

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 13, 2012

The Honorable Robert N. Herkes, Chair
The Honorable Ryan I. Yamane, Vice Chair
House Committee on Consumer Protection and Commerce

Re: HB 2105, HD1 – Relating to Health

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to comment on HB 2105, HD1 which would require health insurance coverage for fertility preservation procedures for persons diagnosed with cancer.

We certainly are aware and empathetic to the situations under which the procedures would be conducted. While we believe the Bill should be amended to specify that the reproductive age be designated as 18 years of age, there are many other issues with the measure that need to be clarified.

- (1) Are plans only responsible for harvesting, fertilizing, and freezing the embryos, or are the plans also responsible to cover the cost of implantation? (We are advised that a global IVF fee costs about \$16,000 per case. And, the required drugs run approximately \$8,000 per case.)
- (2) After the retrieval and preservation procedures are performed, who pays the fees for maintaining the frozen sperm or embryo and for how long a period? (We also are advised that cryopreservation may cost between \$600 and \$800 per month.)
- (3) If the member loses coverage, who is responsible for the cryopreservation costs?
- (4) If the woman is unmarried, who is responsible for the donor sperm? There are a significant number of women who will not be able to become pregnant because of their underlying cancer diagnosis and its potential progression. What happens to the embryos?
- (5) If the procedure is performed under coverage by one plan and the member transfers to another plan, which plan is responsible for covering the maintenance cost?
- (6) If a donor passes away, is the plan responsible to continue covering the maintenance costs?

Thank you for allowing us to comment on HB 2105, HD1. We truly believe this legislation merits serious consideration and appreciate your vetting the pending issues which may help the legislation's success.

Sincerely,

Jennifer Diesman
Vice President, Government Relations

LATE TESTIMONY

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.

LATE TESTIMONY

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

LATE TESTIMONY

HB2105

LeighAnn Frattarelli [lfratt@gmail.com]

Sent: Monday, February 13, 2012 12:11 PM

To: CPCtestimony

Categories: Red Category

Attachments: HB2105.doc (24 KB)

I'm unsure if my testimony got to you in favor of HB2105 so I am sending it directly.
Thank you.

LATE TESTIMONY

As cancer survival has increased, difficulties with reproduction from the cancer itself or its treatment have become problematic. Cancer patients are often forced to deal with a new diagnosis of cancer and the possibility of infertility at the same time, greatly increasing their psychological burden. Knowing that fertility preservation treatments are available, can be reassuring, but realizing they are unattainable for financial reasons can add to the devastation already felt by patients.

Fertility preservation treatment in 2012 is highly successful. Both semen cryopreservation and embryo cryopreservation in experienced hands result in an excellent chance of life childbirth(s) in the future. Oocyte cryopreservation outcome rates are also approaching those of embryo cryopreservation in many centers and are another option available to patients who have a cancer diagnosis. Unfortunately, at this time, any fertility preservation treatment in Hawaii can be beyond the financial means of many cancer patients who are also facing bills of cancer treatment. These patients are forced to make an immediate decision regarding their fertility. They cannot save their money for a year and then choose to have the appropriate treatment.

In Hawaii, we are fortunate to have mandated coverage for in-vitro fertilization (IVF). However, the criteria to qualify for IVF are very restrictive and most cancer patients would not meet these criteria. Many of the cancer patients have not started trying to conceive, much less tried the 5 years mandated by the current law (if no other qualifying diagnosis is found.) Thus, the cancer patient, who is already suffering, cannot receive the same fertility options through her insurance that is afforded to her cancer free counterpart who has endometriosis, or tubal disease.

In summary, we strongly support HB 2105. We feel this bill will fill a needed gap in health care for a group of people who are suffering and should not have to choose between treating their cancer and having children in the future.