

HMSA

LATE



An Independent Licensee of the Blue Cross and Blue Shield Association

February 3, 2012

The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: HB 2105 – Relating to Health

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to comment on HB 2105 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. However, in considering this legislation, we suggest that the Committee clarify certain pending issues:

- (1) 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?
- (2) 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?
- (3) 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. We truly believe this legislation merits serious consideration and appreciate your vetting the pending issues which may help the legislation's success.

Sincerely,

A handwritten signature in black ink, appearing to read "JDiesman".

Jennifer Diesman
Vice President
Government Relations



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February 2, 2012

House Committee on Health
Representative Ryan Yamane, Chair
Representative Dee Morikawa, Vice Chair

Hearing:

State Capitol Room 329
February 3, 2012, 9:00 a.m.

HB 2105 – Relating to Health

Thank you for the opportunity to testify in support of HB 2105. 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.

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 pro-create 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.

Sincerely,

A handwritten signature in black ink that reads "Cory Chun".

Cory Chun
Government Relations Director

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 02, 2012 3:29 PM
To: HLTtestimony
Cc: cbaldwin@hawaii.edu
Subject: Testimony for HB2105 on 2/3/2012 9:00:00 AM
Attachments: HB2105.pdf

L A T E

Testimony for HLT 2/3/2012 9:00:00 AM HB2105

Conference room: 329
Testifier position: Support
Testifier will be present: No
Submitted by: Celeste M. Baldwin, PhD, APRN, CNS
Organization: Individual
E-mail: cbaldwin@hawaii.edu
Submitted on: 2/2/2012

Comments:

I agree with H.B. NO. 2105 with the issue Report Title: Fertility Preservation Procedure Health Care Coverage and the description:
Requires insurance coverage for fertility preservation procedures for persons who are of reproductive age and are diagnosed with cancer that may, or whose treatment may adversely affect their fertility. I believe that those afflicted by cancer should be given a chance to reproduce once they have survived the cancer if they are of reproductive age. This should be determined by the insurance company and coverage provided.

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 02, 2012 8:55 PM
To: HLTtestimony
Cc: Brenda.Kosky@gmail.com
Subject: Testimony for HB2105 on 2/3/2012 9:00:00 AM

LATE

Testimony for HLT 2/3/2012 9:00:00 AM HB2105

Conference room: 329
Testifier position: Support
Testifier will be present: No
Submitted by: Brenda Kosky
Organization: Individual
E-mail: Brenda.Kosky@gmail.com
Submitted on: 2/2/2012

Comments:

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 02, 2012 9:53 PM
To: HLTtestimony
Cc: reinaharris@gmail.com
Subject: Testimony for HB2105 on 2/3/2012 9:00:00 AM

L A T E

Testimony for HLT 2/3/2012 9:00:00 AM HB2105

Conference room: 329
Testifier position: Support
Testifier will be present: Yes
Submitted by: Reina M. Ahern Harris, MD
Organization: Individual
E-mail: reinaharris@gmail.com
Submitted on: 2/2/2012

Comments:

Chair Yamane, Vice Chair Morikawa, 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. For women, for example, many 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.

LATE

Friday, February 3, 2012

To: Representative Ryan Yamane, Chair – House Committee on Health; Representative Dee Morikawa, Vice Chair; and members of the Committee

Re: Support for H.B. 2105, 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, 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 addresses this gap in the system.

I would like to request that the language of the bill be modified to also provide coverage for oocyte cryopreservation. The fertility preservation option for women reflected in H.B. 2105 is embryo cryopreservation, which would require a male partner who is willing to provide his sperm for this process. By including oocyte cryopreservation in the bill, single women would be afforded the same chance for fertility preservation.

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 even 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. I encourage the passage of H.B. 2105.

LATE

JENNIFER K RIEL
University of Hawaii Manoa
Advance Public Health Nursing Student

2/2/2012

TO THE HONORABLE RYAN I YAMANE, CHAIR AND MEMBERS OF THE COMMITTEE

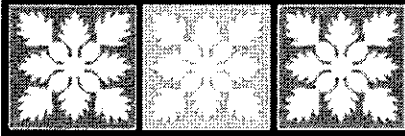
HEARING DATE: FRIDAY FEBRUARY 3, 2012
TIME: 9:00 AM

RE: SUPPORT FOR HB 2105

Aloha my name is Jennifer K Riel and I am nursing student at University of Hawaii Manoa. I thank you for your time to hear my support for HB 2105. This bill would require insurance coverage for fertility preservation procedures for persons who are of reproductive age and are diagnosed with cancer that may, or whose treatment may adversely affect their fertility. Currently there are no bills that support fertility preservation for *cancer patients*. This bill is very important especially for those whom have been diagnosed with cancer. Cancer is not prejudice, it affects all people, ages, gender, socioeconomic status and race. I am sure everyone knows of someone who has had cancer, you may even be a cancer survivor yourself. The day one gets diagnosed with cancer their entire life changes. Imagine just being told by your physician that you have cancer and treatments are available, but you may not be able to have any children. Having the resources available to treat and cure one's cancer in order to survive but ending their changes of starting their own family is like a parent losing their own child or love one. This bill will allow cancer patients both male and females, the opportunity to preserve those good sperm and eggs before beginning cancer treatments which will allow this population to have hopes of having their own children someday. For some patients they don't have that much time, or any time at all so these fertility treatments will be necessary for them. This bill will be a tremendous breakthrough for cancer patients who will have options down the line if they want to start a family. I highly support this bill and I hope you will too.

Me Ke Aloha Pumehana,

Jennifer K Riel
Advance Public Health Nursing Student
University of Hawaii Manoa



Hawaii Association of Health Plans

February 3, 2012

The Honorable Ryan I. Yamane, Chair
The Honorable Dee Morikawa, Vice Chair

House Committee on Health

Re: HB 2105 – Relating to Health

LATE

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

My name is Richard Jackson and I am the 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
Hawaii Medical Assurance Association
HMSA
Hawaii-Western Management Group, Inc.

Kaiser Permanente
MDX Hawai'i
University Health Alliance
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.

We appreciate the opportunity to testify in opposition to HB 2105, 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.

Sincerely,

Richard Jackson
Chair, HAHP Public Policy Committee