

**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII'**  
**OFFICE OF THE DIRECTOR**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**House Committee on Judiciary and Hawaiian Affairs**  
**Wednesday, February 28, 2024**  
**2:00 p.m.**  
**Conference Room 325 and Videoconference**

**On the following measure:**  
**H.B. 2079, H.D. 2, RELATING TO HEALTH**

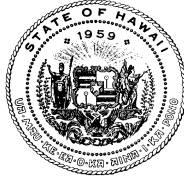
Chair Tarnas and Members of the Committee:

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.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
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WRITTEN  
TESTIMONY ONLY

**Testimony in SUPPORT of HB2079  
Gender-Affirming Health Care Services; Prescriptions; Protections; Child Custody**

REPRESENTATIVE DAVID A. TARNAS, CHAIR  
REPRESENTATIVE GREGG TAKAYAMA, VICE CHAIR  
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Hearing Date: February 28, 2024

Room Number: 325

1 **Fiscal Implications:** The Department of Health (“Department”) anticipates no additional costs  
2 or negative fiscal implications.

3 **Department Position:** The Department supports this measure and offers comments.

4 **Department Testimony:** The Child and Adolescent Mental Health Division (CAMHD) provides  
5 the following testimony on behalf of the Department.

6 The Department supports this measure which contains important provisions to improve  
7 access to gender-affirming care in Hawai'i and protect individuals who receive gender-  
8 affirming care in Hawai'i from malicious prosecution by a non-affirming state. It will also  
9 protect youth receiving gender-affirming care from being potentially separated from  
10 their parents/guardians as a result of laws of another state prohibiting the provision of  
11 gender-affirming care.

12 This bill would increase patients' access to gender-affirming care via telehealth,  
13 overriding a barrier of a face-to-face patient-physician relationship prior to obtaining  
14 certain gender-affirming medications. Telehealth is an important tool to improve

1 access, especially to ensure healthcare is provided in rural parts of our state where  
2 access is limited.

3 This bill aligns with the DOH Statement on Transgender Rights and Public Health, which  
4 was issued in September 2023. Click:

5 [https://health.hawaii.gov/harmreduction/files/2023/09/Hawaii-DOH-Statement-for-](https://health.hawaii.gov/harmreduction/files/2023/09/Hawaii-DOH-Statement-for-Transgender-Health-FINAL-September-5-2023.pdf)  
6 [Transgender-Health-FINAL-September-5-2023.pdf](https://health.hawaii.gov/harmreduction/files/2023/09/Hawaii-DOH-Statement-for-Transgender-Health-FINAL-September-5-2023.pdf) )

7 Access to gender-affirming treatments is a medical necessity and often a matter of life  
8 and death for transgender community members. Provision of necessary gender identity-  
9 affirming services are recognized as the standard of care by medical organizations such  
10 as the World Professional Association for Transgender Health (WPATH)<sup>6</sup>.

11 Furthermore, years of research find that gender-affirming medical therapy in childhood  
12 is linked to improved psychological functioning for gender-variant children and  
13 adolescents.<sup>1</sup> Though transgender youth have higher rates of depression, suicidality,  
14 and self-harm than their cisgender peers (i.e., youth whose gender identity matches  
15 their sex assigned at birth)<sup>2</sup>, socially or medically transitioned children demonstrate no  
16 differences in well-being when compared to their siblings or cisgender peers.<sup>3</sup> This  
17 finding is particularly notable, since transgender adults have a prevalence of past-year  
18 suicide attempts that is about eighteen times higher than the U.S. general population.<sup>4</sup>

19 The benefits of this bill for the State will be manifold including improved individual and  
20 community health (both physical and social) as well as economic. From a financial  
21 standpoint, increasing access to these medically necessary treatments will not only save  
22 lives, but provide cost-savings in mental health care and adjacent fields.<sup>5</sup> All evidence  
23 points to the absolute necessity of ensuring that individuals can easily access gender-  
24 affirming treatments.

25 **Offered Amendments:** None.

- 1 Thank you for the opportunity to testify on this measure.

**Testimony of the Hawaii Medical Board**  
**Before the**  
**House Committee on Judiciary and Hawaiian Affairs**  
**Wednesday, February 28, 2024**  
**2:00 p.m.**  
**Conference Room 325 and Videoconference**

**On the following measure:**  
**H.B. 2079, H.D. 2, RELATING TO HEALTH**

Chair Tarnas and Members of the Committee:

My name is Randy Ho, 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 Judiciary & Hawaiian Affairs  
Wednesday, February 28, 2024  
2:00 p.m.  
Conference Room 325 and Videoconference**

**On the following measure:  
H.B. 2079, H.D. 2, RELATING TO HEALTH**

Chair Tarnas 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.



February 28, 2024

The Honorable David A. Tarnas, Chair  
The Honorable Gregg Takayama, Vice Chair  
House Committee on Judiciary & Hawaiian Affairs

Re: HB 2079 HD2 – RELATING TO HEALTHCARE

Dear Chair Tarnas, Vice Chair Takayama, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 2079 HD2, 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 all patients receive 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  
HOUSE COMMITTEE ON JUDICIARY AND HAWAIIAN AFFAIRS  
HB2079\_HD2 RELATING TO HEALTH  
Wednesday, February 28, 2024, at 2:00 pm  
State Capitol Conference Room 329 via Videoconference

Submitted in STRONG OPPOSITION by Mrs. Jamie Detwiler, President, Hawai'i Federation of Republican Women

Honorable Chair Tarnas, Vice Chair Sayama, and Members of the Committee

The Federation stands in STRONG OPPOSITION to HB2079\_HD2 for the following reasons:

The rights of citizens (parents/guardians) are being disenfranchised and children will be harmed if HB2079\_HD2 is signed into law.

**The rights of citizens under the U.S. Constitution and the Hawaii State Constitution are being violated.**

Under Article 1. Section 8 of the Hawaii State Constitution. No citizen shall be disfranchised or deprived of any of the rights or privileges secured to other citizens, unless by the law of the land.

In 1997, the Court declared in *Washington v. Glucksberg*, 521 U.S. 702 (1997), that the Constitution, and specifically the Due Process Clause of the Fourteenth Amendment, protects the fundamental right of parents to direct the care, upbringing, and education of their children.

**Harmful legislation:** In section §323J-2 Disclosures prohibited (page 5 of HB2079\_HD2) (2)(b) Written consent of the patient or the patient's conservator, guardian, or other authorized legal representative shall not be required for the disclosure of the communication or information described under subsection (a)

Notwithstanding this chapter or any other law to the contrary, for the purposes of providing gender-affirming health care services, a practitioner who is licensed in this State may prescribe schedule III and IV controlled substances, including testosterone.

**Protection of children and parent/guardian rights.** Have you researched the adverse effects of schedule III and IV controlled substances on children whose bodies and brains are still developing? What are you doing to protect children from harm?

If children are harmed by schedule III and IV controlled substances, are you willing to take responsibility for passing this bill into law?

Please vote NO on HB2079\_HD2.

Thank you for the opportunity to testify.

Respectfully,  
Jamie Detwiler  
Hawaii Federation of Republican Women

**HB-2079-HD-2**

Submitted on: 2/28/2024 11:13:02 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cynthia Bartlett	Moms for Liberty Honolulu	Oppose	In Person

Comments:

Just as we had medically endorsed lobotomies and even a Nobel Prize awarded to the head medical doctor, this medical transitioning for minors before their brains have matured will become a medical scandal. It is well funded and there are many active paid lobbyists in Hawaii with younger legislators who have children themselves advocating for this.

While I sympathize with adults wanting to be trans and that is their own business, empathy is misused in supporting easily influenced teens and minors into actively transitioning. This is political ideology not medicine. Finland, Sweden and Great Britain have reversed their stance on minors having looked at the data. Parents and families need to be part of that conversation and not cut out.



## TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAII

### HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

FEBRUARY 28, 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's **strongly supports** HB 2079, HD2, with amendments as detailed below.

HB 2079 HD2 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'i. 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 right wing extremist politicians 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.

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

Suggested wording section 1, 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*  
(808) 679-7454  
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**Abby Simmons**  
*Co-Chair, Legislative Committee*  
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**STONEWALL  
CAUCUS**

FORMED IN 2001



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

February 26, 2024

House's Committee on Judiciary & Hawaiian Affairs  
Hawaii State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

Hearing: Wednesday, February 28, 2024 at 2:00 PM

RE: **SUPPORT for House Bill 2079 HD 2**

Aloha Chair Tarnas, Vice-Chair Takayama and fellow committee members,

I am writing in support of House Bill 2079 HD 2 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

Testimony of  
Jonathan Ching  
Government Relations Director

Before:  
House Committee on Judiciary & Hawaiian Affairs  
The Honorable David A. Tarnas, Chair  
The Honorable Gregg Takayama, Vice Chair

February 28, 2024  
2:00 p.m.  
Conference Room 325 & Via Videoconference

**Re: HB 2079, HD2, Relating to Health**

Chair Tarnas, Vice Chair Takayama, and committee members thank you for this opportunity to provide testimony on HB 2079, HD2, 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, HD2 and requests an technical 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 committees, 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 for clarity** that is needed:

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

On Page 7, line 21, ~~delete~~ the following:

(d) As used in this section:

"Communication or information" excludes uses and disclosures that ~~covered entities~~ are not required to be in an accounting of disclosures pursuant to title 45 Code of Federal Regulations section 164.528.

"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.





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February 27, 2024

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee:

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. Nothing highlights the life and death nature of these pieces of legislation like the recent death of Nex Benedict. HB2079 will help save lives.

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.



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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 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 TGDM 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 TGDM 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



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(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 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](https://www.queerdoc.com)

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



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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 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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#### References:

1. Totten AM, McDonagh MS, Wagner JH. The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic. White Paper Commentary. (Pacific Northwest Evidence-based Practice Center, Oregon Health & Science University under Contract No. 290-2015-00009-I). AHRQ Publication No. 20-EHC015. Rockville, MD: Agency for Healthcare Research and Quality. May 2020. DOI: 10.23970/AHRQEPCCOVIDTELEHEALTH. Posted final reports are located on the Effective Health Care Program search page
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**To: Committee on Judiciary and Hawaiian Affairs**

**Hearing Date/Time: Wednesday February 28, 2024**

**Re: Testimony in Support of HB 2079 HD2**

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

Dear Tarnas, Vice Chair Takayama and Members of the Committee

The Hawaii Health & Harm Reduction Center (HHRC) **supports HB 2079** which expands protections and updates requirements for prescribing medications as part of gender affirming care. With the closing of the Lavender Clinic in 2023, we lost a major resource for providing gender affirming care and HB 2079 would allow more access via telehealth, which is especially important for our islands.

HHRC'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.

HHRC has the largest peer transgender health program in the islands and is starting to expand services in order to offer gender affirming care. The provisions of HB 2079 would allow HHRC and other providers to provide care that has been proven to save lives. Thank you for supporting our transgender community by supporting HB 2079.

Thank you for the opportunity to testify.

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





**Written Testimony Presented Before the  
House Committee on Judiciary & Hawaiian Affairs  
Wednesday, February 28, 2024 at 2:00 P.M.  
Conference Room 325 and via Videoconference**

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

**WRITTEN TESTIMONY IN SUPPORT on H.B. 2079, H.D. 2**

Chair Tarnas, Vice Chair Takayama, and members of the Committee, thank you for the opportunity to testify in **support H.B. 2079, H.D. 2**, 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.*



**HB-2079-HD-2**

Submitted on: 2/26/2024 10:39:14 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael Golojuch	Rainbow Family 808	Support	Written Testimony Only

Comments:

Rainbow Family 808 supports HB2079. Please pass this **Gender-Affirming Health Care Service bill**. Thanks.

Mike Golojuch, Sr., Secretary/Board Member

**HB-2079-HD-2**

Submitted on: 2/27/2024 12:12:57 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Pride at Work - Hawaii	Pride at Work – Hawai‘i	Support	Written Testimony Only

Comments:

Aloha Representatives,

Pride at Work – Hawai‘i is an official chapter of Pride at Work which is a national nonprofit organization that represents LGBTQIA+ union members and their allies. P@W-HI fully supports HB 2079 HD 2.

We ask that you support this needed piece of legislation.

Mahalo,

Pride at Work – Hawai‘i



# **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 28, 2024

2:00pm

Conference Room 325 & Videoconference  
State Capitol, 415 South Beretania Street

To: The Honorable David A. Tarnas, Chair  
The Honorable Gregg Takayama, Vice Chair  
Members of the House Committee on Judiciary & Hawaiian Affairs

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

## **Re: H.B. No. 2079, H.D. 2**

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

H.B. 2079, H.D. 2 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 related activities. The HCRC supports the intent of H.B. 2079, H.D. 2 to ensure that the people of Hawai‘i have access to these rights.



To: House Judiciary and Hawaiian Affairs Committee  
Hearing Date/Time: Wednesday, February 28, 2024 at 2 pm  
Place: Hawai'i State Capitol, Rm. 325 and videoconference  
Re: Testimony of Planned Parenthood Alliance Advocates – Hawai'i in strong support of HB 2079

Dear Chair Tarnas 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 and expands telehealth access to gender affirming care. 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.

**HB-2079-HD-2**

Submitted on: 2/27/2024 5:18:41 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
james wallace	Individual	Oppose	In Person

Comments:

Im oppose to HB 2079.This is another demonic bill.Last time I checked 14yr olds were minors.If they have the capacity to make adult decisions ,will then they will be allowed to drink,smoke and own firearms?Thets why Parents have the right to make there decision without the government butting in.This is obviously a push to no parental rights for children coming from the UN Agenda 2030 which passed.The UN should get the hell out of hawaii busines.Hawaii is already spiraling down hill,we dont need those Deep State telling us how to raise or Keikis

**HB-2079-HD-2**

Submitted on: 2/28/2024 11:41:05 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Blanca Larson	Individual	Oppose	In Person

Comments:

Aloha Chair and Comittee,

I oppose this bill. I am testifying in oppositon because we the parents have the right to know what is going on with our children.

Mahalo

**HB-2079-HD-2**

Submitted on: 2/27/2024 11:00:38 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louella Vidinha	Individual	Oppose	Remotely Via Zoom

Comments:

Aloha to our House of Representatives,

I clearly and wholly oppose HB 2079 for multiple reasons. Starting with, Life-threatening emergency; the child is incapable of making health decisions that can affect his/her physical well-being. We hold our child's hands when they cross the street. We provide preventative care from birth. We spend tens of thousands of dollars and hours into their life, pouring our heart and soul into them because we love them with all our heart. Then Government and the Health care system that has absolutely No knowledge of what the parents had invested into them, which is their time, money, expertise, experiences, culture and faith into them. They, gov't and health care now wants to become the absolute truth and decision maker of what is right for them ? How dare you ! Let me put it this way. What if you grew up being taken out of YOUR family home after growing up in a loving and stable environment ? You all need to see this and picture this ! You are now looking back into your early childhood years, your Dad coaches you in sports or activities you loved and looked forward to do with him and your mom. Your mom takes you to all your activities, listens to all your important dramas in your young life. Going on trips to Disneyland, or the outer islands and simple trips to the beach. You remember being taught how to swim. Being taught how to be respectful towards others and respecting your elders. The list is endless of the profound effects that your parents, grandparents, great grandparents, aunts, uncles, cousins, and hanai family had on your life. Then all of a sudden ! The Government and Health Care Providers steps in and removes you from that home, because you being young of age and thinking you know exactly what you want, allows the authorities to remove you from what you had known all your life to be your loving and stable home. Were any of you, again, listen, were any of you once at that age where you believed you knew what was right over your life, but your parents stepped in to help you reassess what was best, because you were not ready to make vital and important decisions that will affect the rest of your life. I IMPLORE to each of you Representatives, Vote NO on this bill. Vote your Heart, and your conscious and Not the money you'll get for your districts and your extended positions in this House. Vote to keep the Kids in Their House with Their Moms and Their Dads. Reflect on your young life and it will affect the course of this bill. Thank you.

Louella Vidinha

Village Park, Waipahu resident

Committee: House Committee on Judiciary & Hawaiian Affairs  
Bill Number: HB 2079 HD2  
Hearing Date/Time: February 28, 2024, 2:00 p.m  
Subject: Testimony in **STRONG SUPPORT of HB 2079 HD2**, Relating to Health

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Aloha Chair Tarnas, Vice Chair Takayama, and Committee Members:

Thank you all for allowing the opportunity to provide testimony on HB 2079 HD2. My name is Sarah Simmons of Volcano and I am writing today in support of HB 2079 HD2 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-2**

Submitted on: 2/26/2024 4:17:45 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dara Yatsushiro	Individual	Oppose	Written Testimony Only

Comments:

**STRONGLY OPPOSE** as it pertains to children/minors under 18 years of age.

Whatever adults choose to do is their choice and as long as they can foot the bill themselves for whatever it is they choose (since this is still a free country) that's on them BUT anyone sanctioning gender-altering procedures and medications on young, developing bodies is sanctioning child abuse and **IN NO WAY** should this turn into a taxpayer-supported endeavor should it pass!

**HB-2079-HD-2**

Submitted on: 2/26/2024 4:19:08 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kailani Fano	Individual	Oppose	Written Testimony Only

Comments:

I am submitting testimony in strong opposition of SB279 for several reasons.

1. Our kids are not mentally ready to make decisions for their health on their own, especially permanent decisions. In most cases don't have the knowledge or maturity to decide things that could affect the rest of their lives.
2. Allowing children to have procedures done such as abortion or gender "affirming" services could be emotionally and mentally damaging to a child. I can't imagine a 14-17 year old going through an abortion without parental support. That's neglect and abuse. Who is going to make sure the child is cared for physically, emotionally, and mentally during and after the procedure? Who's going to make sure the child has the proper post procedure care?
3. This bill totally disregards parental rights and puts the responsibility into the hands of the state, essentially saying that law makers know better than parents what is right or wrong for their child. This is way beyond a states rights. This bill is an attack on parents and families and has very little to do with gender and reproductive health.
4. The state doesn't have the resources necessary to make sure children are cared for mentally, physically, or emotionally during or after treatment, There aren't enough resources available for children that are currently in state care. The state shouldn't try and take over care of children that are already being cared for.

Please stop pushing this bill forward and turn your time and tax payer money toward issues that really matter to your constituents. We need you to address cost of living, homelessness, and crime.

**HB-2079-HD-2**

Submitted on: 2/26/2024 4:52:52 PM

Testimony for JHA on 2/28/2024 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-2**

Submitted on: 2/26/2024 7:11:38 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cindy R Ajimine	Individual	Oppose	Written Testimony Only

Comments:

Aloha Representative Tam,

**I am your voting constituent and STRONGLY OPPOSE with request to PLEASE defer this session until it can be properly thought out, written & complete. AS WRITTEN:**

1. Unscientifically, unsound "gender affirming" legislation. Dr. Riitakerttu Kaltiala, Finnish adolescent psychiatrist wrote extensively on the dangers of "gender-affirming care." In 2022, the UK shut down the Tavistock Clinic over "serious concerns" about improper treatment for young people. The evidence in growing & Hawaii will take (then have to take another) big step BACKWARDS, face litigation, & worst of all, seriously harm many fragile young people.
2. The brain does not fully develop until age 25. There are no safety processes included & has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. This bill obviously was created by & reviewed by someone who does NOT have a medical degree.

Aloha Chair Tarnas, Vice Chair Takayama, 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)

**The amendments I would appreciate your consideration on are as follows:**

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 [~~or~~] 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 [ø] 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-2**

Submitted on: 2/26/2024 7:50:32 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sonia Blackiston	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

This bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii’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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I strongly urge you to pass this legislation.

Mahalo,

Sonia Blackiston



**HB-2079-HD-2**

Submitted on: 2/26/2024 9:51:40 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Veronica Simao	Individual	Oppose	Written Testimony Only

Comments:

**OPPOSE with request to defer this session until it can be properly thought out, written & complete. AS WRITTEN:**

1. Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.
2. There are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.

**HB-2079-HD-2**

Submitted on: 2/26/2024 9:52:42 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

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

Comments:

Aloha,

Please do not push through HB2070 HD2. This legislation at thsi time is deemed harmful due to its nature to not thoroughly investiagate the consequecnes and or health risks of not fully developed chidlren. All possibly health risks need to be accurately measured first before ever coming up with a piece of legislation for it. Legislation is supposed to be helpful not harmful for the american population. We need to focus on protecting chidlren here in America not further palcing them in harms way. Look at all the facets of the conseuences of this piece of legislation...DO NOT SIGN IT!

**HB-2079-HD-2**

Submitted on: 2/26/2024 9:56:56 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
JOHN L PANG	Individual	Oppose	Written Testimony Only

Comments:

**OPPOSE with request to defer this session until it can be properly thought out, written & complete. AS WRITTEN:**

1. Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.
2. There are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.

**HB-2079-HD-2**

Submitted on: 2/26/2024 11:18:38 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cardenas Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

Mahalo nui to Chair Tarnas, Vice-Chair Takayama, and all the other representatives hearing this bill. As someone who identifies as genderfluid and transgender, I want people in Hawai'i to feel safe with greater access to expressing and being whoever they are. This bill would expand that for trans people and people who identify outside the gender binary by making Hawa'i a sanctuary state alongside more significant access to prescribing gender-affirming care via telehealth.

Mahalo nui,

Cardenas Pintor

**HB-2079-HD-2**

Submitted on: 2/26/2024 11:39:18 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Catherine Collado	Individual	Oppose	Written Testimony Only

Comments:

I highly OPPOSE HB2079 HD2 regarding gender-affirming healthcare services. Gender is based on male and female. To change one's gender surgically and with the use of medications is like playing with fire. It is not acceptable. It is defying the natural and biological make of a human being, especially when addressing children. Science is not proven in this arena of gender affirmation. Please oppose this bill.

**HB-2079-HD-2**

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

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carol K Kamai	Individual	Oppose	Written Testimony Only

Comments:

I oppose this Bill HB2079 HD2! This is another assault on our families and our children. This is child abuse at our state hands. We could be much like Europe where they only now are reversing their many efforts to allow for gender affirming treatment. Many countries in Europe simply admitted that they never had enough information to force these similiar procedures or treatments on children and families. As mentioned early this is another reason to split up the family and devalue their loving supportive structure of a nuclear family. Time and time again we admit and prove that the children's minds are not developed for these decisions. Please don't continue to harm or allow harm and abuse to these small young children. If it is a fiscal decision that drives you consider the upcoming lawsuits against the Hawaii state for tens of thousands of children who sometime soon will age up to an adult, who will now identify the state of Hawaii as being their number one perpetrator in their child abuse case. It will most likely bankrupt our state if you push this through. What we should consider is holding lawmakers personally liable for always inacting bills contrary to what the public wants and when there are significant damages to the public.

**HB-2079-HD-2**

Submitted on: 2/26/2024 11:56:06 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Richard S Velasquez	Individual	Support	Written Testimony Only

Comments:

it is important to support others in face of discrimination. We should help those being cut off from healthcare

**HB-2079-HD-2**

Submitted on: 2/27/2024 4:52:50 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Joe Wilson	Individual	Support	Written Testimony Only

Comments:

Support



**HB-2079-HD-2**

Submitted on: 2/27/2024 6:59:55 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kunane Dreier	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

1. this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Kunane Dreier

**HB-2079-HD-2**

Submitted on: 2/27/2024 7:13:22 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shanda Lewis	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

1. this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Shanda Lewis, Nurse Practitioner

**HB-2079-HD-2**

Submitted on: 2/27/2024 7:41:30 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
lisa lee	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

1. this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,  
Lisa Lee

**HB-2079-HD-2**

Submitted on: 2/27/2024 7:55:18 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Danielle Bergan	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

1. this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo

Danielle M. Bergan

Transgender woman and author of "It's Always Okay To Be Me, A journey to recovering lost hope"

**HB-2079-HD-2**

Submitted on: 2/27/2024 8:18:31 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tracy Hokama	Individual	Oppose	Written Testimony Only

Comments:

Oppose this bill. Gender, affirming care, especially among children under 18 is very harmful. Children are not capable of making this kind of decision until their brains are fully developed. People's feelings come and go, and A permanent decision should never be made while a child is still developing and could change their mind. We must protect our children and allow them to grow up to adulthood, and then allow them to make their own choice at that point.

**HB-2079-HD-2**

Submitted on: 2/27/2024 8:28:16 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lynette Honda	Individual	Oppose	Written Testimony Only

Comments:

**I am your voting constituent**

**OPPOSE with request to defer this session until it can be properly thought out, written & complete. AS WRITTEN:**

1. Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.
2. There are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.

**HB-2079-HD-2**

Submitted on: 2/27/2024 8:31:00 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Arielle Adenew	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

**I OPPOSE with request to defer this session until it can be properly thought out, written & complete. AS WRITTEN:**

1. Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.
2. There are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.

**HB-2079-HD-2**

Submitted on: 2/27/2024 8:32:12 AM

Testimony for JHA on 2/28/2024 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 Tarnas, Vice Chair Takayama, and the JHA Committee Members,

As a public health professional and concerned citizen, I am write in STRONG SUPPORT of HB2079 HD2.

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)



**HB-2079-HD-2**

Submitted on: 2/27/2024 9:03:35 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kim Coco Iwamoto	Individual	Support	Written Testimony Only

Comments:

I testify in strong support of HB2079 HD2, which 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 and clarifies jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

It is important to acknowledge that there are children born intersex, whom may or may not have sufficient hormone producing gonadal tissue that allows them to develop into any particular sex, let alone the particular gender they may each identify as. We need to ensure they and their team of physicians and health providers have full access to the breadth of medical treatments available to everyone else.

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:22:33 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Alissa Nelson	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child receiving gender-affirming care in our state.

First, this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Alissa Nelson, LMSW/MPH

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:50:27 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jolene Palijo	Individual	Support	Written Testimony Only

Comments:

Aloha all,

I am testifying in support of this bill.

Mahalo nui,

Jolene Palijo

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:54:26 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Barilyne Sakamoto	Individual	Oppose	Written Testimony Only

Comments:

1. Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.
2. There are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.  
Thank you, Barilyne Sakamoto

**HB-2079-HD-2**

Submitted on: 2/27/2024 11:13:25 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Devyn Rosenberg	Individual	Support	Written Testimony Only

Comments:

I support HB2079 and am a resident for over 23yrs and i personally have utilized and am currently gender affirming care here in maui and have in oahu of 2023 and i am a

(FTM) trans man at age 58-59

Aloha Chair Tarnas, Vice Chair Takayama, and committee members,

I am in **STRONG SUPPORT** of HB 2079. Making it easier for individuals to access gender affirming care is the compassionate choice to make. Protecting folks who receive or provide gender affirming care from other states' discriminatory laws is the just choice to make.

Please pass this bill,

Michael Paul

**HB-2079-HD-2**

Submitted on: 2/27/2024 11:51:49 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tiare Sua	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

1. this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Tiare Sua

**HB-2079-HD-2**

Submitted on: 2/27/2024 11:52:15 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Violet Fraser	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

First, this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Violet Fraser





**HB-2079-HD-2**

Submitted on: 2/27/2024 12:04:46 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Brent Love	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

First, this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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, especially because of the pandemic and climate related disasters, 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 Hawaii’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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Brent Love

**HB-2079-HD-2**

Submitted on: 2/27/2024 12:38:31 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rick Ramirez	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in support of HB2079.

This bill has protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from prosecution .

This bill would provide better access to gender-affirming care via telehealth than is currently available today. 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. While an inperson assessment is necessary, patients are able to establish care via telehealth.

For gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Rick Ramirez, DNP, APRN, AG-ACNP-BC, FNP-BC, ENP-C, CEN, CPEN

**HB-2079-HD-2**

Submitted on: 2/27/2024 1:00:24 PM

Testimony for JHA on 2/28/2024 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:

This is compassionate care. The state of Aloha should have no problem insuring it occurs.

Respectfully submitted,

Teri Heede

**HB-2079-HD-2**

Submitted on: 2/27/2024 1:03:15 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Terri Yoshinaga	Individual	Oppose	Written Testimony Only

Comments:

**OPPOSE with request to defer this session until it can be properly thought out, written & complete. AS WRITTEN:**

1. Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.
2. There are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.

**HB-2079-HD-2**

Submitted on: 2/27/2024 1:39:18 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rita Kama-Kimura	Individual	Oppose	Written Testimony Only

Comments:

**I can't believe this bill has gotten to this stage. How I wish more of us were aware of what you folks are trying to do to our young vulnerable children.**

**I ask you to please stop and think about this ... please do not pass this horrendous bill any further.**

**HB-2079-HD-2**

Submitted on: 2/27/2024 1:43:18 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Mana Shaw-Rodriguez	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

First, this bill would provide better access to gender-affirming care via telehealth than is currently available today. 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 Hawaii'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, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo,

Mana Shaw-Rodriguez

**HB-2079-HD-2**

Submitted on: 2/27/2024 1:49:26 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Erin Psillos	Individual	Oppose	Written Testimony Only

Comments:

Have you people lost your minds? How is this bill even on the table?? If you have any brain cells at all, do not pass this bill. If children are so capable of making these life altering decisions that cannot be undone, then why not let 8 year olds drive, or vote, or whatever they FEEL like doing?? Come on people!! Wake up!



**HB-2079-HD-2**

Submitted on: 2/27/2024 1:56:18 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Suzanne Young	Individual	Support	Written Testimony Only

Comments:

I am submitting this testimony on behalf of myself and my wife Tambry. Gender affirming health care is essential to allow people, especially young adults, to live their lives freely as who they are.

**HB-2079-HD-2**

Submitted on: 2/27/2024 2:04:07 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
SHIRLEY Y. KINOSHITA	Individual	Oppose	Written Testimony Only

Comments:

Opposition to HB2079 HD2:

Unscientifically, unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. The Pre-frontal brain cortex is also not fully developed in youth of intermediate and high school ages therefore the decisions that are made do not provide how their will impact them on levels of family life, relationships and of the future.

Shirley Kinoshita

**HB-2079-HD-2**

Submitted on: 2/27/2024 2:28:02 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ruben Ongos	Individual	Oppose	Written Testimony Only

Comments:

I STRONGLY OPPOSE THIS BILL!!!

I strongly oppose [HB2079 HD2](#) with request to defer this session until it can be properly thought out, written & complete. As written:

This bill is unscientifically written and unsound legislation. Across the nation & world, evidence is growing that "gender-affirming care" without adequate & supportive counseling is VERY dangerous. Dr. Riitakerttu Kaltiala, a Finnish adolescent psychiatrist has written extensively on the dangers of "gender-affirming care." The UK shut down the Tavistock Clinic in 2022 over "serious concerns" about improper treatment for young people. Hawaii will take (then have to take another) big step BACKWARDS, face possible litigation, & worst of all, seriously harm many fragile young people if this is passed.

In addition, there are no safety processes included & passage has great potential to cause irreparable harm to young people. This treatment is difficult if not impossible to reverse. Will likely cause even more young people to become suicidal. The brain does not fully develop until age 25. This bill seems to have been written by someone who does NOT have a medical degree.

**HB-2079-HD-2**

Submitted on: 2/27/2024 4:51:24 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rita Wong	Individual	Oppose	Written Testimony Only

Comments:

I absolutely OPPOSE HB2079

**HB-2079-HD-2**

Submitted on: 2/27/2024 5:19:16 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chuck Lee	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSE this bill. Govt has no business interfering with any child wanting to have any set altering procedures...it should be TOTALLY up to their respective PARENTS!!

MAHALO

**HB-2079-HD-2**

Submitted on: 2/27/2024 6:31:39 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Gene Lamkin	Individual	Oppose	Written Testimony Only

Comments:

This is an issue between the child and parent. The state has no legal right to interfere with family affairs.

**HB-2079-HD-2**

Submitted on: 2/27/2024 7:07:47 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Alice Abellanida	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill! I find it hard to believe that if your child was allowed to have life altering surgery without your consent, that you would be okay with that. This is a terrifying bill that strips away parental rights. Vote no on this horrible bill.



LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.



**HB-2079-HD-2**

Submitted on: 2/27/2024 8:12:04 PM

Testimony for JHA on 2/28/2024 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

**HB-2079-HD-2**

Submitted on: 2/27/2024 8:23:21 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Terry Murakami	Individual	Oppose	Written Testimony Only

Comments:

I oppose.

By encouraging this unscientific idea that people can simply decide what their gender is according how they feel and then allowing potentially harmful medical procedures will only burden our healthcare system even further.

Even worse, allowing children to have access to these types of procedures when they are not fully mature yet is absolutely terrible.

**HB-2079-HD-2**

Submitted on: 2/27/2024 8:27:02 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lynette Wijnveldt	Individual	Oppose	Written Testimony Only

Comments:

Legislators,

Please vote no on HB 2079

State should not take away parental rights in the care and raising of their children.

**HB-2079-HD-2**

Submitted on: 2/27/2024 9:24:33 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Brey Cadina	Individual	Oppose	Written Testimony Only

Comments:

In the state of Hawaii a minor cannot get a tattoo without parental consent. In the state of Hawaii a minor cannot get ears or any piercing without the consent of a parent.

Scientifically a humans mind isn't fully developed until we are in our mid-twenties. Some of the greatest developmental strides happen during adolescence. The limbic system, also known as the seat of our emotions, relates to emotional processing, learning, and memory and is still undergoing major change. Children do not have the developmental capacity to truly understand or to give an informed consent for such large life-long consequences.

Gender changing should only be allowed to be done to adults that can fully understand the servery of the process. A child's biology should not be messed with.

**HB-2079-HD-2**

Submitted on: 2/27/2024 9:41:59 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Bronson Teixeira	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I stand in strong opposition to hb2079. Allowing a child to decide their own gender when their brain isn't even fully developed is completely wrong and allowing a child to do this or any medical procedure without parental consent is just plain ridiculous. Please don't pass this bill.



**HB-2079-HD-2**

Submitted on: 2/27/2024 9:45:42 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Expedita Pasion	Individual	Oppose	Written Testimony Only

Comments:

I'm opposing HB2079HD2

**HB-2079-HD-2**

Submitted on: 2/27/2024 9:45:54 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lisa Shorba	Individual	Oppose	Written Testimony Only

Comments:

Please do not pass HB 2079.

**HB-2079-HD-2**

Submitted on: 2/27/2024 9:48:52 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Alfred Hagen	Individual	Oppose	Written Testimony Only

Comments:

Hello,

That there is even a bill of this kind is mind boggling. It's irresponsible, divisive and cynical. It's an affront to God and the natural order that He created. It divides parent and child and, therefore, is anti-family. And, the unsuspecting child who goes through the drugs and surgical alterations will suffer physically, emotionally and psychologically for the rest of their lives. There's plenty of literature and testimony available to show the terrible harm gender transformation causes. Bottom line is that regardless of what's done to change someone's gender, the boy will still be a boy and the girl will still be a girl.

To pass this bill will cause suffering and agony to young boys and girls and heartache among family members.

Your constituents have put their trust in you when they elected you, that you will make wise decisions for their well-being and the well-being of the community.

Please vote NO on HB2079 HB2.

Respectfully,

Alfred Hagen

**HB-2079-HD-2**

Submitted on: 2/27/2024 9:55:13 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Claudia Pokipala	Individual	Oppose	Written Testimony Only

Comments:

I am in strong opposition to this bill. Parental rights should never be taken away. Only a parent knows their child Best and has their best interest at heart. Gender, affirming drugs are not safe for children. Norh is the child mentally, emotionally, ready for those decisions to be made, and changes to be set upon them. We have recently seen a rash of sexual assault in middle schools. Our children continue to be indoctrinated and sexualized with this woke agenda. We are destroying our children by making this a priority in schools where they should be learning, developing their mind, and focusing on academia, not sexual preferences. So much attention is being placed on this that it is the main focus of children. Nowadays, these hormones are only hurting our children, sexualizing them, and making them more promiscuous . It will only worsen problems in schools. More sexual assaults will occur. More families broken. More confused young minds. Stop hurting our children and let the Parents parent.

**HB-2079-HD-2**

Submitted on: 2/27/2024 9:55:23 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lesha Mathes	Individual	Oppose	Written Testimony Only

Comments:

This bill is interfering with the rights of parents to protect their children. Parents live to protect their children. The government does not have rights to our children. The government needs to stay out of families, the government is overstepping their bounds with this bill. Quite frankly the government needs to keep their hands off of our children.

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:03:38 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Wayne Akana	Individual	Support	Written Testimony Only

Comments:

<p>Aloha House&nbsp;Members,</p> <p>My testimony is in support of HB2079. This Bill provides assistance to members of the Transgender community.&nbsp;</p> <p>Mahalo,</p> <p>Keola Akana</p> <p>&nbsp;</p>

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:23:19 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christopher Gouveia	Individual	Oppose	Written Testimony Only

Comments:

This bill will strip away parental rights should it go into law. Parents always have a say over what their kids should and should not do. Our keiki are not mature enough to be making life-altering decisions such as seeking "gender-affirming" care. This bill is dangerous to our keiki. Parents do NOT co-parent with the government. Government should back off from our keiki.

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:28:58 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rita Scanlan	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill



**HB-2079-HD-2**

Submitted on: 2/27/2024 10:32:05 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lleander Jung	Individual	Oppose	Written Testimony Only

Comments:

Parents of under 18 years old have complete rights to be informed by their children's schools regarding decision making pertaining to their children's minds, bodies and emotional development whether they are in agreement or disagreement between parents and children.

Schools have no rights to censor what parents know in terms of grades, pregnancy, drugs, gender affirming surgeries or choices of gender or behavior.

Children naturally as they grow would like to make more of their own decisions and need to learn how to support their stances but not by hiding. If schools usurp the rights of parents to know and decide on select issues ( like gender, abortion, contraception, ) then they should also allow children to carry hidden weapons like guns and knives or to smoke or take mind altering drugs.

If schools inform parents when their children are sick and need over the counter pain killers, then they are incongruous in how they decide selective issues as mentioned above and have taken away rights of parents by superseding parental authority.

This bill is playing fire with children's lives. For instance, Do parents have the right to sue the school should a gender affirming procedure or drug have serious side effects thus maiming the child for life? ?

Why not just have parents be informed, sign consent or not proceed should parents refuse to sign . Children need to accept no until they are officially 18 to decide for themselves.

By refusing to inform parents because the school authorities fear their wrath is to take over parental rights. But schools will not take over the responsibilities should anything go wrong but advice the parent to withdraw their children from attending their school.

Covid 19 mass vaccination have caused so much harm and side effects how much more mutilation of bodies by introducing drugs which do not have a history of scientific evidence of success?

We oppose this bill and firmly request it does not pass nor see legislative approval as a new law. HB2079 bill must die.

Putting a ridiculous date of coming into effect as year 3000 is to open hidden doors of approving this bill.

**HB-2079-HD-2**

Submitted on: 2/27/2024 10:49:16 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dr. April Foster	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. We stand for protection of the children. As a society we have agreed that we have age limits for certain things based on the developmental stage of the child or adolescent. We agree as a society that we do not let 5 year olds drive a car because they don't have the mental capacity to understand the act of driving in full. We do not let 14 year olds drink alcohol because we agree that they lack the ability to make the best choices at that developmental stage. We need to protect children and each stage of development. Allowing children to make choices around gender and then promote medications to physically alter their development while they are still in development is harmful. Allow the child to grow and mature. When they are an adult with a mature mind and body then they can make a choice based on a fully developed mind.

**HB-2079-HD-2**

Submitted on: 2/27/2024 11:01:01 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sierra Palpallatoc	Individual	Oppose	Written Testimony Only

Comments:

Children do NOT have the mental capacity to make these decisions for themselves, as adults you all know this! Yet, you have the audacity to try to tell us that our children can inject themselves with the same hormonal treatments we give pedophiles in prison?!

Detransitioners are on the rise, these "medical treatments" are leaving children mutilated, sterile, and in worst health than they were before. In the end majority realize they were just happy being a gay male or lesbian female.

What this is doing is taking children who may grow up to just be gay and trying to "un-gay" them in a twisted way. This is literally gay conversion therapy with extra steps.

John Money and Alfred Kinsey are the men responsible for the gender ideology we see today, and I implore you all to look into what these men have done in the name of "research".

With that being said, My children, are MY CHILDREN and The government has no place telling me how to raise my them. You can't even run a state properly, let alone an entire country; so don't tell me how to parent my children.

**HB-2079-HD-2**

Submitted on: 2/27/2024 11:29:20 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chase Cavitt	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to this bill. I am a father and as I was growing up I was grateful to have parents who would ensure my health as my guardians. Taking a boy who is confused or a girl who is confused and allowing them to pretend they are anything but what they truly are medically is a sick and disgusting game being played by a godless and sick society. I am not one to hate or diminish another's way of life and care for all involved in this confusion but I do not subscribe to the belief that they are better off by mutilation and changing their organs to fit their mental state. This is something that should be decided as an adult and not something a child should have the right to make decisions on. If this is something so important for their health then why has humanity made it this far until this became something necessary? I am simply opposed to children getting life altering medications and procedures without consent of a responsible parent. Puberty blockers are not just a simple medicine that can easily be reversed. Men who took these at a younger age have been proven to live lives without, sorry to be clear cut and without a lack of better verbiage, an orgasm. This inability to feel true physical pleasure sexually as an adult is one simple result of that decision at a young age. Adults can make much more educated decisions and it doesn't affect society in the same way when adults make these choices for themselves. I am 100% opposed and will not comply with anything forcing this type of treatment upon my family. I hope you understand the consequences of this type of bill. You will actively ruin lives and not save them. The suicide rate of confused children is not lowered by this dogma but misleading studies will try to say that. Please do not destroy the fabric of this nation by projecting sick ideologies upon the people. Please vote NO on HB2079

**HB-2079-HD-2**

Submitted on: 2/28/2024 2:06:31 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kellsey Kelley	Individual	Oppose	Written Testimony Only

Comments:

I feel that this bill is over reaching parental rights of those who have children attending public schools. It shouldn't be a concern of the school to teach children about sexuality and gender ideology to confuse children of their birth gender. Allowing the state to remove A child from a parents home based on a parents refusal to "affirm their child's gender" basically gives the state authority for a child to be stolen from their homes, and mutilated by having them take harmful medication and have irreversible surgeries that may affect their overall health in the long term, while trying to satisfy their temporary feelings of wanting to pretend to be some gender that they are not.. this is sick and every parent should be concerned with the passing of this bill..

Mahalo.

**HB-2079-HD-2**

Submitted on: 2/28/2024 4:18:30 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nikki-Ann Yee	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Takayama, and members of the committee.

I am writing in strong support of HB2079.

This bill contains several important provisions and protections that will serve to advance access to gender-affirming care in Hawaii, as well as protect individuals who receive or deliver gender-affirming care in Hawaii from malicious prosecution or potentially separating a child from their parent(s)/guardian(s) due to a child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections, and I urge you to pass this legislation.

Mahalo for the opportunity to testify.

**HB-2079-HD-2**

Submitted on: 2/28/2024 5:25:32 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Roxanne Bell	Individual	Oppose	Written Testimony Only

Comments:

Fourteen year olds and above should not decide on such an outrageous and life changing surgery or to be able take hormones. Their young bodies are still developing, to allow them to have the right to do this to their body will ONLY cause harm to their physical development, not to mention their mental state.

How can this Bill even come this far? Parents who take their child to the doctors for simple procedures or even dental procedures have to sign a consent if they're under 18 years old. It is your job to ensure your constituents are safe and healthy to the best of your ability. Please, please DO NOT pass this bill.



**HB-2079-HD-2**

Submitted on: 2/28/2024 5:36:46 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kaiulani Bowers	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this Bill as it violates our God given rights as parents. It is NOT up to Hawaii's government to decide how to raise our children, it is up to the child's parents solely how. The government should have no say as it is not the government's job nor is it the school or the teachers.

**HB-2079-HD-2**

Submitted on: 2/28/2024 6:52:42 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Joelle Seashell	Individual	Oppose	Written Testimony Only

Comments:

This bill is pure evil. The government has no right to interject and participate in regulation of decisions that should be left only to the parents. There are 2 genders, Male and female.

**HB-2079-HD-2**

Submitted on: 2/28/2024 7:28:08 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Richard Domingo	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE HB2079.

Kids dont know any better. Their brains are under developed and very malleable. Thats why Parents and/or adults make decisions for them. Not all adults deserve to be mentors but this is very dangerous and puts kids at risk. This shouldnt even be a discussion. NO to this bill

**HB-2079-HD-2**

Submitted on: 2/28/2024 7:44:22 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Catherine Thyne	Individual	Oppose	Written Testimony Only

Comments:

OPPOSE

Leave the Children alone. We are responsible for our Children's life's not the Government!

**HB-2079-HD-2**

Submitted on: 2/28/2024 7:52:56 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Justin DeGuzman	Individual	Oppose	Written Testimony Only

Comments:

I whole heartedly oppose sb2079, you are not responsible for any child but your own! You do not have the right to decide what my child, a doctor, or anyone should inform me of their healthcare. If ky child does something before the age of becoming an adult i am responsible for them and their actions. This is a slap in the face to all parents, the government does not care about a childs well being because if they did them other things would be more important for their mental health and safety. You do not have the right in my child or any child in Hawaii that is not yours. Stop wasting time and tax money on this stupid idea of control. The mass population of this state would rather you do something about drugs, homelessness, mental illness, and our school system. You cant even do that so stop trying to step into something that you know is wrong

**HB-2079-HD-2**

Submitted on: 2/28/2024 8:51:03 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Crystal Germano	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

My name is Crystal Germano and I live on the 'Ewa plains. I am born and raised on O'ahu and I love my community and state. I've never written testimony regarding personal input on a bill (aside from work), but after hearing about this one, I am starting today.

I and my 'ohana are highly concerned about HB2079 and asking if you could vote NO on this bill. This is the reason why this bill is a danger to the community and the state:

HB2079, from what we understand, allows for teenagers to transition their gender at 14-17 years of age without parental consent. I have three teenagers at home and I serve in my community as a paddling coach for teenagers. As someone who spends so much of my time with teens, this is NOT a bill that serves our community, but rather undermines it. Our family loves kids (kids includes teens). We have been coaches, team parents, etc. in the community for years. Children are SPECIAL, unique, and beautiful just the way they are. This bill makes them think that they are not special just the way they were born; therefore, they can physically and harshly change themselves, or feel like they have to have a conversation about physical change. No teen should feel that they have to make a medical aesthetic change when their body functions fine and is beautiful just as it is.

The decision to transition their gender is a life altering decision. There could be medical repercussions for a growing body. Some young women at the age of 14 didn't even start their menstrual cycle, yet the legislation would allow them to make a huge medical change.

For example, aesthetic changes like getting a tattoo under 18 can be regrettable. I know this because I have friends who got tattoos as teenagers who regret it. Can you imagine going through a huge medical procedure and how it would affect them mentally?

It is not a good decision to vote this bill through. Please consider serving us parents, coaches, teachers, and people who work with teens and want to protect our kids. Thank you for reading my testimony.

God bless and Mahalo nui,

Crystal Germano

**HB-2079-HD-2**

Submitted on: 2/28/2024 8:52:31 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
R. L. Souza	Individual	Oppose	Written Testimony Only

Comments:

If any member of this committee would care to explain why a public school nurse is prohibited from giving my child so much as a Tylenol, but that it is somehow perfectly fine to craft legislation that permits the government to "legally kidnap" my child and administer radical, gender-altering prescription medication without my consent, I'm all ears.

I do not co-parent with the government, and the audacity of lawmakers who don't even know my child's name to suggest that they are capable of loving, caring for and nurturing my own child better than I is so far beyond mind-bending.



**HB-2079-HD-2**

Submitted on: 2/28/2024 9:22:15 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Loree Jean Searcy	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB2079.

Anyone less than 21 years old is not emotionally able to make any decisions regarding their sexual orientation or sexual preference.

These drugs are not safe nor healthy for anyone!

I oppose!

**HB-2079-HD-2**

Submitted on: 2/28/2024 9:52:38 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Peggy Regentine	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB2079. Children are too immature to understand the repercussions of changing their sex as a child. Let them grow up first and then make these life-altering decisions.

**HB-2079-HD-2**

Submitted on: 2/28/2024 10:06:29 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Wendy Nguyen	Individual	Oppose	Written Testimony Only

Comments:

I vehemently oppose this bill! Anyone that gives a minor the power to make decisions that will permanently effect their health and their life secretly, behind the backs of their parents/guardians is wrong, NOT PONO! Those who support this bill should be ashamed of themselves!

**HB-2079-HD-2**

Submitted on: 2/28/2024 10:32:51 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Wendy E. Balidoy	Individual	Oppose	Written Testimony Only

Comments:

I am strongly opposing this ridiculous bill!! For all who are voting for this, YOU are affecting the lives of innocent children who have no business (without their parental consent) in making these long term decisions and their minds cannot comprehend the extent of what they could allow others to do to them and their future. I have watched live testimony in Courtrooms across America of those who have been permanently disfigured or are enduring pain for years due to decisions made by them, when they were too young to understand. They are living with regret of being coerced by those that they had placed their trust in, (not knowing the real agenda) YOU who are for and have introduced this bill are needing to vote with the "sane" majority of whom you are being paid to "represent" ( WE THE PEOPLE) YOU all have a conscience and I PRAY that you find your truth in righteousness NOT the \$\$\$ to do evil, and Yes, it is evil to allow this "insane" bill to even be considered?! Do the right thing as a public servant for which you have been called to represent. And never forget who you will be held accountable to. God is in control and He has allowed you to take up the position you are in... Pray and know truth. God bless you all for taking the time to read this. Mahalo Wendy

**HB-2079-HD-2**

Submitted on: 2/28/2024 10:58:37 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
CHESTER LUM	Individual	Oppose	Written Testimony Only

Comments:

Thank you for allowing me to submit testimony opposing this bill.

Both parents of the child should agree on the care of the child and not one of the parents of the child. The State should not convene in parental affairs if the child is not being physically abused.

HB2079 should be withdrawn.

Once again, thank you for allowing me to submit testimony opposing this bill.

**HB-2079-HD-2**

Submitted on: 2/28/2024 11:07:56 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shannon Heaven	Individual	Oppose	Written Testimony Only

Comments:

The only people that have a right to determine type of care for a child is his/her parent or guardian. In the recent years transgenderism has skyrocketed in popularity and has been driven by the media. It is a mental health issue that should not be dealt with by allowing underage children to make life altering decisions. We don't even allow children under the age of 16 to get their ears pierced without parental consent. The state will also open themselves up to many lawsuits down the road by allowing and encouraging gender transformation at such a young age. Story after story is coming out with now adults de transitioning and realizing that a young age they made an impulsive decision that cannot be reversed. These young people are going to come back and sue the state and the schools for pushing an agenda onto a vulnerable child. Leave parenting to the parents.

**HB-2079-HD-2**

Submitted on: 2/28/2024 11:30:03 AM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Thelma Lincuna Madriaga	Individual	Oppose	Written Testimony Only

Comments:

My name is Thelma Lincuna Madriaga. With humility, I write to you today to express my deep concern regarding HB 2079, particularly section 2.

I have been a public high school educator for nearly 15 years. I have witnessed, first-hand, the behaviors and culture of our youth. As an English teacher, I have the privilege to hear and read students' honest thoughts and feelings on topics ranging from homework effectiveness to gender ideology. I will profess with great certainty that based on my experiences with teens in Hawai'i, that they are influenced to THINK, FEEL, and even, ADVOCATE issues that are wholly biased and unreasonable. At their levels of critical thinking and maturity, they should NOT be able to impact their physiological AND their parental status.

Should this bill pass as it is, a youth dealing with emotional or mental distress will have the power in their words to have their families torn apart - merely by suggesting that their parents are not aligned with their gender identity or sexual preference! I have had students in their freshman year tell me they were gay, then in sophomore year disclose that they were actually bi-sexual, then in junior/senior year discover that they, in fact, are transgender, then appear in my Instagram, as adults, returned to their natural biological self.

I have even had students do the opposite; former students would approach me as adults, unrecognizable to me, and inform me who they once were when they were a cis-gendered male/female sitting in my sophomore English class.

Teenagers are developmentally inclined to question their identity in this phase of their lives! They are developmentally exposed to high pressure, high anxiety, high self-esteem issues during this stage of their life! They are simply doing what they need to experience: how to deal with external and internal conflict and how to move forward considering multiple perspectives and outcomes.

What I learned from this is that:

1)All families are different. We need to allow parents the inherently "parental" right to raise their children with their best intentions. Some will agree with their parents, some will disagree with their parents... As is all ideologies in this world. People agree- people disagree.

2) Allow youth to reach the level of maturity of mind, body, and emotional intelligence to make such life-altering decisions.

3) Children need their parents.

As a parent, I feel it imperative that we allow PARENTS, not the government or any other third party to determine the way to raise my child. Please allow the parents of Hawai'i to retain control of our children's welfare. Our social system is already riddled with many obstacles. This bill will add yet another responsibility on our tax payers in its execution and oversight.

Yes, people should be able to receive gender-affirming care should they medically require it. But let our children mature before they can make that decision, and finally, I beg you...let parents parent.

God bless each member of this committed council, our diligent community members, and the keiki that will become our future leaders.

Ms. Thelma Lincuna Madriaga



**HB-2079-HD-2**

Submitted on: 2/28/2024 12:07:54 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Elizabeth Diamond	Individual	Oppose	Written Testimony Only

Comments:

I very strongly oppose Bill 2079.

**HB-2079-HD-2**

Submitted on: 2/28/2024 12:09:44 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Gary Ngo	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSE this Bill 2079.

**HB-2079-HD-2**

Submitted on: 2/28/2024 12:17:04 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tryslynn Jones	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I strongly oppose this Bill. This kind of medical decisions and life altering event should NOT be made by a child or the Government. In fact, this thought, idea, agenda should not be put into a child's mind in the first place. Kids should be focusing on math, reading, and writing. And learn how to be polite and kind and helpful citizens to our communities, to our country, to our island. There are many studies that show high suicide rates among those in the gender affirming and letter name communities.

Mahalo, Concerned Citizen and Mother

**HB-2079-HD-2**

Submitted on: 2/28/2024 12:30:54 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Karyn Hopper	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB 2079 as it gives government oversight rather than parent oversight of our children. The government must refrain from administering harmful life-altering drugs and procedures to our children.

**HB-2079-HD-2**

Submitted on: 2/28/2024 1:22:12 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Banner Fanene	Individual	Oppose	Written Testimony Only

Comments:

STRONGLY OPPOSE HB2079 in all its forms.

**HB-2079-HD-2**

Submitted on: 2/28/2024 2:06:07 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Savannah Adler	Individual	Oppose	In Person

Comments:

I strongly oppose HB2079 HD2

**HB-2079-HD-2**

Submitted on: 2/28/2024 2:43:03 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Shawna Masuda	Individual	Oppose	Written Testimony Only

Comments:

**I STRONGLY OPPOSE HB2079!** "Gender Affirming Care" should be only available to adults - NEVER CHILDREN/MINORS. I have 3 little girls and 1 more on the way. I DO NOT support the woke agenda, gender affirming care for minors, and making our world an even more crazy place for our children and their children. We need to truly protect our future. Protect our rights as parents. *Again, I COMPLETELY OPPOSE HB2079.*

**HB-2079-HD-2**

Submitted on: 2/28/2024 2:43:04 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joanna Wheeler	Individual	Oppose	Written Testimony Only

Comments:

Dear Sirs:

This is an ATROCIOUS bill. An assault on the families that have the right to take care of their children as they see fit. This bill is pushing an agenda that is harming children. Chemically and./or physically castrating children is a cruelty that will be looked at with horror in the future. Thousands and thousands of detransitioners are exposing this barbaric practice.

IRREVERSABLE DAMAGE is what this mix of hormones, surgery and/or psycotropics are causing. It is an experiment. If adults want to do this is up to them but minors are for their parents to watch over. They are legally unable to consent and this is about changing the law to make it OK for them to make this kind of decisions. The brain is still developing at that point and that is why a minor can't drive a car, a plane, get a tattoo, drink ,you name it. In what reality is it OK to allow them to put chemicals in their bodies ? Let children be children. Protect the sacred family bond between family and child so you can protect Hawaiian society.

DETRANSTIONERS who realize the mistake they have made are treated like a used cardigan by the many money making non profits pushing this agenda. They lie to us saying that unless they transition they will kill themselves. This is a LIE. Lots of money to be made by making these kids eternal patients. Most surgeries cause complications, more PROFITS for the pharmaceuticals and the institution profiting of these confused youth.

Please read the book IRREVERSIBLE DAMAGE. This woman is a Democrat journalist exposing the tragic results of the experiment on children.

Whistler blowers are exposing these as the money making scam it is. The children in the middle of it are the innocent victims to the greedy corporations behind this push to manipulate kid's bodies. <https://www.youtube.com/watch?v=1k9ZKlxFBQE>

These monstrous scheme is about sterilizing children <https://www.youtube.com/watch?v=QdTXtaxivx4>

They are harming children <https://www.youtube.com/watch?v=1k9ZKlxFBQE>



The people introducing these bill for political gain need to do a deep soul searching. Boundaries. You don't get to take kids away from their loving families for not accepting your indoctrination and social experiments.

Sincerely,

Joanna Wheeler

Mother

Registered Voter

**HB-2079-HD-2**

Submitted on: 2/28/2024 2:47:40 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patrick Watson	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I strongly oppose this HB2079 allowing state and ultimately federal agencies to dictate to parents or children that children/minors have the right to decide sexual directions and the fate of their future.

**HB-2079-HD-2**

Submitted on: 2/28/2024 2:59:07 PM

Testimony for JHA on 2/28/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kim Cordery	Individual	Oppose	Written Testimony Only

Comments:

I appose this bill bc this violates the rights of the parents. The government doesn't own our keiki!  
This is unconstitutional!