



Hawaii Association of Health Plans

March 1, 2011

The Honorable David Ige, Chair
The Honorable Michelle Kidani, Vice Chair
Senate Committee on Ways and Means

LATE

Re: SB 615 SD1 – Relating to Infertility Procedures

Dear Chair Ige, Vice Chair Kidani and Members of the Committee:

My name is Howard Lee and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of eight (8) member organizations:

AlohaCare	Kaiser Permanente
Hawaii Medical Assurance Association	MDX Hawai‘i
HMSA	University Health Alliance
Hawaii-Western Management Group, Inc.	UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to testify in opposition to SB 615 SD1 which would amend the scope of mandated benefits currently required to be provided by health plans for the treatment of infertility.

With passage of the Affordable Care Act (ACA), the federal government will be requiring that any health plans offered within the health insurance Exchange provide “essential health benefits.” These benefits have not yet been defined and it is unclear at this time if infertility treatment will be considered in the final definition. If a state wishes to have plans operating within the Exchange provide benefits above those considered “essential”, the state will be responsible for the cost of these benefits. The language of the ACA states that:

If a qualified health plan offers benefits in addition to the essential health benefits required to be provided by the plan, or a State requires a qualified health plan to cover benefits in addition to the essential health benefits required to be provided by the plan, the reductions in cost-sharing under this section shall not apply to such additional benefits

Given the potential liability that the State would be facing by mandating even more extensive infertility treatments, including elimination of the “one per lifetime limitation” on in-vitro fertilization, and the fact that the ACA is still in flux and the services to be considered “essential” not yet defined, we believe that the state legislature should not increase the scope of any state mandated benefits. Therefore we would respectfully request that the Committees see fit to hold this measure today.

• AlohaCare • HMAA • HMSA • HWMG • Kaiser Permanente • MDX Hawaii • UHA • UnitedHealthcare •
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813
www.hahp.org

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink that reads "Howard Lee". The signature is written in a cursive style with a large, stylized "H" and "L".

Howard Lee
President

LATE

February 11, 2011

Dear Senator David Ige:

My name is Dr. Benton Chun and I am the medical and laboratory director for IVF HAWAII. I was recently made aware of SB 615 and the amendments that the Health and Judiciary committees proposed. I am opposed to SB 615 as it is currently amended and ask that you delete the requirement that all IVF procedures be performed by Society for Assisted Reproductive Technologies (SART) members (§432:2 (a) (3) and §431:10a-1165 (a) (3).

While I support the original bill that would afford broader insurance coverage for patients requiring infertility treatments, the current bill would cause irreparable damage to IVF HAWAII. IVF HAWAII is a small business that relies on patients with insurance to be able to go through in vitro fertilization (IVF). If this bill is passed with this amendment, I strongly feel our program will not survive financially despite having one of the highest success rates among all the IVF clinics in Hawaii.

In 2000, SART limited its membership to only fellowship trained Reproductive Endocrinology & Infertility (REI) specialists and grandfathered in all those who did not have fellowship training. I was a member of SART when I served as a co-director and office manager for Pacific In Vitro Fertilization Institute (PIFI). After leaving PIFI, I started Hawaii's second in vitro fertilization program, IVF HAWAII, in 2001. Since my program started after 2000, I was unable to rejoin SART.

I have been performing IVF for 25 of the 30 years that in vitro fertilization has been available in the United States. In 1985, I co-founded Hawaii's first IVF clinic, PIFI and assisted in the delivery of Hawaii's first IVF baby during the same year. I believe the true test of standard of care for IVF services is measured by pregnancy and delivery rates of an IVF clinic. All IVF practices are required to annually submit their statistics to the Center of Disease Control (CDC), which is then published for public review. I have included the CDC reports for 2008 IVF outcomes (which are printed 2-3 years post treatment to encompass all deliveries for that year). As you will see the pregnancy and delivery rates for IVF HAWAII are significantly higher than that of the other IVF clinics in Hawaii that are SART members. Therefore, I believe that SART membership itself should not be used as a criterion to determine who should provide IVF services as it does not guarantee good outcomes.

The American Society of Reproductive Medicine (ASRM) and the CDC recognize IVF HAWAII, and its laboratory is nationally accredited under the rigorous standards set forth by the College of American Pathologists (CAP). In order to achieve high success rates, IVF HAWAII maintains strict quality control by adhering to all of the ASRM, SART, and CAP guidelines, regardless of SART membership. An extensive number of hours are dedicated monthly to reviewing clinical and laboratory conditions, techniques and equipment. There is constant, open dialogue between our team on improvements and updates. Attendance to national and international infertility conferences help to keep our staff up to date with the cutting edge technologies in IVF. These conscientious efforts by our team have resulted in pregnancy rates that are well above the national average and the highest in Hawaii.

In addition to ASRM, I am involved in several IVF and medical societies that include Pacific Coast Reproductive Society (PCRS), American Association of Bioanalysts (AAB), European Society of Human Reproduction and Embryology (ESHRE), Society of Reproductive Surgeons (SRS), Society of Laparoendoscopic Surgeons (SLS), and the American College of Obstetrics and Gynecologists (ACOG). I am also an Associate Clinical Professor in OB-GYN at John A. Burns School of Medicine.

If these amendments to SB 615 are accepted, it will be detrimental to the existence of IVF HAWAII and to the many infertility patients that depend on this program. I do not believe that this was the intent of SB 615.

Therefore, I ask that this committee eliminate the aforementioned sections or amend the bill to grandfather all IVF programs that are currently in existence in Hawaii.

Thank you for the opportunity to provide testimony.

Sincerely,

Benton Chun, M.D.
IVF HAWAII
Medical and Laboratory Director