

OFFICE OF INFORMATION PRACTICES

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To: House Committee on Health & Homelessness

From: Cheryl Kakazu Park, Director

Date: January 31, 2024, 8:30 a.m.
State Capitol, Conference Room

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

Thank you for the opportunity to submit testimony on this bill, which would, among other things, amend the protections for reproductive health care service established in Act 2 of 2023 to include gender-affirming health care services. The Office of Information Practices (OIP) takes no position on the substance of this bill, but offers comments and a simple proposed amendment to address its concerns about a nondisclosure provision in the new law and this bill.

OIP testified last year on S.B. 1, which became Act 2, to express concern about a possible conflict between section ___-4 (set out at pages 8-9 in the current bill) and the Uniform Information Practices Act (UIPA). That section prohibits government agencies as defined in the UIPA and their employees from providing any information “in furtherance of any out-of-state or interstate investigation or proceeding seeking to impose civil or criminal liability” for the provision, use of, or assistance related to reproductive health care services. Since the definition of “agency” is explicitly based on that used in the UIPA, the prohibition is clearly intended to apply to UIPA requests. **The problem is that the prohibition on disclosing information applies not just to patient health information or similarly confidential information but to information in general, and it is not limited to a situation in which the agency or employee furnishing information actually knows that the record request was made in connection with an investigation or proceeding seeking to impose liability.**

The UIPA allows anonymous requests, and except where an individual is requesting his or her personal records that would not be disclosed to the general public, **an agency cannot require record requesters to identify themselves or explain the purpose of a record request.** And since the prohibition on providing information applies not just to requests coming from another state government but also to requests from private individuals seeking to impose civil liability under a bounty law, record requests made in furtherance of such a proceeding will not necessarily be identifiable as such.

Thus, government agencies and employees will risk violating the bill's prohibition when they disclose public records as required under the UIPA because they will have no way of knowing whether a request is connected to an investigation or proceeding seeking to impose liability for the use, provision of, or assistance related to reproductive health care services. **And that can be expected to chill the general public's access to government records by encouraging agencies to deny requests, with the new prohibition as their justification,** for fear that the requested records – no matter how seemingly innocuous – could conceivably further in some way a proceeding seeking to impose liability related to reproductive health services.

The extension of this prohibition on providing government records or information that end up being used in an investigation or proceeding seeking to impose liability for the use, provision of, or assistance related to reproductive health care services to also encompass gender-affirming health care services **will only increase the potential for an actual conflict** with the UIPA's disclosure requirements. OIP therefore reiterates the recommendation it made last year to **amend this provision** to limit its prohibition to situations where an agency **discloses information that is not public under the UIPA** in furtherance of an investigation or proceeding seeking to impose liability as described.

Specifically, OIP recommends that the relevant portion of subsection __-4(a) on page 8 lines 14 to 20 be amended to read as follows (added language is bolded and underlined):

“(a) No agency, as defined in section 92F-3, or employee, appointee, officer, official, or any other person acting on behalf of an agency shall provide any **nonpublic** information or expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any out-of-state or interstate investigation or proceeding seeking to impose civil or criminal liability upon a person or entity. . .”

House Committee on Health & Homelessness
January 31, 2023
Page 3 of 3

With this simple amendment, an agency could no longer argue that the new law required it to withhold public information in case it could somehow be used in furtherance of a proceeding seeking to impose liability for reproductive or gender-affirming health care, because it would be clear that the new law does not bar an agency from disclosing public records.

Thank you for considering OIP's testimony.



**Written Testimony Presented Before the
House Committee on Health & Homelessness
Wednesday, January 31, 2024 at 8:30 AM
Conference Room 329 and via Videoconference
by
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

WRITTEN TESTIMONY IN SUPPORT of H.B. 2079

Chair Belatti, Vice Chair Takenouchi, and Members of the House Committee on Health & Homelessness, thank you for the opportunity to testify in **support of H.B. 2079**, as it relates to nursing care and practice (Sections 1, 3, 10, 11, and 19).

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

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

The Hawai'i State Center for Nursing respectfully asks the Committee to **support H.B. 2079** through your committee. The Center thanks your committee for its commitment to the people of Hawai'i and ensuring access to high-quality health care by protecting safe and evidence-based healthcare provided by local healthcare providers including nurses.

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

Testimony of the Hawaii Medical Board
Before the
House Committee on Health & Homelessness
Wednesday, January 31, 2024
8:30 a.m.
Conference Room 329 and Videoconference

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

Chair Belatti and Members of the Committee:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board will discuss this bill at its next publicly noticed meeting on February 8, 2024, after which it will be able to provide an official position.

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

Thank you for the opportunity to testify on this bill.

Testimony of the Board of Nursing

**Before the
House Committee on Health & Homelessness
Wednesday, January 31, 2024
8:30 a.m.
Conference Room 329 and Videoconference**

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

Chair Belatti and Members of the Committees:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board will discuss a similar measure at its next publicly noticed meeting on February 1, 2024, after which it will be able to provide an official position.

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

Thank you for the opportunity to testify on this bill.

Testimony of the Board of Psychology
Before the
House Committee on Health & Homelessness
Wednesday, January 31, 2024
8:30 a.m.
Conference Room 329 and Videoconference

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

Chair Belatti and Members of the Committee:

My name is Christopher Fernandez, and I am the Executive Officer of the Board of Psychology (Board). The Board will discuss the measure at its earliest opportunity when it can be properly noticed on an agenda, after which it will be able to provide an official position.

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

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII'
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DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Health and Homelessness
Wednesday, January 31, 2024
8:30 a.m.
Conference Room 329 and Videoconference

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

Chair Bellati and Members of the Committee:

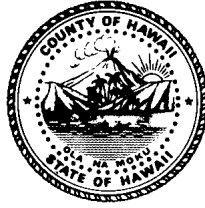
My name is Rochelle Araki, and I am the Executive Officer for the Department of Commerce and Consumer Affairs' (Department) Professional and Vocational Licensing Division's (Division), Marriage and Family Therapy Program and Mental Health Counselors Licensing Program. The Department supports sections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

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

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

Thank you for the opportunity to testify on this bill.

Jennifer Kagiwada
Council Member District 2 South Hilo



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

HAWAI'I COUNTY COUNCIL - DISTRICT 2

25 Aupuni Street • Hilo, Hawai'i 96720

DATE: January 29, 2024
TO: House Committee on Health and Homelessness
FROM: Jennifer Kagiwada, Council Member
Council District 2
SUBJECT: HB 2079

Aloha Chair Au Belatti, Vice Chair Takenouchi, and members of the Committee,

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

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

Mahalo,

A handwritten signature in black ink, appearing to read 'Jenn Kagiwada'.

Jenn Kagiwada

HB-2079

Submitted on: 1/29/2024 10:19:58 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Rainbow Family 808 strongly supports HB2079. Please pass this bill.

Mike Golojuch, Sr, Board Member/Secretary



TESTIMONY FROM THE DEMOCRATIC PARTY OF HAWAII

HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

JANUARY 31, 2024

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

POSITION: STRONG SUPPORT

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

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

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

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

Dozens of states across the nation have either passed or are considering passing laws prohibiting gender affirming health care to people of ALL AGES. These laws target providers and recipients, making it a criminal offense to provide gender affirming care. Recently, there was a news¹ report that the Texas AG has gone as far as issuing subpoenas for medical records relating to gender affirming care - from medical providers outside his own state of Texas - to prosecute gender affirming care providers and recipients who may reside in Texas. Such moves are intended to have a chilling effect, frivolously overreaching state lines, in the pursuit to diminish and extinguish gender affirming care across the nation – even in states that do not have such discriminatory and misguided laws on their books. We must take action and take a stand to protect the human rights and human dignity of our LGBTQIA+ Community. The LGBTQIA+ community is under unprecedented attack across the nation, and it is our responsibility to stand up to bullies and protect the civil and basic human rights of our fellow residents.

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

Requested amendments:

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

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

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

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

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

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

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

Mahalo nui loa,

Kris Coffield
Co-Chair, Legislative Committee
(808) 679-7454
kriscoffield@gmail.com

Abby Simmons
Co-Chair, Legislative Committee
(808) 352-6818
abbyalana808@gmail.com

HB-2079

Submitted on: 1/29/2024 2:33:52 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Aloha Representatives,

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

We ask that you support this needed piece of legislation.

Mahalo,

Pride at Work – Hawai‘i



To: Committee on Judiciary

Hearing Date/Time: Wednesday Jan. 31, 8:30 AM

Re: Testimony in Support of HB 2079

From: Heather Lusk, Hawaii Health and Harm Reduction Center

Dear Chair Rhoads, Vice Chair Gabbard and members of the committee

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

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

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

Thank you for the opportunity to testify.

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



January 29, 2024

House's Committee on Health & Homelessness
Hawai'i State Capitol
415 South Beretania Street
Honolulu, HI 96813

Hearing: Wednesday, January 31, 2024 at 8:30 AM

RE: **SUPPORT for House Bill 2079**

Aloha Chair Belatti, Vice-Chair Takenouchi and fellow committee members,

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

HB 582 will relax the requirements for prescribing certain controlled substances as part of gender-affirming health care services. Expands the protections established under Act 2, SLH 2023, to include gender-affirming health care services. Clarifies jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services.

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

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

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

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

Mahalo nui loa for your time and consideration,

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



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January 30, 2024

To Chairperson and the Committee:

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

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

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



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

Research indicates the importance of telehealth for TGD people. The 2015 US Trans Survey indicated that TGD people were **three times** more likely to have to travel more than 50 miles to access transition related care versus general healthcare². Research from Stanford and Rock Health indicates that TGD patients are more than twice as likely as their cisgender peers to utilize telehealth. 98% of TGD people utilized telemedicine services in 2022³. 85% of TGD people delayed medically necessary care due to fear of discrimination in physical clinical settings³. Two out of three primary care physicians⁴ and three out of four endocrinologists report that they don't have enough training or expertise to diagnose or treat transgender patients⁵.

HB2079 will repeal the restrictions in current Hawai'i state prescribing laws and save TGD lives. We believe that this proposed legislation supports the Hawai'i Department of Health's [recent](#) commitment to transgender rights without increasing risk of harm as there is a *large volume* of research reporting that clinical outcomes with telehealth are as good as or better than usual care and that telehealth improves intermediate outcomes and satisfaction¹. HB2079 will help move Hawai'i closer to the telemedicine prescribing regulations supported by the [Federation of State Medical Boards](#), the [American Telemedicine Association](#), the [Center for Connected Health Policy](#), and [CTeL](#). I have included a summary of that literature at the end of this testimony with references.

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



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

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

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

Sincerely,

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

Lin-Fan Wang, MD |

Stephanie Upton, MD | MD-23963

Brief Summary of the Research Regarding Telehealth

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

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

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

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



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

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

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

References:

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2. 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.
3. <https://rockhealth.com/insights/consumer-adoption-of-digital-health-in-2022-moving-at-the-speed-of-trust/>
4. McPhail D, Rountree-James M, Whetter I. Addressing gaps in physician knowledge regarding transgender health and healthcare through medical education. *Can Med Educ J.* 2016;7(2):e70-e78. Published 2016 Oct 18.
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6. Cole TO, Robinson D, Kelley-Freeman A, Gandhi D, Greenblatt AD, Weintraub E and Belcher AM (2021) Patient Satisfaction With Medications for Opioid Use Disorder Treatment via Telemedicine: Brief Literature Review and Development of a New Assessment. *Front. Public Health* 8:557275. doi: 10.3389/fpubh.2020.557275
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24. If you would like the over 500 papers I reviewed, I am able to include those as well, but for brevity here, I only include directly cited works.



January 31, 2024

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homelessness

Re: HB 2079 – RELATING TO HEALTHCARE

Dear Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

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

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

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

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

January 31, 2024

House Committee on Health & Homelessness
Conference Room 329
State Capitol
415 South Beretania Street

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

Dear Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

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

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

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

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

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

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

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

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

Sincerely,

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



January 30, 2024

The Honorable Della Au Belatti
Chair, Committee on Health & Homelessness
Hawaii House of Representatives
415 South Beretania St.
Honolulu, HI 96813
Room 420
repbelatti@capitol.hawaii.gov

RE: ATA ACTION SUPPORT FOR SECTION 1 OF HB 2079

Dear Chair Belatti and members of the Committee on Health and Homelessness,

On behalf of ATA Action, I am writing to express our support for Section 1 of HB 2079. ATA Action has no stance on the remaining sections of the bill.

ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. ATA Action recognizes that telehealth and virtual care have the potential to truly transform the health care delivery system – by improving patient outcomes, enhancing safety and effectiveness of care, addressing health disparities, and reducing costs – if only allowed to flourish.

Currently, the Hawaii Controlled Substances Act requires otherwise Hawaii licensed telemedicine practitioners to issue prescriptions only “from within” the state. This has generated confusion for Hawaii licensed telemedicine providers—including those offering gender-affirming care services—as to whether a patient's “originating site” location in Hawaii also means that a prescription to such patient originates “from within” state borders, even though the provider themselves may not be physically located in Hawaii. This uncertainty is compounded given that the medical practice act's telehealth provisions allow providers to form a patient relationship and prescribe entirely via telehealth when appropriate (excluding opiates and cannabis).

It is due to this uncertainty that ATA Action supports Section 1 of HB 2079 which would allow for the prescription of schedule III and IV controlled substances, including testosterone, for the purposes of gender-affirming care, even when the practitioner is located outside of the state. For gender-affirming care providers, this resolves the uncertainty regarding the “from within” requirement in the Controlled Substances Act by definitively stating that Hawaii licensed practitioners can prescribe controlled substances for gender -affirming care to Hawaii patients wherever the practitioner happens to be located. This change will be crucial for Hawaii patients to have better access to gender-affirming care services from discreet, safe telehealth options.

ATA Action also encourages the legislature to make similar amendments to the Controlled Substance Act to adopt this clarification for all telehealth services that include controlled substances prescribing. Many (if not most) telehealth services include physician managed treatment options for which the physician is

ATA ACTION

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licensed in the state where the patient is located, but the physician may not be physically located in that state themselves. ATA Action believes that providers should be allowed to evaluate and treat patients via telehealth so long as those providers are able to meet the same standard of care that would apply to similar in-person encounters – including for the prescription of controlled substances. Continued uncertainty, or even out-right prohibition, over a Hawaii licensed, out-of-state providers’ ability to prescribe controlled substances will reduce the number of treatment options available to patients, especially the Hawaiians who live in underserved areas.

This issue is especially pertinent as ATA Action has recently been made aware that the controlled substances enforcement division is sending out notices to Hawaii licensed providers who are seeking a new or renewed controlled substances registration. These notices make clear in bright red letters that a “prescriber MUST be physically within the borders of the State of Hawaii” when issuing a prescription for controlled substances. The enforcement division’s interpretation of the “from within” requirement in the Controlled Substances Act thus appears to preclude these Hawaii licensed physicians from prescribing to patients in Hawaii and effectively reduces aggregate care available to Hawaiians via telehealth.

Thank you for your consideration of these comments and your support for expanding Hawaiians’ access to high-quality, affordable health care. In conclusion, we would like to reiterate our support for Section 1 of HB 2079 and urge the legislature to provide similar clarity to all telehealth prescribers. Please do not hesitate to let us know how we can be helpful in your efforts to advance common-sense telehealth policy in Hawaii. If you have any questions or would like to discuss the telehealth industry’s perspective further, please contact me at kzebley@ataaction.org.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley", written in a cursive style.

Kyle Zebley
Executive Director
ATA Action

HB-2079

Submitted on: 1/31/2024 12:25:36 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Carolyn M Golojuch	Rainbow Family 808	Support	Written Testimony Only

Comments:

Rainbow Family 808 strongly supports this measure HB2079.

Thank you for hearing this measure.

Carolyn Martinez Golojuch, MSW

Founder and President



Government Relations

Testimony of
Jonathan Ching
Government Relations Director

Before:
House Committee on Health & Homelessness
The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair

January 31, 2024
8:30 a.m.
Conference Room 329 & Via Videoconference

Re: HB 2079, Relating to Health

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

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

Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 12.6 million members nationwide, and more than 274,000 members in Hawai'i. In Hawai'i, more than 4,200 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and advance practice providers work in our integrated health system to provide our members coordinated care and coverage. Kaiser Permanente Hawai'i has more than 19 medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the 1.4 million people living in the communities we serve.

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

Kaiser Permanente Hawai'i is concerned that the use of the term "communication" in Section 3, § -2, creates a broader prohibition than intended. Health systems like Kaiser Permanente "communicate" to other systems in a regional Health Information Exchange (HIE) and routinely communicate for treatment, payment, or health care operations as defined under the Health

Insurance Portability and Accountability Act of 1996 (HIPAA). We understand the intent of the bill is to prohibit covered entities from inappropriately disclosing reproductive or gender-affirming health care information received directly from patients or their legal representatives, but not to prohibit necessary disclosures among or between covered entities. To that end, we recommend the following changes in Section 3:

On Page 7, line 18, **add** the following:

§ -2 Disclosures prohibited.

[. . .]

(c) Nothing in this section shall be construed to impede the lawful sharing of medical records as permitted by state or federal law or the rules of the court, except in the case of a subpoena or warrant issued by a court, government agency, or legislative body of another state commanding the production, copying, or inspection of medical records relating to reproductive health care services[~~-~~] or gender-affirming health care services that are lawful under the laws of this State. **Notwithstanding the foregoing, the term "communications" as used in subsections (a) and (b) shall not include uses and disclosures that covered entities are allowed to exclude from an accounting of disclosures pursuant to 45 Code of Federal Regulations section 164.528.**

Mahalo for the opportunity to testify in support of this important measure.

HB-2079

Submitted on: 1/29/2024 11:01:50 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sarah Rosenbach	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

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

This bill would provide better access to gender-affirming care via telehealth than is currently available today. State law currently requires a face-to-face patient-physician relationship be established before certain gender-affirming medications can be prescribed via telehealth. Telehealth has grown in prominence in recent years and its value is better realized, particularly among more rural parts of our island state where access to care/providers is limited. Relaxing the prescribing requirements for certain medications when prescribed for the purposes of gender-affirming care would be a huge boost for Hawaii’s access to this care.

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

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

Mahalo for you consideration.

HB-2079

Submitted on: 1/29/2024 11:05:44 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

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

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

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

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

Thank you for your consideration.

Linda Kim, APRN

HB-2079

Submitted on: 1/29/2024 11:06:43 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kerestin Walker	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

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

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

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

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

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

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

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

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

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

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

Thank you,
-Breanna Zoey (she/they)

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

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

(b) Discrimination under this section includes the following:

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

(A) Health care services related to gender transition; provided that there is coverage under the policy, contract, plan, or agreement for the services when the services are not related to gender transition~~[7]~~. It is not required that a health care service covered for gender transition must also be routinely available and covered for non-gender transition; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Discrimination under this section includes the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Discrimination under this section includes the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) For the purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HB-2079

Submitted on: 1/29/2024 12:28:53 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Cards Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cards Pintor

HB-2079

Submitted on: 1/29/2024 12:46:11 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lisa Lee	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

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

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

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

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

Sincerely,

Lisa Lee, PsyD

HB-2079

Submitted on: 1/29/2024 1:34:50 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Isis Osborne	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee,

I support this important bill to protect health care professionals who provide gender-affirming care, as well as protect children and their families who might travel to Hawaii to access such care. This measure is a first step in providing sanctuary for trans and gender nonconforming (GNC) people who deserve to be able to access life-affirming, necessary medical treatment to increase positive life outcomes and fight against the bigotry we see playing out across the US continent. We must step up to provide better access and increased care for our trans and GNC relatives, especially in a place where third gender māhū people are respected as valued members of our community.

Mahalo for the opportunity to submit testimony,

- Isis Osborne

EPT 1.5L at William S. Richardson School of Law

HB-2079

Submitted on: 1/29/2024 1:47:35 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Cindy R Ajimine	One Impact Hawaii	Oppose	Written Testimony Only

Comments:

I am a **CONSTITUENT** of Representative **TAM** and strongly **OPPOSE** this bill. Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/29/2024 2:52:13 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel R Freund	Individual	Support	Written Testimony Only

Comments:

Gender affirming care is a medical treatment. Decisions regarding medical treatment should rest with the doctor and patient, not the state. Please vote for this legislation.

- Dan Freund, Kapaa

HB-2079

Submitted on: 1/29/2024 3:45:52 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sheila Medeiros	Individual	Oppose	Remotely Via Zoom

Comments:

I am a constituent of District 43, Makakilo and Kapolei. I vehemently oppose HB2079. Relaxing the requirements for prescribing certain controlled substances as part of gender-affirming health care services. Expansion of the protections established under Act 2, SLH to include gender affirming health care services I also oppose. Anyone under the age of 18 should not be influenced to take puberty blockers and or mutilating themselves during adolescent years. The health risks associated with transitioning are significant. Once a child is mutilated it is damaging for life. Transitioning should only be allowed for mature adults who fully understand the consequences of their decision. Example below.

In a 2015, Boston study of 180 transsexual youth who had undergone SRS (106 female-to-male; 74 male-to-female), these youth had a twofold to threefold increased risk of psychiatric disorders, including depression, anxiety disorder, suicidal ideation, suicide attempt, self-harm without lethal intent, and both inpatient ...

More risk during transitioning...

- Blood clots in a deep vein or in the lungs.
- Heart problems.
- High levels of triglycerides, a type of fat, in the blood.
- High levels of potassium in the blood.
- High levels of the hormone prolactin in the blood.
- Nipple discharge.
- Weight gain.
- Infertility.

I urge you to deny this bill from going forward and choose common sense and mental health therapy rather than medication and surgeries and have irreversible damages.

Mahalo,
Sheila Medeiros

Kapolei/Makakilo (43)

HB-2079

Submitted on: 1/29/2024 3:57:30 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sarah Simmons	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and Committee Members:

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

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

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

Mahalo for you time and consideration,

Sarah Simmons

Volcano, HI

HB-2079

Submitted on: 1/29/2024 4:12:19 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Diana Wohler	Individual	Support	Written Testimony Only

Comments:

I am writing strongly in support of HB2079. This bill contains several important provisions that will serve to advance access to gender affirming care in Hawai'i and advancing equity for all.

HB-2079

Submitted on: 1/29/2024 4:51:16 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Cheng	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB2079. The individuals, whether children or adults, who are seeking gender altering medications or surgeries need mental health services not life altering interventions as are being proposed. Lets get to the root issue and not cause further harm.

Thank you for your time,

Jessica Cheng

HB-2079

Submitted on: 1/29/2024 5:28:10 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Corinne Blum, MD	Individual	Support	Written Testimony Only

Comments:

Dear Chair Belatti, Vice Chair Takenouchi, and members of the committee:

I am writing in strong support of HB2079.

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

This bill would provide better access to gender-affirming care via telehealth than is currently available today. State law currently requires a face-to-face patient-physician relationship be established before certain gender-affirming medications can be prescribed via telehealth. Telehealth has grown in prominence in recent years and its value is better realized, particularly among more rural parts of our island state where access to care/providers is limited. Relaxing the prescribing requirements for certain medications when prescribed for the purposes of gender-affirming care would be a huge boost for Hawaii’s access to this care.

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

Hawaii continues to lead the nation by example when it comes to gender-affirming care rights and protections. As a proud alumnus of the John A Burns School of Medicine, I know that our community values are rooted in equity and justice, and I urge you to pass this legislation.

HB-2079

Submitted on: 1/29/2024 5:45:12 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Mi Yung Park	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm. I strongly oppose this proposed bill.

HB-2079

Submitted on: 1/29/2024 6:18:14 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Will Caron	Individual	Support	Written Testimony Only

Comments:

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

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

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

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

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

Mahalo!

HB-2079

Submitted on: 1/29/2024 6:52:54 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and HTH Committee,

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

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

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

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

Mahalo for considering this important legislation.

Thaddeus Pham (he/him)

HB-2079

Submitted on: 1/29/2024 6:58:24 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Catherine Collado	Individual	Oppose	Written Testimony Only

Comments:

I am in opposition of HB2079 re: gender affirming treatments. There are many devastating issues regarding medical gender transformation across the nation that include pain, pain control, drug use, daily emotional challenges resulting in psychological issues compiling the problem of gender identity. Children, up until young adulthood do not manage pain well after various procedures and ingesting various medications and their side effects. Please do not allow our children to endure these permanent, lifetime, irreversible medical procedures.

Thank you for your consideration in opposition of HB2079.

HB-2079

Submitted on: 1/29/2024 7:08:39 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

I am Rep Tam's constituent. Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/29/2024 7:32:34 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Corinne Solomon	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB2079

HB-2079

Submitted on: 1/29/2024 7:41:27 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
TERI SAVAIINAEA	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB 2079.

Thank you,

Teri Savaiinaea

HB-2079

Submitted on: 1/29/2024 7:49:24 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Loree Jean Searcy	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to this bill because children going through sex change operations are not psychologically sound as many of these kids end up regretting their decision and/ or have committed suicide!

HB-2079

Submitted on: 1/29/2024 8:08:42 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Anna-Marie Musico	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/29/2024 8:21:38 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Nathaniel F Gallego	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/29/2024 8:23:57 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rochelle Tamme	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

Please help protect our children and neighbors from making rash decisions that has the potential to destroy their lives and identity without even so much as an in person consultation from a professional.

HB-2079

Submitted on: 1/29/2024 8:47:38 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alice Abellanida	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill! Our children need to be protected not destroyed from the devastating consequences of these surgeries.

HB-2079

Submitted on: 1/29/2024 8:50:49 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Sharron VanDeusen	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this Bill.

HB-2079

Submitted on: 1/29/2024 8:52:34 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jamie Irvine	Individual	Oppose	Written Testimony Only

Comments:

Aloha Madame and Sir,

I adamantly oppose HB 2079 for so many reasons! First, these are MINOR CHILDREN under the age of legal adulthood of 18. These precious kids are not developed mentally and physically yet. This is why they are supposed to be under responsible adult (preferably natural parents) care.

Every time I go to a public place such as a mall, I see signs everywhere that says vaping is targeting children by using sweet flavors and it's ads seem so innocent, but aren't because the industry wants younger people to get hooked right away. Not just for vaping but for smoking ads, drinking alcohol ads and drug ads.

Not so long ago there was a huge campaign: STRANGER DANGER! A campaign to discourage kids from talking to strangers whether in person or online.

Even the huge ad: HUGS NOT DRUGS went around for a long time! Now the powers at be are targeting children for something so disheartening and unfathomable such as this bill about (poisonous) drugs to change a child's gender at any age and less restrictions etc.

These gender altering drugs have already been proven irreversible and deadly both mentally and physically! The role of mature and responsible adults that are parents is to nurture every stage of childhood with the basic guidelines that have been working for thousands of years! And now just because some adults are confused and maybe want some attention have lost their sight of what true parenting is all about.

We aren't to confuse our children with the latest fads, stunts and gimmicks. We're to build their character up in such a way that teaches them to take firm stances against such foolishness! Children don't have the mental capacity to make permanent decisions such as changing their gender.

This is why we have age laws to get a driver's license, to vote, to join the military, to get married and so on! But to let them choose a gender that has already been given to them at birth is ridiculous! Every person goes through times of doubting one's identity and purpose for life. That's normal! I remember wanting to be a puppy when I was little but it was just a PHASE! My parents were lovingly patient and good enough to see me through this very temporary time.

If we would focus the energy certain groups of people are trying to force on innocent children to let them be whatever they want to be into developing the wonderful boy or girl that God designed them to be, we would have a more stable world. Just because you change a gender doesn't mean that it will change the root of the problem that's causing confusion in the first place.

In this entitlement age it's time for someone to be the grown-up and have the courage to SAY NO and set boundaries. To teach real life principles because life isn't fair! If we teach our kids not to cheat or steal, isn't that exactly what these types of gender changing bills do? They steal a child's identity by giving into their whim. They cheat a child by cheating them out of having an innocent childhood where the greatest concern is homework, chores and playing outside.

Let the kids be kids instead of shoving something so dangerous down their throats! Believe me God forbid if this continues, they will grow up not knowing who they really are and hating those who didn't help them with their true gender identity!

Parents are to set the example by doing our best to model what each gender role is. It doesn't mean boys have to be macho and girls helpless either. There is such a thing as a healthy balance. Why not be proud of being the gender you have been blessed to be born with! Otherwise this is the worst type of parental neglect and child abuse out there!

I humbly pray that you will NOT ALLOW any of these types of bills ever to be passed! EVER! Instead of "gender" affirming, how about AFFIRMING who God created each child to be in their original birthday suits!

Thank you for listening. I pray that you have the courage to do what is righteous and wise and not follow the crowd of confusion! God bless you.

Sincerely,

Jamie Irvine

HB-2079

Submitted on: 1/29/2024 9:02:18 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lora Burbage	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am opposed to HB2079 for these reasons:

Not requiring an in-person exam and consultation in order to make such a major decision about changing a person's gender does not seem to be good medical practice.

For these practices to be done on children could bring irreversible harm to their future, if they should decide to reverse their decision. These types of life changing decisions should be left to adults.

Mahalo,

Lora Burbage

HB-2079

Submitted on: 1/29/2024 9:06:26 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Peter Scott	Individual	Oppose	Written Testimony Only

Comments:

Please do not allow health care providers to give controlled substance for the purpose of gender affirming to minors. These substances are risky and dangerous for any person, but especially a child who's body is rapidly changing and growing.

HB-2079

Submitted on: 1/29/2024 9:06:58 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rick Ramirez	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

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

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

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state.

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

Mahalo

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

HB-2079

Submitted on: 1/29/2024 9:11:15 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessielyn Ho	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

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

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

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

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

Mahalo for your consideration,

Jessielyn Ho

Pronouns: They/Them

J.D. Candidate, Class of 2026

William S. Richardson School of Law

HB-2079

Submitted on: 1/29/2024 9:19:32 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gina Small	Individual	Oppose	Written Testimony Only

Comments:

Too many stories of devastating irreversible "gender affirming care" have come to light in the last few years. Kids who do not understand what they are signing up for becoming sterile for the rest of their lives. Making this process easier is not what we should be doing. As a Hawaii voter, I have read this bill and strongly oppose this bill

HB-2079

Submitted on: 1/29/2024 9:19:49 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Melissa Scott	Individual	Oppose	Written Testimony Only

Comments:

Aloha Representatives,

I strongly oppose HB2079 and I humbly ask you to carefully consider the severe repercussions on children's health and mental well-being this bill will have.

The drugs used to suppress and enhance hormones are known to be damaging to adults. How much more to a child's? And without a parent's knowledge (usually the primary care-giver) of a child's medical conditions, how are parents supposed to care for, watch out for, or protect their child?

Please don't take away parents' rights to care for their children. Please do not drive a wedge between parents and children. We are our children's biggest advocates and greatest cheerleaders. I ask that you support us, as many of your parents have supported you in your journeys.

Please oppose HB2079.

Mahalo for your consideration.

Mahalo nui for your service,

Melissa's Scott

HB-2079

Submitted on: 1/29/2024 9:54:41 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jemeih Bonilla	Individual	Support	Written Testimony Only

Comments:

Chair Belatti, Vice Chair Takenouchi, and members of the committee:

I am writing in strong support of HB2079.

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

This bill would provide better access to gender-affirming care via telehealth than currently available. State law requires the establishment of a face-to-face patient-physician relationship to allow the patient to receive gender-affirming medications as prescribed via telehealth. Telehealth has grown in prominence in recent years, and its value is better realized, particularly among more rural parts of our island state where access to care/providers is limited. Relaxing the prescribing requirements for certain medications when prescribed for gender-affirming care would be a massive boost to Hawaii's access to this care.

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care. It would help ensure that Hawaii does not support separating a child from their parent(s)/guardian(s) who "allow" their child to receive gender-affirming care in our state. Hawaii must forge forward and lead by example in fighting for transgender rights. I urge you to pass this legislation.

Respectfully,

Law Student

HB-2079

Submitted on: 1/29/2024 11:01:49 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Laura Kahiapo	Pono Records	Oppose	Written Testimony Only

Comments:

I am strongly opposed to HB 2079, as I am hearing of tragic, negative effects of medical gender transformation that is often too quickly executed and cannot be reversed. Many cases result in suicide, not just from the irreversible side effects, but also the emotional trauma, and in many cases, extreme regret. Please protect our keiki from irreversible harm and danger. I urge you to search out the many cases of teens and young adults who are speaking out against such procedures because they are now suffering the consequences of dangerous procedures.

HB-2079

Submitted on: 1/30/2024 6:15:37 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lin-Fan Wang	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am writing in strong support of HB2079.

I am a family physician who practices in Hawai'i. I provide gender-affirming medical care for youth and adults. I commend this bill for providing vital provisions and protections to protect my patients and all people who receive gender-affirming care in Hawai'i.

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

As a physician, I have already seen state officials request health records from clinics and hospitals in other states, which is private medical information protected under HIPAA. There is no reason why any state official should have this type of access to private medical information. This bill will would help Hawai'i protect information about gender-affirming care from being released to other states. These protections would also prevent a child being separated from their family due to accessing gender-affirming care in Hawai'i.

I fully support patients receiving care that is accessible, convenient, and supportive. My patients find their way to me because they do not have any local options to medical care for gender affirmation. The telehealth requirements mean delaying care or making care entirely inaccessible. Relaxing prescribing requirements and removing the face-to-face requirement for certain medications means that all patients seeking gender affirming medical care will have to jump through fewer hoops and have greater and faster access to this life-saving care.

I urge you to pass this important legislation.

HB-2079

Submitted on: 1/30/2024 7:07:40 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr Stephanie Upton	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

I am a Hawaii-licensed physician with Family Medicine Board Certification and Addiction Medicine Board Certification. I have 5 years experience in gender-affirming healthcare provided exclusively via telehealth. I am writing in strong support of HB2079.

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

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

Further, this bill would help prevent the release of information related to gender-affirming care to other states that have enacted laws restricting the ability of their residents to obtain gender-affirming care, and it would help ensure that Hawai‘i does not support separating a child from their parent(s)/guardian(s) who “allow” their child to receive gender-affirming care in our state.

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

Sincerely,

Stephanie Upton M.D.

Board Certification Family Medicine

Board Certification Adiiction Medicine

HB-2079

Submitted on: 1/30/2024 7:23:17 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Andrew Crossland	Individual	Oppose	Written Testimony Only

Comments:

I **oppose** this Bill.

HB-2079

Submitted on: 1/30/2024 8:02:19 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
WANDA K ANAE- ONISHI	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and committee members,

I'm writing in strong support of HB2079 which contains important provisions and protections for individuals seeking gender-affirming care.

Mahalo for the opportunity to testify.

Wanda Anae-Onishi

HB-2079

Submitted on: 1/30/2024 8:10:13 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ralph Sherman	Individual	Oppose	Written Testimony Only

Comments:

Democrats are a virus to humanity. You pretend to help people by getting them to believe your lies first. Your need to change the law to make child mutilation legal is yet another example of how you manipulate language to the benefit of corporations like the medical industry who stands to profit from their latest business model of the mutilation of children by calling it "gender affirming care".

HB-2079

Submitted on: 1/30/2024 8:17:02 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Willis	Individual	Oppose	Written Testimony Only

Comments:

I strongly Oppose

HB-2079

Submitted on: 1/30/2024 8:19:04 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kanoë Willis	Individual	Oppose	Written Testimony Only

Comments:

I Stongly Oppose

HB-2079

Submitted on: 1/30/2024 8:27:30 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Kay Aina	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair and Committee members,

For the protection of our keiki, I am opposed to this measure. Please defer it. Thank you.

HB-2079

Submitted on: 1/30/2024 8:53:56 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Patti Yasuhara	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/30/2024 9:34:20 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Diamond	Individual	Oppose	Written Testimony Only

Comments:

I strongly OPPOSE this bill.

HB-2079

Submitted on: 1/30/2024 9:40:08 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/30/2024 9:45:51 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gary Ngo	Individual	Oppose	Written Testimony Only

Comments:

Strongly OPPOSE this bill!!

HB-2079

Submitted on: 1/30/2024 9:58:10 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
C. Newman	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I oppose HB 2079 for the following reasons: 1). Children are not mentally developed until much later in order to make such life altering decisions. If we require children to be 18 for other life altering decisions, this should be another reason for not allowing children to wait until adulthood before deciding on gender; 2). Please consider the many testimonies out there of young persons who made the decision only to regret it. Young people need counseling not immediate gender changes that cannot be reversed.

Thank you for your consideration,

C. Newman

HB-2079

Submitted on: 1/30/2024 10:17:57 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Matthew Tamme	Individual	Oppose	Written Testimony Only

Comments:

Representatives of Hawaii,

As your constituent I strongly oppose this bill and am frankly ashamed to even read it!

Across the Nation, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and cannot be reversed, most often resulting in suicide. Protect our children. This exposes them to potentially greater, irreversible harm.

PLEASE stop creating bills that potentially hurt my children and our community!

Most Sincerely, Matthew Tamme

HB-2079

Submitted on: 1/30/2024 10:18:58 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Aloha,

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and can't be reversed, often resulting in depression and suicide. This is not a process that needs to be quickened, but instead we should be looking into how we can take more time and care to protect the well-being of our children. This exposes them to potentially greater, harm that is irreversable.

HB-2079

Submitted on: 1/30/2024 10:21:50 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Cabjuan	Individual	Oppose	Written Testimony Only

Comments:

Oppose this bill please

HB-2079

Submitted on: 1/30/2024 10:26:23 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Janell Beattie	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose HB2079. Please vote against this medical detrimental bill.

HB-2079

Submitted on: 1/30/2024 10:57:11 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel Pederson	Individual	Oppose	Written Testimony Only

Comments:

Medical gender transformation that was too quickly executed can be incredibly harmful to the recipient. Suicide risk is significantly higher among people that receive gender transformation treatment in comparison to people that do not receive the treatment. This also puts developing young children at risk of making a decision too early in life for their gender that they may later regret

HB-2079

Submitted on: 1/30/2024 11:32:49 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Erik Barton	Individual	Oppose	Written Testimony Only

Comments:

Too many negative effects to our children across the nation. We need to protect our children and teach them what is right. This is not right. This is not steering them to a healthier future.

HB-2079

Submitted on: 1/30/2024 11:48:41 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rebecca M. Quezada	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

HB-2079

Submitted on: 1/30/2024 1:17:31 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lila Marantz	Individual	Oppose	Written Testimony Only

Comments:

Please stop injecting hormones into children who are confused and misguided. Let nature take its course. Let chromosomes express themselves without human interference. Many states are ahead of us in their attempt to stop the maiming of our youngsters.

HB-2079

Submitted on: 1/30/2024 1:25:26 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

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

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Please protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/30/2024 2:49:49 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Carina Lara	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm.

HB-2079

Submitted on: 1/30/2024 4:40:58 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dara Carlin, M.A.	Individual	Oppose	Written Testimony Only

Comments:

Stand in Opposition

HB-2079

Submitted on: 1/30/2024 5:59:06 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alfred Hagen	Individual	Oppose	Written Testimony Only

Comments:

Please vote NO on HB2019. No FDA approval is like playing Russian roulette. Very dangerous and irresponsible legislation

Additionally, the state has no right to interfere with parent/child relationships.

HB-2079

Submitted on: 1/30/2024 6:08:52 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Martin Choy	Individual	Oppose	Written Testimony Only

Comments:

I am opposed to this bill and urge you to oppose it also.

It violates the protection of informed consent and the intent of "Do no harm".

This interferes with the right of parents to decide how they will protect and raise their children.

The bill goes against the nature of a free society to not be regulated by government in private health matters.

Aloha Chair Belatti, Vice Chair Takenouchi, and members of the committee.

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

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

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

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

Thank you,

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

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

agreement against any person on the basis of actual gender identity or perceived gender identity.

(b) Discrimination under this section includes the following:

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

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

- (1) No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care

provider or mental health professional with current experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination; and

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

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

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

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

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

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

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

(d) An insurer shall not apply categorical cosmetic or blanket exclusions to gender affirming treatments or procedures, or any combination

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

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

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

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

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

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

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

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

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

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

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

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

(b) Discrimination under this section includes the following:

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

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

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

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

prohibited by law the denial shall include, without requiring a separate request be made:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) Discrimination under this section includes the following:

- (1) Denying, canceling, limiting, non-renewing or otherwise refusing to issue or renew an insurance policy, contract, plan, or agreement on the basis of a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;
- (2) Demanding or requiring a payment or premium that is based on a transgender person's or a person's transgender family member's actual gender identity or perceived gender identity;

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

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

- (1) No treatment or service shall be denied on the basis that it is cosmetic or not medically necessary unless a health care provider or mental health professional with current experience in prescribing or delivering gender affirming treatment first reviews and confirms the appropriateness of the adverse benefit determination; and
- (2) In the event of a denial on the basis that a service is cosmetic or not medically necessary, unless otherwise prohibited by law the denial shall include, without requiring a separate request be made:

- (A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and
 - (B) Plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination, and;
- (3) In the event of an appeal of a claim denied on the basis of medical necessity of the treatment, such appeal shall be ~~[decided in a manner consistent with applicable law and]~~ reviewed for medical necessity in consultation with a health care provider(s) or mental health professional(s) with current experience in prescribing or delivering gender affirming treatment ~~[who shall provide input on the appropriateness of the denial of the claim];~~
- (4) In the event an appeal upholds a denial on the basis of medical necessity, unless otherwise prohibited by law the appeal determination shall include, without requiring a separate request:
 - (A) The name(s), training, and expertise held by the individual(s) who determined the care to be cosmetic or not medically necessary, and;
 - (B) Plain language rationale for why the service(s) was determined to be not medically necessary for the specific individual/patient who is the subject of the adverse determination.

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

- (1) Hormone therapies

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

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

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

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

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

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

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

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

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

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

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

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

- (1) For the purpose of treating a medical condition or behavioral health condition;
- (2) The most appropriate delivery or level of service, considering potential benefits and harms to the patient;
- (3) Known to be effective in improving health outcomes; provided that:

- (A) Effectiveness is determined first by scientific evidence;
 - (B) If no scientific evidence exists, then by professional standards of care; and
 - (C) If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion; and
- (4) Cost-effective for the medical condition or behavioral health condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost-effective shall not necessarily mean the lowest price.

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

(d) For the purposes of this section:

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

"Cost-effective" means a health intervention where the benefits and harms relative to the costs represent an economically efficient use of resources for patients with the medical condition being treated through the health intervention; provided that the characteristics of the individual patient shall be determinative when applying this criterion to an individual case.

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

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

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

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

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

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

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

Services, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services; and

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

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

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

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

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

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

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

HB-2079

Submitted on: 1/30/2024 6:42:29 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rita Kama-Kimura	Individual	Oppose	Written Testimony Only

Comments:

No! I strongly oppose this bill. It exploits and put our children at risk ...

HB-2079

Submitted on: 1/30/2024 7:07:28 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Roxanne T Jim	Individual	Oppose	Written Testimony Only

Comments:

Aloha e Committee Members:

I am opposed to this bill. We should not be treating children as adults. For those who took Psychology and Child Development we all know a child is developing and trying out new things. Just because they feel affection for the same sex does not mean they are gay or opposite of their physical gender. The right, caring and loving thing to do is to let the child develop into an adult and they can decide then. To support changing their gender whether chemical or physical is actually child abuse. Do not take advantage of a child.

There are more reports of people that have had sex changes, regretting it and becoming depressed and committing suicide.

I am for adults making these decisions and not children. Do not take a parents right to guide their child. The government has no right to give medication or support and finance sex change procedures.

Again I am OPPOSED to this bill.

Mahalo for reading this and seriously consider the matter.

Aloha ke Akua, Roxanne Jim

HB-2079

Submitted on: 1/30/2024 8:27:19 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rita Wong	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE HB2079.

HB-2079

Submitted on: 1/30/2024 8:43:47 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Barilyne Sakamoto	Individual	Oppose	Written Testimony Only

Comments:

Across the NATION, we are hearing of the devastatingly negative effects of medical gender transformation that was too quickly executed and CANNOT be reversed, often resulting in suicide. Protect our children. This exposes them to potentially greater, IRREVERSIBLE harm. Children and youth are unable to make that life altering decision themselves especially if they are pressured by peers, influenced by social media, and teachers & counselors who are for the the medical gender transformation. We are born male and female this is what we are meant to be in our lives. A lot of those who have done this regretted it and had emotional and physical negative impact on their lives. This bill needs to not go through it'll ruin the lives of so many people.

HB-2079

Submitted on: 1/30/2024 10:23:21 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Alan Kaneko	Individual	Oppose	Written Testimony Only

Comments:

I oppose