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TO THE SENATE COMMITTEES ON JUDICIARY AND LABOR
AND HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Friday, February 4, 2011
3:00 p.m.

TESTIMONY ON SENATE BILL NO. 615 – RELATING TO INFERTILITY PROCEDURES.

TO THE HONORABLE CLAYTON HEE AND JOSH GREEN, M.D., CHAIRS, AND MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this bill which updates the in vitro fertilization mandated benefit. The changes contemplated by this bill involve medical issues that are outside the expertise of the Insurance Division.

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

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 2:22 PM
To: HTHTestimony
Cc: enicoll@asrm-dc.org
Subject: Testimony for SB615 on 2/4/2011 3:00:00 PM
Attachments: HI.HB940.SB615.insurancecoverage.docx

Testimony for HTH/JDL 2/4/2011 3:00:00 PM SB615

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Eleanor Nicoll
Organization: American Society for Reproductive Medicine
Address: 409 12th Street SW Ste. 203 Washington, DC
Phone: 202-863-2439
E-mail: enicoll@asrm-dc.org
Submitted on: 2/3/2011

Comments:

Pacific In Vitro Fertilization Institute
1319 Punahou Street – Suite 980
Honolulu, HI 96826

Philip I. McNamee, M.D. Practice Director
Thomas Kosasa, M.D. Medical Director
Carl Morton, M.D. Co-Director
Bruce Kessel, M.D. Co-Director
Celia Dominguez Co-Director
Thomas Huang, PhD Laboratory Director

February 4, 2011

To: Senator Clayton Hee, Chair – Committee on Judiciary and Labor; Senator Maile S.L. Shimabukuro, Vice Chair; and members of the committee

Senator Josh Green, M.D., Chair – Committee on Health; Senator Clarence K. Nishihara, Vice Chair; and members of the Committee

From: Philip I. McNamee, M.D. – Practice Director, Pacific In Vitro Fertilization Institute

Re: SB 615 – Relating to Infertility Procedures

I am Dr. Philip McNamee, practice director of the Pacific In Vitro Fertilization Institute. I am offering testimony in support of SB 615, *Relating to Infertility Procedures*. This bill amends Acts 431 and 432 regarding insurance coverage of in vitro fertilization treatments. Twenty-four years ago the legislature passed a bill authorizing the costs of In Vitro Fertilization (IVF) to be covered by insurance companies in Hawaii on a one time basis. I want to thank the legislature for passing this forward thinking legislation. Hawaii was the second state to do so and many others have followed. As a result, 3,500 babies have been born from our institute alone - babies that would otherwise not have seen the light of day.

Australia, where the government covers IVF costs, keeps a registry of the IVF babies born. Studies based on this registry have shown that IVF children are better socialized and do better in school than other children. They do not have a higher IQ, rather these children benefit from having very strong parental support.

Over the past 24 years, many improvements have been made in the IVF process and the pregnancy rates have continued to go up year after year. However, still today, nationally and in Hawaii, many couples remain childless after only one IVF attempt. This bill, which you are considering today, will enable many more childless couples to have a successful IVF attempt.

We learn a lot from the first IVF attempt. For example, sometimes the process fails because not enough good quality eggs (oocytes) are produced in the first IVF attempt. We then modify the amount of medication to increase the production of oocytes in the potential mother. Other modifications can also be made as a result of information collected from the first IVF cycle. The result is that the second IVF cycle can be more successful than the first. Data has shown that this increase in "cumulate pregnancy rates" does not significantly improve after the 4th IVF attempt. Other states which require IVF insurance coverage have generally limited coverage to 4 attempts.

Finally I would like to offer an amendment to the bill. The legislature 24 years ago was concerned about over utilization of the IVF technology. Therefore different diagnostic entities were included in the law. Today those diagnostic requirements are outdated and are not necessary because of the creation of an oversight body called the *Society for Reproductive Technologies.*

The amendment is to section 3 of 432:2 (a) *(page 1, line16 to page 2, line2)* and to section 3 of 432:1-604 (a) *(page 4, line 21 to page 5, line 5)*. The current language in section 3 in both places would be replaced by***: "The IVF procedures are performed at medical facilities that are members of the Society for Reproductive Technologies."***

The Society for Reproductive Technologies or SART sets standards for IVF procedures for the United States. It requires all members to:

1. Have a PhD laboratory director (or equivalent training)
2. Report outcome data (pregnancy rates) to the CDC-subject to audit yearly (the CDC and SART visit the facilities with an audit on a random basis)
3. Abide by all guidelines
    a. Medical practice guidelines
    b. Laboratory procedure guidelines
    c. Ethical guidelines
    d. Advertising guidelines
    e. Embryo transfer guidelines (to avoid too many embryos being transferred)
4. Laboratory inspections and required certification every two years by the College of American Pathologists.
5. Have a board certified Reproductive Endocrinologist on staff.

SART has established standards of care and requires all members to abide by them. The proposed amendment should relieve the legislature of concerns regarding quality of care of organizations which are performing IVF services.

I have served on the board of SART for 13 years and served as President in 2000-2001. Dr. Frattarelli who is also testifying is now a member of the board of SART. I feel very strongly that all organizations performing IVF should be a member of SART to insure quality control of this special field of medicine.

Thank you for the opportunity to testify. I encourage the passage of SB 615 with the suggested amendment.

Testimony of the

American Society for Reproductive Medicine

Submitted to

Hawaii State Legislature

February 3, 2011

We are writing on behalf of the American Society for Reproductive Medicine in support of legislation (HB 940/SB 615) to improve current law with respect to treatment for infertility. ASRM is a multidisciplinary organization dedicated to the advancement of the art, science, and practice of reproductive medicine. ASRM represents approximately 8,000 medical professionals across the country including obstetrician/gynecologists, urologists, reproductive endocrinologists, embryologists and others.

Infertility is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children. In the United States, infertility affects about 7.3 million women and their partners, or about 12 percent of the reproductive-age population. This equates to 1 in 8 couples, which is a significant number. For many of these couples, treatment lies in conventional medical therapy, such as drug treatment or surgery to repair reproductive organs. Since 1978, assisted reproductive technology (ART), and most commonly in vitro fertilization, or IVF, has provided another solution for many would-be parents. Since 1987, Hawaii has recognized the importance of requiring insurance coverage for the treatment of this disease and we applaud lawmakers in Hawaii for their commitment to the needs of the infertile community.

However, the current law in Hawaii has a number of shortcomings. First, it requires couples to wait four years longer than is medically recommended before they can seek reimbursable treatment of infertility. ASRM defines infertility as the failure to achieve a successful pregnancy after twelve months or more of regular unprotected intercourse. Earlier evaluation and treatment may be justified based on medical history or physical findings and is warranted after six months for women over the age of 35. Because fertility declines with age, the chance for success of IVF is largely dependent on the age of the female patient. HB 940 and SB 615 would amend Hawaii's insurance requirement to include ASRM's medical definition of the disease and therefore is an approach we fully endorse.

Current law also only covers one form of assisted reproductive technologies, that being in vitro fertilization (IVF). While IVF is the only appropriate medical treatment for some patients, it is not the only appropriate treatment for others, and not the appropriate treatment at all for others

yet. HB 940 and SB 615 recognize the importance that patients have available to them treatment options appropriate for their specific infertility diagnosis. In addition, HB 940 and SB 615 strike the current law's narrow restrictions on infertility diagnoses under which insurance must reimburse for treatment. There are a host of reasons an individual may experience infertility, and to limit insurance reimbursement to the four conditions enumerated in current law is unjust.

Another important and necessary change, is that HB 940 and SB 615 allow for no fewer than four attempts to achieve a successful pregnancy outcome. In human reproduction, even as undertaken without medical assistance, fewer than 20 percent of fertilized eggs implant in the uterus. On average, 30 percent of in vitro procedures result in a live birth. The success of any given infertility treatment is influenced by a number of factors and therefore it is important that patients be given the opportunity to maximize their chances of a successful treatment outcome. If the goal of the insurance requirement is to help individuals address their infertility and welcome a baby, then it is imperative that patients be allowed a reasonable number of treatment protocols. Many patients that do not conceive in the first cycle, go on to conceive and carry pregnancies to term in a subsequent cycle.

Finally, the proposed amendments to current law remove the requirement that an infertility patient be married. Today's society has come to not only accept, but embrace the fact that not all parents are married. ASRM does not believe that treatments for infertility should be restricted to married individuals.

HB 940 and SB 615 seek to extend the benefits of Hawaii's existing insurance coverage requirements to patient populations that were unfortunately left out when the original law was enacted and to eliminate inequities in the law. We hope the Hawaii State Legislature will take this opportunity to help to remove barriers to all individuals who need assisted reproductive technologies to build their families.

To Whom It May Concern, Regarding Senate Bill 615,

I have reviewed the changes and clarifications proposed in Senate Bill 615, and wish to endorse these changes as a licensed medical provider in Hawaii, providing infertility services to your constituents covered by their health insurance for the following reasons:

A. MY BACKGROUND AND PERSPECTIVE. I have worked in advanced reproductive medicine, beginning in 1997 on the mainland, where I completed my medical degree, and in other fields of medicine, and have been able to witness the standardization of advanced reproductive techniques from the added perspective of a family medicine provider, as well as obstetrics and gynecology. I currently provide advanced reproductive, and gynecology medical services to patients in Hawaii.

B. MEDICAL ESCALATION IS STANDARD PROCEDURE. In nearly all circumstances, patients approach their medical providers with problems they have been unable to resolve themselves. Patients represent people who have typically exhausted their own resources to accomplish their well being. All medical procedures begin with simple assessments, and escalate along established methods towards a successful patient outcome, with each escalation involving more of a providers time, in some cases, more risk to the patient, usually more expensive technology and facilities required, and more highly specialized healthcare providers and staff. Infertility is no different than other fields of medicine in this regard. Reproduction is no more optional to the human population than cardiology, and the accomplishment of ideal conditions and outcomes of human reproduction is the successful patient outcome of advanced reproductive medicine. In-Vitro Fertilization and Intra Cytoplasmic Sperm Injection are extremely controlled laboratory procedures, with standardized national and international regulations and ethics, that represent the final escalation level available for infertile patients. This is in no way different than open heart surgery representing the last available procedure available for cardiology patients. IVF and ICSI are neither experimental nor fringe technologies, nor do they represent futile last efforts to accomplishing pregnancy, they are simply the best defined process available at the top of the infertility escalation process that leave as little to chance as medically possible in ensuring a successful patient outcome.

C. JUST TO TRY IS NOT THE PURPOSE OF SUCCESS. It is not the purpose of infertility patient outcome to “attempt” successful reproduction, which conventional “attempts” can be easily accomplished without any medical intervention or insurance reimbursement whatsoever, but it is our medical purpose to ACCOMPLISH successful reproduction, which may require escalation to the best methods for patients medically requiring them. The existing law requires a certain excess of cautionary attempts towards conventional reproduction, which are not compatible with medical scientific facts for women in their 30’s. We know what causes pregnancy now, and can measure with some accuracy, specific factors in the adult population that cause infertility, the same as any other condition, injury or disease. The turning point towards INCREASED infertility in women after age 35 is extremely well documented, and to insist, as existing

law does, that women are denied infertility escalation methods for their last five years of statistical fertility, while they must "attempt" conventional reproduction that has failed for their previous life, is painfully unreasonable, as well as being both immoral and unethical from a reproductive standpoint. The new proposed bill is medically adjusted to reflect the critical race against time that is a woman's reproductive finish line at around the age of 40. While well intentioned, the existing law has given ill consideration to the actual medical challenges and outcomes that cannot be changed by any other circumstances than a woman's age.

D. THE INDIVIDUAL RIGHT TO REPRODUCE. The inherent cycle of life presupposes a human right to reproduce as they were produced. Our patients should not be discriminated against in their rights through laws that incorrectly discriminate against their right to bear children and participate as family citizens of our state and country. Existing law attempt to isolate coverage for individuals because of their personal factors of infertility. Existing law also "attempts" to circumvent the unchangeable facts of a men and women's finite ages and circumstances for ethically, medically, and legally regulated human reproduction, by imposing medically unjustifiable and logistically irrational actions upon infertile couples before they are aided by their own insurance companies. The new proposed bill 615, as I have read it today, eliminates nearly all the objectionable language that previously mixed a disregard for medical facts with unjustifiable attempts to enforce social mores by limiting advanced reproductive medical coverage. The new bill allows the patients to receive known and proven medical therapy in a time frame that will be advantageous to the desired outcome of reproduction and having children which should be the right of all citizens desiring a family in this state.

Sincerely,

Christine M.K. Pratt PA-C, MPAS
Fertility Institute of Hawaii
Advanced Reproductive Medicine and Gynecology

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 11:54 AM
To: HTHTestimony
Cc: drdpratt@sbcglobal.net
Subject: Testimony for SB615 on 2/4/2011 3:00:00 PM

Testimony for HTH/JDL 2/4/2011 3:00:00 PM SB615

Conference room: 229
Testifier position: support
Testifier will be present: Yes
Submitted by: Donna Pratt
Organization: Hawaii Reproductive Center
Address: 1132 Bishop Street #1110 Honolulu, Hawaii 96813
Phone: 8085371164
E-mail: drdpratt@sbcglobal.net
Submitted on: 2/3/2011

Comments:

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 3:50 PM
To: HTHTestimony
Cc: hannama3@yahoo.com
Subject: Testimony for SB615 on 2/4/2011 3:00:00 PM

Testimony for HTH/JDL 2/4/2011 3:00:00 PM SB615

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Sara
Organization: Individual
Address:
Phone:
E-mail: hannama3@yahoo.com
Submitted on: 2/3/2011

Comments:
I have a friend who has had multiple ectopic pregnancies which have resulted in her inabiltiy to conceive naturally. She conceived her daughter 2 years ago and had recently tried a second time with her insurance. The second attempt did not take and is now not able to try again without paying out of pocket. Her and her husband have always wanted a big family but due to her inability to conceive naturally it would be nice for them to be able to have another attempt.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 2:54 PM
To: HTHTestimony
Cc: delphine@armghawaii.com
Subject: Testimony for SB615 on 2/4/2011 3:00:00 PM

Testimony for HTH/JDL 2/4/2011 3:00:00 PM SB615

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Delphine
Organization: Individual
Address:
Phone:
E-mail: delphine@armghawaii.com
Submitted on: 2/3/2011

Comments:
Dear Sirs and or Ma'ams,
I am speaking in support of the bill SB615. I have been a professional working in the field of IVF for five years now. I have worked in New Jersey, Pennsylvania and now Hawaii and have seen the immense difference a "state-mandate" makes with regards to infertility health benefits.
Infertility is a stressful event to go through, regardless of social class or economic stature--- It can affect anyone and everyone at some point in their lives. I believe that improving the laws for Infertility coverage here in Hawaii will greatly improve the quality of life for the hardworking people, everyday people of this state.
The science behind infertility is still being discovered more and more every year. As new discoveries are found, the care that we as professionals give, changes to meet the demands of the patients we see and the conditions we encounter. Why can't the laws change along with us to better protect the people we are treating?
I have seen SO many great families be created and multiply. I have a special bond with each one of the patients we have seen in our offices. They are all such wonderful people that just needed that little extra "push" of help to achieve a dream they so rightly deserve. I feel broadening the law to include more chances, more "unconventional" couples, single parents and the like would be such a wonderful gift to the citizens of Hawaii.
~Delphine Dor
IVF Coordinator, Senior Andrologist
Fertility Institute of Hawaii

Senator Josh Green, Chair
Senator Clarence Nishihara, Vice Chair
Committees on Health, Judiciary and Labor

Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

Health Insurance; Infertility Treatments

Support for SB No 615, Relating to Infertility Procedures

Thank you very much for your consideration of Senate Bill No 615. This is a very personal bill to me as my wife and I fight through the struggles of infertility. My wife and I have been married for going on 5 years, and my love for her has grown more daily. Unfortunately, the one thing that she wants more than anything in this world, I am not capable of giving her.

After we had been married for two years and had no success with conceiving, my wife was 37 years old and it was time for us to get a medical explanation as to what was going on. It was quickly determined that I have azoospermia, which is the absence of sperm. After a painful surgery to rule out blockage, and some genetic testing it was determined that I have a micro-deletion on the Y chromosome. The only known side-effect of this micro-deletion is azoospermia. In a nut-shell, what this means is no matter what we do, no matter how far science comes along there is absolutely nothing that we will ever be able to do to have a natural child together.

We now have only one option, and that is to use donor sperm. We would then preferably use an in vitro fertilization procedure using the donor sperm. This procedure has the highest success rate of all infertility procedures, so this would seem like the best route to go. However, we are faced with an amazing challenge, the price tag. This procedure costs $15,000-$20,000 here in Hawaii depending on the amount of drugs, scans, etc… In Hawaii we are blessed with the benefit of one procedure, but in current wording the spouse's sperm must be used. As I have azoospermia, we are blocked from receiving insurance coverage for this procedure. As $15,000-$20,000 would be a major financial burden on my wife and me, we have not had this procedure done. We have had three intra-uterine cycles that average about $3,000 a piece. We have not had any success to date.

Every time that pregnancy test comes up negative, it is like a crushing feeling on your heart. To know that I am responsible for not providing my wife with a successful pregnancy test, to know that she is 39 years old and that time is running out quickly for a healthy child and there is nothing that we can do about it. I want more than anything to be able to have a family. I have a secure job, a loving household, happiness to be home every day with my wife, but we want to complete the picture with a child.

I come to the senate today in support of SB No 615. This legislation reflects the advances in medical treatment for infertility and will help our physicians treat Hawaii residents with the current standards of care.

The first major aspect of the law is the striking of the wording. We will not be required to use the spouse's sperm any longer. Men and women that do not have this as an option, will have the opportunity to move forward and have a family.

The second major aspect that is changing is the number of cycles. Currently in Hawaii insurance coverage provides for one in vitro fertilization procedure. This is a fantastic benefit, but with only about a 30% success rate per cycle it helps an underwhelming number of people with success. Peak results are usually within 3-4 cycles with diminishing returns after. To help the greatest number of people with success, this bill allows up to 4 fresh cycles. This is extremely important to help as many of Hawaii's people.

The third major aspect is the waiting period will be reduced. In current law there is a 5 year waiting period, unless outstanding medical conditions exist. What this means, for a couple where the woman is 35 and healthy when she gets married, she would have to wait until she is 40 years old before benefits can begin. When you are younger than 35 you have a 39.6% chance of success on one cycle, while if you are 40 years old that drops to a 11.5%-20.9% chance of success. That waiting period just abolishes chances of success. By reducing the waiting period for one year for women under the age of 35 to 6 months for a woman over the age of 35, you are greatly increasing the chance of success for women that receive treatment.

The proposed waiting period matches the medical definition of infertility and the official, medical standard of the American Society for Reproductive Medicine, so it makes sense that our law should contain the correct, medical definition.

Studies have demonstrated that comprehensive infertility coverage may actually reduce premium expenses. In a 2000 survey, Mercer, et al. found unnecessary procedures such as tubal surgery could be eliminated and improved quality controls could reduce higher order multiple births and their accompanying costs. Additionally, a 2006 survey of more than 900 companies conducted by consulting firm William M. Mercer found that of those that offered infertility coverage, 91% said they had *no increase* in healthcare costs as a result of adding this benefit.

I am 100% in support of this bill. According to the 2002 National Survey of Family Growth, there are 26,393 people in Hawaii that suffer with infertility. My wife and I are members of this group.

Thank you very much for your time and consideration.

David Hood

Facts Supporting Fertility Health Care Benefits

Quick Facts on Infertility

What is Infertility?

- Infertility is the result of a disease – an interruption, cessation, or disorder of body functions, systems, or organs – of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery.
- In most instances, providers do not evaluate couples or individuals for infertility until the couple has been unsuccessful at conceiving a child for about 12 months. There are, however, some instances where an evaluation may be undertaken sooner.
- Infertility affects men and women equally.
- Most infertility cases, about 85 to 90 percent, are treated with conventional medical therapies, such as medication or surgery.
- In vitro fertilization and other similar treatments account for less than 3 percent of infertility services and about 0.07 percent of all U.S. health care costs.

Source: American Society for Reproductive Medicine, www.asrm.com

Insurance Coverage Saves Money

Insurance Premiums Don't Go Up

- Comprehensive infertility coverage may actually reduce premium expense by as much as $1 per member/ per month. Mercer, et al. found unnecessary procedures such as tubal surgery could be eliminated and improved quality controls could reduce higher order multiple births and their accompanying costs. Study by Richard E. Blackwell and the Mercer Actuarial Team (American Journal of Obstetrics and Gynecology, Vol. 182, No. 4, April 2000).
- The cost of infertility services as a percent of the total health care premiums went down after the 1987 Massachusetts mandate, with total infertility costs making up only 0.41% of the premium. Study by Griffin & Panak (Fertility & Sterility, 1998).
- 900 companies were surveyed in a 2006 employer survey conducted by consulting firm William M. Mercer. Of those that offered infertility coverage, 91% said they had *no increase* in healthcare costs as a result of adding this benefit.

Unnecessary Medical Procedures Avoided

- "The decline in use of high-cost procedures like tubal surgery would likely offset the cost to include IVF as a benefit and provide improved health outcomes." William M. Mercer, Infertility as a Covered Benefit, 1997.
- Often patients select treatment based on what is covered by their insurance plan rather than what is the most appropriate treatment. For example, many reproductive surgeries such as tubal surgery are more expensive than assisted reproductive treatment ($10,000 to $15,000 for tubal surgery, $8,000 to $13,000 for assisted reproductive treatment).

High Order Multiples Reduced

- Insurance coverage avoids high-cost multiple births. In states with mandated infertility insurance, the rate of multiple births is lower than in states that deny coverage. Jain, et al., "Insurance Coverage and Outcomes of In Vitro Fertilization," New England Journal of Medicine, August 2002. (Note: this study included researchers at Brigham and Women's Hospital.)
-
- These findings have been replicated many times in U.S. and international studies.
  - Reynolds MA, Schieve LA, Jeng G, Peterson HB. Does insurance coverage decrease the risk for multiple births associated with assisted reproductive technology? *Fertility and Sterility* 2008 2003 Jul;80(1):16-23. CONCLUSION(S): Insurance appears to affect embryo transfer practices.

    Henne MB, Bundorf MK. Insurance mandates and trends in infertility treatments. *Fertility and Sterility* Jan;89(1):66-73. Epub 2007 May 7. CONCLUSION(S): Comprehensive insurance mandates are associated with greater utilization of ART and lower rates of births per cycle and multiple births per ART birth.

    American Society for Reproductive Medicine. 2007 SART Data Posted; Triplet and Higher Order Multiples from ART Are Below Two Percent. www.asrm.org. October 15, 2009.

- McCaughey septuplets and other high-order multiples are *not* from in vitro fertilization (IVF) treatment, but from lower-cost procedures that patients choose when they cannot afford IVF.

Dangers Associated with No Insurance Coverage

- Without a mandate none of the medical costs related to infertility are covered, including office visits and diagnosis.

- Without insurance coverage, couples make medical decisions based primarily on financial considerations rather than medical necessity, which often result in multiple births and a high rate of complications during and post-pregnancy. (Jain, et al., New England Journal of Medicine). Both mothers' health and babies' health suffer.

What are the Cost Savings?

- Average costs per delivery are lower with accelerated treatment of infertility, as opposed to conventional treatment. There is an incremental savings of $2,624 per couple and 0.06 percent more deliveries. Reindollar RH, et al., *A randomized clinical trial to evaluate optimal treatment for unexplained infertility: the fast track and standard treatment (FASTT) trial,* Fertility & Sterility (Aug., 2010).

- Several studies suggest that women experiencing infertility tend to suffer from a greater need for mental health services, which also add costs to the health care system. *See, e.g.*, Domar AD, et al., *The prevalence and predictability of depression in infertile women.* Fertil Steril. 1992 Dec;58(6):1158-63. Greater access to infertility benefits may lower these costs

Studies Supporting Infertility Insurance Cost Savings

Reduction in Mental Health benefits

Chen TH, Chang SP, Tsai CF, Juang KD. Prevalence of depressive and anxiety disorders in an assisted reproductive technique clinic. Hum Reprod. 2004 Oct;19(10):2313-8. Epub 2004 Jul 8. CONCLUSIONS: Depressive and anxiety disorders were highly prevalent among women who visited an assisted reproduction clinic for a new course of the treatment. Demographic features and a history of previous assisted reproduction treatment were not risk factors for these psychiatric morbidities in the assisted reproduction clinic.

Domar AD, Zuttermeister PC, Friedman R. The psychological impact of infertility: a comparison with patients with other medical conditions. **J Psychosom Obstet Gynaecol.** 1993;14 Suppl:45-52. The results suggest that the psychological symptoms associated with infertility are similar to those associated with other serious medical conditions.

Domar AD, Broome A, Zuttermeister PC, Seibel M, Friedman R. The prevalence and predictability of depression in infertile women. **Fertil Steril.** 1992 Dec;58(6):1158-63. CONCLUSIONS: Depressive symptoms are common in infertile women. Psychological interventions aimed at reducing depressive symptoms need to be implemented, especially for women with a definitive diagnosis and for those with durations of 2 to 3 years of infertility.

Reduced higher order multiples in states that mandate infertility insurance

Jain T, Harlow BL, Hornstein MD. Insurance coverage and outcomes of in vitro fertilization. *N Engl J Med* 2002;**347(9)**:661–666). CONCLUSIONS: State-mandated insurance coverage for in vitro fertilization services is associated with increased utilization of these services but with decreases in the number of embryos transferred per cycle, the percentage of cycles resulting in pregnancy, and the percentage of pregnancies with three or more fetuses.

Reynolds MA, Schieve LA, Jeng G, Peterson HB. Does insurance coverage decrease the risk for multiple births associated with assisted reproductive technology? *Fertility and Sterility* 2008 2003 Jul;80(1):16-23. CONCLUSION(S): Insurance appears to affect embryo transfer practices.

Henne MB, Bundorf MK. Insurance mandates and trends in infertility treatments. *Fertility and Sterility* Jan;89(1):66-73. Epub 2007 May 7. CONCLUSION(S): Comprehensive insurance mandates are associated with greater utilization of ART and lower rates of births per cycle and multiple births per ART birth.

American Society of Reproductive Medicine. 2007 SART Data Posted; Triplet and Higher Order Multiples from ART Are Below Two Percent. www.asrm.org. October 15, 2009.

Aloha

I am strongly in favor of SB615, which proposes to increase the number of IVF cycles per lifetime from 1 to 4 that would be covered by insurance, get rid of the mandatory spouse's sperm, and decrease the infertility waiting period".

It is becoming more and more common for couples who want to conceive their own children to discover that for one reason or another, are not able to. My daughter and son-in-law are a specific example. After getting married, they did the responsible thing, and waited until they had a stable financial environment before attempting to bring a child into this world. Unfortunately that hasn't happened yet. They have sought medical assistance through their health insurance company. They each had a different health insurance provider and although they have tried twice for IVF, (once under each provider) it has resulted in one miscarriage but no live births to date. Financially they are not in a position to be able to afford more IVF attempts on their own, yet they are in a position to raise a child financially and would be awesome parents.

Another outcome of the present policy of 1 IVF is that there is a tendency to implant multiple eggs which for many (my son and daughter-in-law are case in point) results in multiple births (they had twins). This also can put a financial strain on a family. With more IVF attempts covered by insurance policies, this would tend to lesson the need for a shotgun approach to the problem.

In closing I once again want to emphasize my strong support of SB615 with my personal family experience to back it up.

Mahalo,

Bert Ingalls
808 383 6328

February 3, 2011

To the Members of the Senate Health Committee and the Judiciary and Labor Committee,

I am submitting written testimony in support of Senate Bill 615. My husband and I suffered through years of infertility. It was physically, emotionally, and financially draining. We were fortunate to have excellent health insurance, but we still had a lot of out-of-pocket medical expenses for infertility treatments. It was painful because the dream of becoming a parent seemed to come so easy and naturally for others, yet for us it was very difficult. Our story has a happy ending. We have two children, a son and a daughter.

For the many people who are experiencing infertility on their family building journey, the road is often long and rough. There are many obstacles and challenges to overcome, frustration and heart break. Passing Senate Bill 615 will offer people struggling with infertility options and hope. Help build families in Hawaii and create more happy endings by passing Senate Bill 615.

Thank you for your consideration and support.

With Respect,

Christine Yoshiyama

-----Original Message-----
From: RESOLVE [mailto:info@resolve.org] On Behalf Of ann fann
Sent: Thursday, February 03, 2011 8:05 AM
To: Sen. Suzanne Chun Oakland
Subject: Senate Bill 615

Feb 3, 2011

Senator Suzanne Chun Oakland
State Capitol, Room 226
415 South Beretania Street
Honolulu, HI 96813

Dear Senator Chun Oakland,

On behalf of the 15% of men and women in Hawaii who experience infertility, I urge you to support Senate Bill 615.

This bill will simply update the coverage for infertility that Hawaii has had since 1989 and bring it up to date with the current medical understanding of this disease. It will allow couples to obtain treatment without the undue delays they currently face -- while the disease is still treatable.

I urge you to support SB 615 because it would accomplish four important goals:
1. It would fix the Hawaii definition of "infertility" to match the ASRM (American Society for Reproductive Medicine) definition:
one year of trying to get pregnant if the woman is age 35 or younger;
6 months of trying if the woman is over age 35, with protection if a woman suffers a miscarriage. This change is important because it enables couples to get treatment earlier when it can be the most effective and before their fertility dwindles.

2. It would provide coverage for four cycles of IVF treatment instead of just one - enabling patients to be treated to the current medical standards and avoid treatments that lead to multiple births and the associated high costs. Studies show that using IVF reduces the rate of multiple births, and that would be good for mothers, babies, and Hawaii!

3. It would allow couples to have coverage for treatment regardless of marital status.

4. It would allow couples to have coverage for treatment when they need to use donor sperm. Since male infertility (sperm factors) accounts for 30% or more of all fertility problems, it makes sense to cover treatment in cases where donor sperm is needed.

SB 615 won't increase costs. Comprehensive infertility coverage may actually reduce premium expense by as much as $1 per member/ per month.
Mercer, et al. found unnecessary procedures such as tubal surgery could be eliminated and improved quality controls could reduce higher order multiple births and their accompanying costs. Study by Richard E.
Blackwell and the Mercer Actuarial Team (American Journal of Obstetrics and Gynecology, Vol. 182, No. 4, April 2000).

Hawaii was one of the first states to pass an infertility mandate, showing loud and clear that Hawaii believes in the importance of creating families. Since then, other states have passed similar pro-family mandates that include terms like those in Senate Bill 615.

Thus, the bill brings the 22-year-old Hawaii mandate up to date and in line with the national trend. We urge you to support this bill and, in doing so, to affirm Hawaii's strong commitment to families.

Sincerely,

Ms. ann fann
36 thh
honolulu, HI 96850

3 February 2011

Dr. Josh Green
Chair, Health Committee
Hawaii State Senate

Clayton Hee
Chair, Judiciary and Labor Committee
Hawaii State Senate

Committee Members of Health Committee and Judiciary and Labor Committee of the Hawaii State Senate:

I am writing respectfully to the Health Committee and Judiciary and Labor Committee **in support of SB 615, Relating to Infertility Procedures.**

When I was a small child, I knew I wanted to become a mother. I had this fairy tale image of what relationships, pregnancy, childbirth and parenting look like. As the years have passed, I have been blessed with a relationship that far exceeded my childhood dreams. I have not been so fortunate with becoming a parent. I finally found an honest, ethical and outstandingly competent medical provider in Dr. John Frattarelli and his team.

I have been quoted that one standard in vitro fertilization cycle costs roughly $20,000. If I were covered under the current mandates for insurance companies, one cycle would cost roughly $3,500. This is just *one* chance. Honestly, I don't know many families who could possibly afford any chances at $20,000 for one try. And what if that one try didn't work? How many children or grand-children do you, the committee members have? Could you and your family afford an investment of at least $20,000 per child? (And that is just for the chance of getting pregnant – long before pre-natal care and the investment of raising and providing for a child). Unless another childhood fantasy of finding the pot of gold at the end of the rainbow comes true, I am just not sure how I will finance this investment to bring a child into my life.

As an insured working individual in Hawaii, I have paid my health insurance premiums as has my employer. However, I am not granted access to the same benefits because I do not fit neatly into the current definition for coverage. SB 615 levels the playing field if insurance companies are mandated to provide fertility treatment to a broader range of patients.

If I count on my physician to provide me with the best practices available for increased chances of pregnancy, I need to count on my insurance company to be a partner in providing me equal coverage.

Respectfully submitted,

Lisa M. Doyle
41-521 Inoaole Street
Waimanalo, HI 96795

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 02, 2011 10:48 AM
To: HTHTestimony
Cc: drmlb@yahoo.com
Subject: Testimony for SB615 on 2/4/2011 3:00:00 PM

Testimony for HTH/JDL 2/4/2011 3:00:00 PM SB615

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Lisa Bartholomew
Organization: Individual
Address: 518 Kaha Street Kailua, HI 96734
Phone: 808-271-3799
E-mail: drmlb@yahoo.com
Submitted on: 2/2/2011

Comments:

Dr. Josh Green
Chair, Health Committee
Hawaii State Senate

Clayton Hee
Chair, Judiciary and Labor Committee
Hawaii State Senate

3 February 2011

I am writing respectfully to the Health Committee and Judiciary and Labor Committee **in support of SB 615, Relating to Infertility Procedures.**

All citizens of the state of Hawaii should have access to and the skilled care of fertility experts. Because insurance companies are currently only required to provide coverage under very limited circumstances, many individuals are unable to financially afford the recommendations of their medical providers.

All individuals in Hawaii should have access to excellent fertility care by the medical experts in our island home. This is a simple matter of equity and access.

Respectfully submitted,

Allison C. Aosved, Ph.D.