



Hawaii Association of Health Plans

February 13, 2012

The Honorable Robert N. Herkes, Chair
The Honorable Ryan I. Yamane, Vice Chair

House Committee on Consumer Protection & Commerce

Re: HB 2105 HD1 – Relating to Health

Dear Chair Herkes, Vice Chair Yamane, and Members of the Committee:

My name is Richard Jackson and I am chair of the Public Policy Committee of the Hawaii Association of Health Plans (HAHP). HAHP is a non-profit organization consisting of eight (8) member organizations: AlohaCare, HMAA, HMSA, HWMG, Kaiser Permanente, MDX Hawai'i, UHA, and UnitedHealthcare. Our mission is to promote initiatives aimed at improving the overall health of Hawaii. HAHP is also active participants in the legislative process. Before providing any testimony, all HAHP member organizations must be in unanimous agreement of the statement or position.

We appreciate the opportunity to testify in opposition to HB 2105 HD1, which would require health plans to provide coverage for fertility preservation procedures for persons diagnosed with cancer.

While we are certainly empathetic to the situation in which this procedure would be performed, we do have concerns with the definition of "reproductive age." Without a specific definition or delineated range of ages, reproductive age could refer from the onset of puberty through the onset of menopause for females and the onset of puberty until death/impotence for males. General understanding is that the quality of eggs preserved from females after the age of 35 is significantly less than those from younger patients, and that after age 40 preserved eggs are typically non-viable.

Cryopreservation is an extremely expensive procedure that is still in its early stages. The cost of obtaining and storing ova is approximately \$10,000 and is considered an investigational procedure, which is generally not a covered benefit. The cost of the collection and storage of sperm for five (5) years of cryopreservation is roughly \$2,000 per patient. By requiring health plans to cover such procedures, millions of dollars which could go towards coverage of other conditions would be utilized for procedures that may not be viable.

Thank you for allowing us to testify today. We appreciate the opportunity to voice our concerns regarding HB 2105 HD1.

Sincerely,

Richard Jackson
Chair
Public Policy Committee



NEIL ABERCROMBIE
GOVERNOR

BRIAN SCHATZ
LT. GOVERNOR

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

335 MERCHANT STREET, ROOM 310
P.O. Box 541

HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

KEALJI S. LOPEZ
DIRECTOR

TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

TWENTY-SIXTH LEGISLATURE
Regular Session of 2012

Monday, February 13, 2012
2:15 p.m.

TESTIMONY ON HOUSE BILL NO. 2105, H.D. 1 – RELATING TO HEALTH.

TO THE HONORABLE ROBERT N. HERKES, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner ("Commissioner"),
testifying on behalf of the Department of Commerce and Consumer Affairs
("Department"). The Department takes no position on this bill.

This bill creates a mandated benefit for fertility preservation procedure coverage
for people with cancer. This is a medical matter that is outside of our expertise.

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

Monday, February 13, 2012

To: Representative Robert N. Herkes, Chair, House Committee on Consumer Protection & Commerce
Representative Ryan I. Yamane, Vice Chair; and members of the Committee

Re: Support for H.B. 2105 HD1, Relating to Health

I am Ally Andres, RN, and graduate nursing student of the University of Hawaii. I am offering testimony in support of H.B. 2105 HD 1, relating to health.

As an oncology nurse, I have cared for 20 and 30 year old patients who are stricken not only with the knowledge that they have cancer, but that their dreams for their future might forever be changed. I myself, as a young woman, can only imagine the multitude of thoughts that my patients consider, especially at such a young age—their mortality, cancer treatment, and the hope that they will be cured and will still be able to live the “normal” life that they have always envisioned.

Every year about 140,000 Americans under the age of 45 years old are diagnosed with cancer and many are at risk for permanent infertility due to cancer treatment. As survivorship increases, cancer organizations such as the President’s Cancer Panel and the National Cancer Institute, acknowledge the importance of addressing long-term consequences of cancer treatment, such as infertility.

Research has shown that there is increasing interest and attempts to preserve fertility among cancer patients. However, fertility preservation options are often not pursued due to obstacles, such as costs and the focus on treatment. Although insurance companies often cover infertility treatment, a newly diagnosed cancer patient would not be eligible for such benefits because he/she does not meet the criteria of already being infertile prior to undergoing cancer treatment. H.B. 2105 HD 1 addresses this gap in the system.

I would like to offer the following suggestions on amendments to this bill, some of which directly addresses the issues that were raised by HMSA and the Hawaii Association of Health Plans in their testimonies to the Health Committee:

- 1) Coverage to also include oocyte cryopreservation so that single women without a male partner would be afforded the same chance for fertility preservation as married women.
- 2) Age range of puberty to 40 years for women of reproductive age. After age 40, the number and quality of viable eggs for cryopreservation is substantially less than a woman of younger age.
- 3) Insurance coverage should include labs, diagnostic procedures, medications, anesthesia fees, facility fees, egg retrieval, intracytoplasmic sperm injection (in the case of embryo cryopreservation), and initial storage fees. This is where majority of the costs are for cryopreservation, especially for women, and would alleviate the already large financial burden of the cancer patient. Subsequent storage fees should then be at the expense of the insured as it only amounts to a few hundred dollars a year. This addresses the issues raised regarding: 1) which insurance company is required to cover maintenance/storage fees if the insured member changes to another insurance plan and 2) the time period that stored specimens are covered by insurance.
- 4) Insurance companies have no obligation to cover annual storage fees or implantation procedures should patients choose to use their frozen sperm, eggs, or embryos to attempt pregnancy in the future.

H.B. 2105 will provide an opportunity for people of Hawaii, who are diagnosed with cancer, the option to have a family in the future—an opportunity that may be otherwise unattainable due to the high costs of paying for fertility preservation options out-of-pocket. Although this legislation affords the obvious financial assistance of requiring insurance coverage for fertility preservation procedures for cancer patients, it more importantly addresses quality of life as it relates to their survivorship.

In closing, I would like everyone to consider that one of the 140,000 Americans of reproductive age, who will be diagnosed with cancer this year, could be any of the young individuals sitting in this room today. It could be your neighbor, or even closer to home, it could be your son or your daughter. This bill would allow him or her the opportunity to build a family in the future—a means to leave their legacy—a common dream that is shared by many citizens.

Thank you for the opportunity to testify.

Sincerely,
Ally Andres



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February 12, 2012

House Committee on Consumer Protection and Commerce
Representative Robert Herkes, Chair
Representative Ryan Yamane, Vice Chair

Hearing:

State Capitol Room 325
February 13, 2012, 2:15 p.m.

HB 2105, HD1 – Relating to Health

Thank you for the opportunity to testify in support of HB 2105, HD1. The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. Advocating for cancer patients is part of our mission.

Specifically, this measure requires health insurers to cover reproductive preservation for an individual, who:

1. Is of reproductive age; and
2. Has been diagnosed or undergoes cancer treatment that may adversely affect the fertility.

Cancer can be a physical, emotional, and financial challenge for a person fighting the disease. Losing the ability to bear offspring can be another devastating result in the fight against cancer. While we can appreciate the costs involved with fertility preservation procedures, allowing cancer patients the chance to preserve fertility through artificial means would help the patient move past cancer by starting a family and living a normal life.

The Committee may wish to look at a friendly amendment to the measure. The term “reproductive age” (page 1, line 15, and page 2, line 12) could lead to some confusion. For example, two studies published by The Center for Disease Control and Prevention use different ranges for female reproductive age respectively, at 15-44 and 15-49.¹ Some studies even use

¹ See Zera C, McGirr S, Oken E. *Screening for obesity in reproductive-aged women*. *Prev Chronic Dis* 2011;8(6):A125.<http://www.cdc.gov/pcd/issues/2011/nov/11_0032.htm> Accessed 2/11/12 (using ages 15-44);

18 as the earliest age instead of 15. The Committee may wish to set these ages in statute to avoid a situation where the insurer and patient have a different understanding of when they are of "reproductive age."²

Thank you for allowing us the opportunity to provide testimony on this measure.

Sincerely,



Cory Chun
Government Relations Director

but see also Kirmeyer SE, Hamilton BE. *Transitions between childlessness and first birth: Three generations of U.S. women*. National Center for Health Statistics. Vital Health Stat 2(153). 2011, at 2.

<http://www.cdc.gov/nchs/data/series/sr_02/sr02_153.pdf> Accessed 12/11/12 (Using ages 15-49).

² Note: Generally, the male reproductive age is a wider range of 15-59 or 18-59.

American Cancer Society Hawai'i Pacific, Inc., 2370 Nu'uanu Avenue, Honolulu, Hawaii 96817-1714
●Phone: (808) 595-7500 ●Fax: (808) 595-7502 ●24-Hour Cancer Info: (800) 227-2345 ●<http://www.cancer.org>

February 12,2012

You always picture the day you'll graduate from college, the day you get married and the day you will have a child to be one the biggest days of your life. These are the days that you perceive to be the most unforgettable, the days you dream of as a little girl. The ones you just can't wait to happen. Yet, you come to find that its the normal days that turn into the ones you won't ever forget, the ones that hit you unexpected that cancel out the days you thought would be the biggest. It could be a day you wake up and get ready for school, a day you just plan to run some errands or a day you go to the doctor for a check up. Those are the days that turn into the biggest days of your life. They are the ones you won't forget, the ones you don't see coming, the ones that were not supposed to be the biggest days of your life.

Being diagnosed with cancer as a young girl is the not the news you hoped for, dreamed of or thought would be one of the biggest days of your life. Yet, for some it is, at least for me is was. In July of 2012, being twenty one years old, I received devastating news, I heard the three words that nobody wants to hear, the words "you have cancer". I was diagnosed with stage III Squamous Cell Carcinoma cancer of the vulva. I was told I would undergo numerous surgeries, chemotherapy and radiation. Not only would the treatment be aggressive and I would have to fight through my sickness, the radiation would destroy my fertility. That day, that normal day, was not supposed to be the biggest day of my life. Being told you have cancer turns your world upside down, not knowing if you will survive. Yet, if you do make it will those biggest days still happen, the days that are supposed to be the most unforgettable, the days you dream of as a little girl? Well in my case, they weren't.

The day you will have a child is a picture, a dream, an expectation that is held in most girls hearts. Cancer took that away from me and has taken that away from many other girls. I was sent to a Fertility Institute that gave me the hope that one of the biggest days that I had dreamed of, the day of having a child would still happen. Yet, to find my insurance company would not cover the cost. I began to search the internet for any organization that would help me with the expenses, for I, being only a college student could not afford it. I was fortunate to have received some financial aide from the Live strong organization through a program called Fertile Hope. Yet, I was still down six thousand dollars, with no where to turn. After applying for various loans and getting turned down. Fortunately, I was accepted by one and took out the loan to pay off the remainder of the costs. .

Unlike me, many girls do not have the support system to obtain a loan or reach out for financial assistance. Not only am I swarmed with medical bills and am in debt from student loans, I am currently paying for my six thousand dollar loan with money I earn from a part time job near my university. The side effects of my cancer treatment were beyond my control. My IVF egg harvesting should have been covered by my insurance company. A young girl being told "you have cancer" does not expect that day to be one of the biggest days of her life. None the less, does she expect one of the biggest days, the day she would have a child to be no longer possible. I, Jesslyn Lousie Bogard, patient of Dr. John Fraterelli at the Fertility Institute of Hawaii strongly support House Bill 2105. Insurance company's should not make one of the biggest days, the day of having a child impossible for any girl who has cancer. Insurance company's should cover the costs of IVF egg harvesting and make one of the biggest days of a girls life still happen, the day she will have a child.

Testimony for HB2105 on 2/13/2012 2:15:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Sunday, February 12, 2012 4:56 PM

To: CPCtestimony

Cc: jbogardk@aol.com

Attachments: Testimony.abw (3 KB)

Testimony for CPC 2/13/2012 2:15:00 PM HB2105

Conference room: 325

Testifier position: Support

Testifier will be present: No

Submitted by: Joycelyn Bogard

Organization: Individual

E-mail: jbogardk@aol.com

Submitted on: 2/12/2012

Comments:



ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY



11 February 2012

RE: HB2105

Dear Committee Members,

This letter is in support of HB2105.

In the United States there are over one million individuals diagnosed with cancer and other diagnoses that ultimately decrease or eliminate their ability to reproduce. Lifesaving treatments often cause loss of fertility by destroying sperm and/or eggs. Fertility preservation can and should be offered to these individuals.

As a fertility specialist, I understand and have seen how fertility preservation can positively affect a patient who has a life threatening disease. With recent advances, fertility preservation is a successful option for affected individuals and should be considered standard of care. These patients should not be denied the right to reproduce when there are treatments available that can preserve their fertility.

The three basic fertility preservation options which will preserve an individual's fertility indefinitely are:

1. Embryo cryopreservation. Cryopreservation or freezing of embryos occurs in association with In Vitro Fertilization (IVF). This procedure can only be done by obtaining eggs, fertilizing eggs with sperm, and cryopreserving the embryos. Therefore, this procedure is limited to individuals who have a partner with whom they wish to reproduce. IVF is currently covered by insurance only for married couples meeting infertility criteria. Patients who are about to undergo treatment that will render them infertile should also have the option to do IVF with cryopreservation of embryos.
2. Egg (oocyte) cryopreservation. Recent advances in freezing (using a technique called vitrification) and storing of eggs have made this option as successful as embryo cryopreservation but without the need of egg fertilization with sperm. Egg vitrification gives single female patients from puberty to that age of 42 years the option of preserving fertility indefinitely without creating embryos. Eggs are obtained during an IVF procedure but are not fertilized. Instead the eggs can be vitrified and stored until the patient is ready to start a family.
3. Sperm cryopreservation. This technique has been used for several decades to preserve sperm for future use. Sperm can easily be obtained from a male as early as the onset of puberty.

I appreciate the opportunity to submit this testimony. I fully and enthusiastically support HB2105. Without it, many of our friends and families will not be able to experience the privilege of having a family –a privilege that many of us take for granted.

Sincerely and Mahalo,

A handwritten signature in black ink, appearing to read 'J. Frattarelli', written over a horizontal line.

John L. Frattarelli, M.D.
Reproductive Endocrinology and Infertility
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
407 Uluniu Street, Ste 312, Kailua HI 96734
www.armghawaii.com
&
Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814
www.IVFcenterHawaii.com



ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY



11 February 2012

RE: HB2105

Dear Committee Members,

I would recommend the following amendments to the bill HB2105:

1. Allow Embryo Cryopreservation, Egg Vitrification, and Sperm Cryopreservation to all patients with a diagnosis requiring treatment that will decrease/diminish their fertility.
2. The age range for treatment coverage should be puberty to age 42 for women and puberty to age 50 for men.
3. Insurance should cover the evaluation, laboratory assessments, medications, and treatment procedures required to preserve fertility. Procedures would include: sperm cryopreservation and storage (for the first year), In Vitro Fertilization (IVF), Intracytoplasmic Sperm Injection (fertilization of eggs with IVF if needed), cryopreservation and storage (for the first year) of eggs and/or embryos.

I appreciate the opportunity to submit these amendments. I fully and enthusiastically support HB2105. Without it, many of our friends and families will not be able to experience the privilege of having a family –a privilege that many of us take for granted.

Sincerely and Mahalo,

John L. Frattarelli, M.D.
Reproductive Endocrinology and Infertility
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
407 Uluniu Street, Ste 312, Kailua HI 96734
www.armghawaii.com

&

Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814
www.IVFCenterHawaii.com

Testimony for HB2105 on 2/13/2012 2:15:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Saturday, February 11, 2012 8:09 AM

To: CPCtestimony

Cc: jfrattarelli@armghawaii.com

Testimony for CPC 2/13/2012 2:15:00 PM HB2105

Conference room: 325

Testifier position: Support

Testifier will be present: No

Submitted by: John Frattarelli, M.D.

Organization: Fertility Institute of Hawaii

E-mail: jfrattarelli@armghawaii.com

Submitted on: 2/11/2012

Comments:

Testimony for HB2105 on 2/13/2012 2:15:00 PM

mailinglist@capitol.hawaii.gov [mailinglist@capitol.hawaii.gov]

Sent: Saturday, February 11, 2012 8:08 AM

To: CPCtestimony

Cc: jfrattarelli@armghawaii.com

Duplicate

Testimony for CPC 2/13/2012 2:15:00 PM HB2105

Conference room: 325

Testifier position: Support

Testifier will be present: No

Submitted by: John Frattarelli, M.D.

Organization: Individual

E-mail: jfrattarelli@armghawaii.com

Submitted on: 2/11/2012

Comments:

herkes2 - Marlene

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 09, 2012 9:11 PM
To: CPCtestimony
Cc: reinaharris@gmail.com
Subject: Testimony for HB2105 on 2/13/2012 2:15:00 PM

Testimony for CPC 2/13/2012 2:15:00 PM HB2105

Conference room: 325
Testifier position: Support
Testifier will be present: No
Submitted by: Reina Harris
Organization: Individual
E-mail: reinaharris@gmail.com
Submitted on: 2/9/2012

Comments:

Chair Herkes, Vice Chair Yamane, and members of the committee:

I am a board certified Obstetrician/Gynecologist in Hawaii, and I support HB 2105.

Some studies suggest a risk of up to 80% of infertility after cancer treatment (for women).

Insurance companies generally cover iatrogenic (complication resulting from medical treatment) that result from cancer treatment. Examples of this are breast reconstruction after mastectomy, or wigs for alopecia after chemotherapy. The Women's Health and Cancer Rights Act of 1998 mandates that if insurance companies cover mastectomy for breast cancer patients, they should also cover breast reconstruction. By allowing treatments for iatrogenic condition to be covered, insurance companies should likewise cover fertility preservation for cancer patients.

Although fertility preservation may be perceived as a prophylactic measure, insurance companies often cover similar prophylactic procedures, such as storage of one's own blood as a precaution in the even of an emergency transfusion.

Fertility preservation may also serve to "normalize" one's own gender, especially after chemical castration. Many women, for example, consider the ability to achieve pregnancy and motherhood to be a part of their identity.

In summary, I support HB 2015 because it symbolizes the importance of fertility in patients with cancer.

Thank you for the opportunity to testify.

herkes2 - Marlene

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 09, 2012 9:11 PM
To: CPCtestimony
Cc: reinaharris@gmail.com
Subject: Testimony for HB2105 on 2/13/2012 2:15:00 PM

Testimony for CPC 2/13/2012 2:15:00 PM HB2105

Conference room: 325
Testifier position: Support
Testifier will be present: No
Submitted by: Reina Harris
Organization: Individual
E-mail: reinaharris@gmail.com
Submitted on: 2/9/2012

Comments:

Chair Herkes, Vice Chair Yamane, and members of the committee:

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In summary, I support HB 2015 because it symbolizes the importance of fertility in patients with cancer.

Thank you for the opportunity to testify.

herkes2 - Marlene

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2012 8:06 AM
To: CPCtestimony
Cc: davidhood19@hotmail.com
Subject: Testimony for HB2105 on 2/13/2012 2:15:00 PM

Testimony for CPC 2/13/2012 2:15:00 PM HB2105

Conference room: 325
Testifier position: Support
Testifier will be present: No
Submitted by: David Hood
Organization: Individual
E-mail: davidhood19@hotmail.com
Submitted on: 2/10/2012

Comments:

I support the bill, however I agree with the HMSA representative that some sort of time requirements be added to the bill.

With the current ambiguity of the bill, it leaves the insurer the power to choose how long they will cryopreserve the semen/egg/embryo, but at the same there needs to be a definitive end time where the patient would need to take over.

I would recommend something like 120 months of cryopreservation via the insurance company once patient reaches the age 25. This provides coverage for 10 years for children effected by cancer.

For patients over the age of 25, I would recommend 60 months of coverage. This should provide enough time for a healthy chance at reproduction.