



NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
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

KEALI'I S. LOPEZ
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Friday, January 31, 2014
8:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 2061 – RELATING TO FERTILITY RIGHTS OF
CANCER PATIENTS.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

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, and submits the following comments on this bill.

The purpose of this bill is to add a new mandated health insurance benefit requiring health insurers, hospital and medical services plan, and health maintenance organizations to provide fertility preservation procedures for people diagnosed with cancer who have not started cancer treatment. This bill is a medical matter that is outside of our expertise.

Additionally, the addition of a new mandated coverage may trigger section 1311(d)(3) of federal Patient Protection and Affordable Care Act, which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state's qualified health plan.

Pursuant to HRS § 23-51, any proposal to mandate health insurance coverage requires the passage of a concurrent resolution requesting the State Auditor to prepare

House Bill No. 2061
DCCA Testimony of Gordon Ito
Page 2

and submit a report assessing the social and financial impacts of the proposed mandate.

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



**TESTIMONY OF JAN K. YAMANE, ACTING STATE AUDITOR,
ON HOUSE BILL NO. 2061, RELATING TO FERTILITY RIGHTS OF CANCER
PATIENTS**

House Committee on Health

January 31, 2014

LATE

Chair Belatti and Members of the Committee:

Thank you for this opportunity to provide comments on House Bill No. 2061. The purpose of this bill is to require Hawai'i insurance companies to include, as a benefit, embryo, oocyte, and sperm cryopreservation procedures for adult females of reproductive potential and adult males who are diagnosed with cancer and have not started cancer treatment.

At the request of the 2012 Legislature, we conducted a study to assess the social and financial impacts of mandating insurance coverage for fertility preservation procedures for people diagnosed with cancer proposed in a measure similar to House Bill No. 2061. In Report No. 12-09, *Mandatory Health Insurance coverage for Fertility Preservation Procedures for People of Reproductive Age Diagnosed With Cancer*, we concluded that since insurance coverage is not generally available there was insufficient data to assess the social and financial impacts in accordance with Sections 23-51 and 23-52, Hawai'i Revised Statutes. Therefore, any recommendation would be premature. We also found that expanding the current law for in vitro fertilization procedures to cover cancer-related infertility for both men and women through the

use of sperm and embryo cryopreservation procedures raises other issues for the Legislature to consider, such as costs related to the preservation of embryos and sperm, and the rights and benefits of the offspring.

We have linked for your reference Report No. 12-09. Thank you for the opportunity to offer comments on this measure. I would be happy to answer any questions.



29 January 2014

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 2061 and SB 2694.

We all know someone who has been diagnosed with and treated for cancer. Likewise, we all know someone who is now a cancer survivor. What many do not realize is that these patients are now suffering with another treatable diagnosis –Infertility.

Fortunately, cancer treatment has progressed to a point where often patients are cured of their disease. For the reproductive age patient, this then creates a dilemma –living without the ability to procreate. For many people diagnosed with cancer, the dream of having a family will never be realized. With today's technology, cancer survivors do NOT need to have a childless survival.

Science has provided hope for cancer patients. Prior to cancer treatments, patients can preserve their fertility so that once cured they can do what many take for granted -start a family.

There are many fertility preservation options available for cancer patient.

1. Males can freeze sperm. When thawed and used, frozen sperm has the same reproductive fidelity as fresh sperm. Frozen sperm has been utilized as a fertility treatment for decades without any adverse findings on offspring.
2. Male and/or Females have been able to freeze embryos using In Vitro Fertilization for years. Eggs can be harvested, fertilized with sperm, and the resulting embryos can be cryopreserved indefinitely. Over the last 30+ years, more than a million children have been born from frozen-thawed embryos. No detriment to the offspring has been seen.
3. More recently, females now have the ability to freeze eggs utilizing In Vitro Fertilization. Within the past 5-years, the ability to vitrify (very rapidly freeze) eggs has revolutionized fertility preservation. We can now freeze eggs with the same reproductive success that has been realized for decades using frozen sperm and/or embryos.

As a fertility specialist, I counsel cancer patients (males and females) routinely on their options for fertility preservation. I see the hope that this option brings to the patient with newly diagnosed cancer. This HOPE of future fertility and family is helpful in allowing patients to proceed through the arduous cancer treatment successfully.

I fully and enthusiastically support HB 2061 and SB 2694. Without it, many of our friends and families who survive cancer will not be able to experience the privilege of having a family –a privilege that many take for granted.

Sincerely and Mahalo,

John L. Frattarelli, M.D.

Laboratory, Practice, & Medical Director

Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.

&

Fertility Institute of Hawaii

1401 South Beretania Street, Ste 250, Honolulu HI 96814

www.IVFcenterHawaii.com



American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

House Committee on Health
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

Hearing: January 31, 2014; 8:30 a.m.

HB 2061 – RELATING TO FERTILITY RIGHTS OF CANCER PATIENTS

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of HB 2061, which requires insurance coverage for embryo, oocyte, and sperm cryopreservation procedures for adults diagnosed with cancer who have not started cancer treatment.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

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. 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.

Thank you for the opportunity to provide testimony on this matter.



TESTIMONY IN STRONG SUPPORT OF HB 2061

Relating to fertility rights of cancer patients



House Committee on Health

January 31, 2014, 8:30 a.m.

Hawai'i State Capital | House Conference Rm. 329

To: Honorable Rep. Della Au Belatti, Chair and Honorable Rep. Dee Morikawa, Vice Chair
Honorable Committee Members: Rep. Mele Carroll, Rep. Richard Creagan, Rep. Mark J. Hashem,
Rep. Takashi Ohno, Rep. Calvin K.Y. Say, Rep. K. Mark Takai, Rep. Roy M. Takumi,
Rep. Jo Jordan, Rep. Bertrand Kobayashi, Rep. Marcus R. Oshiro, Rep. Justin H. Woodson, Rep.
Lauren Kealohilani Matsumoto

From: Charlene Cuaresma, MPH, AANCART Hawai'i Principal Investigator
Asian American Network for Cancer Awareness, Research and Training
UH Student Equity, Excellence and Diversity
2600 Campus Rd. QLCSS Rm. 413
Honolulu, HI 96822

Dear Chair Della Au Belatti, Vice Chair Dee Morikawa, and Committee Members:

My name is Charlene Cuaresma, Principal Investigator for the Asian American Network for Cancer Awareness Research and Training (AANCART), which is a Community Network Program of the National Cancer Institute. AANCART was established to reduce cancer health disparities among Asian Americans through research, education and training. AANCART Hawai'i is an integral part of a consortium of universities through sub-awards from parent institution University of California-Davis Cancer Center.

AANCART submits our strong support of this measure that "requires insurance coverage for embryo, oocyte, and sperm cryopreservation procedures for adults diagnosed with cancer who have not started cancer treatment." This is a reproductive rights issue for which men and women in their years of fertility must have support, when faced with cancer treatment. Physicians and medical experts can bear out the data, but it only takes a wise, compassionate and reasonable person to see that this gap of coverage must be filled.

Thank you for hearing this bill, and for considering your support for the opportunity to require insurance coverage that enables preservation of fertility for cancer patients.

Sincerely,

Charlene Cuaresma, MPH
AANCART Hawai'i Principal Investigator

Pew Children's Dental Campaign
The Pew Charitable Trusts
Shelly Gehshan, Director



Testimony Submitted to the Hawaii House of Representatives
Committee on Health in support of H.B. 2457

January 31, 2014

Chairman Belatti and members of the Health Committee, thank you for holding this hearing and for your commitment to improving oral health in Hawaii. The following are written remarks respectfully submitted by the Pew Children's Dental Campaign in support of H.B. 2457.

Members of this committee may be familiar with Pew's work as a result of policy reports released over the past four years. In both 2010 and 2011, the Pew Children's Dental Campaign graded all 50 states on children's dental health, relying on eight evidence-based policies that cover prevention, financing, and workforce issues. In 2013, Pew released a similar report focusing solely on prevention that included whether a state allows the use of dental sealants for children without a prior dental exam, an evidence-based practice that can increase access to preventive treatment. Unfortunately, Hawaii received an F for its policies on dental sealants.

Sealants Protect Teeth

The dental health of Hawaii's children has slowly and steadily improved over the past decades, but there are still many communities in the state with unnecessarily high rates of tooth decay. Research shows that decay and other dental-related problems undermine children's ability to attend and perform well in school. This bill is a meaningful first step towards addressing this issue by creating a program to place dental sealants on children's teeth.

Sealants have been recognized by both the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as one of the best strategies to protect children who are at an increased risk for developing cavities.¹ Sealants are clear plastic coatings that act as a barrier against decay-causing bacteria when applied to the chewing surfaces of molars—the most cavity-prone teeth. Research also shows that sealants can prevent tooth decay from worsening if applied during the early stages of decay.² Although sealants can sometimes break or fall off, studies show that the formerly sealed teeth are not at a higher risk of decay than those which were never sealed.³

In addition to preventing decay, sealants can potentially save taxpayers and families money by preventing the need for more costly procedures to address untreated decay. On average, a sealant is one-third the cost of filling a cavity.⁴ Preventing decay also reduces the number of children whose toothaches or other decay-related problems might otherwise lead them to seek care in a hospital emergency-room. In 2006, tooth decay was the primary reason for more than 330,000 dental-related trips to emergency rooms across the U.S., at a total cost of nearly \$110 million.⁵

Bringing the Care to the Children: School-Based Programs

The key challenge for all states, including Hawaii, is to get sealants to low-income children, as these kids are the most likely to benefit from them and the least likely to receive them. Children aged 6 to 11 who live in poverty are almost twice as likely to develop cavities in their permanent teeth as more affluent kids.⁶

There is strong and growing evidence that school-based sealant programs are effective at increasing sealant use and reducing cavities. A study of Wisconsin's school-based sealant programs published in January of this year estimated that the state's sealant programs averted more than 10,000 cavities over nine years⁷. For a child who does not regularly see a dentist, a cavity represents pain and the possibility of infection, often requiring expensive treatment options. For Colorado, this reduction in cavities translated into a significant return on investment for its school-based sealant programs: for every dollar the state spent, it saved two⁸.

Better Utilizing the Dental Workforce

While H.B. 2457 is a significant step towards improving children's oral health in Hawaii, it should be strengthened by a simple provision that would make better use of Hawaii's existing dental workforce. Early last year, Pew expressed its support for a similar bill considered in the Hawaii legislature, S.B. 343, which called for the creation of sealant programs in which dental hygienists could place sealants without a prior exam from a dentist.

Over 30 states already allow hygienists in school-based sealant programs to apply sealants without having to wait or incur the costs to arrange for a dentist to examine the child first.⁹ Unfortunately, Hawaii currently still requires such an exam before a hygienist can apply sealants—a rule that adds unnecessary delays and costs to sealant programs, and results in fewer children who receive this proven strategy.

While a dentist's diagnosis is required before many dental treatments, a scientific consensus has determined that in school-based programs, is it not necessary before the placement of sealants. Only a visual assessment by a hygienist is needed to determine whether the tooth can be sealed and whether a cavity is present¹⁰. Early stages of tooth decay can be arrested by placement of sealants. However, when a hygienist detects a cavity, the child can be referred to a dentist for the necessary care. Moreover, sealant placement is a reversible procedure that easily allows a dentist to administer additional care and treatment strategies, such as placement of a filling or crown, if needed.¹¹

Ending the prior exam requirement would be consistent with the ADA's guidance on sealants. In 2009, CDC recommendations published in the *Journal of the American Dental Association* stated that sealants should be provided to children even if follow-up care by a dentist cannot be assured.¹² A possible lack of comprehensive care following a visit to a school-based sealant program is not a reason to deny preventive services to children who are most at risk of tooth decay.

Additionally, ending the prior exam requirement can bring down program costs. In Virginia, a 2011 pilot study found that eliminating the prior exam requirement in a school-based sealant program decreased the per-child program cost by 20 percent¹³. After seeing the initial results, the Virginia Dental Association advocated for the passage of legislation to make the pilot program a permanent statute.

Maryland ended its prior exam requirement in 2008. A recent study release by the Maryland Department of Health and Mental Hygiene showed that where the law has been implemented, the number of children screened and given sealants has increased, and program costs have decreased¹⁴. In addition, the number of dentists receiving referrals of children screened in these programs who need further treatment has increased.

By approving H.B. 2457, Hawaii can strengthen its ability to reach more children with sealants. Adding a provision to the bill that would eliminate the prior exam requirement in school-based programs would make the measure more effective and allow more children to be served.

Sources

-
- ¹ “Dental Sealants,” Centers for Disease Control and Prevention, September 2, 2009, http://www.cdc.gov/oralhealth/publications/factsheets/sealants_faq.htm; “Evidence-based clinical recommendations for the use of pit-and-fissure sealants,” *Journal of the American Dental Association*, March 2008, Vol. 139, 257-268, http://www.ada.org/sections/professionalResources/pdfs/report_sealants.pdf.
- ² S.O. Griffin et al., “The Effectiveness of Sealants in Managing Caries Lesions,” *Journal of Dental Research*, (2008), Vol. 87, No. 2, 169–174, <http://jdr.sagepub.com/content/87/2/169.abstract>.
- ³ S.O. Griffin, S.K. Gray, D.M. Malvitz and B.F. Gooch, 2009. “Caries risk in formerly sealed teeth,” *Journal of the American Dental Association*, 2009, Vol. 140, No. 4, 415–423, <http://jada.ada.org/cgi/content/full/140/4/415>.
- ⁴ The national median charge among general practice dentists for procedure D1351 (dental sealant) is \$40 and national mean charge for procedure D2150 (two-surface amalgam filling) is \$145. See: “2007 Survey of Dental Fees,” American Dental Association, 2007, 17.
- ⁵ Of the 330, 757 ER visits for dental-related causes, 330,599 (99.9 percent) did not require a hospital stay. See: R. Nalliah, V. Allareddy, S. Elangovan, N. Karimbux, V. Allareddy, “Hospital Based Emergency Department Visits Attributed to Dental Caries in the United States in 2006,” *Journal of Evidence Based Dental Practice* (2010), Vol. 10, 212-222, [http://www.iebdp.com/article/S1532-3382\(10\)00183-1/abstract](http://www.iebdp.com/article/S1532-3382(10)00183-1/abstract).
- ⁶ “Affluent” is defined as a family income of twice the federal poverty line. See: B.A. Dye, et al, “Trends in oral health status: United States, 1988-1994 and 1999-2004,” *Vital Health Statistics*, (2007), Vol. 11, 1-92.
- ⁷ *J Public Health Dent*. 2014 Jan 15. doi: 10.1111/jphd.12047
- ⁸ “The Impact of Oral Disease on the Health of Coloradans.” Colorado Department of Public Health and Environment, Oral Health Program (2005). <http://www.chd.dphe.state.co.us/Resources/cms/pp/oralhealth/impact.pdf>
- ⁹ Pew Center on the States, May 2011, 24.
- ¹⁰ Gooch, Barbara, et al. “Preventing Dental Caries Through School-based Sealant Programs: Updated Recommendations and Reviews of Evidence,” *Journal of the American Dental Association* 140 (2009): 1356-1365
- ¹¹ B. Gooch et al. “Preventing Dental Caries Through School-Based Sealant Programs,” *Journal of the American Dental Association*, 140 (2009):1256-1365. <http://jada.ada.org/content/140/11/1356.full.pdf+html>, accessed January 17, 2011.
- ¹² B.F. Gooch et al., (2009).
- ¹³ Virginia Department of Health. (2011). “Final Report on Services Provided by Virginia Department of Health (VDH) Dental Hygienists Pursuant to a Practice Protocol in Lenowisco, Cumberland Plateau, and Southside Health Districts for FY 2012” Accessed November 1, 2013. [http://leg2.state.va.us/dls/h&sdocs.nsf/fc86c2b17a1cf388852570f9006f1299/ab04b2114fa4d95785257aaf006e9e98/\\$FILE/RD318.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/fc86c2b17a1cf388852570f9006f1299/ab04b2114fa4d95785257aaf006e9e98/$FILE/RD318.pdf)
- ¹⁴ Levy, D. “Maryland Public Health Dental Hygiene Act: Impact Study.” Maryland Department of Health and Mental Hygiene, Office of Oral Health. Baltimore, Maryland, 2013.



THE QUEEN'S MEDICAL CENTER

LATE

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • www.queens.org

House Committee on Health

HB 2061 RELATING TO FERTILITY RIGHTS OF CANCER PATIENTS

Friday, January 31st, 2014
8:30am

To the Honorable Chair Della Au Belatti, Vice Chair Dee Morikawa, and Members of the House Committee on Health:

I am in strong support of HB 2061, relating to fertility rights of cancer patients.

I am a Cancer Genetic Counselor who has been working in the State of Hawaii for nearly twelve years. Much of my patient population is made up of young patients with cancer. The issue of fertility preservation is incredibly important, and often overlooked and underrecognized. I am in strong support of this vital service being covered for these patients.

Thank you for the opportunity to provide written testimony in support of HB 2061.

Allison Taylor Skykowski, MS, CGC
Certified Genetic Counselor
The Queen's Comprehensive Genetics Center
Honolulu, HI

Founded in 1859 by Queen Emma and King Kamehameha IV



THE QUEEN'S MEDICAL CENTER

LATE

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538- (808) 547-4646 • www.queens.org

House Committee on Health

HB 2061 RELATING TO FERTILITY RIGHTS OF CANCER PATIENTS

Friday, January 31st, 2014
8:30am

To the Honorable Chair Della Au Belatti, Vice Chair Dee Morikawa, and Members of the House Committee on Health:

I am in strong support of HB 2061, relating to fertility rights of cancer patients.

I am a Genetic Counselor who has been working with cancer patients in the State of Hawaii for the past two years. Much of my patient population is made up of young patients with cancer. The issue of fertility preservation is incredibly important, and is often overlooked and goes unrecognized. I am in strong support of this vital service being covered for these patients.

Thank you for the opportunity to provide written testimony in support of HB 2061.

Caitlin Peters, MS
Genetic Counselor
The Queen's Comprehensive Genetics Center
Honolulu, HI

Founded in 1859 by Queen Emma and King Kamehameha IV



An Independent Licensee of the Blue Cross and Blue Shield Association



January 31, 2014

The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair
House Committee on Health

Re: HB 2061 – Relating to Fertility Rights of Cancer Patients.

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to comment on HB 2061 which would require health insurance coverage for fertility preservation procedures for persons diagnosed with cancer, including embryo, oocyte, and sperm cryopreservation procedures for adult females and males.

We certainly are aware and empathetic to the situations under which the procedures would be conducted. However, there are many issues with the measure that need to be clarified. For example:

- (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 year).
- (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.
- (7) What constitutes an adult of “reproductive age”? Would it be 18 years or older?

We believe it is important to consider these issues because these costs will be borne by the State. Pursuant to the Affordable Care Act (ACA), any new or expanded coverage mandate enacted after December 31, 2011, that exceeds the State's benchmark plan will be the financial responsibility of the State. Consequently, the proposed change in IVF coverage to three trials would result in the State paying for the cost of the two additional IVF trials for plans sold both inside and outside of the Hawai'i Health Connector.

Thank you for allowing us to comment on HB 2061. 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

**Testimony to the House Committee on Health
Friday, January 31, 2014 at 8:30 A.M.
Conference Room 329, State Capitol**

LATE

**RE: HOUSE BILL 2061 RELATING TO FERTILITY RIGHTS OF CANCER
PATIENTS**

Chair Belatti, Vice Chair Morikawa, and Members of the Committee:

The Chamber of Commerce of Hawaii ("The Chamber") **opposes** HB 2061 Relating to Fertility Rights of Cancer Patients.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

While we understand that persons may need additional health care services, we do not believe that business should be the group responsible for paying for this mandated benefit. Ninety percent of the cost of an employee's health care premium is paid for by the employer. Most employers would be unable to pass this new cost onto the consumer. Please keep in mind that this would be in addition to the already annual increase in health care premiums of 7-10% each year.

Thank you for the opportunity to testify.

January 29, 2014

I fully SUPPORT HB 2061.

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 it's 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 checkup. 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 it 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, since being only a college student could not afford it. I was fortunate to have received some financial aid from the Live strong organization through a program called Fertile Hope. Yet, I was still down six thousand dollars, with nowhere 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. Nonetheless, 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 Frattarelli at the Fertility Institute of Hawaii strongly support House Bill 2061. Insurance companies 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 girl's life still happen, the day she will have a child.

Mahalo for your support of this bill,

Jesslyn Lousie Bogard

January 30, 2014

Regarding: SB 2694 and HB 2061

To Whom It May Concern,

Infertility is consistently listed as one of the most distressing long-term side effects of cancer treatment for adolescents and young adults. Yet the leading National Cancer Institute-designated comprehensive cancer centers — which should be leaders in fertility preservation — aren't doing an adequate job of helping patients protect their fertility. "It can be shocking for patients to find out their fertility was affected when there were potentially options that exist that were not offered to them". Personally I think that there should be some sort of help out there for these patients undergoing cancer treatment. By not having some kind of policy in effect we are somewhat taking away the right for a person regardless of gender, race or medical history. I think there should be some measure put into effect that will give patients an option as to whether they would like to be able to preserve what is needed in order to conceive. Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Adriana Cuadros', written in a cursive style.

Adriana Cuadros

Working in a fertility laboratory, the privilege to assist and witness the miracle of life is ethereal. It's more of an honor meeting couples from around the world who come to seek our assistance. However, trying to conceive is not the only burden with our patients. Strict criteria's such as finances, being a homosexual couple, and having to be diagnosed cancer or a survivor is just the few circumstances that prohibit our patients from starting a family. I highly support this bill for I honestly believe that everyone has the right to be blessed with having a family. Regardless of being a hetero or homosexual couple, the turmoil of cancer, and the lack of finances should not inhibit anyone from the happiness and joy of having a family. Therefore, everyone has the right to start a family, not insurance criteria.

To whom it may concern,

Working in a fertility clinic made me realize that something must be done to help cancer patients to preserve their eggs or sperm and go under fertility treatment. It is hard enough to go through a cancer treatment, dealing with pain and emotional problems and not having financial support to guarantee a fertility treatment just make the path even harder.

January 30, 2014

Dear Honorable Committee Chair and Committee Members:

This testimony is in **support** of HB 2061.

As citizens of the state of Hawaii, we are fortunate to be part of one of the most progressive health care systems in the country. A leader in health care, we consistently rank number one or number two in lowest percent of the population without health insurance. We legalized abortion 2 years before *Roe vs. Wade* and have consistently supported the right for all to access to health care including family planning services.

Hawaii was the 2nd state in the country to mandate In-vitro Fertilization (IVF) benefits. Thousands of happy families in Hawaii today would be childless couples if it weren't for this mandate. This one chance at pregnancy is many couples only chance to have the family they so desire.

Acknowledging the burden of patients with infertility as a health problem, many other states have now developed mandates requiring insurance coverage of evaluation and treatment of infertility. Despite the great benefits of our original mandate, we have now fallen behind, and are no longer a leader in providing care for this portion of our population. The original mandate is extremely limited with not even a basic evaluation for infertility covered. Although it is much better than no mandate, it does not protect and allow access to affordable care for many of our infertility patients.

During the same time that our success rates for infertility treatment have increased, the number of people that desire to start a family but are unable to do so have increased. With 15% of couples experiencing infertility, infertility has become a public health problem. This is a public health issue that we have the ability to address and treat, but without insurance coverage even for a basic work up, for many patients there is no access to care. We have developed a population whose medical problem is ignored by insurances and in many cases these patients are unable to afford an adequate evaluation and treatment without insurance coverage.

As a gynecologist who works in an infertility office, I have to keep the Kleenex close at all times. The burden of infertility is heavy. It is natural for people to desire to have children. The added burden of deciding between treatment for infertility and paying the rent that month and the next is unfair and discriminatory. Patients with medical insurance do not have to decide between treatment for their diabetes and buying their groceries. They don't have to decide between an evaluation for erectile dysfunction and paying Hawaii Electric Co, and they do not have to decide between getting an abortion and feeding their other children. Why are our insurances allowed to discriminate? How can this population be completely ignored and unable even to get a medical evaluation with insurance coverage unless they meet the very strict criteria provided in the previous mandate?

As the mother of twin boys, my life, my identity, my heart and soul is my family. I am so grateful that I had the ability to undergo an infertility evaluation and receive treatment. Under the current Hawaii mandate, I would not have been able to receive the care I needed with my insurance at the time (HMSA

PPO.) It took me three cycles of IVF to have my wonderful boys. I can't help but wonder if I would have been able to pay for the last two cycles of IVF that it took for me to conceive, if I only had my HMSA PPO insurance, or what sacrifices I would have had to make.

Many of my professional colleagues have also found the current mandate discriminatory. More and more physicians, lawyers, and business women delay their childbearing to establish themselves in a career and find and strengthen the right relationship. Their values are strong, they want to be able to provide financially for a child and give the child a loving family. They want to "do it right."

Unfortunately, when they experience infertility that does not meet one of the strict medical diagnosis listed under the current mandate, they are denied insurance coverage for IVF until they have "tried" to conceive for 5 years. A 38 year old infertility patient who is not allowed to try IVF for 5 years will have a < 1% chance of having a child, but if she underwent IVF immediately she would have a have a 40% chance of getting pregnant and having a live birth.

In summary, I strongly support Senate Bill 615. Professionally and personally I know the burden of infertility. I see inadequate evaluation and treatment of infertility patients as discriminating against a needy population and strongly believe this bill would once again put Hawaii as a leader in mandating access to quality health care.

Thank you,

LeighAnn C. Frattarelli, MD, MPH

HB2061

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Roisin Marron	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 7:49 AM
To: HLTtestimony
Cc: teresa.parsons@hawaii.edu
Subject: Submitted testimony for HB2061 on Jan 31, 2014 08:30AM

HB2061

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

Comments: Representatives, The diagnosis of cancer in early adult years is a tragedy. Even more so, when the advances in cancer treatment allow fulfilling lives after treatment. To have an opportunity to create a family after a devastating illness is a true gift. Regrettably, many insurance companies consider cryopreservation of egg and sperm for young adults who are diagnosed with cancer as "experimental". The advances of medical technology makes this no longer true. As a Women's Health Nurse Practitioner, I counsel women who are diagnosed with cancer who have not had the opportunity to bear children. I speak to them about options for fertility preservation through harvesting and preserving eggs, but when they speak to their insurance companies, the door is closed due to costs. I urge you to support this legislation. Mahalo for the opportunity to submit testimony in support of HB 2061.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

HB2061

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Robyn	Individual	Support	No

Comments: To Whom it may concern: I support HB2061 in preserving the fertility of adult cancer patients, through the support of insurance companies. I work in a facility where we see patients with cancer each day. It is devastating to learn that with a cancer diagnosis and not enough out of pocket funds, their dream to have a family one day may never come true. Please pass HB2061 to allow these patients to one day have a child, not allowing cancer to hold them back. Thank you!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Support For HB 2061

Having worked in a fertility clinic I have come across many different types of patients. Regardless of being a heterosexual or homosexual couple or even have a significant other, I have seen many people having difficulties in conceiving a child. I have also learned through my job that the fertility treatments for our patients are very expensive and without insurance coverage these treatments are very difficult to afford. The insurance companies have strict qualifications for coverage and some of these qualifications include being a heterosexual couple that have been trying for over a year to conceive. I think it is very important for insurance companies to cover the fertility treatments of cancer patients. I can't imagine how incredibly difficult it must be knowing that you have cancer and your cancer may affect your ability to have children. I'm sure many cancer patients would like to take the extra precautions and freeze their sperm or eggs before undergoing chemotherapy but are unable to afford it since it is not covered by insurance. Cancer is already bad enough to deal with as it is but then to have to live knowing possibly you won't be able to ever have children makes it even worse. Going through all that treatment for cancer must also take a financial toll on a patient making it difficult for any cancer patient to afford any type of fertility treatment.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 29, 2014 4:07 PM
To: HLTtestimony
Cc: dtrankel@hawaii.edu
Subject: Submitted testimony for HB2061 on Jan 31, 2014 08:30AM

HB2061

Submitted on: 1/29/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Debrah Trankel	Individual	Support	No

Comments: As cancer treatments become more effective, it is important to protect the fertility rights of cancer patients. I work on a Maternity unit, and there is no greater miracle than a new baby! It is so important to protect the rights, dignity, and hopes for these patients to lead a full and happy life after conquering CA and wanting to lead a normal life with a family of their own!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 9:45 AM
To: HLTtestimony
Cc: ka.stefano@hotmail.com
Subject: Submitted testimony for HB2061 on Jan 31, 2014 08:30AM



HB2061

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kristie	Individual	Support	No

Comments: I am writing in support of insurance companies having to cover the costs of cryopreservation of semen, oocytes, and or embryos for those adult patients who have been diagnosed with cancer but have not yet began treatment. When a person is diagnosed with cancer it is a devistating event in ones life. Many are diagnosed at a young age where they have not yet had the chance to begin a family. Passing this bill could help in giving some light at the end of the tunnel. Once they beat this terrible disease there still is hope of having a famiy even after cancer, the treatment drugs, and all the odds against them. They will have viable semen, ootocytes, or embryos which will allow them their chance of a family. When one is diagnosed with cancet the cost of treatment is enough without having to add the cost of cryopreservation. This would be a nice way to give back and help those in such a difficult situation.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 12:49 PM
To: HLTtestimony
Cc: rlatimer@queens.org
Subject: Submitted testimony for HB2061 on Jan 31, 2014 08:30AM



HB2061

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Renee Latimer	Individual	Comments Only	No

Comments: We are fortunate in Hawaii that cancer survival has increased. With increased survival may come other issues for patients. For example, cancer patients may have to deal with a new diagnosis of cancer and the possibility of infertility at the same time. Fertility preservation treatments are available, but may be costly to patients who must also pay a percentage of their cancer treatment. In Hawaii, we are fortunate to have mandated coverage for in-vitro fertilization (IVF). However, the criteria to qualify for IVF are restrictive and may be a barrier for cancer patients wishing to access this coverage. This should be addressed. I strongly support HB 2061 and feel this bill will fill a needed gap in health care.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 2:21 PM
To: HLTtestimony
Cc: swbcmd@hotmail.com
Subject: Submitted testimony for HB2061 on Jan 31, 2014 08:30AM



HB2061

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sloane Berger-Chen	Individual	Support	Yes

Comments: Senate Hearing Committee - I want to emphatically and enthusiastically lend my support to bills HB 2061 and SB 2694 for expansion of fertility management to cancer patients. Please give these bills strong consideration for the positive impact this expanded care would afford these patients. Thank you, Sloane Berger-Chen, MD

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

January 31, 2014



House Committee on Health
Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

Re: HB 2061 – Relating to Fertility Rights of Cancer Patients

Dear Chair Au Belatti, Vice Chair Morikawa and Members of the Committee:

Thank you for the opportunity to testify in support of HB 2061, which would require health plans to provide coverage for embryo, oocyte, and sperm cryopreservation procedures for adults diagnosed with cancer who have not started cancer treatment.

As an oncology nurse, I have taken care of young adult patients who are faced with the devastating diagnosis of cancer and whose cancer treatment has the potential to make them infertile, denying them of their dream of having children in the future. Assisted reproductive medicine and Hawaii's existing law mandating insurance coverage for IVF procedures has provided the opportunity to many infertile couples to realize their dream of having a family. Unfortunately, a person diagnosed with cancer would not be eligible for benefits under this mandate because he/she does not meet the criteria of infertility prior to starting cancer treatment; HB 2061 addresses this gap in the system.

No one can deny that the intent of HB 2061 is good. As expected, the greatest opposition of this bill will come from the insurance companies. Concerns that insurers highlighted in written testimonies for HB 2105 (2012 legislative session) included: 1) who is responsible for paying storage costs and for what period of time; 2) who is responsible for paying maintenance (i.e. storage) costs if the donor passes away; 3) what part of the procedure would be covered and whether costs of implantation would be covered; 4) who is responsible for cryopreservation costs if the member loses coverage; 5) which plan is responsible for maintenance costs if the member transfer from one plan to another; 6) who is responsible for the donor sperm if the woman is unmarried; and 7) what happens to the embryos if the woman is unable to become pregnant because of disease progression. House Bill 2061 addresses these concerns in its criteria and limitations of usage, in that the adult insured has to be diagnosed with cancer and has not started cancer treatment; expenses for embryo, oocyte, and sperm cryopreservation including evaluations, labs, medications, treatments associated with the procedure, and cryopreservation costs are covered; and storage fees as well as subsequent medical costs from utilizing cryopreserved embryo, oocyte, and sperm to attempt a pregnancy are excluded.

In 2012, the State Auditor published Report No. 12-09, which assessed the proposed mandatory health insurance for fertility preservation procedures. The study stated that expanding existing coverage for IVF raises significant issues. One being that insurers reported that mandated coverage would increase premiums and administrative costs. HMSA estimated an increase in costs of \$6.6 million. This is roughly the same estimate of \$6.5 million net costs that the

California Health Benefits Review Program (CHBRP) provided in 2011 in their independent analyses of the impacts of proposed health insurance mandate covering fertility preservation, similar to HB 2061. However, CHBRP's estimate is based on the 21.9 million people enrolled in California health plans and the fewer subpopulation of individuals with cancer. Compare that to the total population of 1.36 million people in the State of Hawaii according to the 2010 Census. So, it begs the question whether, in Hawaii, it would truly increase health care costs by \$6.6 million for insurance to cover fertility preservation for the 731 men and women, between 18 through 45 years of age, who are diagnosed with cancer each year. And of the 731 individuals, not all would be adequate candidates for fertility preservation due to progressed cancer disease and/or poor prognosis, contraindicating medical conditions, or the necessity to start treatment immediately.

HB 2061 also addresses the other concerns that are brought up in the Report, including providing coverage only for standard fertility preservation methods of embryo, oocyte, and sperm cryopreservation, thus excluding experimental assisted reproductive methods. Concerns raised by insurers and ethical implications with respect to posthumous reproduction and the disposition of preserved gametes and embryo after the donor is deceased, are currently addressed by individual fertility clinics which have policies and procedures in place for IVF and could be dealt with in the same manner.

HB 2061 is a comprehensive measure that addresses many of the concerns that have been raised by insurers and the State Auditor's Report. Passage of HB 2061 provides Hawaii with the opportunity to set a precedent for the rest of nation in passing the first piece of legislation to address the fertility rights of cancer patients through mandated insurance coverage for fertility preservation.

I **fully support HB 2061**. As a woman in my reproductive years, I see myself in my patients and I empathize in their grief that they may not ever realize their dreams of having a child. For many people with children, they believe their greatest legacy is their children. House Bill 2061 can help cancer survivors someday realize their dream of that legacy.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in cursive script that reads "Ally Andres".

Ally Andres, RN

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 30, 2014 4:58 PM
To: HLTtestimony
Cc: blissk@hawaii.edu
Subject: Submitted testimony for HB2061 on Jan 31, 2014 08:30AM



HB2061

Submitted on: 1/30/2014

Testimony for HLT on Jan 31, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Bliss Kaneshiro	Individual	Support	No

Comments: This would be an important measure that would help patients with a cancer diagnosis have a chance at having children. This is increasingly important for our younger patients who are diagnosed with cancer.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

LATE

To Whom It May Concern:

I am writing in support of HB 2061.

As a breast imager at the Queen's Medical Center, I see the impact of breast cancer on the women of Hawaii every day. Our community has a higher incidence of breast cancer than average. Unfortunately, there are many women who are diagnosed with breast cancer in their 20's, 30's and 40's. Just this week we diagnosed 3 young women with breast cancer.

Obviously, the diagnosis of breast cancer brings much anxiety. One of the most common questions I get from the younger women is related to future pregnancy. I am grateful for my colleagues who specialize in helping my patients achieve their goals of becoming a mother. Let's take away any barriers that would stand in their way.

Respectfully,

Eric Trevino, MD
Medical Director for Breast Imaging at the Queen's Hospital Women's Center