



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

March 16, 2017

TO: The Honorable Representative Della Au Belatti, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 503 SD 2 - RELATING TO HUMAN SERVICES**

Hearing: March 16, 2017, 8:30 a.m.
Conference Room 329, State Capitol

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

PURPOSE: The purpose of the bill is to improve mental health service availability for victims of sexual violence who suffer from mental illness. The Senate Committee on Ways and Means (WAM) noted in its committee report the requirement of section 23-51, Hawaii Revised Statutes, which requires a concurrent resolution that requests the Auditor to prepare and submit to the Legislature a report that assesses both the social and financial effects of the proposed mandated coverage. WAM also noted that the Legislature needs to adopt such a resolution. WAM amended the measure by defecting the effective date.

DHS recognizes the deep trauma that victims of sexual violence can experience, and the need for access to mental health treatment including potentially case management services. Medicaid provides case management services for narrow targeted populations, although not explicitly for victims of sexual violence.

We would like to clarify in response to the Committee on Commerce, Consumer Protection, and Health's Standing Committee Report 163 that states that there is no need to seek an 1115 amendment and federal approval. To clarify, it will be necessary to amend the

1115 waiver to expand to this targeted population in order to obtain federal Medicaid matching dollars. Without the 1115 amendment and approval from CMS, DHS Med-QUEST Division (MQD) and the Medicaid contracted health plans would provide the services outlined in the bill using general funds only. Thus, an appropriation would likely be needed.

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

Thank you for the opportunity to testify on this bill.



DAVID Y. IGE
GOVERNOR
SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Thursday, March 16, 2017
8:30 a.m.

**TESTIMONY ON SENATE BILL NO. 503, S.D. 2 – RELATING TO VICTIMS OF
SEXUAL VIOLENCE**

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

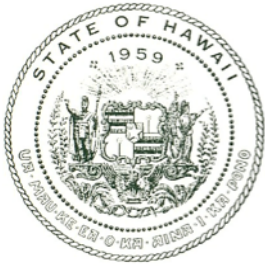
My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department submits the following comments.

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

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

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

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March 16, 2017

To: Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health

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

Re: Testimony in Support, SB 503, SD2, Relating To Victims of Sexual
Violence

Thank you for this opportunity to testify in support of SB 503, SD2, which would require insurers to cover complex case management services for survivors of sexual violence. Some insurers do cover *limited* case management and mental health services for patients but do not currently cover comprehensive case management. It is the Commission's understanding that providing more robust coverage for case management services would not be considered a "new mandate" warranting a social and financial audit investigation. As such, the Commission supports the passage of SB 503, SD2 and does not support an audit in the interim (as indicated by HRS 23-51). The Commission, however, further requests that lines 12-14 on page 7 be deleted. Specifically, "The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used." Sexual assault survivors should not have to re-disclose trauma to complete strangers simply because the service can be contracted out for lower expense.

Trauma from sexual violence can leave lasting and significant impacts on the mental health of survivors. Survivors with mental health conditions can require complex case management, wherein licensed mental health providers assist with linking patients with other service providers and other systems which may be difficult to navigate. Case management by mental health providers is a best practice that is medically necessary for some survivors to recover and heal. Thank you for this opportunity to testify in strong support with requested amendments.

LATE

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

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KEITH M. KANESHIRO
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CHRISTOPHER D.W. YOUNG
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH
Twenty-Ninth State Legislature
Regular Session of 2017
State of Hawai`i**

March 16, 2017

RE: S.B. 503, S.D. 2; RELATING TO VICTIMS OF SEXUAL VIOLENCE.

Chair Belatti, Vice-Chair Kobayashi, and members of the House Committee on Health, the Department of the Prosecuting Attorney of the City and County of Honolulu submits the following testimony in support of S.B. 503, S.D. 2. The purpose of S.B. 503, S.D. 2, is to require health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence.

Trauma from sexual violence can have significant, lasting impacts on mental health that interfere with a survivor's functional ability to engage and interact with the world. In addition to psychotherapy, survivors with mental health conditions caused in whole or in part by the violence can require case management services, a professional intervention where a survivor's mental health provider helps the patient to link to and coordinate with other service providers, systems, programs and entitlements. There are currently only a limited number of services providers who are able to handle these types of cases, and they are often not covered by health insurance.

Requiring insurance coverage for case management in these situations will ensure that more survivors receive this type of coordinated, multi-disciplinary care that is considered medically necessary for some survivors to recover and heal. Not only will this provide them the best chance of avoiding future harm or decompensation, but in doing so, it also provides an efficient means of minimizing the chances of needing more costly interventions later on.

For the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu supports the passage of S.B. 503, S.D. 2. Thank you for the opportunity to testify on this matter.

kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 12:21 PM
To: HLTtestimony
Cc: laurie.field@ppvnh.org
Subject: *Submitted testimony for SB503 on Mar 16, 2017 08:30AM*

SB503

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

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

Comments:

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

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Hawai'i Psychological Association

For a Healthy Hawai'i

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www.hawaiipsychology.org

Phone: (808) 521-8995

Committee On Health Representative Della Belatti, Chair Representative Bertrand Kobayashi, Vice Chair

Testimony in Support of SB503 SD2

Thursday, March 16, 2017, 8:30 am, Room 329

The Hawai'i Psychological Association (HPA) strongly supports SB503 SD2, which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence.

The prevalence of sexual violence is higher than heart disease, stroke, and the other leading health concerns in the U.S. According to research, over 43% of women and over 23% of men have experienced some form of sexual violence during their lifetimes. An additional almost 20% of American women and almost 2% of men are survivors of rape.

Trauma from sexual violence often produces profound, long-term mental health symptoms that interfere with the survivor's interpersonal, vocational, and personal functioning. Interference with vocational functioning and the need for medical and psychological care also entail a material cost to the state of Hawai'i's health care system and economy. These costs can be reduced by coordinating assessment and treatment in the most efficacious and cost-effective manner, which requires case management. Case management is especially important for survivors of sexual trauma because functional impairments specifically due to trauma make it difficult if not impossible for them to advocate for their needs, research the services available to them, and arrange for their own treatment.

Case management extends beyond psychotherapy. It involves communication and coordination of services between different service providers and systems. These often include the primary care physicians, pediatricians, gynecologists and other medical specialists, child welfare services, the school system, psychotherapists, employers, social security administrators, TRICARE, private insurance companies, women's shelters, and targeted service agencies like the Sex Abuse Treatment Center.

Case managed, coordinated early intervention can prevent the extensive deterioration of functioning that might otherwise lead to inpatient hospitalization and additional costly interventions.

Despite documented benefit to sexual violence survivors and cost savings to the health care system and economy, health insurers do not routinely reimburse care providers to provide case management services. The absence of reimbursement is a barrier to care. It is a potent disincentive for care providers to treat survivors of sexual violence whose care is likely to be complex and involve coordination with multiple systems and professionals. Consequently, sexual violence survivors are often underserved, receiving less coordinated care than is necessary to adequately address their needs, or no treatment at all.

SB503 SD2 is specifically written to remove this barrier to care by requiring health insurance reimbursement for mental health providers who provide much needed case management services.

The Hawai'i Psychological Association sees SB503 SD2 as foundational to the provision of appropriate and necessary treatment for survivors of sexual violence, and strongly urges that you support its passage.

Thank you for this opportunity to offer testimony in support of SB503 SD2.

Respectfully submitted,

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

eliminating racism
empowering women

ywca

O'ahu

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ywcaoahu.org

To: Hawaii State House Committee on Health
Hearing Date/Time: Thursday, March 16, 2017, 8:30AM
Place: Hawaii State Capitol, Rm. 329

Position Statement in Support of Senate Bill 503 S.D 2

Good morning Chair Belatti, Vice Chair Kobayashi, and members of the House Committee on Health. On behalf of YWCA O'ahu we thank you for the opportunity to share our testimony in strong support of SB 503, which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence

The YWCA O'ahu manages the women's work furlough program for the state. Trauma, including sexual violence, leads the path to incarceration for many women. Without treatment, the issues from the violence plague the person and can manifest in unhealthy and dangerous ways. However, with treatment the person is better able to lead a productive, normal life.

An integral part of treatment is the support of a skilled mental health case manager. The case manager assists the person in recovery and healing by communicating and coordinating with systems, programs, and people. Although this seems a simple task, the stress it brings can be overwhelming and can cause additional harm to the survivors when attempted on their own. Unfortunately, case management for survivors of sexual violence is not routinely covered by health insurers, which causes some mental health providers to decline to accept cases that could be complex and require substantial unreimbursed services, or to provide a lower level of service than may be needed to appropriately address a survivor's condition. This bill would ensure health insurance coverage for mental health services includes case management.

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

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

Kathleen Algire
Advocacy Coordinator

YWCA IS ON A MISSION



TO: Chair Belatti, Vice Chair Kobayashi, and Members of the House Committee on Health
FROM: Ryan Kusumoto, President & CEO of Parents And Children Together (PACT)
DATE/LOCATION: Thursday, March 16, 2017; 8:30 a.m., Conference Room 329

RE: TESTIMONY IN SUPPORT OF SB 503 SD2 – RELATING TO VICTIMS OF SEXUAL VIOLENCE

I strongly urge you to support SB503 SD2 – Relating to Victims of Sexual Violence. We support this bill which would require health insurance coverage for case management services by licensed mental health providers to victims of sexual violence. Case management provides comprehensive support to victims and their families. Case management is the important conduit for navigating the services and support that is needed as a result of a traumatic experience. Case managers fill in the gaps in knowledge and provide support on a timely basis for victims. This facilitates the healing process and can save the victim from further impacts and unnecessary costs.

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

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

Thank you for the opportunity to testify in **strong support of SB 503 SD2**, please contact me at (808) 847-3285 or rkusumoto@pacthawaii.org if you have any questions.



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joyfulheartfoundation.org

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Chief Executive Officer

March 15, 2017

TO: Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Esteemed Members of the House Committee on Health

FROM: Maile Zambuto
Chief Executive Officer
Joyful Heart Foundation

RE: Testimony in Support, Senate Bill 503, An Act Relating to Victims of Sexual Violence

Thank you for this opportunity to submit testimony in support of Senate Bill 503. This bill would require critical mental health services to be covered for all Hawai'i survivors of sexual violence and abuse. We strongly support that this bill be amended to include a Part II, specifically establishing a Survivor's Right to Notice, adding language from Section 2 of Senate Bill 506/House Bill 668.

I submit this testimony on behalf of the Joyful Heart Foundation, which was founded in Kailua-Kona in 2004, and has since expanded across the country in service of our mission to transform society's response to sexual assault, domestic violence, and child abuse, support survivors' healing, and end this violence forever. We work directly with survivors, stakeholders, and jurisdictions to achieve this goal.

In Hawai'i, the stakes for our local community could not be higher: one in seven women have been raped. In the immediate aftermath of a sexual assault, a victim may choose to undergo a medical forensic examination to collect evidence left behind. A doctor or nurse will conduct the four-to-six-hour examination and will preserve this evidence in a rape kit.

Most survivors, after leaving the hospital, are never contacted about the status of their rape kits. In 2016, Joyful Heart released [Navigating Notification](#), the result of a 3-year research project studying best practices for victim notification and re-engagement. In partnership with researcher Dr. Courtney Ahrens of California State University at Long Beach, we brought together the voices of more than 90 survivors and criminal justice, medical, academic, and advocacy professionals to establish survivor-centered, trauma-informed policies and protocols for victim notification.

One of the key findings of our research was that having access to information and being informed about the status of their cases is critical to survivors' healing. The survivors in our study strongly asserted that information about their cases "belongs" to them. Survivors deserve all the information they need to determine their own involvement in the medical, legal, and healing processes.

Hawai'i has a long history of working to end sexual assault and support survivors on their journey to healing. Joyful Heart is honored to work alongside community stakeholders in this effort. This year, we supported S.B. 506, which would establish rights to information for survivors of sexual assault, so that survivors can remain informed of the location and status of their rape kits. These rights are important to survivors and can aid in the healing process. We urge the Committee to add a Survivor's Right to Notice provision as Part II to S.B. 503. Specifically, we propose the addition of language from Section 2 of S.B. 506.

S.B. 503 will ensure access to critical mental health care for sexual assault survivors. Survivors of sexual violence may experience symptoms of anxiety, post-traumatic stress disorder (PTSD), and depression, and we must do all we can ensure the appropriate mental health services are accessible for all survivors. S.B. 503 would require all health insurance policies issued in Hawai'i to cover case management services for victims of sexual violence and abuse. Clinical case management services are required for the treatment of complex mental health cases; however, these services are not typically covered by health insurance. These unreimbursed charges may limit survivors' access to mental health providers. S.B. 503 is commendable legislation that is essential for many survivors seeking mental health services throughout the state.

Adding a Survivor's Right to Notice would only strengthen this bill. This provision would grant survivors key rights to ensure that they have access to information about the status of their cases and of their kits, including the right to remain informed of testing status and results, and the right to be notified in advance of planned kit destruction. These rights ensure that all sexual assault survivors can make decisions and obtain information about their cases. By enacting a Survivor's Right to Notice, Hawai'i would join the growing list of states that recognize the importance of affording sexual assault survivors these vital rights.

We are heartened by the leadership of the Women's Legislative Caucus and the House Committee on Health for raising this bill for consideration today. **We encourage the committee to add a Survivor's Right to Notice to S.B. 503. This language would enhance the bill's goal of providing a path to healing and justice for all survivors in Hawai'i.**



An Independent Licensee of the Blue Cross and Blue Shield Association

March 16, 2017

The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

Re: SB 503, SD2 – Relating to Victims of Sexual Violence

Dear Chair Belatti, Vice Chair Kobayashi, and Committee Members:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 503, SD2 requiring health insurance coverage for cases management services by licensed mental health providers for victims of sexual violence. HMSA appreciates the intent of SB 503, SD2 and offers the following comments.

The intent of this measure fits with HMSA's broader goal of providing an integrated and coordinated care experience for our members. While we believe that this bill may be unnecessary as there is no distinction made when a member has a mental health issue in regards to the suspected cause or reason for the condition, we do understand that victims of sexual violence have particular case management needs that deserve specific consideration.

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

- SB 503, SD2 may require plans to expand the provider types that are currently credentialed to deliver additional case management services to members. We believe that HMSA's existing case management services would likely meet the intent of this measure, however, as currently drafted could expand benefits beyond what plans currently offer. To this point we would note the previous Committee's recommendation (SSCR754) that an Auditor's report be prepared in order to assess the social and financial effects of the proposed measure.
- Section 2, consider including a definition for licensed mental health provider.
- Section 2, line 10, as written reads: "Case management" includes but is not limited to: The Committee may want to consider amending the bill to remove "but is not limited to" in order to provide greater clarity as to what would be required of the case management services system. We would also note that this Bill, and several others that are before the Legislature, address case management services; we believe that future Committees may want to consider adopting a uniform definition of case management that aligns with national standards (for example, Case Management Society of America or Commissions for Case Manager Certification).



An Independent Licensee of the Blue Cross and Blue Shield Association

- Consider amending Section 7 of the bill to change the effective date to apply to all policies, contracts, plans, or agreements issued or renewed in the State after January 1, 2018; this will ensure that that plans and providers have suitable time to implement and operationalize any proposed changes.

Thank you for allowing us to provide these comments on SB 503, SD2.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Oto". The signature is written in a cursive, flowing style.

Mark K. Oto
Director, Government Relations.



Date: March 15, 2017

To: The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Senate Committee on Ways and Means

From: NASW Hawai'i Chapter

RE: Testimony in Support of S.B. 503 S.D. 2 Relating to Victims of Sexual Violence

Chair Au Belatti, Vice Chair Kobayashi, and members of the House Committee on Health:

The National Association of Social Workers- Hawaii (NASW-Hawaii) strongly supports S.B. 503 S.D. 2, which requires health insurers to provide coverage for case management services by qualified mental health providers for victims of sexual violence.

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

The focus of this bill is to improve survivors' access to case management services from licensed mental health providers and ensure coverage of these services by insurance providers. Unfortunately, case management for survivors of sexual violence is not routinely covered by health insurers.

These services are particularly responsive to some survivors' need for assistance coping with stressors that they experience in daily life, but which their mental health may not allow them to functionally address. As such, case management by mental health providers is a best practice that is medically necessary for some survivors to recover and heal, and can help them to avoid additional harm and decompensation. It is also consistent with a healthcare approach that invests in preventative services that are community based, which are both more effective and less costly than inpatient services, such as hospitalization.



In the United States, it is estimated that 19.3% of women and 1.7% of men are survivors of rape, and an estimated 43.9% of women and 23.4% of men have experienced other forms of sexual violence in their lifetimes. Trauma from this violence can have significant, lasting impacts on mental health that interfere with a survivor's functional ability to engage and interact with the world.

A handwritten signature in dark teal ink, appearing to read "Sonja Bigalke-Bannan".

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



March 15, 2017

To: Rep. Della Au Belatti, Chair
Rep. Bertrand Kobayashi, Vice Chair
Committee on Health

From: Karen Worthington, Project Coordinator
Early Childhood Action Strategy

Re: SB503-SD2 – Relating to Victims of Sexual Violence
Hawaii State Capitol, Room 329, March 16, 2017, 8:30 AM

Position: Action Strategy supports SB503-SD2 Relating to Victims of Sexual Violence

Dear Representative Au Belatti, Representative Kobayashi, and Committee Members:

Thank you for the opportunity to provide testimony on behalf of Hawaii's Early Childhood Action Strategy, a public private collaborative that recognizes the strength of communities and works across sectors to increase the number of young children in Hawaii who are born healthy, developing on track, ready for school when they enter kindergarten, and proficient learners by third grade.

Action Strategy supports SB503-SD2 which requires health insurers to provide coverage for case management services by licensed mental health providers for victims of sexual violence. HB665-HD1 is related to the work of Action Strategy because (1) when parents are physically and emotionally healthy, they are better able to provide safe and nurturing environments for their children, and (2) when children are victims of sexual violence, they need appropriate responses and interventions to help them heal from the trauma of that violence. SB503-SD2 will help parents and children who experience sexual violence to access the services they need to heal.

Many of the estimated 43.9% of women and 23.4% of men who experience sexual violence in their lifetimes are parents or will be parents. The trauma of sexual violence can negatively impact all aspects of a survivor's life, including their ability to successfully perform daily parenting functions and to nurture a young child's rapidly developing brain and body. Therefore, helping survivors of sexual violence heal from the trauma not only improves the survivors' lives, but increases the likelihood that their children's health and development will be on track and not negatively impacted by the parents' trauma. For example, survivors of sexual violence who do not receive appropriate responses and interventions may suffer from depression, and maternal depression is a risk factor

for multiple negative child development outcomes. Preventing and treating maternal depression leads to improved outcomes for children.

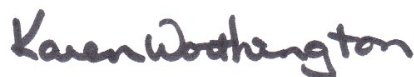
Survivors of sexual violence may need an array of supports and services to help them fully heal. In addition to psychotherapy, survivors with mental health conditions caused in whole or in part by the violence can require case management, a professional intervention where a survivor's mental health provider helps the patient to link to and coordinate with other service providers, systems, programs and entitlements. Some examples of case management provided to survivors of sexual violence include communicating and coordinating with schools, pediatricians, gynecologists, primary care providers, child welfare services, other therapists, employers, social security administrators, and insurers.

Restoring a feeling of emotional and physical control and autonomy is often an important aspect of healing for survivors of violence. Therefore, it is important for them to choose who their service providers are, and to maintain relationships with ongoing mental and physical health providers if they wish to do so. The original version of the bill, SB503, allowed survivors this choice but the revised version allows health insurance providers to deny coverage for case management services delivered by a survivor's existing therapist if that treating provider is not already in a contractual relationship with the insurer. We respectfully request that the survivors' needs be honored and the original language be reinstated.

Action Strategy is committed to ensuring Hawaii's young children are healthy, safe and ready to learn and SB503-SD2 supports that vision. We ask you to pass this bill.

Please feel free to contact me for additional information. I can be reached at 808-214-9336 or karen@clnhawaii.org.

Sincerely,



Karen Worthington, JD
Project Coordinator
Early Childhood Action Strategy
700 Bishop Street, Ste. 701
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THE SEX ABUSE TREATMENT CENTER

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

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Date: March 16, 2017

To: The Honorable Della Au Belatti, Chair
The Honorable Bertrams Kobayashi, Vice Chair
House Committee on Health

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

RE: Testimony in Support of S.B. 503 S.D. 2 with Comments
Relating to Victims of Sexual Violence

Good afternoon Chair Belatti, Vice Chair Kobayashi, and members of the House Committee on Health:

The Sex Abuse Treatment Center (SATC) strongly supports S.B. 503 S.D. 2, which requires health insurers to provide coverage for case management services by qualified mental health providers for victims of sexual violence.

In addition, we respectfully submit the following comments for the Committee's consideration:

- On page 7 lines 9 through 14, S.B. 503 S.D. 2 states that "case management services by qualified mental health providers for victims of sexual violence and abuse shall be a reimbursable, covered benefit under this chapter. The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used."

We respectfully ask that the Committee please remove the language on page 7 lines 12-14 of S.B. 503 S.D. 2 stating that "The services to be covered under this paragraph shall be provided directly or contracted out, depending on the plan used."

The primary goal of this bill is to improve survivors' access to case management services from their chosen therapists, with whom the survivor has an established patient-provider relationship. The creation of such a relationship, at its core, involves survivors disclosing their most intimate feelings and emotions regarding the sexual assault to their therapists, and trusting in their therapist to provide them with needed treatment and care.

The language in S.D. 2 would allow insurers to (a) require that the survivor use the insurer's in-house or contracted third-party case managers.

Under such a scenario, in order to utilize the insurer's case manager effectively, the survivor—and their therapist—would need to disclose the intimate details of the survivor's traumatic experience with sexual assault to a new service provider. If so, the survivor may decline such needed case management services. Through our vast experience in providing direct clinical care to sexual assault survivors, we know that having to repeatedly talk about the assault can trigger traumatic symptoms. The most effective care is to ensure continuity of care--in other words to not start supportive care and case management with one provider and then have the survivor be handed-off to another person for case management (such as an employee of a health plan) mid-stream.

- Respectfully, we do not believe that this measure requires auditor review under Hawai'i Revised Statutes (H.R.S.) § 23-51, as suggested in the Department of Commerce and Consumer Affairs testimony to the Senate Ways and Means Committee and mentioned in the Ways and Means Committee's Report.

The measure does not newly mandate coverage for specific health services, diseases, or providers of health care services. Rather, the measure clarifies existing covered service categories for conditions that fall into already-recognized disease classes and are provided by recognized mental health provider types under H.R.S. §§ 431M-2 (health insurers must provide coverage for 'mental health services') and 431M-4 (health insurers must provide coverage for mental health services including treatment under a plan and including mental health outpatient services).

Case management for sexual violence survivors in question are medically necessary, standard of care mental health services that are delivered by outpatient clinicians in the normal course of planned treatment. Moreover, the largest health insurer in the State, while questioning the necessity of S.B. 503 and H.B. 665, has testified that it already attempts to provide limited case management services to its members, through a third party vendor, that are partially consistent with the intent of this measure. This, in effect, stipulates both to the necessity of the services and that the services are, categorically, mental health outpatient services.

Unfortunately, health insurers are not currently providing coverage for these services outside of disease management that is often done telephonically and not in person. Therefore, the passage of S.B. 503 is necessary to clarify the existing mandate, without requiring a separate auditor review.

We note that there is significant evidence of the effectiveness of early and qualified support and treatment of sexual violence survivors, with positive long term outcomes in both quality of life and the reduction and avoidance of future health care costs. Therefore, we urge you to support S.B. 503 S.D. 2, with SATC's suggested amendment.

LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 15, 2017 11:45 PM
To: HLTtestimony
Cc: annsfreed@gmail.com
Subject: Submitted testimony for SB503 on Mar 16, 2017 08:30AM

SB503

Submitted on: 3/15/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments: Aloha Chair Belatti, Vice Chair Kobayashi and members, The issue here is continuity of service for the purpose of saving victims from retraumatization. As in previous testimony, the Coalition remains in strong support. Ann S. Freed, Co-Chair, Hawaii Women's Coalition

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Chair Della Au Belatti, Vice Chair Bertrand Kobayashi
Committee on Health

Matthew Toynton
Myron B Thomas school of social work, University of Hawaii at Manoa
808-285-1479

3/16/2017

In support for S.B. No. 503 S.D. 2 Relating to Victims of Sexual Violence

I am Matthew Toynton, a student studying social work at the University of Hawaii at Manoa. I also work at the Hawaii State Hospital, and I am doing my social work practicum at the Windward Community Health Center in Kaneohe.

We are taught good hygiene practices at a young age by our families, and sometimes in schools. Students in public intermediate and high schools are expected to take a health class. What is not discussed is mental health. Mental health and mental illnesses often have a stigma associated with them, and are not discussed as something that often needs treatment. Each new bill that provides mental health services or treatment helps to erase this stigma.

We know soldiers returning from war, victims of intimate partner violence, and children that witness intimate partner violence often have poor mental health, or a mental illness. It is time victims of rape receive the same treatment and services provided to those previously mentioned. Requiring health insurers to provide mental health services to victims of rape is important to me personally and professionally.

For these reasons, I am in favor of S.B. No.503 S.D. 2. I urge you to do the same.

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: jbsestak@prodigy.net
Subject: *Submitted testimony for SB503 on Mar 16, 2017 08:30AM*
Date: Tuesday, March 14, 2017 4:12:45 PM

SB503

Submitted on: 3/14/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Betty Sestak	Individual	Support	No

Comments:

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Statement of
Kainani Derrickson
kainanid@hawaii.edu
UH Mānoa Myron B. Thompson School of Social Work Undergraduate Student
Before the
House Committee on Health
3/16/2017 at 8:30 A.M.
State Capitol, Conference Room 329

In Support of
S.B. 503 S.D. 2
RELATING VICTIMS OF SEXUAL VIOLENCE

Chair Belatti, Vice Chair Kobayashi, and members of the House Committee on Health

College is supposed to be one of the most memorable and liberating time periods of your life, where you are focused on learning, and self-discovery, but the reality is that one in four women will become victims of sexual violence during their academic careers. The impact of sexual violence on a survivor, such as myself, involves complex, multi-faceted, and often permanent physical and psychological trauma. Although I was able to receive clinical case management services to deal with the trauma caused by sexual violence, many of my classmates and friends in similar positions cannot and did not, due to these services not being covered by their health insurance. The lack of sufficient mental health services for survivors of sexual violence contributes to unresolved psychological trauma that can result in long-term mental health issues.

Survivors of sexual violence and abuse deserve to have accessible and affordable case management services for their mental health issues. By mandating that health insurance in Hawaii provide coverage and reimbursement for case management services for mental health issues associated with sexual violence and abuse, we are giving survivors the tools necessary to rehabilitate, and avoid more costly interventions later on in their lives. For these reasons, I strongly support the passage of S.B. 503 S.D. 2.

Thank you for the opportunity to testify.

kobayashi2 - Jessi

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 16, 2017 2:57 AM
To: HLTtestimony
Cc: ramizusawa@gmail.com
Subject: *Submitted testimony for SB503 on Mar 16, 2017 08:30AM*

SB503

Submitted on: 3/16/2017

Testimony for HLT on Mar 16, 2017 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Mizusawa	Individual	Support	No

Comments:

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