protections for reproductive rights. We are confident, that together, we can continue to make a difference and also pass protections for gender affirming care. Hawai'i will not bow to the politics of fear and hate. Please support this bill.

**Requested amendments:**

(A) We support making access to gender affirming care accessible to all. Opening up Testosterone access to patients seeking gender affirming care via telehealth consultation is a move in the right direction. In that spirit, we also believe that healthcare should be made available to as many people as possible, not only those with significant financial resources who can afford to pay out-of-pocket.

Therefore, we are asking the committee to amend Page 1, Section 1, Chapter 329, by adding a requirement that telehealth providers who prescribe testosterone for gender affirming care, accept at least one form of health insurance (payer) available to residents of the State of Hawai'i. This will allow for a more equitable access to gender affirming care by an already vulnerable population that may not have the means to pay out-of-pocket for their care. Suggested wording section 1,

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<sup>1</sup> <https://www.washingtonpost.com/nation/2023/12/21/seattle-children-hospital-texas-gender/>

Chapter 329, (3) the telehealth practitioner must accept at least one health insurance payer available to Hawaii State residents.

(B) To fully protect families, we should also address the potential for some out-of-state agencies removing children if one or both of the parents is or has received gender affirming care.

Therefore, we are asking the committee to amend Page 2, Section 2. Chapter 538A (highlighted in yellow italic font):

"§583A- **Laws contrary to the public policy of this State.** A law of another state that authorizes a state agency to remove a child from their parent or guardian based on the parent or guardian allowing the child to receive gender-affirming health care services, *or themselves having received or currently receiving gender affirming health-care services,* shall be against the public policy of this State and shall not be enforced or applied in a case pending in a court in this State."

Mahalo nui loa,

**Kris Coffield**  
*Co-Chair, Legislative Committee*  
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**Abby Simmons**  
*Co-Chair, Legislative Committee*  
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**HB-2079-HD-1**

Submitted on: 2/12/2024 2:36:46 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mike Golojuch, Sr.	Rainbow Family 808	Support	Written Testimony Only

Comments:

Rainbow Family 808 supports HB2079. Please pass this bill.

Mike Golojuch, Secretary/Board Member



**Written Testimony in Strong Support  
Committee on Consumer Protection & Commerce  
Wednesday, February 14, 2024 2:00pm  
Videoconference & Conference Room 329  
On the Following Measure:  
HB 2079, HD1**

Aloha Chair Nakashima, Vice Chair Sayama, and Members of the Committee,

I am writing to you in **STRONG SUPPORT** of **HB 2079**, on behalf of HI SIS. Thank you for the opportunity to testify. My name is Wendy Wink and I am a 17 year resident of Hawai'i and Chief Operator of HI SIS, LLC.

This bill is much needed from our organization's professional, as well as personal, standpoints. As an organization, we exist in order to provide gender affirming services for our gender diverse community at an affordable cost. As our services have expanded, we've faced more and more challenges in bridging the gap that exists between our Transgender/Non-Binary population and healthcare systems.

Affordable transgender healthcare, which should only need to be referred to as "healthcare," is incredibly inaccessible and *if* care is found, rarely will insurance companies cover many of the costs for procedures listed in their policies as "needing preauthorization," even when all required documentation is submitted. With the exception of Kaiser and VA, far too many gaps exist between life-saving services and our gender diverse population. This Bill is a very small step in the right direction to begin repairing an extremely problematic healthcare system.

We aim to stand between our clients and the unrelenting attacks on them and *our* community, working to advocate for each individual and their medical needs, as they journey toward authenticity; the foundation of well-being. With a growing need for healthcare, advocacy, and health navigation, however no reimbursement for medically necessary procedures, even when all requirements have been met, by health insurance providers, we are left on the frontlines, without pay. That's not sustainable. High quality healthcare standards are not being met. WPATH's SOC (8) is not, as claimed, the basis for these health insurance policies.

Safeguarding our families from having children removed by out-of-state agencies, for providing them with life-saving medical care, should be a given. It seems ludicrous to be asking government officials to take *this* into consideration when it's difficult to comprehend what kind of human would consider removing a child from an affirming home to begin with. Transgender youth who have the support of at least one adult, are associated with over 40% lower odds of a suicide attempt within just one year. Why, on earth, would you allow an agency to remove a child from a home in Hawai'i for, with no other reason, having a parent who cares about their mental health? I have a child who has access to ALL of their gender affirming needs, whose father's family lives in one of these dangerous bigotry ridden states. For their safety, my child does not visit them. It would be, not just, a stress-relieving law, but could help them connect with their family while having safety measures in place to assure their safe return home.



**Written Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
Wednesday, February 14, 2024 at 2:00 P.M.  
Conference Room 329 and via Videoconference**

**By  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**WRITTEN TESTIMONY IN SUPPORT on H.B. 2079, H.D. 1**

Chair Nakashima, Vice Chair Sayama, and members of the House Committee on Consumer Protection & Commerce, thank you for the opportunity to testify in **support H.B. 2079, H.D. 1**, as it relates to nursing care and practice (Sections 1, 3, 10, 11, and 19).

In 2021, the Legislature, in its great wisdom, established that Advance Practice Registered Nurses (APRNs) can improve access to care for people in Hawai'i by authorizing them, via Act 3, SLH 2021, to provide medication and aspiration abortion care. Last year, Act 2 (S.B. 1, S.D. 2) further provided protections to the people of Hawai'i, including both healthcare providers who deliver safe, quality, evidence-based healthcare, and patients who receive that healthcare. This measure continues protecting the providers and patients in Hawai'i.

Nationally, we have seen that where state's laws threaten healthcare practice, healthcare providers leave the state. By establishing a framework to protect safe, quality, evidence-based healthcare practice, the state commits to creating a healthcare environment that sustains practice. This is important because we are at a time in which healthcare workforce shortages abound, and recruitment and retention of healthcare workers in our state is of utmost importance.

The Hawai'i State Center for Nursing respectfully asks the Committee to pass this measure through your committee. The Center thanks your committee for its commitment to the people of Hawai'i and ensuring access to high-quality health care by protecting safe and evidence-based healthcare provided by local healthcare providers including nurses.

*The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well-prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.*



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January 30, 2024

To The Esteemed Legislators:

I am writing in strong support of HB2079. I am a Board Certified Family Medicine physician and the founder of a telemedicine-based gender affirming clinic. Transgender, gender diverse, and māhū (TGDM) people in Hawai'i seeking testosterone deserve **equitable** access to life-saving, medically necessary, evidence-based healthcare. Gender affirming care is not new. The first Western gender affirming clinic was opened in 1919. Over 2000 peer-reviewed publications since 1975 have established its safety and efficacy. Every major medical association in the United States supports gender affirming medical care. Despite the current political climate, the medicine and science are not up for debate. HB2079 will send a strong message to TGDM people in Hawai'i that their political leaders value human rights and TGDM lives. HB2079 helps establish Hawai'i as a leader in protecting human rights and bodily autonomy.

Current Hawai'i legislation restricts access to **life-saving, medically necessary, evidence-based gender affirming care** in addition to mental health and addiction medicine treatments. Legislation currently requires a prescriber to establish a physician-patient relationship via an in-person visit [Hawaii Controlled Substances Act ("CSA") § 329-1; 329-41(b)] and issue a prescription while physically located in the state [CSA § 329-41(a)(8)] for controlled substances. Our team of expert physicians with lived experience are required to travel to Hawai'i to serve the people of Hawai'i which is unsustainable as a model of care. Further, it is unnecessary according to the current national standards of care and wider body of research supporting telemedicine. Our clinic primarily serves the Pacific Northwest. However, we received numerous requests to offer services in Hawai'i after the closure of the [Lavender Clinic](#). Due to current Hawai'i regulations, TGDM people of Hawai'i fly to the mainland to access gender affirming care with us or our physicians must fly there wasting time, money, and limited resources.

These requirements result in significant inequity for TGDM people in Hawai'i seeking testosterone for gender affirmation. TGDM people seeking estradiol are able to see a telehealth prescriber online in the comfort and safety of their home. The prescriber can issue a prescription for estrogen, progesterone, and testosterone blocking medications at that telehealth appointment. They have access to 100s of additional prescribers in the continent. TGDM Hawai'i residents seeking testosterone must



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meet their prescriber in-person at a clinic in Hawai'i which requires time off work, transportation, and local access.

Research indicates the importance of telehealth for TGD people. The 2015 US Trans Survey indicated that TGD people were **three times** more likely to have to travel more than 50 miles to access transition related care versus general healthcare<sup>2</sup>. Research from Stanford and Rock Health indicates that TGD patients are more than twice as likely as their cisgender peers to utilize telehealth. 98% of TGD people utilized telemedicine services in 2022<sup>3</sup>. 85% of TGD people delayed medically necessary care due to fear of discrimination in physical clinical settings<sup>3</sup>. Two out of three primary care physicians<sup>4</sup> and three out of four endocrinologists report that they don't have enough training or expertise to diagnose or treat transgender patients<sup>5</sup>.

HB2079 will repeal the restrictions in current Hawai'i state prescribing laws and save TGD lives. We believe that this proposed legislation supports the Hawai'i Department of Health's recent commitment to transgender rights without increasing risk of harm as there is a *large volume* of research reporting that clinical outcomes with telehealth are as good as or better than usual care and that telehealth improves intermediate outcomes and satisfaction<sup>1</sup>. HB2079 will help move Hawai'i closer to the telemedicine prescribing regulations supported by the [Federation of State Medical Boards](#), the [American Telemedicine Association](#), the [Center for Connected Health Policy](#), and [CTeL](#). I have included a summary of that literature at the end of this testimony with references.

Current state laws restrict access to life-saving, medically-necessary, evidence-based gender affirming care for TGD people needing testosterone therapy, in addition to people needing treatment for substance use disorders or mental health conditions. These laws do not seem in accordance with the spirit of [HB674](#) which was signed in June, 2023, or [Chapter 453, Hawai'i Revised Statutes](#) (HRS) which joined Hawai'i to the Interstate Medical License Compact (IMLC). The Federation of State Medical Boards, which operates the IMLC, just adopted [Washington's telemedicine policy](#) (which has been in place since 2016) as their model policy for **all state medical boards** to consider. In fact, Hawai'i's delegate from their State Medical Board voted in favor of that adoption in April 2022. Similarly, Oregon updated their rules to reflect Washington's recently as well. Unfortunately, guidance from the Hawai'i Department of Health and the Narcotics Enforcement Division are oppositional. Hawai'i law and guiding offices switch between "controlled substances" and "opioids" which causes confusion. This confusion ultimately means that the most conservative interpretation would lead prescribers to believe that **all** controlled substances (not just opiates and cannabis) require an in-person evaluation and the prescriber to be in state at time of prescription. Specifically, NED states that "*when 453 law interacts with numerous*



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*portions of stricter controlled substances law in section 329, the stricter law controls.”*

HB2079 goes further to protect lives and careers. As a gender diverse person and a physician who provides gender affirming care, I have received death threats for the work I do. Attorney General Paxton has harassed and threatened my practice. HB2079 protects me, my work, and my patients. Vote yes on HB2079 and save lives.

We are happy to be available as a resource and appreciate your ongoing commitment to TGDM lives and equality.

Sincerely,

Crystal Beal, MD | Founder & CEO [QueerDoc](#)

Lin-Fan Wang, MD | MD-22083

Stephanie Upton, MD | MD-23963

## **Brief Summary of the Research Regarding Telehealth**

After reviewing over 500 papers, there is no data or reports to date that indicates telemedicine increases the risk of harm to patients.

After reviewing over 500 papers, there is no data or research to date that indicates in-person visit requirements effectively reduce the risk of “pill mills” or abuse of prescription medications. In fact, more permissive dispensing of methadone was specifically found to NOT be associated with increased deaths from methadone and was found to increase retention in methadone treatment programs.

The quality of the clinician and accepted standards of care, not the modality of care, drive patient health outcomes among many other factors not related to modality of care like access, accessibility, etc. Quality of clinicians is theoretically regulated by licensing bodies, not prescribing regulations.

A report by the Agency for Healthcare Research and Quality reviewed over 9000 citations regarding telehealth and included over 300 in their report which indicated, “across a variety of conditions, telehealth produced similar clinical outcomes as compared with in-person care; differences in clinical outcomes, when seen, were



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generally small and not clinically meaningful when comparing in-person with telehealth care.”

A study of Medicare beneficiaries shows, “Expansions in telehealth services and increased use of medications for opioid use disorder (MOUD) were associated with increased retention in treatment and significant decreases in nonfatal and fatal drug overdoses during the pandemic.”

A study analyzing Medicaid data indicated that starting prescription treatment for opioid use disorder through telehealth was associated with an increased likelihood of staying in treatment longer compared to starting treatment in-person.

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*24. If you would like the over 500 papers I reviewed, I am able to include those as well, but for brevity here, I only include directly cited works.*

February 14, 2024

House Committee on Consumer Protection & Commerce  
Conference Room 329  
State Capitol  
415 South Beretania Street

**RE: Testimony in Support of HB 2079, *Relating to health, gender-affirming health care services; prescriptions; protections; child custody***

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Physicians for Reproductive Health (PRH) is a physician-led national advocacy organization working to ensure access to equitable, comprehensive sexual and reproductive health care for the communities we serve. This care will always include gender-affirming care for those who want and need it. Our network includes physicians of various specialties from across the country, including providers practicing in Hawaii, committed to meeting the needs of the patients they serve. We write in strong support of HB 2079. Patients seeking gender-affirming care deserve support and access to this care without barriers.

Hawaii has been a leader for the nation and has taken essential steps to protect access to gender-affirming care in recent years. From passing laws to ban health insurance from excluding coverage for transgender specific care, having transgender inclusive policies for state employees, and making it possible for transgender people to correct their name and gender on their driver's license and birth certificate, and allowing for gender neutral options on driver's licenses. HB 2079 is an essential next step for Hawaii to improve access to gender-affirming care and support transgender and gender-diverse people.

HB 2079 would relax medically unnecessary requirements for prescribing testosterone as part of gender-affirming health care by allowing health care providers who are licensed to practice in Hawaii and located outside of the state to prescribe testosterone to patients without conducting an in-person consultation with the patient. The current requirement that a provider must be physically present in Hawaii and that care be provided in-person are unnecessary restrictions that make it difficult for patients to be able to access safe, essential, necessary health care. Gender-affirming care is lifesaving and life-affirming health care that allows transgender and gender-diverse people to live their full and authentic lives. Leading medical organizations including the [American Academy for Pediatrics](#), [American Medical Association](#), [American College of Obstetricians and Gynecologists](#), [Endocrine Society](#), [Pediatric Endocrine Society](#) and [World Professional Association for Transgender Youth](#) support gender-affirming care.

Removing the in-person and in-state requirement for providers will improve access to care via telemedicine. Telemedicine is an essential tool for people living in rural and geographically isolated communities who may have difficulty accessing care otherwise. It may also play a role in helping to ease Hawaii's provider shortage by allowing patients to receive care from providers not physically located in Hawaii. Gender-affirming care is already available via telemedicine in the state, however the restrictions on testosterone limits access to the full-spectrum of this care. HB 2079 is an opportunity for Hawaii to address this gap.

In addition to improving access to care for patients, HB 2079 would protect providers licensure, safeguarding access to gender-affirming care for Hawaiians now and future generations. As more states

move to restrict or ban gender-affirming care, Hawaii has an opportunity to be a champion for transgender and gender-diverse patients and their providers. Ensuring that providers do not face disciplinary actions from malpractice insurers or medical boards and are not denied licensure in Hawaii solely for providing gender-affirming care to a patient in a state where that care has been restricted or banned. No provider should fear professional retaliation for providing safe, essential, necessary health care.

Lastly, expanding the protections for reproductive health care services under Act 2, Session Laws of Hawaii 2023 to include gender-affirming health care recognizes that these fights are intrinsically connected. SB 2079 will make it so that disclosures of patient records for gender-affirming care are prohibited, prevent law enforcement from collaborating with out of state investigations for gender-affirming care lawfully provided in Hawaii, prohibit state action against people helping individuals access gender-affirming care, and prevent Hawaii from turning over people to another state for simply seeking, receiving, providing, or assisting in accessing gender-affirming care. Anti-abortion and anti-LGBTQ+ policies are designed to strip people of their bodily autonomy, make health care impossible or dangerous to obtain, and reinforce cultural norms that narrowly define gender in a way that is misaligned with medicine, science, and public opinion.

Hawaii has a critical opportunity to protect providers and its residents' access to gender-affirming care. HB 2079 would protect health care providers and their patients as they provide lawful, necessary, evidence-based care. I urge the members of this Committee to support HB 2079 to protect providers and patients. If you have further questions please reach out to Adrienne Ramcharan, Assistant Director of State Policy ([aramcharan@prh.org](mailto:aramcharan@prh.org)). Thank you.

Sincerely,

Dr. Jamila Perritt, MD, MPH, FACOG  
President & CEO  
Physicians for Reproductive Health



**To: Committee on Consumer Protection and Commerce**

**Hearing Date/Time: Wednesday, February 14 2:00 PM**

**Re: Testimony in Support of HB 2079 HD 1**

**From: Heather Lusk, Executive Director at Hawaii Health and Harm Reduction Center**

Dear Chair Nakahima, Vice Chair Sakayama and members of the committee:

The Hawaii Health & Harm Reduction Center (HHHRC) **supports HB 2079 HD 1** which relaxes the requirements for prescribing certain controlled substances as part of gender-affirming health care services as well as expands and clarifies other sections of HRS to address access to gender affirming care.

HHHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities.

HHHRC has one of the largest transgender programs in the islands which is staffed by local people with trans experience. As we look to expand to Gender Affirming Care in our health clinic, HB 2079 HD1 would make it easier for us to implement evidence-based practices. We are so proud that Hawaii has not followed the lead of many areas on the continent that have been banning gender affirming care. Please take it one step further by passing HB 2079 HD 1.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center



# **HAWAI‘I CIVIL RIGHTS COMMISSION**

## **KOMIKINA PONO KIWILA O HAWAI‘I**

830 PUNCHBOWL STREET, ROOM 411, HONOLULU, HI 96813 · PHONE: (808) 586-8636 · FAX: (808) 586-8655 · TDD: (808) 586-8692

Wednesday, February 14, 2024

2:00pm

Conference Room 329 & Videoconference  
State Capitol, 415 South Beretania Street

To: The Honorable Mark M. Nakashima, Chair  
The Honorable Jackson D. Sayama, Vice Chair  
Members of the House Committee on Consumer Protection & Commerce

From: Liann Ebesugawa, Chair  
and Commissioners of the Hawai‘i Civil Rights Commission

### **Re: H.B. No. 2079, H.D. 1**

**The Hawai‘i Civil Rights Commission (HCRC) supports H.B. No. 2079, H.D. 1, with comments.**

H.B. 2079, H.D. 1 would increase accessibility of gender-affirming health care services and expand certain protections for individuals seeking gender-affirming health care.

The HCRC has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment (Chapter 378, Part I, HRS), housing (Chapter 515, HRS), public accommodations (Chapter 489, HRS), and access to state and state-funded services (section 368-1.5, HRS). The HCRC carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5.

The HCRC supports increasing access to gender affirming healthcare. Recent years have seen other states restrict or eliminate many freedoms for LGBTQIA+ individuals, even criminalizing certain gender-affirming healthcare or activities. The HCRC supports the intent of H.B. 2079, H.D. 1 to ensure that the people of Hawai‘i have access to these rights.



February 14, 2024

The Honorable Mark M. Nakashima, Chair  
The Honorable Jackson D. Sayama, Vice Chair  
House Committee on Consumer Protection & Commerce

Re: HB 2079 HD1 – RELATING TO HEALTHCARE

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 2079 HD1, which relaxes the requirements for prescribing certain controlled substances as part of gender-affirming health care services while expanding the protections established under Act 2, SLH 2023, to include gender-affirming health care services and clarifies jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

HMSA appreciates the legislature's effort to expand protections for our members seeking gender-affirming healthcare. Our primary concern is with the first section of the bill that would allow for the prescribing of schedule III and IV controlled substances without an in-person consultation between the provider and patient. Our hope is that the patient receives the highest level of care and that there are guardrails in place for them through this process.

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

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations

Testimony of  
Jonathan Ching  
Government Relations Director

Before:  
House Committee on Consumer Protection & Commerce  
The Honorable Mark M Nakashima, Chair  
The Honorable Jackson D. Sayama, Vice Chair

February 14, 2024  
2:00 p.m.  
Conference Room 329 & Via Videoconference

**Re: HB 2079, HD1, Relating to Health**

Chair Nakashima, Vice Chair Sayama, and committee members thank you for this opportunity to provide testimony on HB 2079, HD1, which makes various amendments to Hawaii Revised Statutes related to gender affirming care, including expands the protections established under Act 2, SLH 2023, to include gender-affirming health care services.

**Kaiser Permanente Hawai'i provides the following COMMENTS on HB 2079, HD1 and requests an AMENDMENT.**

Kaiser Permanente is a nationally recognized leader in LGBTQ health care equality, providing full spectrum medical, surgical and mental health care to our transgender patients and members. Our Care Pathway Center is proud to offer gender-affirming services that ensure respectful, equitable, and inclusive care to all our transgender and gender-diverse patients and members everywhere that we deliver care.

Kaiser Permanente Hawai'i appreciates the amendment made by the previous committee, which clarifies that a prohibition against disclosure of communications or information regarding certain patient information does not include uses and disclosures that a covered entity is permitted to exclude from an accounting of disclosures under federal regulations. However, we believe that there may be a technical amendment that is needed:

To that end, we recommend the following changes in Section 3:

On Page 7, line 21, **add** the following:

(d) As used in this section:

"Communication or information" excludes uses and disclosures that ~~covered entities may prevent from~~ **are not required to be in** an accounting of disclosures pursuant to title 45 Code of Federal Regulations section 164.5~~3~~**28**.

"Covered entity" shall have the same meaning as defined in title 45 Code of Federal Regulations section 160.103, or as the same as may be from time to time amended or modified.

Mahalo for the opportunity to testify on this measure.





To: Hawai'i House Consumer Protection & Commerce Committee  
Hearing Date/Time: Wednesday, February 14, 2024 at 2 pm  
Place: Hawai'i State Capitol, Rm. 329 and videoconference  
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in strong support of HB 2079

Dear Chair Nakashima and Members of the Committee,

Planned Parenthood Alliance Advocates – Hawai'i ("PPAA") strongly supports HB 2079, a bill that takes critical steps toward protecting gender affirming care providers and patients. Fundamentally, providers and patients should not fear being investigated, jailed, or losing their license for providing or obtaining legal health care services.

Because of the national climate, gender affirming care providers and patients alike are living in fear of being criminally prosecuted by hostile states. In 2023, we saw numerous [states ban gender affirming care for minors](#), and this year, we are seeing attempts to restrict access to care for adults as well. The law is crystal clear that gender affirming care provided in Hawai'i remains legal. Nonetheless, overzealous prosecutors and lawmakers in hostile states are pursuing laws that target providers and discipline outside of states' borders.

Lawmakers should also ensure Hawai'i health care providers do not have their licenses negatively impacted or face discipline locally due to the provision of gender affirming care health care, even if providers are subject to discipline, investigations, or criminal charges in other states. With gender affirming care bans for minors in place, providers in these states are being forced to violate their ethical duties and medical judgment for fear of prosecution, jail time, and loss of licensure. This bill aims to ensure that if a provider is prosecuted or otherwise disciplined in another state for providing patient-focused and medically appropriate care, they can continue to practice medicine in Hawai'i.

All people in our state need to be confident that Hawai'i law protects their right to access gender affirming care services, and providers should not be afraid to be jailed, lose their license, or be barred from ever practicing medicine again simply for providing basic, legal health care. Providers need to be confident that they can continue to focus on patient health and that Hawai'i will always be a safe place to do what is best for the person they are serving. We urge you to pass HB 2079 to protect our providers. Thank you for your consideration.

**STONEWALL  
CAUCUS**  
FORMED IN 2001



THE FIRST CAUCUS OF THE  
**DEMOCRATIC PARTY  
OF HAWAII**

February 13, 2024

House's Committee on Consumer Protection and Commerce  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

**LATE**

Hearing: Wednesday, February 14, 2024 at 2:00 PM

RE: **SUPPORT for House Bill 2079 HD 1**

Aloha Chair Nakashima, Vice-Chair Sayama and fellow committee members,

I am writing in support of House Bill 2079 HD 1 on behalf of the Stonewall Caucus of the Democratic Party of Hawaii, Hawaii's oldest and largest policy and political LGBTQIA+/MVPFAFF+ focused organization.

HB 2079 will relax the requirements for prescribing certain controlled substances as part of gender-affirming health care services. Expands the protections established under Act 2, SLH 2023, to include gender-affirming health care services. Clarifies jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

With the attacks against the transgender community especially, surrounding gender affirming care, that we are seeing on the continent in red state after red state we need to ensure that anyone receiving gender affirming care in the Aloha State is protected. This bill will provide that needed protection by:

- ◇ Providing protection from transphobic prosecution by those red states we mentioned earlier;
- ◇ Safeguarding 'ohana from having their keiki removed by out-of-state agencies, for providing gender affirming care;
- ◇ Ensuring continued high-quality health care in Hawaii.

With the State providing these protections to all health care providers will help protect their providers and their patients.

It is a shame that these protections are even needed but with these Attorney Generals in the red states along with their bigoted Governors and legislatures we need the protections that this bill will provide now.

Mahalo nui loa for your time and consideration,

Michael Golojuch, Jr. (he/him)  
Chair and SCC Representative  
Stonewall Caucus for the DPH

**HB-2079-HD-1**

Submitted on: 2/12/2024 1:59:12 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Andrew Crossland	Individual	Oppose	Written Testimony Only

Comments:

I **oppose** this Bill.

Committee: House Committee on Consumer Protection & Commerce  
Bill Number: HB 2079  
Hearing Date/Time: February 14, 2024, 2:00 p.m  
Subject: Testimony in **STRONG SUPPORT of HB 2079**, Relating to Health

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Aloha Chair Nakashima, Vice Chair Sayama, and Committee Members:

Thank you all for allowing the opportunity to provide testimony on HB 2079. My name is Sarah Simmons of Volcano and I am writing today in support of HB 2079 to expand the protections established under Act 2, SLH 2023, to include gender-affirming health care services.

The LGBTQIA+ community has been under attack across the US in recent years. Individuals are being villainized and having rights and privacies removed with legislation coming from other states. This bill would help protect LGBTQIA+ ohana in our state from being targeted by campaigns outside of Hawai'i to violate their rights and privacies regarding medical care for themselves and minor children.

Much like the Bill on reproductive rights that came before the legislature last year, this bill will serve to protect our residents from laws against the LGBTQIA+ community being enacted in other states. Please support this measure to ensure that our ohana remains safe from efforts outside of Hawai'i to punish them for seeking gender-affirming health care services.

Mahalo for you time and consideration,

Sarah Simmons  
Volcano, HI

**HB-2079-HD-1**

Submitted on: 2/12/2024 3:01:57 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nathan Myers	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Nathan W. Myers, and I am in full support of H.B. 2079. As a transgender man who has navigated the complexities of gender-affirming healthcare, I understand firsthand the vital importance of access to appropriate medical care. From my early years, I've been under the care of therapists and psychologists, embarking on a journey that has been both challenging and transformative. However, throughout this journey, I've encountered numerous obstacles, many of which could have been alleviated with timely medical intervention.

H.B. 2079 presents a crucial step forward in ensuring that individuals like myself have access to the necessary healthcare services for our gender affirmation. By relaxing the requirements for prescribing certain controlled substances as part of gender-affirming healthcare, this bill acknowledges the unique needs of transgender individuals and seeks to address them effectively. Expanding the protections established under Act 2, SLH 2023, to include gender-affirming healthcare services is not just a matter of equity, but also a matter of human rights. Every individual deserves the right to access healthcare that aligns with their identity and supports their well-being. No matter their age.

Telehealth is revolutionizing healthcare accessibility on Hawaii Island, making a significant impact on the lives of its residents. With the existing infrastructure for telehealth services, including doctor storage, the potential for expanding gender-affirming care through telehealth channels is vast. Allowing services such as prescribing gender affirming care to transgender youth remotely can break down barriers to care, particularly for those living in remote or underserved areas. Like myself. Telehealth enables individuals to access specialized care without the need for lengthy and often prohibitive travel, ensuring that essential healthcare services are more readily available to all members of the community. By embracing telehealth for gender-affirming care, Hawaii Island is not only ensuring the well-being of its transgender population but also advancing towards a more inclusive and accessible healthcare system for everyone.

It's crucial to recognize that healthcare professionals prescribing gender-affirming medicines, such as testosterone for transgender individuals, are not motivated by financial gain. Unlike some areas of medicine where profit can be a factor, gender-affirming care is driven solely by the commitment to improve the health and well-being of patients. Doctors prescribing these medicines are guided by their ethical duty to provide the best possible care for their patients,

considering their individual needs and circumstances. This underscores the importance of supporting initiatives like H.B. 2079, which prioritize access to gender-affirming healthcare services based on medical necessity rather than financial incentives.

While there are many barriers that transgender individuals face, these one for our keiki should not be one of them.

Thank you for taking the time to read my testimony.

Mahalo nui loa,

Nathan W. Myers  
Big Island of Hawaii

**HB-2079-HD-1**

Submitted on: 2/12/2024 3:17:32 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chanara Casey Richmond	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB Bill 2079

**HB-2079-HD-1**

Submitted on: 2/12/2024 5:20:11 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jacob Wiencek	Individual	Oppose	Written Testimony Only

Comments:

Aloha Representatives,

My name is Jacob Wiencek, Chairman of Hawaii Young Republicans and I am submitting this testimony to **STRONGLY OPPOSE** the continued imposition of unscientifically sound "gender affirming care" this legislation proposes. For the past 3 years there has been a total sea change internationally surrounding "gender affirming care" and it's appropriateness for young people. Notably, in 2022 the United Kingdom [shutdown the infamous Tavistock Clinic](#) over serious concerns about improper treatment for young people. In Finland, adolescent psychiatrist Dr. Riittakerttu Kaltiala has [written extensively](#) on the dangers of so-called "gender affirming care".

The evidence is growing. Hawaii will be taking a step **BACKWARDS** if we pass this bill. Worse, we will become an unnecessary flashpoint in mainland style culture wars that have **NO** place here. Becoming a "gender sanctuary state" would be highly divisive and polarizing, especially when so much of the growing body of health science indicates that "gender affirming care" is not safe for young people. I strongly urge this committee to **OPPOSE** this legislation.



**HB-2079-HD-1**

Submitted on: 2/12/2024 8:39:39 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Leimomi Khan	Individual	Support	Written Testimony Only

Comments:

I support the intent of this bill and for the reasons articulated in the testimony given by the Democratic Party of Hawaii.

Aloha Chair Nakashima, Vice Chair Sayama, and members of the committee.

I am writing in **strong support** of HB2079. This measure would improve access to gender-affirming medications via telehealth, and also help ensure our state does not support or play ball with other states who seek information about gender-affirming care their residents may receive in Hawaii.

I think we have a wonderful opportunity here to further-improve this bill and really show the nation that Hawaii is leading by example when it comes to gender-affirming healthcare and protections. I sincerely ask the committee to adopt the following additional amendments to HB2079, which would help tighten up and improve the health insurance aspect of receiving gender-affirming care in our state. These amendments are in-line with the spirit of HB2079 and would make a significant and positive impact for our residents.

Since the passage of the Gender Affirming Treatment Act in 2022, many Hawaii residents continue being denied health insurance coverage for gender-affirming medical care, with our largest insurance carriers calling such care “not medically necessary,” “cosmetic,” or that the requested care lacks supporting research or evidence. Some care that patients continue having a very hard time accessing coverage for is facial gender affirming surgery and non-genital hair removal, despite such care being considered Standards of Care according to the World Professional Association for Transgender Health (WPATH), a global leading authority on the matter of gender-affirming care. Additionally, in the process of transgender and gender non-conforming individuals being denied insurance coverage for the health care they need to simply exist, insurance companies are often very shady and not transparent with their reasons behind why an individual is being denied care or why requested care is not appropriate for the specific patient.

I am transgender myself and have faced significant insurance challenges over the last 4-5 years with my insurance carrier, HMSA. My health care has been denied more times than I can count, being called “not medically necessary...” The health insurance challenges that I have had to endure have brought me to the lowest of lows over the years. Not only have the insurance denials pushed me to significant financial distress (there have been many times where I couldn’t afford food due to the need to spend all of my income on the health care I was denied), but the denials have been so harsh that I almost ended my own life on a few occasions because it all seemed so hopeless.

[Please, please consider adopting the following amendments](#) to HB2079 to help further improve Hawaii’s protections and transparency when it comes to insurance coverage for gender-affirming care. Gender-affirming health care and insurance coverage quite literally saves lives, and this is a phenomenal opportunity to show the nation that Hawaii stands with our residents and supports access to gender-affirming care and insurance coverage.

Thank you,  
-Breanna Zoey (she/they)

SECTION **x**. Section 431:10A-118.3, Hawaii Revised Statutes, is amended to read as follows:

**§431:10A-118.3 Nondiscrimination on the basis of actual gender identity or perceived gender identity; coverage for services.** (a) No individual or group accident and health or sickness policy, contract, plan, or agreement that provides health care coverage shall discriminate with respect to participation and coverage under the policy, contract, plan, or agreement against any person on the basis of actual gender identity or perceived gender identity.

(b) Discrimination under this section includes the following:

- (1) Denying, canceling, limiting, non-renewing or otherwise refusing to issue or renew an insurance policy, contract, plan, or agreement on the basis of a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity
- (2) Demanding or requiring a payment or premium that is based on a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;
- (3) Designating a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity as a preexisting condition to deny, cancel, non-renew or otherwise limit coverage; and
- (4) Denying, canceling, or limiting coverage for services on the basis of actual gender identity or perceived gender identity, including but not limited to the following:

(A) Health care services related to gender transition; provided that there is coverage under the policy, contract, plan, or agreement for the services when the services are not related to gender transition~~[\*]~~. It is not required that a health care service covered for gender transition must also be routinely available and covered for non-gender transition; and

(B) Health care services that are ordinarily or exclusively available to individuals of any sex or gender assigned at birth.

(c) The medical necessity of any treatment for a transgender person, or any person, on the basis of actual gender identity or perceived gender identity shall be determined pursuant to the insurance policy, contract,

plan, or agreement and shall take into account the recommendations in the most recent edition of the Standards of Care for the Health of Transgender and Gender Diverse People, issued by the World Professional Association for Transgender Health, ~~[be defined in accordance with]~~ and other applicable law.

- (1) No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider or mental health professional with current experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination; and
- (2) In the event of a denial on the basis that a service is cosmetic or not medically necessary, unless otherwise prohibited by law the denial shall include, without requiring a separate request be made:
  - (A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and
  - (B) plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination, and;
- (3) In the event of an appeal of a claim denied on the basis of medical necessity of the treatment, such appeal shall be ~~[decided in a manner consistent with applicable law and]~~ reviewed for medical necessity in consultation with a health care provider(s) or mental health professional(s) with current experience in prescribing or delivering gender affirming treatment ~~[who shall provide input on the appropriateness of the denial of the claim];~~
- (4) In the event an appeal upholds a denial on the basis of medical necessity, unless otherwise prohibited by law the appeal determination shall include, without requiring a separate request:
  - (A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and;

(B) Plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination.

(d) An insurer shall not apply categorical cosmetic or blanket exclusions to gender affirming treatments or procedures, or any combination of services or procedures or revisions to prior treatments [~~, when determined to be medically necessary pursuant to applicable law, only~~] if the policy, contract, plan, or agreement also provides coverage for those services when the services are offered for purposes other than gender transition. It is not required that a health care service covered for gender transition must also be routinely available and covered for non-gender transition. These services may include but are not limited to:

- (1) Hormone therapies;
- (2) Hysterectomies;
- (3) Mastectomies;
- (4) Vocal training;
- (5) Feminizing vaginoplasties;
- (6) Masculinizing phalloplasties;
- (7) Metaoidioplasties;
- (8) Feminizing breast surgeries, including [B]breast augmentations;
- (9) Masculinizing chest surgeries;
- (10) Gender-affirming [F]facial [~~feminization~~] surgeries, including feminizing and masculinizing surgeries;
- (11) Reduction thyroid chondroplasties;
- (12) Voice surgeries and therapies; and
- (13) Electrolysis [~~or~~] and laser hair removal, not to be limited to pre-surgical hair removal.

(e) Each individual or group accident and health or sickness policy, contract, plan, or agreement shall provide applicants and policyholders with clear information about the coverage of gender transition services and the requirements for determining medically necessary treatments related to these services, including the process for appealing a claim denied on the basis of

medical necessity. Such information shall be made available on a public-facing webpage that any user can access without the need to log in.

(f) Any coverage provided shall be subject to copayment, deductible, and coinsurance provisions of an individual or group accident and health or sickness policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.

(g) Nothing in this section shall be construed to mandate coverage of a service that is determined to be not medically necessary, so long as such determinations have been made in accordance with section (c) (1)-(4) above.

(h) As used in this section unless the context requires otherwise:

"Actual gender identity" means a person's internal sense of being male, female, a gender different from the gender assigned at birth, a transgender person, or neither male nor female.

"Gender transition" means the process of a person changing the person's outward appearance or sex characteristics to accord with the person's actual gender identity.

"Perceived gender identity" means an observer's impression of another person's actual gender identity or the observer's own impression that the person is male, female, a gender different from the gender assigned at birth, a transgender person, or neither male nor female.

Any coverage provided shall be subject to copayment, deductible, and coinsurance provisions of an individual or group accident and health or sickness policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.

SECTION **x**. Section 432:1-607.3, Hawaii Revised Statutes, is amended to read as follows:

**"§432:1-607.3 Nondiscrimination on the basis of actual gender identity or perceived gender identity; coverage for services.** (a) No individual or group hospital or medical service policy, contract, plan, or agreement that provides health care coverage shall discriminate with respect to participation and coverage under the policy, contract, plan, or agreement against any person on the basis of actual gender identity or perceived gender identity.

(b) Discrimination under this section includes the following:

- (1) Denying, canceling, limiting, non-renewing or otherwise refusing to issue or renew an insurance policy, contract, plan, or agreement on the basis of a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;
- (2) Demanding or requiring a payment or premium that is based on a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;
- (3) Designating a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity as a preexisting condition to deny, cancel, non-renew or otherwise limit coverage; and
- (4) Denying, canceling, or limiting coverage for services on the basis of actual gender identity or perceived gender identity, including but not limited to the following:
  - (A) Health care services related to gender transition; provided that there is coverage under the policy, contract, plan, or agreement for the services when the services are not related to gender transition~~[+]~~. It is not required that a health care service covered for gender transition must also be routinely available and covered for non-gender transition; and
  - (B) Health care services that are ordinarily or exclusively available to individuals of any sex or gender assigned at birth.

(c) The medical necessity of any treatment for a transgender person, or any person, on the basis of actual gender identity or perceived gender identity shall be determined pursuant to the hospital or medical service policy, contract, plan, or agreement and shall take into account the recommendations in the most recent edition of the Standards of Care for the Health of Transgender and Gender Diverse People, issued by the World Professional Association for Transgender Health, [be defined in accordance with] and other applicable law.

- (1) No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider or mental health professional with current experience in prescribing or delivering gender affirming treatment first

reviews and confirms the appropriateness of the adverse benefit determination; and

(2) In the event of a denial on the basis that a service is cosmetic or not medically necessary, unless otherwise prohibited by law the denial shall include, without requiring a separate request be made:

(A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and

(B) plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination, and;

(3) In the event of an appeal of a claim denied on the basis of medical necessity of the treatment, such appeal shall be ~~[decided in a manner consistent with applicable law and]~~ reviewed for medical necessity in consultation with a health care provider(s) or mental health professional(s) with current experience in prescribing or delivering gender affirming treatment ~~[who shall provide input on the appropriateness of the denial of the claim];~~

(4) In the event an appeal upholds a denial on the basis of medical necessity, unless otherwise prohibited by law the appeal determination shall include, without requiring a separate request:

(A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and;

(B) Plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination.

(d) A mutual benefit society shall not apply categorical cosmetic or blanket exclusions to gender affirming treatments or procedures, or any combination of services or procedures or revisions to prior treatments~~[, when determined to be medically necessary pursuant to applicable law, only]~~ if the policy, contract, plan, or agreement also provides coverage for those



services when the services are offered for purposes other than gender transition. It is not required that a health care service covered for gender transition must also be routinely available and covered for non-gender transition. These services may include but are not limited to:

- (1) Hormone therapies;
- (2) Hysterectomies;
- (3) Mastectomies;
- (4) Vocal training;
- (5) Feminizing vaginoplasties;
- (6) Masculinizing phalloplasties;
- (7) Metaoidioplasties;
- (8) Feminizing breast surgeries, including ~~[B]~~breast augmentations;
- (9) Masculinizing chest surgeries;
- (10) Gender-affirming ~~[F]~~facial [~~feminization~~] surgeries, including feminizing and masculinizing surgeries;
- (11) Reduction thyroid chondroplasties;
- (12) Voice surgeries and therapies; and
- (13) Electrolysis ~~[e]~~ and laser hair removal, not to be limited to pre-surgical hair removal.

(e) Each individual or group hospital or medical service policy, contract, plan, or agreement shall provide applicants and members with clear information about the coverage of gender transition services and the requirements for determining medically necessary treatments related to these services, including the process for appealing a claim denied on the basis of medical necessity. Such information shall be made available on a public-facing webpage that any user can access without the need to log in.

(f) Any coverage provided shall be subject to copayment, deductible, and coinsurance provisions of an individual or group hospital or medical service policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.

(g) Nothing in this section shall be construed to mandate coverage of a service that is determined to be not medically necessary, so long as such determinations have been made in accordance with section (c) (1)-(4) above.

(h) As used in this section unless the context requires otherwise:

"Actual gender identity" means a person's internal sense of being male, female, a gender different from the gender assigned at birth, a transgender person, or neither male nor female.

"Gender transition" means the process of a person changing the person's outward appearance or sex characteristics to accord with the person's actual gender identity.

"Perceived gender identity" means an observer's impression of another person's actual gender identity or the observer's own impression that the person is male, female, a gender different from the gender assigned at birth, a transgender person, or neither male nor female.

"Transgender person" means a person who has gender dysphoria, has received health care services related to gender transition, or otherwise identifies as a gender different from the gender assigned to that person at birth.

SECTION **x**. Section 432D-26.3, Hawaii Revised Statutes, is amended to read as follows:

**"§432D-26.3 Nondiscrimination on the basis of actual gender identity or perceived gender identity; coverage for services.** (a) No health maintenance organization policy, contract, plan, or agreement shall discriminate with respect to participation and coverage under the policy, contract, plan, or agreement against any person on the basis of actual gender identity or perceived gender identity.

(b) Discrimination under this section includes the following:

- (1) Denying, canceling, limiting, non-renewing or otherwise refusing to issue or renew an insurance policy, contract, plan, or agreement on the basis of a transgender person's or a

person's transgender family member's actual gender identity or perceived gender identity;

- (2) Demanding or requiring a payment or premium that is based on a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;
- (3) Designating a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity as a preexisting condition to deny, cancel, non-renew or otherwise limit coverage; and
- (4) Denying, canceling, or limiting coverage for services on the basis of actual gender identity or perceived gender identity, including but not limited to the following:
  - (A) Health care services related to gender transition; provided that there is coverage under the policy, contract, plan, or agreement for the services when the services are not related to gender transition~~[+]~~. It is not required that a health care service covered for gender transition must also be routinely available and covered for non-gender transition; and
  - (B) Health care services that are ordinarily or exclusively available to individuals of any sex or gender assigned at birth.

(c) The medical necessity of any treatment for a transgender person, or any person, on the basis of actual gender identity or perceived gender identity shall be determined pursuant to the health maintenance organization policy, contract, plan, or agreement and shall take into account the recommendations in the most recent edition of the Standards of Care for the Health of Transgender and Gender Diverse People, issued by the World Professional Association for Transgender Health, [be defined in accordance with] and other applicable law.

- (1) No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider or mental health professional with current experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination; and

(2) In the event of a denial on the basis that a service is cosmetic or not medically necessary, unless otherwise prohibited by law the denial shall include, without requiring a separate request be made:

(A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and

(B) Plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination, and;

(3) In the event of an appeal of a claim denied on the basis of medical necessity of the treatment, such appeal shall be ~~[decided in a manner consistent with applicable law and]~~ reviewed for medical necessity in consultation with a health care provider(s) or mental health professional(s) with current experience in prescribing or delivering gender affirming treatment ~~[who shall provide input on the appropriateness of the denial of the claim];~~

(4) In the event an appeal upholds a denial on the basis of medical necessity, unless otherwise prohibited by law the appeal determination shall include, without requiring a separate request:

(A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and;

(B) Plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination.

(d) A health maintenance organization shall not apply categorical cosmetic or blanket exclusions to gender affirming treatments or procedures, or any combination of services or procedures or revisions to prior treatments~~[, when determined to be medically necessary pursuant to applicable law, only]~~ if the policy, contract, plan, or agreement also provides coverage for those services when the services are offered for purposes other than gender transition. It is not required that a health care service covered for

gender transition must also be routinely available and covered for non-gender transition. These services may include but are not limited to:

- (1) Hormone therapies
- (2) Hysterectomies;
- (3) Mastectomies;
- (4) Vocal training;
- (5) Feminizing vaginoplasties;
- (6) Masculinizing phalloplasties;
- (7) Metaoidioplasties;
- (8) Feminizing breast surgeries, including [B]breast augmentations;
- (9) Masculinizing chest surgeries;
- (10) Gender-affirming [F]facial [~~feminization~~] surgeries, including feminizing and masculinizing surgeries;
- (11) Reduction thyroid chondroplasties;
- (12) Voice surgeries and therapies; and
- (13) Electrolysis [~~or~~] and laser hair removal, not to be limited to pre-surgical hair removal.

(e) Each health maintenance organization policy, contract, plan, or agreement shall provide applicants, ~~and~~ subscribers, and covered dependents with clear information about the coverage of gender transition services and the requirements for determining medically necessary treatments related to these services, including the process for appealing a claim denied on the basis of medical necessity. Such information shall be made available on a public-facing webpage that any user can access without the need to log in.

(f) Any coverage provided shall be subject to copayment, deductible, and coinsurance provisions of a health maintenance organization policy, contract, plan, or agreement that are no less favorable than the copayment, deductible, and coinsurance provisions for substantially all other medical services covered by the policy, contract, plan, or agreement.

(g) Nothing in this section shall be construed to mandate coverage of a service that is determined to be not medically necessary, so long as such determinations have been made in accordance with section (c)(1)-(4) above.

(h) As used in this section unless the context requires otherwise:

"Actual gender identity" means a person's internal sense of being male, female, a gender different from the gender assigned at birth, a transgender person, or neither male nor female.

"Gender transition" means the process of a person changing the person's outward appearance or sex characteristics to accord with the person's actual gender identity.

"Perceived gender identity" means an observer's impression of another person's actual gender identity or the observer's own impression that the person is male, female, a gender different from the gender assigned at birth, a transgender person, or neither male nor female.

"Transgender person" means a person who has gender dysphoria, has received health care services related to gender transition, or otherwise identifies as a gender different from the gender assigned to that person at birth."

SECTION **x**. Section 432E-1.4, Hawaii Revised Statutes, is amended to read as follows:

**"§432E-1.4 Medical necessity.** (a) For contractual purposes, a health intervention shall be covered if it is an otherwise covered category of service, not specifically excluded, recommended by the treating licensed health care provider, and determined by the health plan's medical director to be medically necessary as defined in subsection (b). A health intervention may be medically indicated and not qualify as a covered benefit or meet the definition of medical necessity. A managed care plan may choose to cover health interventions that do not meet the definition of medical necessity.

(b) A health intervention is medically necessary if it is recommended by the treating physician or treating licensed health care provider, is approved by the health plan's medical director or physician designee, and is:

- (1) For the purpose of treating a medical condition or  
behavioral health condition;

- (2) The most appropriate delivery or level of service, considering potential benefits and harms to the patient;
- (3) Known to be effective in improving health outcomes; provided that:
  - (A) Effectiveness is determined first by scientific evidence;
  - (B) If no scientific evidence exists, then by professional standards of care; and
  - (C) If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion; and
- (4) Cost-effective for the medical condition or behavioral health condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost-effective shall not necessarily mean the lowest price.

(c) When the treating licensed health care provider and the health plan's medical director or physician designee do not agree on whether a health intervention is medically necessary, a reviewing body, whether internal to the plan or external, shall give consideration to, but shall not be bound by, the recommendations of the treating licensed health care provider and the health plan's medical director or physician designee.

(d) For the purposes of this section:

"Behavioral health condition" means any clinically significant behavioral health, mental health or substance use disorder that substantially impacts an individual's thoughts, emotions, behaviors, or overall well-being. This term encompasses a range of conditions, including, but not limited to, anxiety disorders, mood disorders, psychotic disorders, eating disorders, substance use disorders, and gender dysphoria.

"Cost-effective" means a health intervention where the benefits and harms relative to the costs represent an economically efficient use of resources for patients with the medical condition being treated through the health intervention; provided that the characteristics of the individual

patient shall be determinative when applying this criterion to an individual case.

"Effective" means a health intervention that may reasonably be expected to produce the intended results and to have expected benefits that outweigh potential harmful effects.

"Health intervention" means an item or service delivered or undertaken primarily to treat a medical condition or behavioral health condition or to maintain or restore functional ability. A health intervention is defined not only by the intervention itself, but also by the medical condition or behavioral health condition and patient indications for which it is being applied. New interventions for which clinical trials have not been conducted and effectiveness has not been scientifically established shall be evaluated on the basis of professional standards of care or expert opinion. For existing interventions, scientific evidence shall be considered first and, to the greatest extent possible, shall be the basis for determinations of medical necessity. If no or limited scientific evidence is available, professional standards of care shall be considered. If professional standards of care do not exist or are outdated or contradictory, decisions about existing interventions shall be based on expert opinion. Giving priority to scientific evidence shall not mean that coverage of existing interventions shall be denied in the absence of conclusive scientific evidence. Existing interventions may meet the definition of medical necessity in the absence of scientific evidence if there is a strong conviction of effectiveness and benefit expressed through up-to-date and consistent professional standards of care, or in the absence of such standards, convincing expert opinion.

"Health outcomes" mean outcomes that affect health status as measured by the length or quality of a patient's life, primarily as perceived by the patient.

"Medical condition" means a disease, illness, injury, genetic or congenital defect, pregnancy, or a biological or psychological condition that lies outside the range of normal, age-appropriate human variation.



"Physician designee" means a physician or other health care practitioner designated to assist in the decision-making process who has training and credentials at least equal to the treating licensed health care provider.

"Scientific evidence" means [~~controlled clinical trials~~] rigorously conducted research studies that either directly or indirectly demonstrate the effect of the intervention on health outcomes. [~~If~~] Primary reliance is placed on controlled clinical trials, and when such trials are not available, observational studies that demonstrate a causal relationship between the intervention and the health outcomes may be used. Partially controlled observational studies and uncontrolled clinical series may be considered suggestive, but do not by themselves demonstrate a causal relationship unless the [~~magnitude of the effect~~] observed effect exceeds anything that could be explained either by the natural history of the medical condition or behavioral health condition or potential experimental biases. Scientific evidence may be found in the following and similar sources:

- (1) Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized [~~requirements~~] standards for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;
- (2) Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institutes of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS database Health Services Technology Assessment Research (HSTAR);
- (3) Peer reviewed [~~M~~]medical journals [~~recognized by the Secretary of Health and Human Services under section 1861(t)(2) of the Social Security Act, as amended~~];
- (4) Standard reference compendia including the American Hospital Formulary Service-Drug Information, American Medical Association Drug Evaluation, American Dental Association Accepted Dental Therapeutics, and United States Pharmacopoeia-Drug Information;
- (5) Findings, studies, or research conducted by or under the auspices of federal agencies and nationally recognized

federal research institutes including but not limited to the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Centers for Medicare and Medicaid Services, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services; and

- (6) Peer-reviewed abstracts accepted for presentation at major medical association meetings.

"Standards of Care" refers to the prevailing guidelines, protocols, and best practices established by recognized and authoritative medical and healthcare organizations. These standards aim to ensure the provision of safe, effective, and ethical healthcare services across various medical specialties. Such standards may be developed and endorsed by professional medical associations, governmental health agencies, and other reputable healthcare organizations. The definition encompasses evolving and updated practices in the field, allowing for flexibility to incorporate advancements and consensus-based approaches to address the diverse needs of patients and communities.

"Treat" means to prevent, diagnose, detect, provide medical care, or palliate.

"Treating licensed health care provider" means a licensed health care provider who has personally evaluated the patient.

SECTION **x**. This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

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

SECTION **x**. This Act shall take effect upon its approval.

**HB-2079-HD-1**

Submitted on: 2/13/2024 9:05:09 AM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Will Caron	Individual	Support	Written Testimony Only

Comments:

All people deserve to be treated with dignity and respect. All people deserve access to medical care. That includes gender-affirming care.

However, intolerant politicians and Internet trolls alike are peddling misinformation to capitalize on fear and monetize ignorance. This vicious campaign of hatred is fueling attacks on the rights of LGBTQ+ people across the country and making it impossible, in particular, for transgender and non-binary youth to be their authentic selves.

In Republican-led states across the country, legislatures, governors and executive agencies are moving to eliminate access to gender-affirming care—medically necessary and safe healthcare backed by decades of research and supported by every major medical association representing over 1.3 million U.S. doctors. Some jurisdictions are even accusing parents who support their transgender children of child abuse.

The disinformation campaign is not only responsible for discriminatory laws, but is also fueling threats and violence against providers of gender-affirming care, preventing them from supporting the communities they are meant to serve.

Hawai‘i has the opportunity to be a beacon of reason and hope by taking concrete steps to protect gender-affirming care and the rights of the LGBTQ+ community more broadly. As attacks on the LGBTQ+ community continue, it is important that we take a stand and show that, in Hawaii, we protect the human rights of ALL our people.

Mahalo!

**HB-2079-HD-1**

Submitted on: 2/13/2024 11:37:33 AM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Nakashima, Vice Chair Sayama, and the CPC Committee,

As a public health professional and concerned citizen, I am write in **STRONG SUPPORT** of HB2079 HD1.

Especially in the context of current harmful practices and polices in the U.S., this bill is important to protect local communities.

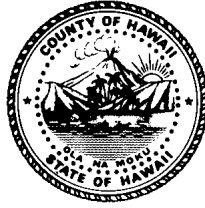
First, this bill would increase access to gender-affirming care via telehealth, expanding the severely limited options for people seeking care. State law currently requires a face-to-face patient-physician relationship be established before certain gender-affirming medications can be prescribed via telehealth. Telehealth has grown in prominence in recent years and its value is better realized, particularly among more rural parts of our island state where access to care/providers is limited. Relaxing the prescribing requirements for certain medications when prescribed for the purposes of gender-affirming care would be a huge boost for Hawai'i's access to this care.

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care. This is vital to protect local families, preventing baseless separation of a child from their parent(s)/guardian(s).

Mahalo for considering this important legislation.

Thaddeus Pham (he/him)

**Jennifer Kagiwada**  
Council Member District 2 South Hilo



Office: (808) 961-8272  
jennifer.kagiwada@hawaiicounty.gov

## HAWAI'I COUNTY COUNCIL - DISTRICT 2

25 Aupuni Street • Hilo, Hawai'i 96720

DATE: February 13, 2024  
TO: House Committee on Consumer Protection and Commerce  
FROM: Jennifer Kagiwada, Council Member  
Council District 2  
SUBJECT: HB 2079 HD1

Aloha Chair Nakashima, Vice Chair Sayama, and members of the Committee,

I am writing you in strong support of HB 2079 HD1. This bill is important as it addresses the following:

- Protects providers and recipients of gender affirming care from subpoenas intended for civil or criminal proceedings brought by out-of-state agencies.
- Protects families from having their keiki removed by out-of-state agencies due to parents providing their keiki with access to gender affirming care.
- Provides improved access to gender affirming care by allowing telehealth providers to prescribe hormone treatment without needing an in-person consultation.
- Protects bodily autonomy. Medically necessary care decisions should remain between doctors and their patients.

Mahalo,

A handwritten signature in black ink, appearing to read 'Jenn Kagiwada'. The signature is fluid and cursive.

Jenn Kagiwada

Jame A. Agapoff M.D, M.S. (she/they)  
Email: jame@jameagapoff.com

Dear Honorable Legislators,

I am writing in strong support of HB2079 HD1. I am a Board Certified Psychiatrist and a World Professional Association for Transgender Health (WPATH) GEI SOC8 Certified Member, who trained locally, and continues to teach, mentor, and collaborate on research with local providers.

Right now, the bodily autonomy and rights of transgender people across the U.S. are being threatened or limited in frightening ways. Hundreds of bills have been passed or proposed just in this legislative cycle. This is happening despite strong evidence that supporting transgender people and providing them access to gender affirming care saves lives and improves mental health outcomes [1].

Equitable access to high quality gender affirming care, including testosterone medications, is essential healthcare for many members of the transgender and gender diverse (TGD) community. Access to gender affirming care is already limited in Hawai'i due to a lack of providers. It has been further limited by the closure of the Lavender Clinic. HB2079 HD1 would improve access to this lifesaving care.

In 2023, the State of Hawaii's Department of Health released a statement on rights and public health, acknowledging that all TGD persons "...should have an equitable opportunity to achieve their optimal state of health and well-being." It recognized the unique contributions of māhūwahine, māhūkāne, transgender, gender diverse people, and other populations to the diversity of Hawai'i, and the importance of protecting them from discrimination. HB2079 HD1 would help make this statement a reality.

One population that has been significantly under threat from discriminatory laws include TGD youth. It is well known that access to high quality gender affirming care also improves health outcomes in this population [1]. Supportive parents are an essential factor for safeguarding the health and well-being of TGD youth. For example, research from the Family Acceptance Project show that LGBTQ youth who experience low family acceptance of their LGBTQ identity report higher levels of depression, substance use, suicidal ideation, and suicide attempts [2]. Conversely, a large national sample of LGBTQ youth found that being respectful of a youth's gender identity was associated with just over 40% lower odds of them attempting suicide in the past year [3]. The measures outlined in HB2079 HD1 would help safeguard Hawai'i's TGD youth.

As a transgender person, and a physician who provides gender affirming care, I can honestly say that HB2079 HD1 will save lives, and protect those who deliver life-saving gender affirming care. Please vote yes on HB2079 and protect all TGD people in Hawai'i from discrimination.

Sincerely,

Jame A. Agapoff M.D., M.S.  
WPATH GEI SOC8 Certified Member

References:

1) Coleman, Eli, et al. "Standards of care for the health of transgender and gender diverse people, version 8." *International Journal of Transgender Health* 23.sup1 (2022): S1-S259.  
<https://doi.org/10.1080/26895269.2022.2100644>

2) Ryan, Caitlin, et al. "Family acceptance in adolescence and the health of LGBT young adults." *Journal of child and adolescent psychiatric nursing* 23.4 (2010): 205-213.  
<https://doi.org/10.1111/j.1744-6171.2010.00246.x>

3) The Trevor Project. Behaviors of Supportive Parents and Caregivers for LGBTQ Youth. (2022)  
<https://www.thetrevorproject.org/research-briefs/>

**HB-2079-HD-1**

Submitted on: 2/13/2024 1:32:13 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Amy Humphrey	Individual	Support	Written Testimony Only

Comments:

I am writing to support the passage of HB2079. I am a Licensed Clinical Psychologist and provider of gender affirming care. The impact of receiving gender affirming care cannot be understated. It is crucially important to those that need it, and does not harm those who don't. Rarely are there issues of significance that can do so much good, and harm no one. I urge you to pass this bill.



**HB-2079-HD-1**

Submitted on: 2/13/2024 1:39:03 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Teri Heede	Individual	Support	Written Testimony Only

Comments:

I support this bill.

**LATE**

**HB-2079-HD-1**

Submitted on: 2/13/2024 11:16:57 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Emerson	Individual	Oppose	Written Testimony Only

Comments:

I dont need to co-parent with the government. If my kid is allowed to make their own choices about LIFE altering operations and procedures, they should be allowed to vote, drive and drink. The brain does not fully develop until the age 25. I am medical provider and this is just a disaster waiting to happen. This legislation mustve been made by those without a medical degree. Defintiely a BA in gender fluid studies. Causing irreprable harm to the youth. I have provided care to those who undergone gender transition and it is a very difficult and miserable thing to undo, IF EVEN possible. Many of these individuals are suicidal and have a history of suicide attempts. This should speak volumes. This is ignorance at its finest.

**LATE**

**HB-2079-HD-1**

Submitted on: 2/13/2024 11:26:42 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jessica Waia'u	Individual	Support	Written Testimony Only

Comments:

Aloha,

My name is Jess Waia'u and I am a resident of Hawai'i Island. As an educator of over 15 years, I have seen many middle school and high school transyouth struggle. State Department of Health data reveals that lesbian, gay, bisexual (LGB) and transgender (TG) youth experience higher rates of bullying in school and electronically than their cisgender peers. Nearly half of all youth identifying as TG attempt suicide, a rate seven times higher than youth that are cisgender and LGB youth are four times more likely to attempt suicide than their cisgender peers. The harsh truth is that Hawai'i's LGBTQIA2s+ youth are in crisis right now and we need to act.

I support this bill HB2079 because it gives greater access to medically-necessary, gender-affirming care for our vulnerable transyouth. Gender-affirming care is life saving and the lives of our young people are on the line.

This bill will:

(1) Make Hawai'i a sanctuary for gender affirming care. It won't allow attorney generals and law enforcement from the continent to persecute or sue providers and patients of gender affirming care. It won't allow outside agencies from the continent to remove keiki from their families for receiving gender affirming care.

(2) It allows for doctors to prescribe testosterone via telehealth. By removing the in-person requirement it increases access to gender affirming care for neighbor island communities like the one I live in.

I strongly support HB2079 as I can see how it will positively impact our community and save young lives.

Mahalo,

Jess Waia'u

she/her

**LATE**

**HB-2079-HD-1**

Submitted on: 2/14/2024 9:10:31 AM

Testimony for CPC on 2/14/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Daniel R Freund	Individual	Support	Written Testimony Only

Comments:

This is a medical issue that should be decided by the patient after consulting with their physician.

**HB-2079-HD-1**

Submitted on: 2/14/2024 9:23:15 AM

Testimony for CPC on 2/14/2024 2:00:00 PM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ryan Willis	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE