

SB502

Measure Title: RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE.

Report Title: In Vitro Fertilization; Required Insurance Coverage

Description: Removes discriminatory requirements for mandatory insurance coverage of in vitro fertilization procedures to create parity of coverage for same-sex couples, unmarried women, and male-female couples for whom male infertility is the relevant factor.

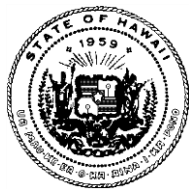
Companion: [HB664](#)

Package: Women's Legislative Caucus

Current Referral: CPH/JDL, WAM

Introducer(s): SHIMABUKURO, BAKER, ENGLISH, ESPERO, GREEN, KEITH-AGARAN, KIDANI, K. RHOADS, TOKUDA, S. Chang, Inouye, Kouchi, L. Thielen

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2017

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Senator Gilbert S.C. Keith-Agaran, Chair
Senate Committee on Judiciary and Labor

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 502 - RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE**

Hearing: February 3, 2017, 9:30 a.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments.

PURPOSE: The purpose of the bill is to ensure equal access to in vitro fertilization for all couples, including same-sex couples, and for women regardless of their marital status.

While DHS does appreciate the intent of the bill, no infertility services, including in vitro fertilization, are Medicaid covered services. If it is the Legislature's intent to exclude Medicaid, we would respectfully suggest adding a statement to that effect, similar to HB 677, "It is the intent of the legislature that the bill does not apply to the Medicaid program."

However, if it is the intent for Medicaid to cover in vitro fertilization, no federal Medicaid funds would be available, and an appropriation of general funds would be needed.

Thank you for the opportunity to testify on this bill.



TIM VANDEVEER
Chair
MARIE STRAZAR
Vice Chair

MARGARET WILLE
SEAN SMITH
Legislation Committee Co-Chairs

February 3, 2017

Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection and Health

Senator Gilbert S. Keith-Agaran, Chair
Senator Karl Rhoads, Vice Chair
Senate Committee on Judiciary and Labor

Submitted On Behalf of the Democratic Party of Hawai'i

The Democratic Party of Hawai'i (DPH) **strongly supports SB 502**. DPH recognizes that in vitro fertilization (IVF) is an important reproductive technology for many couples and individuals who want to have children. Under current law, insurers who provide pregnancy-related benefits are required to provide a one-time benefit for IVF expenses. But the mandate applies only to women with opposite sex spouses, excluding same sex couples and unmarried women. DPH believes the mandate, as written, discriminates unfairly on the basis of sex, sexual orientation, and marital status. This bill amends the IVF insurance mandate, eliminating outdated and discriminatory limitations to ensure coverage equality for sex couples and unmarried women.

This bill is consistent with the Party's platform, which supports equality for women accessing fertility services and for same sex couples pursuing the same rights and responsibilities as other married couples.

DPH also recently passed a resolution specifically calling upon the legislature to "amend Hawaii's IVF insurance laws to require equal coverage for same-sex couples, including same-sex male couples, and women regardless of marital status." A copy of the resolution is attached.

Passage of SB 502 is one of DPH's legislative priorities for this 2017 Legislative Session.

DPH does not support an alternative IVF bill under consideration—SB 515—because it does not cover same sex couples and because it contains religious exemption language in the preamble that raises questions about when coverage may be denied. DPH believes SB 502 is the better and more inclusive bill.

DEMOCRATIC PARTY OF HAWAII

PO Box 2041 Honolulu, HI 96805 □ (808) 596-2980 □ www.hawaiidemocrats.org □ info@hawaiidemocrats.org



Mahalo for the opportunity to testify on this bill.

Respectfully submitted,

Tim Vandever
Chair of the Democratic Party of Hawai'i

/s/ Marie (Dolly) Strazar
Vice Chair of the Democratic Party of Hawai'i

/s/ Margaret Wille
/s/ Sean Smith
Legislative Committee Co-chairs

Resolution Urging Amendment of Hawaii's IVF Insurance Statutes to Provide Equal Access to IVF Coverage

Whereas, Thousands of same-sex couples in Hawai'i are now married since the passage of the Marriage Equality Act in 2013 and same-sex couples are increasingly using reproductive technologies like in vitro fertilization (IVF) to have children; therefore, be it

Resolved, That the Democratic Party of Hawai'i recognizes that IVF is expensive, averaging \$10,000-15,000 per cycle, or about 50% of average annual disposable income in the U.S., and that Sections 431:10A-116.5 and 432:1-604, Hawai'i Revised Statutes, require insurers who cover pregnancy-related benefits to also provide a one-time benefit for expenses arising from in-vitro fertilization (IVF) procedures; and be it

Resolved, That the Democratic Party of Hawai'i understands that this mandate currently only applies to women whose oocytes are fertilized with their husbands' sperm in circumstances where the couple has a history of infertility or infertility associated with certain medical conditions; and be it

Resolved, That the Democratic Party of Hawai'i recognizes the statutes, as written, exclude same sex couples and unmarried women; and be it

Resolved, That the Democratic Party of Hawai'i recognizes that some insurers offer policies that cover same-sex female couples but impose burdens not faced by opposite-sex couples by requiring them to first try intrauterine insemination (IUI), even if that procedure is not covered; and be it

Resolved, That the Democratic Party of Hawai'i recognizes Hawai'i insurers exclude same-sex male couples as they do not cover procedures involving donor oocytes and/or surrogates; and be it

Resolved, That the Democratic Party of Hawai'i recognizes that some but not all Hawaii insurers extend IVF coverage to unmarried women; and be it

Resolved, That the Democratic Party of Hawai'i believes that this constitutes discrimination on the basis of sex, sexual orientation, and marital status; and be it

Resolved, That the Democratic Party of Hawai'i recognizes such discrimination is inconsistent with the Marriage Equality Act, Section 1557 of the Affordable Care Act, and the core values of the Democratic Party of Hawai'i as expressed in its Platform; and be it

Resolved, That the Democratic Party of Hawai'i urges the Hawai'i state legislature to amend Hawaii's IVF insurance laws to require equal coverage for same-sex couples, including same-sex male couples, and women regardless of marital status ; and finally be it

Ordered, That copies of this resolution be transmitted to the Governor of the State of Hawai'i, the Lt. Governor of the State of Hawai'i, and all members of the Hawai'i State Legislatures who are members of the Democratic Party of Hawai'i.

Passed by the Democratic Party of Hawai'i on January 18, 2017

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



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February 2, 2017

To: Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Members of the Senate Committee on Commerce, Consumer
Protection, and Health

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Karl Rhoads, Vice Chair
Members of the Senate Committee on Judiciary and Labor

From: Cathy Betts, Executive Director
Hawaii State Commission on the Status of Women

Re: Testimony in Support, SB 502, Relating to In Vitro Fertilization
Insurance Coverage

On behalf of the Hawaii State Commission on the Status of Women, I would like to express my support my support for SB 502, which would revise the HRS 431:10A-116.5 to allow equal coverage for in vitro fertilization treatment and procedures.

Women are widely affected by infertility. In fact, 7 million women and their partners are affected by infertility in the United States. Our changing workplace demographics and the breadth of diversity found in families should be reflected in our policies. The statute, as written, requires a woman to show 5 years of difficulty getting pregnant in order to receive coverage for infertility and requires the sperm of her spouse. Additionally, the statute prohibits lesbian and gay couples, unmarried couples, single women, and women whose male partners suffer from infertility from obtaining coverage. This is inherently discriminatory on its face.

The Commission prefers the language in SB 502 over SB 515. The language in SB 502 provides for surrogacy coverage and contains no language regarding religious exemptions, which have no place in laws regulating health. The Commission strongly supports SB 502. Thank you for this opportunity to testify in support.

**LGBT
CAUCUS**

FORMED IN 2001



THE FIRST CAUCUS OF THE
**DEMOCRATIC PARTY
OF HAWAII**

January 31, 2017

Senate's Committees on Commerce, Consumer Protection, and Health as well as
Judiciary and Labor

Hawai'i State Capitol
415 South Beretania Street, Room 016
Honolulu, HI 96813

Hearing: Friday, February 3, 2017 – 9:30 a.m.

RE: **STRONG SUPPORT for Senate Bill 502** – RELATING TO IN VITRO FERTILIZATION
INSURANCE COVERAGE

Aloha Chairpersons Baker & Keith-Agaran, Vice Chairs Nishihara & Rhoads and fellow
committee members,

I am writing in STRONG SUPPORT to Senate Bill 502 on behalf of the LGBT Caucus of the
Democratic Party of Hawai'i. SB 502 will remove discriminatory requirements for mandatory
insurance coverage of in vitro fertilization procedures to create parity of coverage for same-sex
couples, unmarried women, and male-female couples for whom male infertility is the relevant
factor.

The LGBT Caucus views this bill as a necessity for equality as this bill takes care of some gross
inequality in the current insurance coverage with regards to IVF.

This bill is a priority for the LGBT Caucus of the DPH as well as the Democratic Party of Hawai'i.
The Caucus was proud to introduce the recently passed DPH resolution "Resolution Urging
Amendment of Hawaii's IVF Insurance Statutes to Provide Equal Access to IVF Coverage" that
asks for the passage of an inclusive bill just like SB 502.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
LGBT Caucus for the DPH



Committees: Committee on Commerce, Consumer Protection, and Health
Committee on Judiciary and Labor
Hearing Date/Time: Friday, February 3, 2017, 9:30 a.m.
Place: Room 016
Re: *Testimony of the ACLU of Hawaii in **Strong Support** of S.B. 502, Relating to Insurance Coverage for In Vitro Fertilization*

Dear Chair Baker, Chair Keith-Agaran, and Committee Members:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) strongly supports S.B. 502, which eliminates discriminatory provisions in current state law by requiring the equal coverage of in vitro fertilization (“IVF”) without regard to sex, sexual orientation, or marital status.

Current Hawaii law discriminates against LGBTQ couples and unmarried women

Hawaii’s current law requires health insurance providers to cover one round of IVF only when “the patient’s oocytes are fertilized with the patient’s spouse’s sperm.” While perhaps unintentional, this language necessarily excludes same-sex couples and unmarried women who wish to start a family. This discriminatory treatment may violate state nondiscrimination laws as well as the Hawaii State Constitution. S.B. 502 remedies this by removing language in the statute requiring the patient to be married, adding language clarifying that same-sex married couples qualify for coverage, and adding language clarifying that IVF procedures using donor materials and surrogates will be covered.

Denying health insurance coverage for IVF creates an unfair financial burden

IVF can cost upward of \$20,000 per cycle. While opposite-sex married couples are guaranteed a process to alleviate the majority of the procedure’s cost, same-sex married couples and unmarried women may be forced to shoulder the financial burden alone. Although some health insurance plans in Hawaii may cover same-sex female couples and unmarried women, this is not guaranteed by law and many couples and individuals are unaware they are not covered until they are already planning for their family. No insurance plans currently cover male couples who can only conceive using IVF along with the services of a surrogate.

S.B. 502 is in line with state policy

State law prohibits discrimination on the basis of sexual orientation and gender identity in the areas of housing, employment, education, and public accommodations. This measure would be consistent with existing public policy, as well as recommendations made by the medical

community regarding equal access to reproductive services for LGBTQ couples.¹ Finally, this measure does not require health insurance providers to cover any procedures that are not already covered. It merely strengthens current law to provide equal access to reproductive services and better reflect Hawaii's core value of equality.

For these reasons, the ACLU urges the Committees to support S.B. 502.

Thank you for this opportunity to testify.



Mandy Finlay
Advocacy Coordinator
ACLU of Hawaii

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for 50 years.

¹ The Ethics Committee of the American Society for Reproductive Medicine, *Access to fertility treatment by gays, lesbians, and unmarried persons: a committee opinion*, (published 2013) available at: https://www.asrm.org/uploadedFiles/ASRM_Content/News_and_Publications/Ethics_Committee_Reports_and_Statements/fertility_gaylesunmarried.pdf.



An Independent Licensee of the Blue Cross and Blue Shield Association

February 3, 2017

The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection and Health

The Honorable Gilbert S.C. Keith-Agaran, Chair
The Honorable Karl Rhoads, Vice Chair
Senate Committee on Judiciary and Labor

Re: SB 502 – Relating to In Vitro Fertilization Insurance Coverage

Dear Chair Baker, Chair Keith-Agaran, Vice Chair Nishihara, Vice Chair Rhoads and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 502, which would amend the requirements for mandatory insurance coverage of in vitro fertilization (IVF). HMSA would like to offer the following concerns with regard to this Bill.

We are aware and very empathetic to the situations under which the procedures outlined in this measure would be conducted. HMSA's current IVF policy does not discriminate against sex, sexual orientation, or marriage status.

However, SB 502 does raise several significant concerns that we would like to share with the Committees. We note the following:

- As drafted, the Bill will require coverage for IVF-related expenses of egg donors or surrogates for any member, including single males; this would be an expansion of the current benefit under §432:1-604. HMSA's current IVF policy does not cover surrogacy or donors in any form. As with any new benefit we are concerned with additional costs, and in this case unanticipated liabilities, that would be incurred by the health plan and employer.
- Changing the amount of time a member must demonstrate a history of infertility from five years to twelve months could be a concern with regard to the necessary time within which OB/GYNs and fertility specialists would need to accurately diagnose infertility.
- In Section 2, we would suggest clarifying that in the case of heterosexual couples this is a benefit which would only be covered for a female health plan member. We would suggest the Committee consider using "member's dependent spouse" rather than "member's spouse."



An Independent Licensee of the Blue Cross and Blue Shield Association

- We would also want to clarify that the surrogacy or donor-related services being covered in this expanded benefit are covering expenses directly related to IVF services versus other pregnancy-related and/or other post-IVF outpatient services.

Thank you for allowing us to share our concerns on SB 502.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Oto". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Mark K. Oto
Director, Government Relations.



Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

Before:

Senate Committee on Commerce, Consumer Protection, and Health
The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair

and

Senate Committee on Judiciary and Labor
The Honorable Gilbert S.C. Keith-Agaran, Chair
The Honorable Karl Rhoads, Vice Chair

February 3, 2017
9:30 am
Conference Room 016

Re: SB 502 Relating to In Vitro Fertilization Insurance Coverage

Chairs, Vice Chairs, and committee members, thank you for this opportunity to provide testimony on this measure mandating expanded in vitro fertilization insurance coverage.

Kaiser Permanente Hawaii opposes this bill as drafted and requests an amendment.

Kaiser Permanente supports equality for women's coverage for in vitro fertilization services and has already removed the "spouse" requirement for this benefit. However, Kaiser Permanente does **not** participate in any in vitro fertilization procedures involving **third party-assisted reproduction methods** (for either men or women), including donor egg and/or surrogates and gestational carriers, because of the complex legal issues and inherent medical risks surrounding third party participants, which is especially problematic if these third party participants are not a Kaiser Permanente insured.

Medical Risks To Third Party Donors and Surrogates

During the egg donor and surrogate procedures, both the donor and surrogate are required to take a course of medical treatments, including various hormone treatments/injections to prepare the egg for retrieval (induce and stimulate egg production for the egg donor) and also prepare the recipient's body to receive the egg (stop the body's regular hormone production for the

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surrogate). The purpose of these medications, including estrogen and progesterone injections, is to precisely sync the surrogate's cycle with the donor's cycle.

Therefore, there are inherent medical risks involved in both the egg retrieval and surrogacy. For the egg donor, these risks include potential reactions to the fertility drugs (i.e., ovarian hyperstimulation syndrome), bleeding, infection, and damage to structures surrounding the ovaries, including the bowel and bladder. For the surrogate, these risks include potential reactions to the fertility drugs, increased risks associated with carrying multiples, i.e. pre-eclampsia, maternal hypertension and gestational diabetes, and in the worse case, serious complications and even death that may occur during the birth process, i.e., amniotic fluid embolism. See, "*Surrogate and Babies Die from Complications In Pregnancy*" by The Stream dated October 17, 2015 found at <https://stream.org/us-surrogate-babies-die-due-complications-pregnancy/>

By passing this bill, health insurers will be responsible and potentially liable for all the risks and consequences relating to medical treatment provided to the third party egg donor and/or surrogate, which is especially problematic when the third party donors or surrogates are not insured by the health plan.

Legal Rights of Egg Donors, Surrogate Recipients and Prospective Parents

There are many potential legal issues that arise when egg donors and surrogates are used by infertile couples. Typically, it is recommended that an attorney, who specializes in reproductive law, draft an Egg Donor Contract or Surrogacy Contract to determine the legal rights of egg donors, surrogates and the prospective parents. Specifically, these legal contracts should address the waiving of parental rights by the donor and/or surrogate, while clearly establishing that any children born from the donated eggs or surrogacy are the legitimate children of the prospective parents. For instance, in traditional surrogacy (in which the surrogate provides the egg) and gestational surrogacy (in which an embryo is placed in the surrogate's uterus), both can lead to various legal issues with regard to who is the "true" parent of the child - especially in cases where the surrogate mother changes her mind and wishes to keep the baby as her own.

Other specific items that should also be included in these legal contracts are:

- Who are the parties to the agreement?
- Will the egg donor or surrogate be anonymous?
- What fees and expenses will be paid to the egg donor or surrogate by the prospective parents?
- What pre-screening and testing procedures will be utilized by the egg donor or surrogate (some states also require the medical pre-screening of the surrogate's sexual partner for HIV, etc.)?
- Will the egg donor or surrogate agree to multiple attempts if the initial one fails?
- What happens if there are twins or multiple births?

- Who will obtain guardianship of the child should the prospective parents pass away when the child is still a minor?
- What type of indemnification will be given to the prospective parents if the surrogate or egg donor changes their mind and doesn't go through with the process?

In short, the inclusion of this coverage for egg donor and surrogate services as a financial agreement (to provide coverage) may be misconstrued as an adequate substitute for a formal legal contract (Egg Donor and Surrogate Contract), which may have serious legal and liability consequences against the health insurer, as the provider of such services.

Based on the foregoing, we request that this bill be amended by deleting all references to "oocyte donor" and "surrogate."

Thank you for the opportunity to comment.



To: Hawaii State Senate Committee on Commerce, Consumer Protection and Health
Hearing Date/Time: Friday, Feb. 3, 2017, 9:30 a.m.
Place: Hawaii State Capitol, Rm. 229
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of S.B. 502, relating to In Vitro Fertilization Insurance Coverage

Dear Chair Baker and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of S.B. 502, which seeks to amend Hawaii's IVF law to eliminate sex, sexual orientation, and marital status discrimination in insurance coverage.

S.B. 502 is a reproductive justice measure in that it seeks to address the lack of access and/or unequal access to infertility treatment. In this case, insurance coverage discriminates against and essentially restricts a person’s reproduction based on their sex, sexual orientation and/or marital status. This kind of discrimination simply has no place in Hawaii law.

Thank you for this opportunity to testify in support of S.B. 502.

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 12:52 PM
To: CPH Testimony
Cc: annsfreed@gmail.com
Subject: *Submitted testimony for SB502 on Feb 3, 2017 09:30AM*

SB502

Submitted on: 2/2/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	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.

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Hawai`i LGBT Legal Association

February 3, 2017

TO: Senate Committee on Commerce, Consumer Protection and Health
Senate Committee on Judiciary and Labor

FROM: Hawai'i LGBT Legal Association

RE: **Support for SB 502**

Chairs Baker and Keith-Agaran, Vice-Chairs Nishihara and Rhoads, and committee members:

The Hawai'i LGBT Legal Association ("HLLA") is a voluntary professional organization of Hawai'i lawyers, legal workers and law students dedicated to the fair and just treatment of the LGBT community. **HLLA strongly supports SB 502.**

HLLA attorneys have worked collaboratively with the Hawaii Women's Coalition on the language of this bill. The purpose of the bill is to amend Hawaii's in vitro fertilization (IVF) insurance mandate to require equal coverage for same sex couples and unmarried women.

Currently, the IVF mandate only benefits women with opposite sex spouses. Some Hawai'i insurers independently offer policies that cover female couples or women without male partners, but these policies are not guaranteed by law and not all cover single women. Further, no policies cover male couples; rather, they exclude procedures involving donor eggs and surrogates, which male couples require. While likely not intentional when it was enacted, the effect of the mandate is discriminatory, and it unfairly burdens same sex couples and unmarried women who may pay up to \$20,000 out of pocket for one IVF cycle.

SB 502 ensures equal coverage for unmarried women and same sex couples by:

- Removing language in the statute that requires the involvement of a spouse;
- Adding language to clarify that members of same sex married couples qualify for coverage; and
- Adding additional language to clarify that procedures involving egg donors and surrogates (i.e. procedures required by male couples) will be covered.

The bill also reduces the "wait-period" for establishing infertility from 5 years to 1 year, consistent with the American Society of Reproductive Medicine's definition of "infertility."

SB 502 is not about expanding the IVF mandate. The same types of procedures that were previously covered—i.e. egg retrieval, fertilization, and embryo transfer—will be covered. Rather, the bill simply corrects outdated, and yes, now discriminatory, sex and marital-status based limitations in the existing mandate to ensure equal access and coverage for same sex couples and unmarried women.

To be clear, this bill will not require insurers will to cover new procedures that they do not already cover, such as collection and processing of semen, cryopreservation of eggs, semen or embryos, genetic testing of embryos, etc. Insurers will not have to cover the costs of donor eggs or semen. And insurers will still only be required to provide a one-time benefit consistent with the existing mandate.

Simply put, SB 502 is about equality and economic justice. It is important to a number of couples in the LGBT community who are now legally married and interested in having children. This bill will establish a clear public policy that their families are to be valued and supported in the same manner as families of opposite sex couples. We urge you to support this bill and pass it out of committee.

Thank you for the opportunity to testify on this bill.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nick Kacprowski', with a blue checkmark to its right.

Nick Kacprowski , Co-President
Kalikoʻonalani Fernandes, Co-President
Hawaiʻi LGBT Legal Association



February 3, 2017

To: **Committee on Commerce, Consumer Protection, and Health**
The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishihara, Vice Chair

Committee on Judiciary and Labor
The Honorable Gilbert S. C. Keith-Agaran, Chair
The Honorable Karl Rhoads, Vice Chair

From: Beth Giesting, Hawai'i Association of Health Plans

**Re: Concerns about SB 502, RELATING TO IN VITRO FERTILIZATION
INSURANCE COVERAGE**

The Hawai'i Association of Health Plans (HAHP) thanks you for the opportunity to share concerns about Senate Bill 502, which would expand eligibility for covered *in vitro* fertilization services.

HAHP stands firmly with the Legislature in rejecting discrimination based on gender or sexual orientation. Our concerns are as follows:

- While health plans currently cover *in vitro* fertilization and pregnancy benefits for their members, covering services that have so many long-term health, legal, and cost implications for a surrogate – a third-party - who is not otherwise a beneficiary is problematic.
- The demand and related costs for expanded services as described in this bill are unknown. Insurers would have to assess the impact and build the added costs into employer premiums, which would be done gingerly as we seek to balance essential benefits with the burden to employers.
- Reducing the waiting time from five years to 12 months could encourage a couple to bypass stepped services that are often effective as well as being less risky, invasive, and. Expert opinion should be surveyed to help law-makers and plans arrive at the optimal waiting time.

We appreciate the intent of this bill and look forward to working with lawmakers to ensure that Hawai'i residents continue to have the health benefits they need and that coverage for them is affordable.



ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY



February 1, 2017

Dear Senators and Committee Members:

This letter is in **SUPPORT** of SB 502.

Infertility is a devastating disease, affecting more than 15% of couples. Suffering due to involuntary childlessness has been well studied and likened to the suffering of patients with serious chronic illnesses. As a physician who treats patients having trouble getting pregnant, I see this pain firsthand.

Thankfully, many men and women with infertility can be successfully treated using in vitro fertilization (IVF); over seven million babies have been born due to IVF alone. Currently, Hawaii-based insurance carriers are required to provide IVF coverage to certain patients with infertility, but infertility coverage for same-sex couples, unmarried couples, and single women is not mandated under the current law. Moreover, those patients who require the use of egg donation or gestational carriers are also not guaranteed coverage under the current mandate.

Family building is a fundamental human desire regardless of sexual orientation, relationship status or etiology of infertility. Equal access to IVF should be provided to all patients who may benefit from this treatment.

I enthusiastically support SB 502 in its goal to remove discriminatory requirements for mandatory insurance coverage of IVF.

Sincerely and Mahalo,

Anatte Karmon, M.D.
Reproductive Endocrinology and Infertility
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
&
Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814
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The American Society for Reproductive Medicine

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*Editor, Journal of Assisted
Reproduction and Genetics*

February 2, 2017

Honorable Rosalyn Baker
Chair, Senate Commerce, Consumer Protection and Health Committee
Hawaii State Capitol, Room 230

Dear Chairwoman Baker and Members of the Committee:

On behalf of the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART), we are writing to express support for the intent of SB 502 and SB 515.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others. SART is an organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and minimum standards of care. SART is also actively involved in the collection of data outcomes from its member programs.

Infertility is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children. In the United States, infertility affects about 7.3 million women and their partners, or about 12 percent of the reproductive-age population. Due to the myriad of causes of infertility, the numerous implications of the disease, and the devastating effect of the diagnosis, it is vitally important that policymakers work to make combating infertility a priority. As the medical specialists who present treatment options for patients and perform procedures during what is often an emotional time for them, ASRM recognizes how important a means to addressing their medical condition can be for those hoping to build their families.

The State of Hawaii has also recognized the importance of requiring insurance coverage for the treatment of this disease, that recognition first made in 1989. SB 502 and SB 515 together would correct shortcomings in the existing statute.

Hawaii's insurance code requires that certain health plans cover the cost of

IVF, but historically this has been available only to married couples and has excluded coverage when donor sperm is necessary. This has closed the door on IVF coverage when the infertility diagnosis is due to a severe male factor problem. When the husband has no sperm, or a very poor semen analysis, or when there is a genetic problem which could be inherited from the male, donor sperm is a valid consideration. Severe injury to the male reproductive system can result in the absence of sperm. Sadly, these types of injuries became all too common in wounded soldiers due to the type of warfare used in our recent military conflicts.

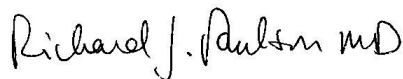
Approximately 10% to 15% of men of reproductive age cannot produce sperm. This may be due to a multitude of causes that prevent sperm from reaching the place it needs to go for reproduction to occur. In certain male factor diagnoses, the couple must be informed of the potential associated genetic abnormalities in the sperm and counseled about the option of donor sperm. To be counseled, but not be permitted to select donor sperm as a family building option, is inappropriate. For these medical reasons, it is important that the use of donor sperm be permitted under the Hawaii insurance code.

For equity reasons, it is important, as well. The existing statute does not afford same sex married couples diagnosed with infertility access to the IVF benefit. SB 502 recognizes the discriminatory nature of the statute and allows the use of donor sperm by these couples.

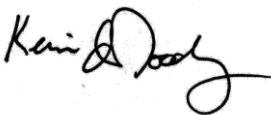
Finally, the existing statute requires infertile patients to wait four years longer than is medically recommended before they can seek reimbursable treatment of infertility. ASRM defines infertility as the failure to achieve a successful pregnancy after twelve months or more of regular unprotected intercourse. Earlier evaluation and treatment may be justified based on medical history or physical findings and is warranted after six months for women over the age of 35. Because fertility declines with age, the chance for success of IVF is largely dependent on the age of the female patient. These bills remove the five year wait requirement to reflect the medical definition of infertility.

ASRM urges the members of the Senate Commerce, Consumer Protection and Health Committee to pass SB 502 and SB 515.

Sincerely,



Richard Paulson, MD
President, ASRM



Kevin Doody, MD
President, SART

From: Sarah Teehee
Submitted on: Feb. 1st, 2017

Testimony in SUPPORT of SB502, Relating to in vitro fertilization insurance coverage

Submitted to: The Senate Committees on Commerce, Consumer Protection, and Health (CPH),
Judiciary and Labor (JDL), and Ways and Means (WAM)

Aloha Committee members, Chairs Baker and Keith-Agaran, and a special greetings to Senator Rhoads whom I worked for as a legislative aide during the Spring 2012 session!

I am a registered voter, writing to you in SUPPORT of SB 502.

I have 10 cousins on my mother's side. Of those cousins, the smartest and most intuitive cousin I have was conceived via a sperm insemination. My uncle volunteered his genes to a close family friend who happened to be a lesbian. That cousin is the most accomplished of my cousins. He is working as a graduate student at the University of Seattle for a project so complex I can't begin to understand it let alone explain it. I am writing in support of this bill because if that family friend had not been able to afford insemination, that most beloved cousin wouldn't be blessing society with his talent or kindness. And that would be a shame.

Children born via insemination are PLANNED and WANTED children. Children who are born to parents who planned for their existence often advance and excel beyond their peers from non-planned families. Overall, they require less government aide over the course of their lives.

I am currently 12 weeks pregnant, and I have a babysitter who watches my 21 month old son. She is a lesbian. I trust her completely with my son. She and her spouse went through vigorous background checks and are also foster parents. I have already watched them positively impact the life of a struggling 17 year old boy over the last few months. I know they would love a child of their own, and I know that coverage from health insurance is a factor.

I was blessed to have the time and resources to plan my pregnancies. I was blessed that my husband and I were able to naturally conceive, but I am aware that many women, married AND unmarried, who desire to be mothers are not so fortunate. Please vote in favor of SB 502 and give these deserving women the chance to be the excellent mothers they are capable of being without having to break the bank.

Most sincerely,

~Sarah Teehee

75-6163 Haku Mele Street
Kailua-Kona, HI 96740
ms.sarahteehee@gmail.com
phone: (808) 345-1808



ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY



1 February 2017

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 664 and SB 502, companion bills.

Infertility for many is a devastating diagnosis. Current IVF coverage by insurance companies provides for a five year waiting period for couples trying to conceive and does not provide coverage to same-sex couples.

The current IVF mandate in using insurance coverage also states that the couple must be trying to conceive for at least five years, which is a very long time. Both males and females have biological clocks and the longer the couple cannot conceive, the more difficult it may become to use ART or Assisted Reproductive Technologies. By reducing the 5 year wait time, it allows couples to have a child in a much timelier manner and to experience the privilege of having a child that so many take for granted. Having to hold onto hope for 5 years is a very long time when it comes to fertility and family building.

Today's society is not composed of just male and female, married couples. What makes the world a better place is the true diversity that we have. With that, comes the diversity in parents and those who want to become parents. The use of IVF should not be discriminatory in who can use insurance coverage and who cannot. The mandate should be open to ensure equal access to IVF for all couples, regardless of sexual orientation. Having to use one's own funds to pay for such services is quite costly, and prohibits many from seeking treatment. Being in Hawaii, the high cost of living and associates expenses are for the average person, a struggle enough. Put on top of that the costs associated with having to use fertility treatments to have children, and it becomes astronomical.

Working as the Marketing & Business Manager at a local fertility clinic, not only have I been touched in my own personal life, but I see numerous patients each year who so desperately want to have a child. I fully and enthusiastically support HB 664 and SB 502. Without it, many of our friends and families who wish to have children, cannot. They may not be able to use traditional methods, but there are other options out there for them and with the passage of these two bills, support from insurance coverage can make all the difference.

Sincerely and Mahalo,

Robyn A. Washousky, MBA
Marketing & Business Manager
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
&
Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814

From: [WILSON-SOUTH, APRIL L](#)
To: [CPH Testimony](#)
Subject: S.B. 502
Date: Wednesday, February 1, 2017 8:26:04 AM

I write in strong support of H.B. 664, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status.

For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. H.B. 664 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status.

There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and aloha.

I support H.B. 664, and respectfully ask that the Committee approve this measure.

I am testifying in this matter in my personal capacity — and am in no way intending to testify in the interest of my employer.

Aloha,
April Wilson-South

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 8:03 AM
To: CPH Testimony
Cc: maliaslday@gmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Malia Day	Individual	Support	No

Comments: I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and Aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 6:19 AM
To: CPH Testimony
Cc: miriahholden10@hotmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Miriah Holden	Individual	Support	No

Comments: I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 1:53 AM
To: CPH Testimony
Cc: kale489@yahoo.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kale Taylor	Individual	Support	Yes

Comments: I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 12:39 AM
To: CPH Testimony
Cc: simashang@yahoo.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sean Smith	Individual	Support	Yes

Comments: I write in strong support of S.B. 502, which seeks to amend the IVF insurance mandate to ensure equal coverage for same sex couples and unmarried women. My husband Kale and I recently had a baby boy using IVF. His name is Charlie. We have wanted a child for a long time, and as a same-sex couple, this was the only option available for us to have a biological child. The cost was substantial. IVF alone cost about \$17,000 for the first cycle. And totaling up all expenses, including IVF costs, donor fees, legal fees, surrogate fees and agency fees, we estimate that we spent over \$80,000 on our little angel. We willingly bore the cost but it has not been easy. Our parents contributed funds and we took out a second mortgage on our home. It is frustrating to know that opposite sex couples can alleviate some of the burden through insurance but we could not. It is also sad to think that for many same sex couples the cost will just be too great and they will never even try to have kids of their own. S.B. 502, simply put, is about supporting same sex couples and single mothers in their efforts to have families. Kale and I are a committed as a couple and committed to being good parents. I expect anyone who would go through this long and expensive process would be. The State has already recognized our right to be married and to raise kids. Now it is time to fix the IIVF insurance mandate so families like ours are valued and supported in the same manner as families of opposite sex couples. Kale and I urge you to pass this bill. Charlie urges you to pass this bill. Mahalo, Sean Smith

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Individual Testimony of Nicholas J. Lockwood
5th Grade, Punahou School
Re: SB 502
Relating to In Vitro Fertilization Insurance Coverage
Friday, February 3, 2017, 9:30 a.m.
Conference Room 329, State Capitol

Madam Chairwoman, and members of the Committee:

My name is Nicholas Lockwood. I am 11 years old, and I am in the fifth grade at Punahou School. This is my third time submitting testimony to the Legislature: I submitted testimony and spoke in favor of a similar bill, SB 768 at the House Committee on Finance on April 8, 2015, when I was 9 years old. I was very disappointed to learn that bill had not become law. I was even more disappointed to learn that my district's representative was the only member of the Committee to vote against it. I asked my mother to e-mail him to ask why, but he never responded. I confess, when we saw him waving at the side of the road last Fall, I did not wave back. I also submitted testimony and plan to testify in person in favor of HB 664 on February 2, 2017. That's because this issue is very personal to me. It's about my family.

Like the last time I testified, I know you will hear a lot from other adults about the legal side of SB 502. I'm here to talk to you about something even more important: the families affected by the bill. Families like mine.

My mom is a single mother. (She says "Mr. Right" apparently missed his bus.) But she wanted to be a mother more than anything. She was lucky, because she was able to have me and my 8-year old brother through donor insemination. If she had not been so lucky, neither of us would be here, because IVF was too expensive and was not covered by her insurance. I know some people aren't sympathetic because they don't think single women should have children. I know that some of those

same people don't think same-sex couples should have children. They would tell you not to help any of them. I disagree.

I want to tell you what I have learned about families: I have friends with all different types of families. Some have two parents; some have only one. Some have parents with different genders; some have same-sex parents. Some of the parents are married; some aren't. Some live far apart – sometimes one is even on the mainland. And some friends are not even being raised by their parents, but by their grandparents, aunties or uncles. And what I've learned is this: It's not how many parents you have, or their genders, or if they're married to each other that matters. What matters is how they love and support you. I have all the love and support from my single mom and my extended family than I could ever wish for – more, even, than some of my friends probably get from their two, married, parents.

The main thing my friends' families have in common, is that they're all unique, they're not bound by stereotypes, and they're all filled with love. And I know from growing up in Hawaii, that this is our tradition: 'ohana are formed in many different ways with many different combinations of people, but we value and validate them equally. So I believe the only right decision on HB 664 is one that supports all 'ohana. As I can attest, any parent willing to work so hard to have children, will make sure they're nurtured, supported and surrounded by love.

Thank you for your time.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 31, 2017 8:46 PM
To: CPH Testimony
Cc: kaulanad@gmail.com
Subject: *Submitted testimony for SB502 on Feb 3, 2017 09:30AM*

SB502

Submitted on: 1/31/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kaulana Dameg	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 30, 2017 6:15 PM
To: CPH Testimony
Cc: mikegolojuch808@gmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 1/30/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Golojuch	Individual	Support	No

Comments: I strongly support SB502 because it removes discriminatory requirements. The Act would ensure equal access to in vitro fertilization for all couples, including same-sex couples, and for women regardless of their marital status as well as male-female couples for whom male infertility is the relevant factor. Please pass SB502.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 30, 2017 2:00 PM
To: CPH Testimony
Cc: ds.pups08@gmail.com
Subject: *Submitted testimony for SB502 on Feb 3, 2017 09:30AM*

SB502

Submitted on: 1/30/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Tanimoto	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 8:09 AM
To: CPH Testimony
Cc: rezumes@hotmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/2/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Robie Lovinger	Individual	Support	No

Comments: write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and Aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure. Respectfully submitted by Gayle Lovinger Kapolei, HI. 96707 808-722-0746

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 6:42 AM
To: CPH Testimony
Cc: mauipeaceaction@earthlink.net
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/2/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Mele Stokesberry	Individual	Support	No

Comments: SUPPORT FOR SENATE BILL 502 I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 3:06 AM
To: CPH Testimony
Cc: andresyg@hawaii.edu
Subject: *Submitted testimony for SB502 on Feb 3, 2017 09:30AM*

SB502

Submitted on: 2/2/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Andres Gonzalez	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 9:36 PM
To: CPH Testimony
Cc: jtwrenn@gmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Donna Wrenn	Individual	Support	No

Comments: I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 9:36 PM
To: CPH Testimony
Cc: jtwrenn@gmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Wrenn	Individual	Support	No

Comments: I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 8:14 PM
To: CPH Testimony
Cc: eryn.fujita@gmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Eryn Fujita	Individual	Support	No

Comments: I support this bill as it is much more inclusive and fair to all of those individuals seeking in vitro fertilization procedures. There is no reason that discriminatory requirements stay in place in this day and age.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 5:54 PM
To: CPH Testimony
Cc: bautista.aprilk@icloud.com
Subject: *Submitted testimony for SB502 on Feb 3, 2017 09:30AM*

SB502

Submitted on: 2/1/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
April Bautista	Individual	Support	No

Comments:

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I support SB502

Despite the advances in reproductive research and technology as well as changing social mores over the past three decades, the current law relating to insurance coverage for IVF has not been updated since it was passed in 1989. In fact, the law omits the most common cause of female infertility, Polycystic Ovarian Syndrome (PCOS). Additionally, the mandatory five-year wait from the initial diagnosis of infertility can reduce the effectiveness of IVF and increase the risk factors of a successful pregnancy due to increased maternal age. A 32-year-old woman has a much greater chance of successful IVF, and a less risky pregnancy, than a 37-year-old woman. Because the law only provides for heterosexual married couples, same-sex or unmarried couples and single women are unable to receive any coverage from their insurance company.

My personal journey with infertility began when I stopped taking oral birth control in January of 2013. By April, I was experiencing amenorrhea because I was not ovulating. It took two years before I was able to find an OB-GYN who ordered testing to confirm a diagnosis of PCOS, the most common cause of female infertility. The first recommended treatment was clomiphene, an oral medication to encourage ovulation. Since clomiphene was prescribed for infertility, my insurance company did not cover the medication or the monthly blood tests that were required to make sure that the prescribed dosage was working. After six-months of clomiphene without a pregnancy, my OB-GYN referred me to a Reproductive Endocrinologist (RE) at a fertility clinic on Oahu. Before seeing my RE, my fallopian tubes were tested for blockage, a medical condition that would have been met the requirements for IVF coverage if discovered. My tubes were open and again, with an existing infertility diagnosis, my insurance company did not provide coverage for the procedure. I began seeing my RE once a month when she visited patients in Kona. I had further testing, was assigned an IFV coordinator in July 2016, and scheduled a date to begin the IVF process. Then, my insurance company rejected the authorization to begin my treatment. Despite the fact I had been trying to fall pregnant for nearly four years, I had only been diagnosed with PCOS and infertility for 18 months. I will not meet the current criteria for IVF coverage until April, 2020. I will be 36 years old, considered advanced maternal age, and much less likely to have successful IVF. I have already paid over \$3,000 for infertility testing and treatment not covered by my insurance. Current coverage for IVF authorized by my insurance coverage would cover roughly 75% of the procedure, but I would still have to pay at least \$5,000 out of pocket.

The insurance companies only cover the initial recovery of eggs, the creation of embryos, and one attempt at implantation and every company only allows one process a lifetime. If multiple embryos are created, the insurance companies do not cover freezing those embryo's for future transfer, which is an additional \$1,600 out of pocket fee for the patient. Freezing additional embryos gives patients another chance if the initial transfer fails. Genetic testing of embryos is not covered by the insurance companies, which is an additional \$6,800 out of pocket fee for the patient. Genetic testing of embryos ensures that the most viable embryos are used in transfer which increases success rates. Frozen embryo transfers are not covered by the insurance companies, which is an additional \$4,400 out of pocket fee. Again, the frozen embryo transfer gives patients another opportunity if the initial transfer fails or if they wish to have more children in the future.

Many people feel that infertility coverage is not essential healthcare. This ignores the underlying medical causes of infertility and the mental health effects of an infertility diagnosis, which can be as severe as the mental health effects of a cancer diagnosis. No other disease that I know of is singled out of insurance coverage and rejected the way infertility is. Infertility impacts 1 in 8 couples. Much could be done to improve access and insurance coverage of IVF. Passing SB502 would be a good start.

Mahalo,

Abigail Au
82-6065 Mamalahoa Hwy. B-302
Captain Cook, HI 96704

From: [Katy Traynor](#)
To: [CPH Testimony](#)
Subject: Testimony in support of S.B. 502
Date: Thursday, February 2, 2017 9:15:47 AM

I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status.

For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status.

There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii's core values of equality and aloha.

I support S.B. 502, and respectfully ask that the Committee approve this measure.

Mahalo,
Katy Traynor

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Honolulu, HI 96816

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 11:08 AM
To: CPH Testimony
Cc: jlockwoodnbl@gmail.com
Subject: Submitted testimony for SB502 on Feb 3, 2017 09:30AM

SB502

Submitted on: 2/2/2017

Testimony for CPH/JDL on Feb 3, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
John Lockwood	Individual	Support	No

Comments: I write in strong support of S.B. 502, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, including my daughter, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women (my daughter) and LGBT couples at a significant disadvantage when planning their families. S.B. 502 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support S.B. 502, and respectfully ask that the Committee approve this measure.

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