
SENATE CONCURRENT RESOLUTION

REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL
EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY
PROCEDURE COVERAGE.

1 WHEREAS, infertility is a disease of the reproductive
2 system that impairs one of the body's most basic functions: the
3 conception of children; and
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5 WHEREAS, in the United States, infertility affects about
6 7.3 million women and their partners, approximately twelve
7 percent of the reproductive age population, or one in eight
8 couples; and
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10 WHEREAS, most infertility cases - eighty-five to ninety
11 percent - are treated with conventional medical therapies such
12 as medication or surgery; and
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14 WHEREAS, since 1978, assisted reproductive technology, and
15 most commonly in vitro fertilization, has provided another
16 solution for many would-be parents; and
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18 WHEREAS, while vital for some patients, in vitro
19 fertilization and similar treatments account for less than three
20 percent of infertility services, and about seven-hundredths of
21 one percent of health care costs in the United States; and
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23 WHEREAS, since 1987, Hawaii has required insurance coverage
24 for the treatment of infertility through in vitro fertilization
25 under certain qualifying conditions; and
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27 WHEREAS, the current law has a number of shortcomings, as
28 it covers only one form of assisted reproductive technologies,
29 in vitro fertilization; provides a one-time only benefit;
30 applies only to an insured's covered spouse; requires
31 fertilization with sperm from the patient's spouse; requires a
32 history of infertility of at least five years; and applies only



1 to a limited number of medical conditions associated with
2 infertility; and

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4 WHEREAS, for those couples who do not meet these
5 requirements - whether for medical or other reasons - the
6 assisted reproductive technologies not covered under the current
7 law may cost \$15,000 to \$20,000 per procedure, and must often be
8 repeated before a successful live birth; and

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10 WHEREAS, in the nearly twenty-five years since the
11 enactment of the Hawaii law requiring coverage of in vitro
12 fertilization, there have been substantial changes and
13 improvements in assisted reproductive technologies, which could
14 provide couples in Hawaii with additional treatment options
15 appropriate for their specific infertility diagnosis; and

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17 WHEREAS, section 23-51, Hawaii Revised Statutes, requires
18 that "[b]efore any legislative measure that mandates health
19 insurance coverage for specific health services, specific
20 diseases, or certain providers of health care services as part
21 of individual or group health insurance policies, can be
22 considered, there shall be concurrent resolutions passed
23 requesting the auditor to prepare and submit to the legislature
24 a report that assesses both the social and financial effects of
25 the proposed mandated coverage"; and

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27 WHEREAS, section 23-51, Hawaii Revised Statutes, further
28 provides that "[t]he concurrent resolutions shall designate a
29 specific legislative bill that:

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31 (1) Has been introduced in the legislature; and
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33 (2) Includes, at minimum, information identifying the:
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35 (A) Specific health service, disease, or provider
36 that would be covered;
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38 (B) Extent of the coverage;
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40 (C) Target groups that would be covered;
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42 (D) Limits on utilization, if any; and
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44 (E) Standards of care.



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2 For purposes of this part, mandated health insurance coverage
3 shall not include mandated optionals"; and
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5 WHEREAS, section 23-52, Hawaii Revised Statutes, further
6 specifies the minimum information required for assessing the
7 social and financial impact of the proposed health coverage
8 mandate in the Auditor's report; and
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10 WHEREAS, S.B. No. 2909, S.D. 1, Regular Session of 2014,
11 mandates a benefit of three in vitro fertilization cycles or a
12 live birth for all outpatient expenses arising from in vitro
13 fertilization procedures performed on the insured or insured's
14 dependent, for all individual and group accident and health or
15 sickness insurance policies that provide pregnancy-related
16 benefits, effective July 1, 2014; and
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18 WHEREAS, the Legislature believes that infertility
19 procedure coverage, as provided in S.B. No. 2909, S.D. 1, will
20 provide the people of Hawaii with expanded treatment options for
21 assisted reproductive technologies that are appropriate for the
22 specific infertility diagnosis of a patient and that will assist
23 in ensuring adequate and affordable health care services for the
24 people of this State; now, therefore,
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26 BE IT RESOLVED by the Senate of the Twenty-seventh
27 Legislature of the State of Hawaii, Regular Session of 2014, the
28 House of Representatives concurring, that the Auditor is
29 requested to conduct an impact assessment report, pursuant to
30 sections 23-51 and 23-52, Hawaii Revised Statutes, of the social
31 and financial impacts of mandating infertility procedure
32 coverage for all individual and group accident and health or
33 sickness insurance policies that provide pregnancy-related
34 benefits, effective July 1, 2014, as provided in S.B. No. 2909,
35 S.D. 1; and
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37 BE IT FURTHER RESOLVED that the Auditor is requested to
38 include in the impact assessment report:
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- 40 (1) A survey of other states in the country that have
41 implemented a mandate for expanded infertility in
42 vitro fertilization procedures and examine what the
43 social and financial impact of expanded infertility in



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vitro fertilization procedures has been in those states;

- (2) Whether an expansion of infertility in vitro fertilization procedures would constitute benefits that are in excess of the essential health benefits required for health insurance coverage under the federal Patient Protection and Affordable Care Act of 2010, thus requiring the State to defray such costs;
- (3) Any other impacts or requirements of the federal Patient Protection and Affordable Care Act of 2010 if a mandate for expanded infertility in vitro fertilization procedures is enacted in Hawaii;
- (4) Research on what is being used as the standard medical definition of "reproductive age" that is best suited for in vitro fertilization procedures and the success rates for different age groups to determine coverage benefit limitations for this covered benefit, including whether different standards of infertility treatments are applied to different age groups in need of infertility treatment;
- (5) An examination of current medically necessary standards of care used to determine what types of infertility treatment options are available at a more cost effective savings than in vitro fertilization, which may be best suited for individuals in need of infertility procedures; and
- (6) An examination of existing technology in infertility procedures and possible future technology for infertility procedures; and

BE IT FURTHER RESOLVED that the Auditor is requested to submit findings and recommendations to the Legislature, including any necessary implementing legislation, no later than twenty days prior to the convening of the Regular Session of 2015; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Auditor and to the Insurance Commissioner, who, in turn, is requested to transmit



1 copies to each insurer in the State that issues health insurance
2 policies.
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