



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

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

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce and Consumer Protection
Wednesday, March 16, 2022
10:00 a.m.
Room 229 and Via Videoconference**

**On the following measure:
H.B. 2405, H.D. 2, RELATING TO INSURANCE**

Chair Baker and Members of the Committee:

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

The purposes of this bill are to: (1) prohibit health insurers, mutual benefit societies, and health maintenance organizations from applying categorical cosmetic or blanket exclusions to gender affirming treatments, (2) prohibit those entities from excluding gender affirming treatments as cosmetic services when prescribed as medically necessary; and (3) require those entities to provide applicants and insured persons with clear information about the coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity.

Sections 3 and 4 of this bill amend two similar non-discrimination sections regulating insurers and Mutual Benefit Societies (MBS). These amendments to HRS §§ 431:10A-118.3 and 432:1-607.3 reference health maintenance organizations (HMO), rather than amending the equivalent non-discrimination section applicable to HMOs.

Non-discrimination provisions applicable to HMOs are already codified at HRS § 432D-26.3 and not addressed by this bill. ***The approach to addressing HMOs in this bill would result in three separate, inconsistent non-discrimination sections applying to HMOs and will likely cause confusion and may cause issues with statutory interpretation.***

Accordingly, we respectfully suggest adopting the approach to HMOs taken in S.B. 2835, S.D. 2, section 5, which creates a separate section in the bill that amends HRS § 432D-26.3 in a manner similar to HRS §§ 431:10A-118.3 and 432:1-607.3. To be consistent with this approach, we also respectfully suggest deleting the phrase “including any health maintenance organization governed by chapter 432D” at p.3, lines 1-2; p.5, lines 10-11; p.7, lines 9-10; and p.9, lines 20-21.

For clarity and to avoid misinterpretation, we respectfully suggest amending the language at p.4, line 14 and p.9, line 2, by inserting two commas so that it reads: “transgender person, or any person, on the basis of actual gender[.]”

For consistency with other laws, we respectfully suggest that the term “health carrier” be substituted with an “insurer” at p.4, line 20 and p.5, line 2, and “mutual benefit society” at p.9, lines 9 and 12.

H.D. 2 of this bill removed language from prior drafts that may have been construed to circumvent the medical necessity analysis, which is addressed in HRS § 432E-1.4.

Additionally, H.D.2 may be somewhat duplicative of the more comprehensive term “scientific evidence” already used in HRS § 432E-1.4, which addresses “medical necessity”¹ where H.D.2 inserts the phrase: “[in] accordance with the most recent

¹ The definition of “scientific evidence” in HRS § 432E-1.4(d) provides in relevant part:

“Scientific evidence” means controlled clinical trials that either directly or indirectly demonstrate the effect of the intervention on health outcomes. ... 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 for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff;

information provided by evidenced-based peer-reviewed medical guidance.” See p. 4, lines 18-19 and p. 9, lines 6-8. We also note that this standard is somewhat vague.

In addition, the Department concurs with requiring insurers to provide applicants and insureds with clear information about the coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity.

Thank you for the opportunity to testify on this bill.

(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);

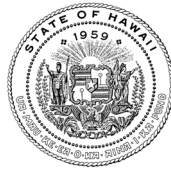
(3) Medical journals recognized by the Secretary of Health and Human Services under section 1861(t)(2) of the Social Security Act, as amended;

(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.

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
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WRITTEN ONLY

TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
ON HOUSE BILL NO. 2405 HD2

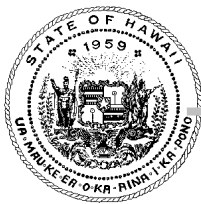
March 16, 2022
10:00 a.m.
Conference Room 229 & Videoconference

RELATING TO INSURANCE

Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not taken a position on this bill. EUTF staff would like to inform the Committee that passage of this bill is estimated to increase costs to the EUTF health plans by approximately \$2.4 million annually.

Thank you for the opportunity to testify.



HAWAI‘I CIVIL RIGHTS COMMISSION

830 PUNCHBOWL STREET, ROOM 411 HONOLULU, HI 96813 · PHONE: 586-8636 FAX: 586-8655 TDD: 568-8692

Wednesday, March 16, 2022

10:00 a.m.

Via Videoconference; Rm. 229

To: The Honorable Rosalyn Baker, Chair
The Honorable Stanley Chang, Vice Chair
Members of the Senate Committee on Commerce and Consumer Protection

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

Re: H.B. No. 2405, H.D.2

The Hawai‘i Civil Rights Commission (HCRC) has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment, housing, public accommodations, and access to state and state funded services. 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 H.B. No. 2405, H.D.2, known as the Gender Affirming Treatment Act, which would prohibit health insurers from applying blanket exclusions to gender affirming treatments, and prohibit exclusions of gender affirming treatments as cosmetic services when prescribed as a medically necessary gender affirming treatment. The bill further requires insurance companies to provide applicants and insured persons with clear information about the coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity.

The HCRC supports the rights of the LGBTQ+ community. This bill adds some important safeguards to current law, including a prohibition of denial or cancellation of a policy based on transgender status, and the right to gender transition treatments. HCRC supports the rights of transgender individuals to access to coverage for gender affirmation.

The HCRC supports H.B. No. 2405, H.D. 2, noting two concerns:

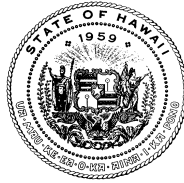
1. Adding “transgender” before “person’s” but not before a person’s “family member’s,” throughout the amended HRS § 432:1-607.3(b), could arguably eliminate protection for a person who has a transgender family member (child or spouse). The unintended consequence can be eliminated by adding the changes below in blue, in Section 4 of the H.D.2.

(b) Discrimination under this section includes the following:

- (1) Denying, canceling, limiting, or refusing to issue or renew an insurance policy, contract, plan, or agreement on the basis of a transgender person’s or ~~the~~ 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 ~~the~~ a person’s transgender family member’s actual gender identity or perceived gender identity;
- (3) Designating a transgender person’s or ~~the~~ a person’s transgender family member’s actual gender identity or perceived gender identity as a preexisting condition to deny, cancel, or limit coverage;

And,

2. Deletion of “neither male nor female” from the amended HRS § 431:10A-118.3(h) definitions of “Actual Gender Identity” and “Perceived Gender Identity” could be interpreted as eliminating or diminishing protection against discrimination for non-binary persons who identify as neither male nor female.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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WRITTEN
TESTIMONY ONLY

**Testimony COMMENTING on HB2405 HD 2
RELATING TO INSURANCE**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Hearing Date: March 16, 2022

Room Number: 229

1 **Department Position:** The Department of Health (Department) offers comments supporting the
2 intent of this measure which clarifies that insurance companies are prohibited from denying
3 coverage of treatment based on gender identity if the treatment is covered for purposes other than
4 gender transition. It also requires insurance companies to publish information about gender
5 transition services as well as mechanisms for filing an appeal when a medically necessary
6 treatment is denied coverage by the insurance company.

7 **Department Testimony:** Access to gender affirming treatments is absolutely a medical
8 necessity and often a matter of life and death for transgender community members. Provision of
9 necessary gender identity affirming services are recognized as the standard of care by medical
10 organizations such as the World Professional Association for Transgender Health (WPATH)⁶. In
11 the largest American study of transgender adults, those whose identification card matched their
12 preferred name and gender had lower rates of suicidal ideation and suicide planning.¹ Years of
13 research also clearly posit that gender-affirming medical therapy in childhood is linked to
14 improved psychological functioning for gender-variant children and adolescents.¹ Though
15 transgender youth have higher rates of depression, suicidality, and self-harm than their cisgender
16 peers (i.e., youth whose gender identity matches their sex assigned at birth)², socially or
17 medically transitioned children demonstrate no differences in well-being when compared to their

¹ Scheim, A. I., Perez-Brumer, A. G., & Bauer, G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: a cross-sectional study. *The Lancet Public Health*, 5(4), e196-e203.

² Connolly et. al. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Mental Health*. 59, 489-495.

1 siblings or cisgender peers.³ This finding is particularly notable, when you consider that
2 transgender adults have a prevalence of past-year suicide attempts that is about eighteen times
3 higher than the U.S. general population.⁴ From a financial standpoint, increasing access to these
4 medically necessary treatments will not only save lives, but provide cost-savings in mental health
5 care and adjacent fields.⁵

6 All evidence points to the absolute necessity of ensuring that individuals in the sexual and gender
7 minority can easily access gender-affirming treatments.

8 **Offered Amendments:** None.

9 **Fiscal Implications:** None for the Department of Health (DOH).

³ Durwood, L, Mclaughlin, KA, & Olson, KR. (2017). Mental health and self-worth in socially transitioned transgender youth. *J Am Acad Child Adolesc Psychiatry*. 56(2):116–123.

⁴ Herman, J.L., Brown, T.N.T., & Hass, A.P. (2019). *Suicide Thoughts and Attempts Among Transgender Adults*. UCLA School of Law, Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>

⁵ Padula WV, Heru S, Campbell JD. Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis. *J Gen Intern Med*. 2016 Apr;31(4):394-401.

⁶ World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version].

<https://www.wpath.org/publications/soc><https://www.wpath.org/publications/soc>

HB-2405-HD-2

Submitted on: 3/11/2022 4:44:34 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Testifying for Stonewall Caucus of the Democratic Party of Hawaii	Support	Remotely Via Zoom

Comments:

Aloha Senators,

The Stonewall Caucus of the Democratic Party of Hawai‘i (formerly the LGBT Caucus) Hawai‘i’s oldest and largest policy and political LGBTQIA+ focused organization fully supports HB 2405 HD 2.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
Stonewall Caucus for the DPH

HB-2405-HD-2

Submitted on: 3/14/2022 8:25:21 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rachel Kuenzi	Testifying for Planned Parenthood Alliance Advocates	Support	Written Testimony Only

Comments:

As a provider of sexual and reproductive health care services in Hawai'i, PPAA advocates for policies that positively impact all people's health and wellness. We believe everyone deserves high-quality, compassionate health care that is appropriate to a person's needs and concerns – no matter their gender identity, their income, or their insurance type. This bill takes a critical step towards ensuring transgender people in Hawai'i get the health care they need to survive and thrive.



14 March 2022

Members of the Senate Committee on Commerce and Consumer Protection:

As an emerging grassroots network bringing people together across Oahu's north and windward shores to ensure that the region that we call home is welcoming, inclusive, and supportive of LGBTQ+ individuals, the North Shore Ko'olau Diversity Collective offers its **Strong Support of HB2405 HD2**.

We stand in solidarity with the array of local health, civil rights, and community advocacy organizations that highlight the fact that there is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary (not cosmetic) and should be covered by transgender patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Passage of this bill must also ensure that insurance companies are not ignoring the majority of medical opinion and Act 135 by forming their own internal policies (e.g HMSA Policy Number: MM.06.026 & Kaiser 2022 policy page 41).

As a region without legislative allies or advocates, and in which the needs, concerns, and voices of the LGBTQ+ community are still often overlooked, ignored, and rendered invisible, we are counting on you to help secure the health and safety of our mähū and trans family, friends, and allies.

Thank you for your attention to these concerns,

*Joe Wilson, Liz Rago, Michelle Johnson Blimes, Hao Le
Bethany Berry-Weiss, Kunane Dreier, Torrey Lock, Risa Isard
Organizing Committee*



March 16, 2022

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: HB 2405 HD2 – Relating to Insurance

Dear Chair Baker, Vice Chair Chang, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2405, HD2, which prohibits health insurers, mutual benefit societies, and health maintenance organizations from applying categorical cosmetic or blanket exclusions to gender affirming treatments. Prohibits those entities from excluding gender affirming treatments as cosmetic services when prescribed as medically necessary. Requires those entities to provide applicants and insured persons with clear information about the coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity. Effective 7/1/2060.

As a supporter of the LGBTQ+ community, HMSA offers gender transition benefits for many of our members. This policy covers gender identity and transition services based on medical necessity as defined by HRS 432E-1.4. HMSA is committed to providing clear information about our gender identity and transition services including our appeals process. We appreciate the amendments made in the last two committees but believe there are a few sections that require further clarity and consistency.

We would like to respectfully recommend the following amendments in red to page 4, lines 13-19:

(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 be defined in ~~[a manner that is consistent with other covered services.]~~ accordance with [the most recent] information provided by evidenced-based peer-reviewed medical guidance.



We would also like to respectfully recommend the following amendments in red to page 9 lines 1-8 in order to be consistent with HRS 431:10A-118.3.

(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~~] insurance [~~hospital or medical service~~] policy, contract, plan, or agreement and shall be defined in [~~a manner that is consistent with other covered services.~~] accordance with [~~the most recent~~] information provided by evidenced-based peer-reviewed medical guidance.

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



Statement of the Democratic Party of Hawai'i Support for HB2405 HD2, Relating to Insurance

The [Democratic Party of Hawai'i](#) supports HB2405 HD2, Relating to Insurance, to the extent that it aligns with our Party's [platform](#). The bill would prohibit health insurers, mutual benefit societies, and health maintenance organizations from applying categorical cosmetic or blanket exclusions to gender affirming treatments; prohibit those entities from excluding gender affirming treatments as cosmetic services when prescribed as medically necessary; and require those entities to provide applicants and insured persons with clear information about the coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity.

The Democratic Party of Hawai'i believes that healthcare is a right, not a privilege - one that extends to people of all genders regardless of their gender identity. Our platform notes that the high costs of insurance and insufficient coverage mean that many people do not have access to the care they need - particularly those from ethnic, sexual, or gender minority backgrounds. We further believe we must take steps to prohibit discrimination in healthcare based on gender.

We support this bill as it would clarify that insurance companies cannot categorically deny medically necessary surgeries and require them to post their policies. The bill would align Hawai'i's anti-discrimination insurance statute with the current medical majority understanding of trans-affirming care, which is important as Hawai'i has the highest trans population per capita of any state in the U.S.

Mahalo nui for the opportunity to provide these comments in support of this important bill.

TESTIMONY IN SUPPORT OF HB 2405 HD2 *with request for amendments*

TO: Chair Baker, Vice-Chair Chang, & Members – Senate Committee on Commerce and Consumer Protection

FROM: Maddalynn Seseapasara
Kua’ana Project Manager

DATE: March 16, 2022 at 10:00 AM

Hawai'i Health & Harm Reduction Center (HHRC) **supports** HB 2405 HD2. This bill which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies. Without the clarifications in this bill, insurance companies in Hawai'i will likely continue to categorically deny surgeries they claim are not medically necessary despite the reality of the science, law, and, most importantly, the lived experiences of māhū and trans people in Hawai'i.

HHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals who are adversely impacted by poverty, housing instability, discrimination, healthcare inequity and other social determinants of health. HHRC operates the Kua'ana Project through which peers of the transgender community kōkua (*assist*) other transpersons using their own personal experiences. Whether it be to search for jobs, legally change their names, or access healthcare and stable housing, our Kua'ana Project staff are able to support and encourage māhū and trans people with compassion, understanding.

Because of our leadership in the local transgender community, we frequently hear from community members seeking gender affirming surgery and healthcare. Despite Act 135 from 2016, trans community members continue to be denied medically necessary and life-saving procedures. There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures (that are provided for the cisgender people), trans lives are put at risk for depression and suicidal ideation.

We respectfully request the following amendments:

1. Add to the sections amending §431:10A-118.3, §432:1-607.3, and §432D-26.3: “No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination.”



HAWAII HEALTH
& HARM REDUCTION CENTER
The New Chapter for Life Foundation and The CHOW Project

2. Add a new section to include: “Section 432D-26.3, Hawaii Revised Statutes, is amended to read as follows: “§432D-26.3” This section should mirror the language in the other sections being amended that include HRS §431:10A-118.3 & §432:1-607.3.

3. Remove the language in the other sections that says “including any health maintenance organization governed by chapter 432D” as long as there will be a new section as mentioned in #2 above.

4. Add to the sections amending §431:10A-118.3, §432:1-607.3, and §432D-26.3: (d) A health care provider shall not apply categorical cosmetic or blanket exclusions to gender affirming treatment. When prescribed as medically necessary gender affirming treatment, a health care provider shall not categorically exclude as cosmetic services facial feminization surgeries and other facial gender affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, electrolysis or laser hair removal, voice surgeries and therapies, smoking cessation or any combination of gender affirming procedures, including revisions to prior treatment; provided that the policy also provides coverage for those services when the services are offered for purposes other than 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) Breast augmentations;
- (9) Masculinizing chest surgeries;
- (10) Facial feminization surgeries;
- (11) Reduction thyroid chondroplasties;
- (12) Voice surgeries and therapies;
- (13) Electrolysis or laser hair removal; and
- (14) Smoking cessation therapies.

5. Add to each section [in] “accordance with the most recent edition of the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, issued by the World Professional Association for Transgender Health.” This should replace the language [in] “accordance with the most recent information provided by evidenced-based peer reviewed

medical guidance” in the other sections being amended that include HRS §431:10A-118.3 & §432:1-607.3.

6. Make the effective date Transgender Day of Remembrance so “November 20, 2022.”

We need your help in correcting this issue of gender-based discrimination. Thank you for the opportunity to testify in support of this bill.



HIPHI Board

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Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
Pharmacare Hawai'i

Titiiimaea Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: March 15, 2022

To: Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair
Members of the Committee on Commerce and Consumer
Protection

Re: Support HB 2405, HD2, Relating to Insurance

Hrg: March 16, 2022 at 10:00 AM via Videoconference

The Hawai'i Public Health Instituteⁱ is in **support of HB 2405, HD2**, which clarifies existing state law regarding nondiscrimination in insurance coverage of gender-affirming care.

HIPHI strives to eliminate health disparities and injustices to improve the health and wellness of all people. Gender-affirming care saves lives, and denying access to health care services and treatments on the basis of gender identity runs contrary to public health by perpetuating stigma and exacerbating existing health disparities. For us, eliminating health disparities means moving beyond advocating *for* equity, but rather amplifying our work *against* inequity.

Health insurance denials constitute one of the most oft-cited discriminatory barriers for transgender communities, with one quarter of people identifying as transgender reporting having been denied insurance coverage on the basis of their gender identity.ⁱⁱ Although the nondiscrimination provision of the federal Affordable Care Act and Hawai'i lawⁱⁱⁱ prohibit such denials, local patients report continued denials of insurance coverage for services that otherwise meet the standard of medically necessary care.

Major public health and medical associations recognize the benefits of and support access to gender-affirming care, and have acknowledged the devastating health consequences of discrimination against transgender communities.^{iv} The American Medical Association,^v American Academy of Pediatrics,^{vi} Association of American Medical Colleges,^{vii} American Psychological Association,^{viii} and American Public Health Association,^{ix} support public and private practices and policies that are inclusive of transgender, gender diverse, and nonbinary people.

HB 2405, HD1 is a step forward in eliminating barriers to health care for transgender communities in Hawai'i by clarifying that gender-affirming care is medically necessary and therefore must be covered so long as

those same services are covered for reasons unrelated to gender affirmation. This will ensure parity in coverage and compliance with existing law. For these reasons, HIPHI respectfully requests that the Committee support this measure.

Mahalo,



Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

ⁱⁱⁱ Hawai'i Revised Statutes §431:10A-118.3.

^{iv} American Medical Association, *Issue Brief: Health insurance coverage for gender-affirming care of transgender patients*, 2019. <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>.

^v American Medical Association Issue Brief, *supra*; "The AMA opposes the denial of health insurance on the basis of sexual orientation or gender identity." American Medical Association Policy H-180.980. <https://policysearch.ama-assn.org/policyfinder/detail/H-180.980?uri=%2FAMADoc%2FHOD.xml-0-1086.xml>.

^{vi} "Proper gender-affirming care can mitigate a patient's clinical distress and lead to significant improvements in the overall well-being of youth and adolescents who are at risk of or have been diagnosed with gender dysphoria." Brandt et al., v. Rutledge, 4:21-CV-00450-JM, US. District Court Eastern District of Arkansas Central Division, *Amicus Brief of American Academy of Pediatrics*, filed June 23, 2021.

^{vii} "Efforts to restrict the provision of gender-affirming health care for transgender individuals will reduce health care access for transgender Americans, promote discrimination, and widen already significant health inequities." American Association of Medical Colleges Statement on Gender-affirming Health Care for Transgender Youth, April 9, 2021. <https://www.aamc.org/news-insights/press-releases/aamc-statement-gender-affirming-health-care-transgender-youth>.

^{viii} Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools, American Psychological Association, 2020. <https://www.apa.org/pi/lgbt/resources/policy/gender-diverse-children>.

^{ix} "APHA urges Congress, state legislatures, and other public and private entities to ensure that policies and practices across all sectors are explicitly inclusive of transgender and gender-nonconforming people." American Public Health Association, Policy No. 20169, Nov 01, 2016. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2017/01/26/promoting-transgender-and-gender-minority-health-through-inclusive-policies-and-practices>.

HB-2405-HD-2

Submitted on: 3/15/2022 9:38:46 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ashley Galacgac	Testifying for AF3IRM Hawaii	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

Before:
Senate Committee on Commerce and Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair

March 16, 2022
10:00 am
Conference Room 229 & Via Videoconference

Re: HB 2405 HD2 Relating to Insurance

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB 2405 HD2 prohibiting insurance companies from denying coverage on the basis of gender identity.

Kaiser Permanente Hawaii would like to request an amendment.

Kaiser Permanente is a nationally recognized leader in LGBTQ health care equality, providing full spectrum medical, surgical and mental health care to our transgender patients and members. We are 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.

For purposes of clarity and consistency to demonstrate that the list of gender affirming services in this bill is not exhaustive and that other medically necessary services shall also be included, i.e., facial masculinization surgery, body contouring, etc., Kaiser Permanente requests the following amendment to Page 4, lines 20-21, and Page 5, lines 1-8:

(d) A health carrier shall not apply categorical cosmetic or blanket exclusions to gender affirming treatments. When prescribed as a medically necessary gender affirming treatment, a health carrier shall not ~~apply categorical cosmetic or blanket exclusions to services, categorically exclude as cosmetic services~~ including but not limited to, facial ~~feminization~~ surgeries and other facial gender affirming treatment, such as tracheal shaves; hair electrolysis or laser hair removal; mastectomies; breast reductions; breast implants; voice surgeries and therapies; smoking

cessation; or other care, including any combination of gender affirming procedures and revisions to prior treatments.

Red highlighted language was added.

Thank you for the opportunity to comment.



LATE

March 14, 2022

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

House Bill 2405 HD2 – Relating to Insurance

Dear Chair Baker, Vice Chair Chang, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide testimony on HB 2405 HD2. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

HAHP supports the intent of this measure to ensure non-discrimination in coverage based on gender identity and to require clear information about coverage of gender transition services, including the process for appealing a claim denied on the basis of medical necessity. We appreciate the amendments made in the previous committees; however, we still have concerns with this measure as written and would like to recommend some amendments for clarity and consistency.

We would like to respectfully recommend the following amendments in red to page 4, lines 13-19:

(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 be defined in [~~a manner that is consistent with other covered services.~~] accordance with ~~[the most recent]~~ information provided by evidenced-based peer-reviewed medical guidance.

We would also like to respectfully recommend the following amendments in red to page 9, lines 1-8 in order to be consistent with HRS 431:10A-118.3:

(c) The medical necessity of any treatment for a transgender person or any person on the basis of actual

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org



gender identity or perceived gender identity shall be determined pursuant to the [insurantee] ~~insurance~~ ~~[hospital or medical service]~~ policy, contract, plan, or agreement and shall be defined in [a manner that is consistent with other covered services.] ~~accordance with~~ ~~[the most recent]~~ information provided by evidenced-based peer-reviewed medical guidance.

Thank you for allowing us to provide **comments** on HB 2405 HD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
UHA Health Insurance | UnitedHealthcare

HB-2405-HD-2

Submitted on: 3/15/2022 5:45:36 PM

Testimony for CPN on 3/16/2022 10:00:00 AM



Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Testifying for Rainbow Family 808	Support	Written Testimony Only

Comments:

Rainbow Family supports HB2405. Please pass. Thank you.

Mike Golojuch, Sr., Secretary/Board Member

HB-2405-HD-2

Submitted on: 3/11/2022 2:59:45 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Linda Kim	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicide.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Linda Kim

HB-2405-HD-2

Submitted on: 3/11/2022 3:08:45 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Tiare Sua	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Tiare Anelaokalani Kima Sua

HB-2405-HD-2

Submitted on: 3/11/2022 3:27:11 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Name

Aaron Ruddick

HB-2405-HD-2

Submitted on: 3/11/2022 3:30:34 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
RUSSELL ABORDO	Individual	Support	Written Testimony Only

Comments:

I strongly support this bill to assure language regarding transgender health is updated to include anti-discrimination language in the policies of Hawaii's insurance companies. Namely, HMSA, whose policy # MM.06.026 ignore this law and the medical necessities of their transgender consumers.

Please also add this language: "No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

HB-2405-HD-2

Submitted on: 3/11/2022 4:04:13 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Punahele Hoopii	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation. Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,
Punahele Hoopii

Aloha,

My name is Dr. Alexander Stokes, and I am writing in strong support of HB-2405-HD-1.

I strongly support HB2405 HD1 which clarifies the language on the transgender antidiscrimination health insurance law (Act 135, 2016) to ensure the prohibition of categorical denials of gender affirming treatments/surgeries and requires insurance companies in Hawai'i to post their policies.

Insurance companies and health service providers in Hawai'i continue to categorically deny services that are the standard of care for transgender, Māhū and intersex patients. Despite national and international care guidelines to the contrary, they claim these treatments are not medically necessary despite the science, law, and, most importantly, the lived experiences of Māhū and transgender people in Hawai'i.

Māhū, intersex and transgender people are an underserved and often marginalized, sex and gender minority, without a strong voice, and without the legal resources that would empower a larger group, to overcome discrimination such as this.

The transgender affirming services and procedures are nationally and internationally regarded as medically necessary, and are the standard of care.

Without treatment and intervention transgender individuals are at much higher risk for depression, suicidal ideation, suicide and all cause death. This is especially true for transgender **youth, who are approximately six times more likely to commit suicide**, than their non-transgender peers.

This is not new to the medical community, who have over decades agreed upon a standard of care for transgender patients (especially youth), including a range of services and surgical treatments, designed to alleviate gender dysphoria, depression and suicidal ideation. These have been accepted as medically necessary and should be fully covered by patients' insurance.

When insurance coverage fails to treat transgender individuals, many become desperate, and resort to seeking treatment outside of regular state and US health systems, often taking drugs and hormones without prescription, or undertaking risky surgeries at foreign institutions. This compounds the problem and not only leads to even greater risk of death, illness, and suicide, but also puts a strain on our own community health care systems, which have to treat botched surgeries, or complications arising from non-prescribed medications, that transgender patients have taken in leu of properly prescribed medications, under the supervision of a certified Doctor.

To categorically deny insurance coverage for transgender affirming/confirming care is to deny insurance based on gender identity in violation of Act 135 and the Insurance Code.

Doctors have a moral obligation to treat transgender patients as per the agreed upon standard of care for transgender patients. However certain insurance companies are denying coverage based on their own, unsubstantiated “policies”, often weaponizing their own coding systems, and policy language to totally refuse treatment or obfuscate and delay treatment, so that patients drop-out of treatment, due to eventual external pressures (e.g. like job loss, loss of insurance etc.), or patients just abandon the treatments that have no expectation to fulfil the full and proper care needed to complete a medical transition. Basically, many transgender patients give up, because the care designed by physicians falls short of the treatment pathways designed by the insurance company. Patients think “Full treatment is not available, so why bother trying to fully transition, when you can only get part way”.

All of this creates a barrier for physicians to treat a patient, as per the standard of care for transgender patients, despite the weight of moral obligation and the enormous scientific literature which was used to generate agreed upon standards of care in the first place.

Despite standards of care, and data to the contrary, insurance providers in Hawai'i are denying services, medical treatment and surgeries deemed necessary by the standards of care for transgender patients, and are claiming that *“procedures such as breast augmentation, liposuction, Adam's apple reduction, rhinoplasty, feminizing voice surgery, and facial reconstruction are considered cosmetic and their impact on relieving gender dysphoria is unclear.”*

This is of course untrue, and as insurance companies have chosen to utilize this unsubstantiated opinion in opposition to the standards of care, these treatments are denied, most often by unqualified and or non-physicians within health insurance companies, versus qualified physicians who follow WPATH guidelines for care.

Care is denied by the insurer, even when in some instances the very same insurer in other states, offers these services, treatments and surgeries. How could a treatment deemed medically necessary in one state be denied in another state, within the insurers very own policies?

This is contrary and hypocritical to the diversity, inclusion and equity that these community health insurers espouse in their advertising. Plus, it is damaging to communities that are an intrinsic part of our culture in Hawaii.

These persistent and categorical denials in violation of Act 135 also violate Hawai'i's insurance code. HRS §431:2-203 (b)(1) states that a person who intentionally or knowingly violates, intentionally or knowingly permits any person over whom the person has authority to violate, or intentionally or knowingly aids any person **in violating any insurance rule or statute of this State or any effective order issued by the commissioner** shall be subject to any penalty or fine as provided by this code or by the Hawai'i Penal Code.

Intersex patients.

The discrimination of insurance companies towards transgender patients also effects intersex patients and/or patients that have a “Difference in Sexual Development” (DSD).

Intersex individuals represent almost 2% of the population and are individuals born with any of several sex characteristics including chromosome patterns, hormones, gonads, or genitals that, according to the Office of the United Nations High Commissioner for Human Rights, "do not fit typical binary notions of male or female bodies".

These people often need hormonal treatment, surgery or other medical treatment to enable them to transition to their target gender, in a similar way to transgender patients. This treatment is also written as part of the standard of care for transgender patients, and is almost identical, but with the added caveat that waiting times for treatment are to be specifically reduced, as this patient population is often already genetically and physiologically between sexes, and this has an amplified or greater vulnerability to the same problems that affect transgender patients, as well as this, they often have much more severe physical, mental, and medical issues, than transgender patients.

However, yet again these individuals are being denied the same medical treatment and surgeries deemed necessary by the standards of care for intersex/DSD, and transgender patients. The difference however, is that they are discriminated against based on their sex and genetics, as well as their gender identity. This again is a small, underserved and marginalized group, without a strong voice, and without the legal resources that would empower a larger population to respond succinctly to discrimination by insurance companies in Hawai'i.

Conclusion

Insurance companies in Hawai'i claim to support and treat Māhū, transgender and intersex patients, and are especially keen on advertising this fact during Pride celebrations, or as part of their campaigns in corporate social responsibilities, but then when care is really needed, they fail to provide the actual care needed, to these most venerable individuals in our community.

At the end of the day, it is all about profit. Many local insurance companies are vertically integrated, providing both insurance as well as actual medical care, and as such have an integral conflict of interest within their own organization. By coming up with their own opinions negating and refusing transgender care, they make greater profits, but damage the health and culture of our communities in Hawai'i.

By passing this bill, insurance companies in Hawai'i will be required to remove the morally abhorrent policies that, unfairly, and discriminatorily refuse the services, treatments and surgeries, that are the standard of care, and are medically needed by Māhū, transgender and intersex patients in our community.

We as a community have a moral obligation to help those that are underrepresented, and lack the voice to contest discrimination effectively. It is also a cultural service to our community, and our state, to protect and help Māhū, intersex and transgender people, and it does our community a great disservice to allow punishment of these people for who they are, for the sake of profit.

We have to prioritize the standard of care a doctor recommends, over artificial, and unsupported health insurance derived policies, that have been designed to create a barrier to care for the sake of profit.

Please make sure that insurance companies are not ignoring the majority of medical opinion and Act 135 by forming their own internal policies (e.g HMSA Policy Number: MM.06.026 & Kaiser 2022 policy page 41) by passing this bill.

Mahalo,

Dr. Alexander James Stokes, B.Sc. (Hons), M.Sc., HBO, Ph.D., FRSB

Professor Cell & Molecular Biology.
Fellow of the Royal Society of Biology

Aloha Chair Baker, Vice-Chair Chang, and Honorable members,

My name is Jen, and I am writing in **strong support** of HB2405 HD2 with amendments. This bill requires insurance providers to post their gender identity policies and clarifies the language of Act 135¹ (2016), which states that insurance agencies cannot discriminate based on gender identity. Without the clarifications in this bill, insurance companies in Hawai'i will likely continue to categorically deny surgeries they claim are not medically necessary despite the reality of the science, law, and, most importantly, the lived experiences of māhū and trans people in Hawai'i.

The trans-affirming procedures and treatments that would be prohibited from discrimination in HB2405 HD2 should not be classified as “cosmetic” or not medically necessary.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance.² Without insurance coverage of these medically necessary procedures (that are provided for the cisgender people), trans lives are put at risk for depression and suicidal ideation.³ Also, trans

¹ H.B. 2084 HD2 SD1 (2016) *available at* https://www.capitol.hawaii.gov/Archives/measure_indiv_Archives.aspx?billtype=HB&billnumber=2084&year=2016.

² See American College of Obstetricians and Gynecologists, ACOG Releases Guidance on Health Care for Transgender and Gender Diverse Individuals (Feb. 18, 2021) *available at* <https://www.acog.org/news/news-releases/2021/02/acog-guidance-health-care-for-transgender-gender-diverse-individuals>; Kaiser Permanente Northwest, Transgender Procedures Medically Necessary Criteria at 183 (2021) *available at* <https://www.hca.wa.gov/sites/default/files/pebb/kaiser-preauthreqs.pdf>; The World Medical Association, WMA Statement on Transgender People, *available at* <https://www.wma.net/policies-post/wma-statement-on-transgender-people>; The American Medical Association, Issue Brief, *available at* <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>; Wylie C Hembree & Peggy T Cohen-Ketten et al., J. of Clinical Endocrinology & Metabolism Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline (Sept. 13, 2017) *available at* https://academic.oup.com/jcem/article/102/11/3869/4157558?source=post_page-----, The Endocrine Society, Transgender Health, An Endocrine Society Position Statement (Dec. 15, 2020) *available at* <https://www.endocrine.org/advocacy/position-statements/transgender-health>; American Academy of Child & Adolescent Psychiatry, AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth (Nov. 8, 2018) *available at* https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts_to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx, World Professional Association for Transgender Health (2011) *available at* https://e-space.mmu.ac.uk/625048/1/2011_WPATH_Standards_of_Care_V7-%202011.pdf; the American Public Health Association (Nov. 1, 2016) *available at* <https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2017/01/26/promoting-transgender-and-gender-minority-health-through-inclusive-policies-and-practices>; Barry Anton, Proceedings of the American Psychological Association For the Legislative Year 2009: Minutes of the Annual Meeting of the Council of Representatives and Minutes of the Meetings of the Board of Directors (2009) *available at* <https://psycnet.apa.org/record/2010-14198-008>.

³ Fenway Health,

people often resort to underground economies to gain the funds needed for these life-saving surgeries, when insurance companies could, at the recommendation of a doctor, have easily covered the procedures or treatments.⁴

To categorically deny insurance coverage for transgender affirming/confirming care is to deny insurance based on gender identity in violation of Act 135 and the Insurance Code.

Currently, doctors are telling the insurance companies that, in their medical opinion, they recommend their transgender (a gender identity) patients receive affirming surgery. In response, certain insurance companies deny coverage based on their own unsubstantiated “policy” despite overwhelming scientific evidence. Insurance providers in Hawai‘i deny medically necessary surgeries by claiming that “procedures such as breast augmentation, liposuction, Adam’s apple reduction, rhinoplasty, and facial reconstruction are usually considered cosmetic, and their impact on relieving gender dysphoria is unclear.”⁵ Because of these unfounded beliefs, these surgeries are denied, even though they are covered for cisgender patients, meaning almost no trans people (until we started advocating at the legislature in 2021) have been approved for coverage of these surgeries since 2017, when the anti-discrimination law (Act 135) came into effect.

These persistent and categorical denials in violation of Act 135 also violate Hawai‘i’s insurance code. HRS §431:2-203 (b)(1) states that a person who intentionally or knowingly violates, intentionally or knowingly permits any person over whom the person has authority to violate, or intentionally or knowingly aids any person **in violating any insurance rule or statute of this State or any effective order issued by the commissioner** shall be subject to any penalty or fine as provided by this code or by the Hawaii Penal Code.

Conclusion

Insurance companies in Hawai‘i claim to support trans people during times like Pride, but they fail to provide true care when it’s really needed. By passing this bill, insurance companies in Hawai‘i will be required to remove policies categorically prohibiting surgeries, prioritizing doctors’ recommendations over their current unsupported policies. Please **PASS** this clarification bill,

New Study Shows Transgender People Who Receive Gender-Affirming Surgery Are Significantly Less Likely To Experience Psychological Distress Or Suicidal Ideation, (April 28, 2021) *available at* <https://fenwayhealth.org/new-study-shows-transgender-people-who-receive-gender-affirming-surgery-are-significantly-less-likely-to-experience-psychological-distress-or-suicidal-ideation/>.

⁴ See Johns Hopkins University, Study: Covering transgender Health Care Would Be cost-effective for Insurance Companies (2015) *available at* <https://hub.jhu.edu/2015/12/03/transgender-health-insurance-cost-effective/>.

⁵ HMSA Policy Number: MM.06.026 *available at* <https://prc.hmsa.com/s/article/Gender-Identity-Services?r=43&ui-knowledge-components-aura-actions.KnowledgeArticleVersionCreateDraftFromOnlineAction.createDraftFromOnlineArticle=1> (Mar. 1, 2021); see also Kaiser Permanent Hawai‘i at 41 (2022) *available at* https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-codes/2022/brochures/73-005.pdf?fbclid=IwAR38X63dr3ZhnmeFbZXhOz5HGQKLgXgQ8NGN-CtITd3T6ZcTkuWstLGF_oc.

with amendments, to ensure the insurance companies follow the law and post their policies because māhū and trans lives and well-being depend on it.

Requested amendments to HB2405 HD2:

1. Add to the sections amending §431:10A-118.3, §432:1-607.3, and §432D-26.3: “No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination.”
2. Add a new section to include: “Section 432D-26.3, Hawaii Revised Statutes, is amended to read as follows:”§432D-26.3 This section should mirror the language in the other sections being amended that include HRS §431:10A-118.3 & §432:1-607.3.
3. Remove the language in the other sections that says “including any health maintenance organization governed by chapter 432D” as long as there will be a new section as mentioned in #2 above.
4. Add to the sections amending §431:10A-118.3, §432:1-607.3, and §432D-26.3: (d) A health care provider shall not apply categorical cosmetic or blanket exclusions to gender affirming treatment. When prescribed as medically necessary gender affirming treatment, a health care provider shall not categorically exclude as cosmetic services facial feminization surgeries and other facial gender affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, electrolysis or laser hair removal, voice surgeries and therapies, smoking cessation or any combination of gender affirming procedures, including revisions to prior treatment; provided that the policy also provides coverage for those services when the services are offered for purposes other than 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) Breast augmentations;
- (9) Masculinizing chest surgeries;
- (10) Facial feminization surgeries;
- (11) Reduction thyroid chondroplasties;
- (12) Voice surgeries and therapies;
- (13) Electrolysis or laser hair removal; and
- (14) Smoking cessation therapies.

5. Add to each section [in] “accordance with the most recent edition of the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, issued by the World Professional Association for Transgender Health.” This should replace the language [in] “accordance with the most recent information provided by evidenced-based peer reviewed medical guidance” in the other sections being amended that include HRS §431:10A-118.3 & §432:1-607.3.

6. Make the effective date Transgender Day of Remembrance so “November 20, 2022.”

HB-2405-HD-2

Submitted on: 3/12/2022 5:01:23 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Erin Furuichi	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Erin Furuichi



Hi there! My name is Breanna Zoey, my pronouns are she/her, and I am transgender. I appreciate the opportunity to submit this testimony **IN SUPPORT** of HB2405 HD2 and the CPN committee's decision making in favor of this legislation which would help end much of the discrimination and unlawful health insurance denials that I have personally faced in the last year, and that many of my fellow trans and gender nonconforming folx continue to face routinely. *I would like to propose for the committee's consideration: because this legislation is not mandating the coverage of any services that aren't already covered for non-trans conditions, but rather clarifying and informing insurance companies that they need to stop denying medically necessary care and listen to the broader medical consensus and treating physician expertise, I propose the legislature make it clear that this legislation/clarification be effective retroactively. There are people who requested health care coverage for medically necessary transgender care and who were wrongfully denied by insurance 3, 6, 12, etc months ago.*

*Just because insurance denied them **in bad faith** in the recent past (or because an insurance company had an unlawful or discriminatory policy written and in effect) does not mean that the requested care was not medically necessary or that the requested care shouldn't have been covered in the first place. People who were arbitrarily and wrongfully already denied by the insurance companies should be afforded coverage for their previously-requested care just as people moving forward should be afforded access to coverage. Many previously-denied people have had to self-finance their care, and they should be made whole. It's the right thing to do. And to the insurance company(s) who will whine about statute of limitations, claims timeliness, and cost for covering previously-denied care, it's your own fault for discriminating and arbitrarily denying people for years, and the patients you have wronged should not bear the burden of your mistakes. The lookback period should be discussed by the legislature to see what is reasonable, but I would generally suggest 2 years, considering some of the rules that apply to various lines of business (EUTF, QUEST, Commercial HMO/PPO, self-insured, etc) as well as the various flexibilities that insurance companies have in these situations and have exercised repeatedly in the past. 2 years seems like a reasonable middle ground in my opinion, for patients who can show they previously requested coverage and were wrongfully denied. Thank you for considering this, and finding a way to incorporate this aspect if needed.*

I am available to any committee or member who wishes to speak with me to better understand my real-life experiences with our insurance companies in Hawaii, the discrimination that too many trans people like me currently face with health insurance coverage, why we need legislation like this to pass, and why everything that the big insurance companies say when opposing this legislation is pure bullsh*t and/or are all outright lies or skewed framing...

When quite literally everyone is supporting this legislation except for an insurance company, I think it's clear who is on the "right" and "wrong" side of history. It boggles my mind that an insurance company can in good conscience say that they are "a supporter of the LGBTQ+ community," while at the same time fight **so hard** against legislation that would ensure the LGBTQ+ community has access to the health care coverage we're already afforded by law.

Highlights of my testimony and personal experience with insurance as a trans person (*trigger warning: mention of suicide*)

1. My insurance company has arbitrarily denied my transgender health care coverage requests over and over in 2021. They keep calling my care "not medically necessary" and say that it will not improve the quality of my life. Insurance says these things despite the outside world having already shown this care to be medically necessary, appropriate, and in fact **life saving**

Submitted 3/13/2022

*["I think of what the world could be
A vision of the one I see
A million dreams is all it's gonna take"](#)*





2. Despite my strength and resilience, even the strongest folks can only take so much discrimination sometimes. My insurance company's persistent discrimination and hurtful, arbitrary, and wrongful comments and adverse determinations led me to the brink of **suicide** a few times in 2021, some of the darkest moments of my entire life. Thank goodness I hung in there and did not let an insurance company get the best of me and end my life, because now that I'm winning the insurance fights and accessing the health care coverage that I need, my quality of life has never been better!!! But this is unfortunately what happens far too often when trans people are denied access to the health care and coverage they need. **Approving medically necessary trans health care saves lives, plain and simple, and I'm a living example of that.**
3. My insurance company consistently uses non-experts in the review and denial process who seem to have no clinical experience treating or prescribing gender affirming care, and who refuse to accept the medical consensus that the world knows to be factual and which is provided to them time and time again. Every time I've been denied, my insurance company has used a run-of-the-mill pediatrician (Dr. A) and a general hospitalist (Dr. G), who from the public domain perspective have no experience treating or prescribing care for trans adults, and who I argue have never demonstrated that they've even reviewed or considered any of the information that I or my providers have submitted. It's so nonsense
4. My insurance company has denied or initially refused (heavily) to provide me with so much health care coverage in 2021. When I've challenged the insurance company, I have ultimately been approved for **breast augmentation, facial gender confirmation surgery, tracheal shave, and electrolysis prior to bottom surgery**. This goes to show the arbitrary insurance denials on trans care have no merit or grounds to stand on, and the overturns demonstrate how our Hawaii insurance companies are issuing denials that are not appropriate or grounded in reality
5. My health care needs are not inherently special or unique. Other trans people need coverage for the same care I've been able to get approved for in 2021, yet my insurance company continues to deny my friends' health care as "not medically necessary" even after the company has already been overturned on my care and provided with enough scientific evidence and research to cover it for other people
6. This legislation would not be a new mandate. Insurance companies already cover the same health care services for non-transgender individuals and conditions, and I have it in writing from my insurance company that this is the case for my facial gender confirmation surgery, tracheal shave, and facial electrolysis (and we know breast reconstruction/augmentation is covered per the Women's Health and Cancer Rights Act of 1997). I'm happy to provide documents to the committee or members where HMSA confirmed (*in writing to me and also to the insurance commissioner*) that my requested trans health care is already a benefit of my HMSA plan for non-trans conditions

Our insurance companies in general have been flagrantly violating existing non-discrimination laws by continuing to deny so much trans health care and arbitrarily calling it "not medically necessary." The scientific literature, the peer-reviewed research, the academic journals, the global professional and expert associations who write the rules and recommendations for trans health care, they have all already evidenced that trans health care is medically necessary and can be vital to an individual's well-being and safety.

Through my challenges to my health insurance company in the past year and by using the protections afforded to me by the ACA, I have overturned the insurance denials and got approved for a few gender affirming surgeries and care that continue to be denied for others who cannot or do not fight as hard as I was able to... There is nothing special or inherently unique about me or my health care needs. I am just an ordinary transgender schmuck who knows her rights under state and federal law and who will hold her insurance company accountable. The health care I have and continue to personally be approved for is nothing but commonsense, and we need to ensure this care and coverage is available to everybody who needs it and without subjecting them to intense fights with big insurance.

Submitted 3/13/2022

*"I think of what the world could be
A vision of the one I see
A million dreams is all it's gonna take"*





My experiences with insurance in 2021 as a trans person (trigger warning: mention of suicide)

My insurance company nearly cost me my life in 2021 by refusing to provide me with coverage for medically necessary care and through some of the horrific things that were said and done throughout the process of denying my care time and time again. In kindergarten language, because of my insurance company I was the blink of an eye away from ending my life by suicide last year (I had never felt such depression and hopelessness prior to the insurance discrimination). It's not because I am weak or that I am not resilient, and in fact to the contrary I think I've been incredibly strong and resilient as I've successfully challenged HMSA's denials and endured some of the greatest challenges of my life.

Trans people are already marginalized and struggle in so many ways, and when folks cannot access the gender affirming care they need and want it's been shown time and time again that the prevalence of self-harm and suicide go through the roof. Even the strongest of individuals cannot forever evade the realities of continued and persistent discrimination. I honestly do not know how I am still here today, but I am sure glad that I did not die otherwise I wouldn't be able to share my experiences or continue to advocate against big insurance and to help ensure we put an end to this discrimination. Since I've been able to access the gender affirming health care coverage I need, my quality of life has never been better and those feelings of depression and hopelessness have largely subsided. My insurance company literally told me in writing (see denial quotes on next page) that my health care wouldn't reduce the likelihood of self-harm or suicide, and that my health care wouldn't improve the quality of my life. I don't know how I can better demonstrate that my insurance company isn't getting things right, and that they need some external encouragement. I want no one else to have to suffer or endure some of the things my insurance company put me through in 2021 and continues to put me through today.

In the last 11 months alone I have had to spend roughly 300 hours challenging HMSA and to successfully get them to approve coverage for:

- a- Gender affirming breast augmentation
- b- Facial gender confirmation surgery
- c- Tracheal shave (reduction thyroid chondroplasty)
- d- Electrolysis coverage prior to bottom surgery

In the end, my health care has thus far ultimately been approved for coverage because it is commonsense and the world knows it to be medically necessary. For some of these I've had to use the rights and protections that the affordable care act (ACA) affords to me, like an Independent Medical Review (IMR) where the denials are reviewed by outside experts and the decision making is removed from the insurance company.

Reasons why HMSA has denied my trans health care needs in 2021

These are just some of the reasons that HMSA issued to me in writing when denying my personal health care coverage requests over the last year or so (spoiler alert: every single reason is not an accurate reflection of reality and is false):

- 1) "nor is there proof that in those who self-harm that [the requested service] decreases that behavior"
- 2) "there is lack of support of improvement of quality of life"
- 3) "the requested procedures are not considered effective in improving health outcomes"
- 4) "gender dysphoria does not meet the definition of medical condition"

Submitted 3/13/2022

*"I think of what the world could be
A vision of the one I see
A million dreams is all it's gonna take"*





- 5) "published, peer-reviewed data does not support that the surgical procedure performed achieves outcomes in the treatment of gender dysphoria and/or gender incongruence that are superior to or equivalent to alternative interventions for treatment"
- 6) "exaggerate[s] masculine or feminine traits beyond the range of norms found within society"
- 7) "primarily serve[s] to beautify or otherwise enhance physical appearance"
- 8) "deny as does not meet current GIS policy criteria nor medical necessity, due to lack of supporting evidence that these procedures help to improve health outcomes"
- 9) "there is no decisive or definite absolute indication that health outcomes are improved with the use of facial feminization surgery"
- 10) "the research studies that show persistent improvement in quality of life in the long term are limited"
- 11) "there are very limited supporting data showing overall improved daily functioning following these procedures; therefore a conclusion that improved health outcomes will occur is not supported by clinical evidence. Therefore, the requested procedures are not medically necessary"
- 12) "there is limited literature review and research that support complete resolution or satisfaction upon completion of the surgical procedure"
- 13) "there is insufficient research studies that further support improvement in health outcome, daily functioning following successful completion of the surgery"
- 14) "removal of the facial hair is not critical for the process of gender reassignment"
- 15) "electrolysis of the facial hair would not improve the overall health outcome as measured by length or quality of the patient's life"
- 16) "there is no evidence of expert opinion that supports the attestation that electrolysis of facial hair improves the overall health outcome"

This is just a handful of the bogus and uninformed reasons my insurance company had denied my care for in the past 11 months, and they are all not true. To emphasize the severity of the situation we're dealing with in Hawaii, take another look at #1 above where HMSA says access to gender affirming care doesn't reduce the likelihood of self-harm and suicide. Seriously? There is no better way to demonstrate that Hawaii insurance companies do not understand trans health care at all. Since I've been able to access and get approved for gender affirming care, my quality of life has increased significantly and my depression, anxiety, and unwanted desires to self-harm have all decreased immensely, just as the research says happens when people can access gender affirming health care and coverage. The fact insurance here continues to say trans health care doesn't save lives and doesn't/won't improve quality of life is a kick in the gut to say the least and makes absolutely no sense.

Not accessing health care is not an option for most people because all that results in is increased depression and anxiety, increased gender dysphoria and misgendering, decreased social functioning, increased likelihood of physical harm and hate crimes, and unfortunately increased suicides and attempts. Access to gender affirming care quite literally saves lives, and I am a living example of that.

Financial impacts when my trans health care was denied

- While I was fighting my insurance company on their denials last year I had to take out a 401k loan to self-finance breast augmentation (which eventually was overturned and paid for by insurance)
- I was then moments away from needing to take out a second mortgage in order to keep my facial surgeries moving along (fortunately I overturned HMSA's denials using the ACA's protections before the 2nd mortgage was executed)





- In 2022 I've had to take a second/part-time job (in addition to my regular/full-time job) in order to pay for my health care needs (facial electrolysis) while I continue to challenge HMSA's denials using the ACA's protections and prepare for potential litigation/lawsuit
- I've even seriously considered renting out my apartment and living out of my car for 6-12 months out of desperation and in order to be able to help pay for my health care needs (which let me remind you are already viewed as a medical necessity and covered by existing state law, whether or not my insurance company will agree or admit it)

I've had to do and consider all of these things as a direct result of my insurance company discriminating against me and denying my medically necessary health care. No one should be required to do such things in order to access lifesaving health care that the world already views as being medically necessary.

Costs when insurance is allowed to discriminate and deny trans care unjustly

Think about this, what would the costs be for refusing to provide medically necessary health care coverage for trans people? And I don't just mean '*well, by refusing to cover the health care the financial costs would be zero, duh.*' I mean the costs associated with everything else like overall mental health, anxiety, depression, gender dysphoria, social functioning, increased discrimination with respect to life (housing, employment, and other disparities)... all of these things often result in **increased costs** such as for example:

- increased therapy sessions re: gender dysphoria, and all the things associated with it...
- unnecessarily elevated anxiety...
- unnecessarily worse depression...
- increased medications for patients who need them for anxiety/depression that could have been alleviated if care was approved...
- increased ER visits for patients who are forcefully kept in an unstable place through health care denials....
- other unsafe coping mechanisms like drugs and alcohol...
- increased risky behaviors like selling drugs or prostitution in an attempt to fund health care that insurance denied...
- potentially unstable housing and challenges gaining or retaining employment...
- and possibly one of the worst would be increased suicides and attempts as a result of all of the costs such as these.

I wish someone would ask HMSA "Hey, HMSA, when you do not provide coverage for medically necessary trans care, how much do these costs that Breanna mentioned add up to?" or... "Hey, HMSA, if you start covering medically necessary trans care, how much of a reduction do you expect to see when these costs Breanna mentioned are avoided?".... When an insurance company spits out a number, any number, however skewed, and they say 'covering trans care would cost \$XXX,' they are not factoring in these kinds of things and they are misleading the legislature as to the costs.





I also encourage any legislator to ask HMSA (or whoever) how they came up with their figures and what assumptions were used, because I almost guarantee those assumptions are wrong or skewed. For example, my FGCS may very well have a 'billed charge' of somewhere around \$60,000-\$100,000, and HMSA will presumably pay some lower amount based on the contracts that are in effect with my participating providers (and less my copay, coinsurance, deductible). NOT EVERY TRANS FEMININE PERSON IS GOING TO NEED OR WANT FGCS, or the same set of FGCS procedures, and it would be wildly inappropriate for HMSA (or whoever) to total up their number of trans feminine members and multiply that by some arbitrary billed charge (i.e., the expected billed charge for my care, which isn't what would actually be paid) to estimate how much covering FGCS (or whatever service) will amount to... Also, a health insurance company can't take that kind of estimate and apply it over year over year, because Breanna (or some other member) won't be having FGCS every single year or incurring that cost every year... covering FGCS (for example) for a member is usually a one-time cost... So sure, the 'additional costs' of covering more transgender health care may be a little higher the first year or few as people begin accessing long-needed health care, but the costs will then drop significantly as people get in to 'maintenance mode'... I don't think an insurance company understands these kinds of concepts and factors them in to their cost estimates, so I encourage legislators to ask how an insurance company came up with their estimated costs, and take what they are currently saying with a grain of salt.

This legislation is not a new mandate

With respect to my insurance company, they already view my trans health care services as covered benefits when prescribed for non-trans conditions and treatments. Every time I challenge HMSA under the affordable care act, HMSA is required to check a yes/no box that asks if my requested health care would ordinarily be a covered benefit of the plan had they not deemed it to be not medically necessary. When push comes to shove HMSA always checks the "yes" box, indicating that my requested care is already a benefit for non-trans conditions and when medically necessary. This legislation does not mandate the coverage of anything that isn't already covered and paid for by insurance... we're just tightening up the idea that insurance companies should not be discriminating against trans folks and denying health care on the basis of our gender identity and when the care is treating gender dysphoria, especially when the world already knows this health care to be medically necessary, appropriate, and well-supported. I am happy to provide written documentation, to any interested legislators or committees, where my insurance company put in writing that my trans health care requests are already covered benefits of my plan.

Insurance companies arbitrarily deny trans care by using non-expert reviewers

My insurance company has been denying much of my gender affirming care over the past 11 months by using reviewers who seem to have zero experience in treating trans patients or prescribing care for trans folks, who do not seem to understand trans health care, who do not seem to even review the science and evidence that I and my providers have been providing to them time and time again, and who simply have no business being involved in transgender decision making in my opinion. When I request coverage, HMSA requires me to submit letters of medical necessity from providers who are highly trained and experienced with trans care and who meet specific criteria and characteristics as defined by the insurance company and WPATH (like education and relevant clinical experience). However, my insurance company has not been using reviewers with comparable knowledge and expertise when reviewing and denying me. I alleged this problem last year via the insurance commissioner's office, and HMSA responded with the following:





"...the "Characteristics" set forth in Appendix A of the GIS Policy apply to a member's treating providers and not the clinical reviewers"

"...there is no requirement that a "reviewing body" must have such credentials."

In kindergarten language, my insurance company said that while they require my treating and referring providers to be highly skilled and trained in trans health care and meet specific criteria, HMSA's reviewers do not need to be comparable in knowledge and expertise, which would be fine ONLY IF HMSA would listen to and defer to the clinical judgements of the experts who are treating the patient (my insurance does not currently listen to or defer to the expertise of the experts they require me to bring into the process when requesting insurance coverage). Please tell me how that makes any sense at all. This all results in insurance companies not understanding transgender health care and they are making arbitrary and uninformed denials.

Health plans on the mainland already cover trans health care

The majority of insurance on the mainland already understand trans health care is medically necessary and routinely cover it. For example, **within blue cross blue shield alone nearly 85% of mainland states/companies already routinely cover breast augmentation for trans women, and about half routinely cover facial gender confirmation surgeries** (with more starting to cover it as of 2021 and 2022). HMSA does not routinely cover this care, and in fact they routinely DENY this medically necessary care for the reasons I've listed above. On the same notion, my facial electrolysis care is recognized as medically necessary and covered by MANY mainland BCBS companies (and the broader medical consensus), yet here in Hawaii HMSA thinks they know better and they call my electrolysis care not medically necessary and they make me fight so hard (leading up to potential discrimination litigation this year if their attitudes don't change).

Some of our Hawaii insurance companies are on the wrong side of history with all of this, and I'd love for someone to rationalize why my health care is widely viewed as medically necessary in the mainland and around the world, but because I live in Hawaii suddenly big insurance can call my care not medically necessary. It makes no sense and this shows that at least my insurance company is out of sync with the broader world.

The end

Please pass this commonsense legislation in 2022. There is quite literally no reason why this legislation should not pass, and there is no reason why we should allow Hawaii insurance companies to continue to flagrantly and arbitrarily deny trans health care and go against the grain of reality. And like I said in the beginning, we should ensure that trans folk who previously requested coverage and who were denied by insurance are also afforded coverage when this legislation passes, because their previously-requested care was just as medically necessary and just as covered as it would be viewed today.

I am happy to speak more in depth with any member or committee regarding my personal experience. Thank you for this opportunity. -Breanna Zoey (she/her)



HB-2405-HD-2

Submitted on: 3/13/2022 11:05:27 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jaime Stevens, MD, MPH	Individual	Support	Written Testimony Only

Comments:

Jaime Stevens, MD, MPH
1177 Queen St. #2707 Honolulu, HI, 96814
March 13, 2022

Hawai'i State Legislature Re: Testimony in Support of HB2405 HD2
Aloha Members of the Hawai'i State House Committee on Commerce and Consumer Protection,

I am a child, adolescent, and adult psychiatrist on O'ahu writing in support of clarifying the transgender anti-discrimination health insurance law (Act 135, 2016) to ensure the prohibition of categorical denials of gender affirming treatments/surgeries and require insurance companies in Hawai'i to post their policies.

We all appreciate the financial concerns of insurance companies as mentioned in testimony in the Senate companion bill. However, I ask you to please imagine what it would feel like if an insurance company carved out coverage for your loved one's diabetes or prenatal care, for example, due to cost? What if insurance executives decided they know better than your 'ohana's treatment team, and the State allowed them to determine what is considered medically necessary instead?

Transition-related health care services ARE medically necessary as determined by medical professionals. Allowing insurance companies' bottom lines to override this is a human rights issue, putting lives at risk for depression and suicidal ideation.

Thank you for supporting equitable healthcare for our māhū and gender diverse community members.

Jaime Stevens, MD, MPH, FAPA

HB-2405-HD-2

Submitted on: 3/13/2022 7:05:09 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang, and Members of the CPN Committee:

As a public health professional and concerned member of the LGBTQIA+ community, I strongly support HB2405 HD1 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures (that are provided for the cisgender people), trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinion and forming their own internal policies (e.g HMSA Policy Number: MM.06.026 & Kaiser 2022 policy page 41) that ignore the law and medical necessity of gender-affirming care by passing this bill.

When insurance companies categorically deny certain gender-affirming procedures by saying they are cosmetic in their policies, insurers attempt to take themselves out of HRS §432E-1.4(a) (Medical Necessity Statute). The Medical Necessity Statute requires coverage of a procedure if (1) it is not specifically excluded (2) is recommended by a licensed healthcare provider and (3) is medically necessary. Because (1) the anti-discrimination law prohibits insurance companies from categorically excluding surgeries like facial feminization and breast augmentation for transgender people (a protected gender identity) in their policies, (2) licensed doctors are recommending these procedures, and (3) gender-affirming procedures (even those that HMSA and Kaiser have categorically) are supported by the majority of medical opinion, insurance companies are subject to the controlling definition of medical necessity in the HRS 432E.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

With gratitude,

Thaddeus Pham (he/him)

HB-2405-HD-2

Submitted on: 3/14/2022 2:36:29 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikki-Ann Yee	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang, and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Mahalo for investing in the health and safety of our māhū and trans community members!

HB-2405-HD-2

Submitted on: 3/14/2022 9:48:12 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Redford	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Jessica Redford, RN

HB-2405-HD-2

Submitted on: 3/14/2022 2:13:26 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Andrea Nandoskar	Individual	Support	Written Testimony Only

Comments:

Support!

HB-2405-HD-2

Submitted on: 3/14/2022 2:32:13 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Heather Lusk	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Heather Lusk

HB-2405-HD-2

Submitted on: 3/14/2022 3:31:44 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Renee Rabb	Individual	Support	Written Testimony Only

Comments:

I support HB2405 which would prohibit insurance companies from denying coverage of procedures to transgendered people if they cover the procedure for other people. Whether or not people need medical procedures should be determined by them and their doctors, not by insurance companies.

Renee Rabb

Keaau, HI

HB-2405-HD-2

Submitted on: 3/14/2022 4:24:04 PM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Tamara Swift	Individual	Support	Written Testimony Only

Comments:

I support this bill that Prohibits health insurance companies from denying coverage on the basis of gender identity if the policy covers the treatment for purposes other than gender transition.

`Aloha mai,

I am a transgender woman and a lucky survivor up to this point. My testimony is part of a long and complicated relationship with transition that led me near suicide in the past. Much of the progress we think we have made in the last 20 years with transgender healthcare I can strongly testify we have not really made. I can say this as a transgender woman who had once attempted transition 20 years ago; but for various social reasons, complicated by my physical form, my voice, and appearance I felt I could never live as a woman; only as the disgusting monster others saw me as. As a trans woman I have overcome this self shaming even as other shame me; however my medical necessity of my form still ostracizes me from having a normal productive life. One I once enjoyed; and one I was able to achieve all my life goals while detransitioned for 20 years. It's a fact that I can't change me being trans or the PTSD I have faced. However as a trans woman; the major I obstacle I have faced and continue to face while compounded with social issues is access to medically necessary care.

Insurance companies continue to lie and say these procedures are cosmetic without citing evidence; even when given ERISA disclosure to support their claim they could not; and still denied. Even when spending 2 ½ years fighting for breast augmentation; having my company add it to their policy; the first in the state; they still refuse to pay the preauthorized claim. They knew no doctor would submit a claim to them; and still none has. The reality is as a trans woman; none will. Its been told time and time again over the course of two years providers, such as plastic surgery providers, electrologists, and more who provide medically necessary services will not work with insurance because of categorical denials despite having bulletproof research, studies, medical evidence, medically necessary doctors letters, and medically necessary therapist letters. The result for many, death. In my case not death, but the financial realities of needing these procedures done has resulted in loss of work time for me; working extra jobs for double insurance to navigate insurance hurdles (which proved unsuccessful); ultimately leading to the breakdown of our marriage due to stress from the symptoms of medical denial. I am also currently 30K out of pocket even including preauthorized but unfulfilled claims. Soon I may need to sell our home. I don't want to die.

While society has changed; medical insurance has not changed all that much. With the exception of bottom surgeries are covered in Hawai'i with the near exclusion of everything else. The root of gender dysphoria varies by person and is more commonly associated with other traits. For me it has always been my voice.

As you deliberate this bill in hearing today I had had voice surgery. I will not be able to give verbal testimony except by text-to-speech; or to play a recording I had done the day before my surgery. Its a voice surgery I have been waiting a year and half for; that has a waiting list.

Its something that I have struggled for for more than 20 years though. I have PTSD from situations also resulting from me having a male voice. Its my second voice surgery as the method of the first still did not give me a female voice. Kaiser would not even process the request for voice surgery. HMSA has denied it. In denying it and requesting an ERISA

disclosure to their statement “Voice alteration surgeries are not shown to improve health outcomes”; ironic as the medical necessity were clearly established by my therapists and doctors; a doctor who has a 17 year study with proved health outcomes for transgender women; they had no basis to deny it; in fact they could not produce a single document using the federal ERISA law to back up that claim; even when prompted approximately 4 times. These are the problems facing the trans communities.

- 1) Trans and non-binary people cannot access many doctors, like plastic surgeons, will not or refuse to work on transgender individuals (this is the majority, not the minority)
- 2) Doctors that will work on/with transgender individuals will not process insurance. This is because insurance has so commonly denied them in the past that they do not wish to waste their time.
- 3) Insurance categorically denies any claims for coverage. Only a low percentage of folks can do this. This is after spending considerable time and effort in traveling and waiting for appointments with doctors. They are denied categorically.

I have read HMSA, Kaisers, and the insurance commissioner’s testimony and find them harmful. Deliberately harmful. I have friends who could have and nearly had killed themselves all while fighting for their denied healthcare coverage. Act 135 was an anti-discrimination law passed in 2016. It is largely ignored. HMSA, Kaiser, and the insurance commissioners testimony largely disregard that insurers are currently breaking a law regarding medical necessity; and this act requests that be remedied. International organizations already recognize these procedures as medically necessary for transgender individuals (note: transgender individuals, not the general public as HMSA would lead you to believe, the diagnosis of gender dysphoria is important; as it is the alignment to a gender not assigned at birth which one is seeking alignment to).

I am recommending and advocating that the medically necessary determination of the surgeries be kept. They are currently being ignored categorically and are being ignored because the insurance companies took the generic wordings of Act 135 and only applied them to bottom surgery (the most minimal possible definition). The only thing that has changed since 2002 and now is this bottoms surgery. More than 20 years have passed and how many have died.

As a trans woman I have also been discriminated in my breast surgeries, facial feminization procedures, types of hormones, body surgeries, my current voice surgery, and just in general. Because of this I’ve had to go through extraordinary means to accomplish these or fight with insurers, currently to the detriment of my marriage; which I have since separated from my wife, do to the outcomes hours multiple jobs and fighting between them for coverage has had.

If we are not able to pass this bill with coverage for these procedures as medically necessary as determined by doctors and therapists (NOT INSURERS!) we will lose many more people. Even when fighting, even with both Kaiser and HMSA insurance as I have both had, even after 2 ½ years of trying, after a the internal resolve of coming to my truth in a second time in my life after failing in my first transition to simply life as a woman and having that endless fire, still I cannot win here.

Personally speaking I am a transgender who has the world thrown at me, and for some reason I am still here. I am an innovator, and I am a creator. I know I am the only person in the entire world who is bringing Hawaiian language movies to Netflix and Disney+ ('Ōlelofix) via community. Allowing 'Ōlelo Hawai'i and indigenous languages to exist in the mainstream. I am an example of a person that could be gone without these things ever existing. I am powerful; like many are in shaping the world. Just look what trans people have contributed to society and to imagine what could have not ever existed will take your breath away.

An audit is not necessary, and has historically been waived. This is further defining the anti-discrimination law of 2016, Act 135 preventing discrimination; which continued to this day because insurers took it to mean the minimal. The categories being defined were necessary so that insurers can't say they are covering gender transition services when they're necessary. This is not a health mandate. This is fixing an anti-discrimination law/act. When a traffic light is broken you don't conduct studies while people are getting run over in the street. You fix the traffic light so people stop dying in the street.

Please pass this act. Ignore the testimonies of HMSA, Kaiser, and the Insurance Commissioner. Increase the protections of this bill rather than weakening them to the point that this bill and act are useless. Please save our lives - we are worth it. I am begging you; pass it with full non watered down protections. Medically necessary. Insurers aren't allowed to say what is medically necessary and what is not. They should use the evidence that California, Oregon, and Washington all currently use and provide this medically necessary coverage.

I agree with the testimony of HHHRC in their prior iteration of HD1 and their related amendments and others who directly support our community. I am against the comments of Kaiser, HMSA, and the insurance commissioner who's requests for amendments should be ignored, as they harmful to our lives and well being. As enduring 2 ½ years of denied care and over 20 years of witness I am able to make these statements. As insurers submitting testimony; I strongly condemn their words as well as their claim to support LGBTQ+ healthcare. Its obvious they are violating the law since 2016 practically and fundamentally; and we need stronger protections in place so they can't avoid further avoid their legal obligations they claim to be following under nuance of language..

I also wish the language around medically necessary to remain unchanged in the list of surgeries that are to be considered medically necessary such as voice surgery except to add an amendment to the effect that that we NEED surgeries covered even when it's only purpose is gender transition and there is not a comparable covered surgery for those without gender dysphoria. If the bill is weakened in language; more people will die or have unfortunate health outcomes. If it is strengthened in language more people will live and have positive health outcomes. This bill cannot wait for an audit; when a traffic light is out you don't wait for an audit. You fix it so people don't lose their lives and get run over or into accidents.

Save our lives. We are important productive members of society. Let us live our best selves and lives. This legislation already exists in states like California, Oregon, and Washington where trans folks are able to access care. We needed access to this care for the last 8 years but were still denied. Mahalo.

Kalani Bright

kapaakea@manastudios.com

PS - I am available for questions or comment and would appreciate any support members are able to offer our cause.

HB-2405-HD-2

Submitted on: 3/15/2022 8:43:13 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Chris Edwards	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee,

I support HB 2405. I'll echo the State of Hawaii Department of Health's testimony from March 1, 2022. "Access to gender affirming treatments is often a matter of life and death for transgender community members... when you consider that transgender adults have a prevalence of past-year suicide attempts that is about eighteen times higher than the U.S. general population. (4) From a financial standpoint, increasing access to these medically necessary treatments will not only save lives, but provide cost-savings in mental health care and adjacent fields.(5)"

Their cited works:

"(4) Herman, J.L., Brown, T.N.T., & Hass, A.P. (2019). Suicide Thoughts and Attempts Among Transgender Adults. UCLA School of Law, Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>

(5) Padula WV, Heru S, Campbell JD. Societal Implications of Health Insurance Coverage for Medically Necessary Services in the U.S. Transgender Population: A Cost-Effectiveness Analysis. J Gen Intern Med. 2016 Apr;31(4):394-401."

We can save lives with this bill. Please support HB 2405.

Best wishes,
Chris Edwards

HB-2405-HD-2

Submitted on: 3/15/2022 8:52:09 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cathy Kapua	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Cathy Kapua

HB-2405-HD-2

Submitted on: 3/15/2022 9:16:37 AM

Testimony for CPN on 3/16/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kawaiarii Keaulana	Individual	Support	Written Testimony Only

Comments:

Dear Chair Baker, Vice Chair Chang and Members of the Committee:

I strongly support HB2405 HD2 which updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Sincerely,

Kawaiarii Keaulana

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Aloha Chair Baker, Vice Chair Chang, and Members of the Committee:

I strongly support HB2405 HD2 with amendments. This bill updates the language on the transgender anti-discrimination health insurance law and requires insurance companies in Hawai'i to post their policies.

There is an overwhelming and growing consensus among major medical organizations that transition-related health care services, including surgical treatments, to alleviate gender dysphoria are medically necessary and should be fully covered by patients' insurance. Without insurance coverage of these medically necessary procedures, trans lives are put at risk for depression and suicidal ideation.

Please make sure that insurance companies are not ignoring the majority of medical opinions and forming their own unsubstantiated internal policies e.g HMSA Policy Number: MM.06.026 that ignore the law and medical necessity of gender-affirming care by passing this bill.

Please add this language to the bill as well:

"No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."

Thank you for investing in the health and safety of our māhū and trans community members!

Requested amendments to HB2405 HD2:

1. Add to the sections amending §431:10A-118.3, §432:1-607.3, and §432D-26.3: "No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider with experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination."
2. Add a new section to include: "Section 432D-26.3, Hawaii Revised Statutes, is amended to read as follows:"§432D-26.3 This section should mirror the language in the other sections being amended that include HRS §431:10A-118.3 & §432:1-607.3.
3. Remove the language in the other sections that says "including any health maintenance organization governed by chapter 432D" as long as there will be a new section as mentioned in #2 above.
4. Add to the sections amending §431:10A-118.3, §432:1-607.3, and §432D-26.3: (d) A health care provider shall not apply categorical cosmetic or blanket exclusions to gender affirming treatment. When prescribed as medically necessary gender affirming treatment, a health care provider shall not categorically exclude as cosmetic services facial feminization surgeries and

other facial gender affirming treatment, such as tracheal shaves, hair electrolysis, and other care such as mastectomies, breast reductions, breast implants, electrolysis or laser hair removal, voice surgeries and therapies, smoking cessation or any combination of gender affirming procedures, including revisions to prior treatment; provided that the policy also provides coverage for those services when the services are offered for purposes other than 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) Breast augmentations;
- (9) Masculinizing chest surgeries;
- (10) Facial feminization surgeries;
- (11) Reduction thyroid chondroplasties;
- (12) Voice surgeries and therapies;
- (13) Electrolysis or laser hair removal; and
- (14) Smoking cessation therapies.

5. Add to each section [in] “accordance with the most recent edition of the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, issued by the World Professional Association for Transgender Health.” This should replace the language [in] “accordance with the most recent information provided by evidenced-based peer reviewed medical guidance” in the other sections being amended that include HRS §431:10A-118.3 & §432:1-607.3.

6. Make the effective date Transgender Day of Remembrance so “November 20, 2022.”

Mahalo,

MalamaKai Watson