



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS
The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair

**S.C.R. NO. 62, S.D. 1 REQUESTING THE AUDITOR TO CONDUCT
A SOCIAL AND FINANCIAL ASSESSMENT OF
PROPOSED MANDATORY HEALTH INSURANCE COVERAGE**

Hearing: Thursday, April 14, 2022, 9:00 a.m.

The Office of the Auditor appreciates the opportunity to testify on S.C.R. No. 62, S.D. 1, requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage. We have concerns about our ability to perform the work required by the resolution, and offer the following comments.

The list of services enumerated in H.B. 249 (2021) is significant and we have strong concerns about our capacity to perform the work required by the resolution without additional staff.

We currently are statutorily mandated to regularly audit the Office of Hawaiian Affairs, the Hawai'i Tourism Authority, and the Deposit Beverage Container Program; to review departments' special funds, revolving funds, trust funds, and trust accounts; to assess proposed special and revolving funds; and to analyze the State's tax incentives. We are concerned we do not have the capacity to perform, internally, the work required by the resolution.

Thank you for considering our testimony related to S.C.R. No. 62, S.D. 1.

To: Hawai'i State House Health, Human Services, & Homelessness Committee
Hearing Date/Time: Thursday, April 14, 2022, 9:00 am
Place: Hawai'i State Capitol, Rm. 329 and videoconference
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in strong support of SCR 62, SD 1

Dear Chair Yamane and Members of the Committee,

All people in Hawai'i – regardless of income, gender identity, or type of insurance – should have access to the full range of preventive sexual and reproductive health services at no cost, especially as communities recover from COVID-19 and high inflation. Planned Parenthood Alliance Advocates – Hawai'i (PPAA) strongly support SCR 62 to conduct a social and financial assessment of the mandatory health insurance coverage proposed under 2021's HB 249, the Reproductive Health Equity Act ("RHEA"), a critical bill to fortify ACA health benefits, safeguard more equitable access to abortion care, expand coverage of critical cost-saving preventive services, and save money in the budget down the road.

The Reproductive Health Equity Act is a critical step toward health equity in Hawai'i by requiring insurance coverage of the full range of sexual and reproductive health care and a set of critical preventive care services often. Given the lingering effects of federal attacks on basic rights and health care and the Supreme Court considering a direct attack to *Roe v. Wade*, it is more important than ever that the legislature act to ensure that nobody loses access to the health care and protections they depend on. RHEA will do just that. We need legislation to codify the Affordable Care Act (ACA) preventive service coverage requirements in state law, ensuring that people in Hawai'i don't lose their access to no-cost preventive services such as birth control, well-person exams, and life-saving cancer screenings. RHEA would also strengthen and expand these coverage requirements by requiring coverage of the full range of sexual and reproductive health care services, including abortion and vasectomy. And it would make sure that all people in Hawai'i can access these important services, regardless of gender, gender identity, or sexual orientation.

While state law requires insurance plans to pay the full range of FDA-approved contraceptives without cost-sharing, thousands of people must pay out-of-pocket for other basic, preventive health services. Without action, people in Hawai'i will continue to delay or forego care altogether due to these out-of-pocket costs, risking their health and economic security. Even with the Affordable Care Act, one in five women with private insurance still pay some out-of-pocket costs for their contraceptive care, and 25 percent of women who are not using their preferred method say it is because they cannot afford it.¹ We are also already experiencing some of the consequences of Hawai'i's coverage gaps in health outcomes: for example, Hawai'i's sexually transmitted infections (STIs) rates are the highest they have been in 30 years, with the STI rates more than doubling over the last ten years.

¹ Frederiksen, B. et al, *Women's Sexual and Reproductive Health Services: Key Findings from the 2020 Women's Health Survey*. Kaiser Family Foundation, April 21, 2021. Available at: <https://www.kff.org/womens-health-policy/issue-brief/womens-sexual-and-reproductive-health-services-key-findings-from-the-2020-kff-womens-health-survey/>

Last year, Hawai‘i lawmakers took a step in the right direction by passing a law allowing Advance Practice Registered Nurses to provide abortion care; this has increased access to abortion across the state and alleviated the pressures of the doctor shortage and the strain that the pandemic has placed on our health system. We can further fortify Hawai‘i’s long-standing history in advancing abortion rights by passing the coverage requirements for abortion care in RHEA into law, and SCR 62 is a critical first step in that effort.

SCR 62 will help us enact a cost-effective solution through RHEA. Protecting and expanding access to sexual and reproductive health is not only the right thing to do, it is also cost-effective for consumers and health plans alike. The services included in this legislation are basic components of comprehensive sexual and reproductive health care and are all associated with significant potential cost savings. That’s because providing basic preventive care avoids the need for more expensive treatment and management down the road; for example, preventing unplanned pregnancies creates significant cost-savings. Therefore, even if some services are determined to be new mandated benefits, in the long term, covering these services would likely be either cost-neutral or even create cost savings for health plans. Because of this cost-effectiveness, requiring coverage of these services would likely have a minimal impact on premiums, which in turn means that there would be minimal additional cost to the state to offset any potential premium increases.

RHEA is similar to coverage requirements in other states. Many other states have already implemented requirements found in RHEA, including the comprehensive sexual and reproductive health requirements. For example:

- In 2018, the Washington Legislature passed Substitute Senate Bill 6219, also known as the Reproductive Parity Act.² This legislation required that state-regulated health plans that cover maternity care provide substantially equivalent coverage for abortion care. It also expanded contraceptive coverage requirements beyond those in the ACA, including gender-neutral coverage of sterilization services for all enrollees and coverage of over-the-counter contraception. None of the requirements in this legislation was determined to be a new mandate that would trigger section 1311(d)(3) of the ACA.
- In 2017, the Oregon Legislature passed House Bill 3391, also known as the Reproductive Health Equity Act.³ This bill required comprehensive, non-discriminatory coverage of sexual and reproductive health care services. This included coverage of abortion and a wide range of other sexual and reproductive health care services at no out-of-pocket cost to the patient.
- In 2019, the Illinois Legislature passed the Illinois Reproductive Health Act, which required public and private insurance plans that provide pregnancy benefits to also cover abortions services – any deductible, coinsurance, waiting period, or other cost-sharing limit that applies to abortion cannot be higher than what the policy requires for other pregnancy care.⁴

² Washington State Legislature, *Senate Bill 6219*, 2018. Accessed at <https://app.leg.wa.gov/billsummary?BillNumber=6219&Initiative=false&Year=2017>

³ Oregon State Legislature, *Senate Bill 3391*, 2017. Accessed at <https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB3391>

⁴ Illinois State Legislature, *House bill 2495*, 2019. Accessed at <http://www.ilga.gov/legislation/billstatus.asp?DocNum=2495&GAID=15&GA=101&DocTypeID=HB&LegID=118530&SessionID=108>

- Just last month, California passed SB 245, a bill that eliminated out-of-pocket costs for abortion services, ensuring cost is not a barrier to accessing abortion care.⁵

The requirements, many of which have been implemented for years in other states, have not been determined to violate section 1303 of the Affordable Care Act. Additionally, the Trump-era rule requiring separate billing for abortion care under section 1303 is no longer in place. This indicates that the Auditor does not need to research this issue, since other states have already provided a model of how these requirements bolster the ACA, not violate it.

Several states have also put in place laws that codify existing requirements from the ACA to ensure that those important protections stay in place at the state level, no matter what happens at the federal level. For example, in 2017, Washington State enacted legislation requiring state-regulated health plans to cover all preventive services required to be covered under federal law as of December 31, 2016, without cost sharing.⁶ The requirements of this legislation are broader than Hawai‘i’s RHEA, but the reproductive preventive health services are nearly identical to the coverage required in §431:10A-A(a)(1). In the fiscal note for Washington’s legislation, the Washington Office of the Insurance Commissioner (OIC) noted that “[t]his bill does not have a direct fiscal impact on the OIC because the bill maintains coverage of preventive services with zero cost-sharing as they currently exist in Federal law and are currently being enforced by the OIC.”⁷ As OIC rightly stated, these are not new requirements: RHEA and similar legislation in other states simply require health plans to continue covering the basic health care that the ACA already requires them to cover. For example, states must already comply with coverage for any additional preventive women’s services under 42 U.S. Code section 300gg-13 of the ACA; indeed, the scope of federally-required benefits expanded in December 2021.⁸ These federal coverage requirements are already in place across the country and have already been well-defined.

Other states that have passed coverage requirements have found that continuing to require health plans to cover existing mandates in the ACA is simple and minimally burdensome. And other states have also determined that passing legislation that includes broader coverage requirements than those included in the ACA does not necessarily create new mandates because in some cases these coverage requirements simply clarify and codify the state’s existing commitment to covering comprehensive, non-discriminatory sexual and reproductive health care. ACA requirements also continue to expand and evolve, making the impact of RHEA on Hawai‘i minimal – for example, all plans that have an effective date of June 11, 2020 or later are now required to cover PrEP medication without cost sharing. This RHEA resolution will help Hawai‘i look to the example of other states, learn from their experiences and successes, and better understand the benefits of coverage under RHEA.

RHEA is critical to protect confidentiality. The HIPAA Privacy Rule requires providers and insurers to protect patients’ Personal Health Information (PHI). However, when a patient is not the policyholder of an insurance plan, inadvertent disclosure to the policyholder of details about care and services

⁵ California State Legislature, *Senate Bill 245*, 2022. Accessed at https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB245

⁶ Washington State Legislature, *Engrossed Substitute House Bill 1523*, 2018. Accessed at <https://app.leg.wa.gov/bills/summary?BillNumber=1523&Year=2017&Initiative=false>

⁷ Washington State Office of Financial Management, *Multi-Agency Fiscal Note Summary for ESHB 1523*, 2018. Accessed at <https://fortress.wa.gov/ofm/fnspublic/FNSPublicSearch/Search/1523/65>

⁸ Health Resources & Services Administration, *Women’s Preventive Services Guidelines: Affordable Care Act Expands Prevention Coverage for Women’s Health and Well-Being* (2021). Accessed at: <https://www.hrsa.gov/womens-guidelines/index.html>

received may occur, sometimes without their understanding or permission. Without strong protections to prevent such disclosure, young people insured on their parents' health plan may be deterred from seeking care, particularly sensitive services like reproductive health care and mental health services. Survivors of domestic and sexual assault on their abusers' health plans may also be prevented from safely accessing care such as contraception and STI testing without their abuser finding out. And if individuals with confidentiality concerns do seek care, they may not be able to use their insurance, forcing them to pay out-of-pocket for services that should be covered by their plans.

Thousands of people in Hawai'i still lack access to the full range of reproductive health services.

Access to comprehensive sexual and reproductive health care, without discrimination, is critical for the health and economic security of people in Hawai'i. RHEA will give more people in Hawai'i the ability to decide if and when they have children based on what's best for them and their family's circumstances. Hawai'i must continue its leadership in promoting all peoples' ability to access the health care they need and deserve, no matter what happens at the federal level. Please give Hawai'i families access to the health care they need to thrive by supporting SCR 62 and giving us the ability to pass RHEA in the future.

Thank you for your consideration and support for this important resolution.

Sincerely,

Rachel Kuenzi
Public Policy Analyst
Planned Parenthood Alliance Advocates – Hawai'i

SCR-62-SD-1

Submitted on: 4/12/2022 4:23:15 PM

Testimony for HHH on 4/14/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Rozlyn Calderon | Individual | Support | Written Testimony Only |

Comments:

To: Committee on Health, Human Services and Homelessness

Hearing Date/Time: Thursday., April 14th, 2022, 9AM

Re: Testimony Supporting SCR 62

Dear Chair Yamane, Vice Chair Tam and Members of the Committee,

My name is Rozlyn Calderon, writing today in strong support of SCR 62. SCR 62 will get us closer to eliminating all out of pocket costs for abortion care, vasectomy, treatment to avoid HIV, and other critical sexual and reproductive health care services in Hawai'i.

This is an urgent time for reproductive healthcare, your support for this resolution would expand access to care and greatly help low income individuals in our state. The issue of high cost of care for people with low incomes goes to the heart of who has access to abortion in this country and under what circumstances. All people should have access to the full range of reproductive health care, regardless of their economic status. Nobody should have, for example, their pregnancy decisions made for them because they cannot afford care.

Please support SCR 62 and break down one of the many barriers to reproductive health care! Mahalo for the opportunity to testify and for hearing this important resolution.

Sincerely,

Rozlyn Calderon

SCR-62-SD-1

Submitted on: 4/12/2022 5:33:57 PM

Testimony for HHH on 4/14/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Gerard Silva | Individual | Oppose | Written Testimony Only |

Comments:

Not every one can afford Health insurance and many do not want any thing to do with Health insurance that just ripps people off every Year!!!

SCR-62-SD-1

Submitted on: 4/12/2022 8:03:46 PM

Testimony for HHH on 4/14/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Alani Bagcal | Individual | Support | Written Testimony Only |

Comments:

Aloha e Chair, Vice Chair and members of the committee,

My name is Alani Bagcal and I strongly support SCR62 D1, all people in Hawai‘i - regardless of income, gender identity, and type of insurance should have access to the full range of preventative sexual and reproductive health care. Our society continues to suffer from COVID-19 and record high inflation and with safe and legal abortion access under threat at the Supreme Court, Hawai‘i needs to act NOW. I, we, and my future children need RHEA to safeguard access to abortion, solidify ACA health benefits, and the ability to save money for other necessary things down the road. Please pass SCR62 D1.

Mahalo nui for this opportunity to testify,

Alani Bagcal

96815

SCR-62-SD-1

Submitted on: 4/13/2022 8:53:25 AM

Testimony for HHH on 4/14/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Kaila Baker | Individual | Support | Written Testimony Only |

Comments:

I strongly support this as Hawai'i is constantly advancing as a leader in reproductive rights. It is essential we provide Hawai'i the proper medical care.

SCR-62-SD-1

Submitted on: 4/13/2022 12:45:51 PM

Testimony for HHH on 4/14/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|---------------------------|
| Christine Joy Rivera | Individual | Support | Written Testimony Only |

Comments:

Health insurance coverage should be a basic public health access in order for the population to receive the health care they need, and to not pay out of pocket costs!

SCR-62-SD-1

Submitted on: 4/13/2022 12:49:31 PM

Testimony for HHH on 4/14/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|------------------------|
| Olivia Cornejo | Individual | Support | Written Testimony Only |

Comments:

Dear committee members, I write to you today to offer my **strong support** of SCR62 SD1. I am a social worker earning my master's degree at the University of Hawaii at Manoa specializing in health, and I strongly believe that all people in Hawaii, regardless of income, gender identity, or type of insurance – should have access to the full range of preventive sexual and reproductive health services at no cost, especially in the wake of COVID-19 and the current inflation rate.

Reducing/eliminating the cost of reproductive health services, like birth control, can have a major impact on people's lives and on state costs. Programs like Colorado's Family Planning Initiative, which provided and low- or no-cost long-acting reversible contraceptives (LARCs) to low-income women statewide, "drove a 50 percent reduction in teen births and abortions, avoided nearly \$70 million in public assistance costs, and empowered thousands of young women to make their own choices on when or whether to start a family" [1].

I believe that the state of Hawaii should thoroughly assess the potential social and financial impacts and benefits of having mandatory health insurance coverage for sexual and reproductive health services so that we can further support our fellow Hawaiian's health and wellbeing and urge you to pass SCR62. Thank you for this opportunity to testify.

Sincerely,

Olivia Cornejo

[1] <https://cdphe.colorado.gov/fpp/about-us/colorados-success-long-acting-reversible-contraception-larc>

Dear Senators,

I write to you in support of SCR 62 and the protection of reproductive rights in Hawaii. Across the nation, people of reproductive age are being denied equitable access to safe abortions as a result of various barriers put in place to restrict these resources. In protecting insurance coverage as a safeguard for access to reproductive services such as contraceptives and abortion services, Hawaii can ensure the safety, health, and wellbeing of our young people.

Mandatory health insurance coverage would protect reproductive age individuals against discriminatory practices that would disproportionately affect the health and wellbeing of women and LGBTQ+ communities. Denial of coverage is a direct attack on marginalized communities and further enforce disparities in socioeconomic status. This would be considered a form of health care discrimination.

In passing SCR 62, Hawaii would solidify its stance of support in maintaining Roe vs. Wade of which fate is at risk in the SCOTUS. Hawaii, as an inclusive and progressive state, should advocate for the maintenance and development of policies that support the protection of our communities' health as an example for the rest of the nation to follow. Furthermore, Hawaii should encourage the establishment of safeguards for preventative measures, treatments, and interventions around sexual and reproductive health as a higher benchmark for public health standards.

Additionally, Hawaii should continue to communicate and solidify its stance against reversing or barring measures that protect the sexual and reproductive rights of any community which includes developing more ways to make access to services more equitable.

In conclusion, I support SCR 62 to protect the reproductive rights of our future generations and a healthier Hawaii.

Sincerely,

Katherine Villanueva

Maui, Hawaii