



DAVID Y. IGE
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

CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO HOUSE COMMITTEE ON HEALTH

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Thursday, February 2, 2017
9:30 am

TESTIMONY ON HOUSE BILL NO. 1562 – RELATING TO 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 submits the following comments.

The purpose of this bill is to add a new mandated health insurance benefit requiring health insurers, mutual benefit societies, and health maintenance organizations to provide fertility preservation procedures for people diagnosed with cancer who have not started cancer treatment.

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.

Additionally, any proposed mandated health insurance coverage requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes section 23-51.

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



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2017

TO: The Honorable Representative Della Au Bellatti, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1562 - RELATING TO CANCER PATIENTS**

Hearing: February 2, 2017, 9:30 a.m.
Conference Room 329, State Capitol

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

PURPOSE: The purpose of the bill is to require Hawaii insurance companies to include as a covered benefit embryo, oocyte, and sperm cryopreservation procedures for:
(1) Adult females of reproductive potential; and (2) Adult males, who are diagnosed with cancer and have not started cancer treatment.

While DHS does appreciate the intent of the bill to provide fertility treatments for men and women who are struggling with both the effects of the disease and the cancer treatments, the types of fertility treatments listed in the bill are not 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 the services, 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.

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Bernard Kobayashi, Vice Chair

February 2, 2017
9:30 am
Conference Room 329

Re: HB 1562 Relating to Cancer Patients

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this bill relating to fertility rights of cancer patients.

Kaiser Permanente Hawaii supports the intent of this bill but requests amendments.

In 2012, the state auditor completed its study on mandating fertility insurance coverage for cancer patients and reported that the enactment of this mandate was premature. The complete Office of the Auditor Report and its findings may be viewed at <http://files.hawaii.gov/auditor/Reports/2012/12-09.pdf>. Notably, the auditor concluded:

- “[T]he affected population utilizing the procedures is relatively small, the number generally utilizing the procedures is unknown, and the level of public demand is low.” See Audit Report, Pg. 10.
- “The impact of indirect costs upon the costs and benefits of coverage may increase.” See Audit Report, Pg. 14. Arguably, if the overall costs for delivering health care increases, insurance premiums and administrative costs would likely increase. Also of significance is that the auditor made no findings as to whether the state was required to pay costs of this new mandate since it is being enacted after December 31, 2011, and therefore, not considered part of the essential benefits package.

Equally significant is the auditor’s reported concern over the ethical and legal issues relating to both patient and offspring welfare, as well as the legal rights of offspring conceived posthumously. For example:

- If the woman is unmarried, who is responsible for the donor sperm? Is the cost of the donor sperm considered a “treatment associated with the procedure” that must be covered by the insurer under this bill?
- Upon the donor’s death, who has ownership rights of the preserved sperm and embryo? Once the donor is deceased, who pays for the storage of the preserved sperm and embryo?
- Can others, i.e. spouse, use the genetic material posthumously? Who has legal decision making authority as to the storage or disposal of the genetic material posthumously?

To address the auditor’s concerns regarding the rights of the patient (donor) and offspring (cryopreserved tissue), Kaiser proposes the following amendments:

Delete All References to “Embryo Cryopreservation.”

It appears that the most complex legal issue regarding ownership rights arises from the “embryo cryopreservation” because it involves both the donor egg and donor sperm, i.e. who has legal decision making authority? Comparably, the ownership rights of the individual egg donor and sperm donor, where it is not combined to form an embryo, is clearer because arguably, each has an inherent ownership right to his or her own donated material.

Delete Par. (e), Page 9, in its Entirety Regarding Patient’s “legal directive” with the Provider.

Any “legal directive” advising patient on his or her legal rights relating to the cryopreserved material should be performed by a qualified and licensed attorney, preferably a reproductive legal specialist, and not the provider.

Replacing Par. (e), Page (deleted above), With Amendments to Define the Scope of Duties for Hospital, Provider, and Patient Regarding the Cryopreservation and Cryobank Services.

To clarify the scope of duties of the hospital and provider, i.e., excluding any services relating to cryopreservation storage, as well as the patient, i.e., cryobank agreement, including any potential liability concerns, Kaiser Permanente requests the following amendments:

(e) Upon the completion of the covered cryopreservation procedure:

(1) The duties and obligations of the hospital, provider, and its medical staff or representatives, performing the covered cryopreservation procedure, is immediately discharged.

(2) The patient requesting the cryopreservation services shall execute an agreement with the selected cryobank for storage services, which may include amongst other things: transport (chain of custody) and storage procedures, withdrawal and consent to release to any other designated agent, storage fees, etc.

This private agreement between the patient and cryobank may also address concerns over who the donor chooses to be the designated agent, i.e., decision maker, of his or her cryopreserved material, which was a concern raised by the auditor.

Adding an Amendment to Par. (d), Page 9, to Exclude Services that are Not Medically Appropriate.

To ensure the safety of the patients who chose to undergo this cryopreservation procedure, i.e., individuals with increased health risks, Kaiser Permanente requests an amendment to Par. (d), Page. 9, adding the following exclusion:

(3) Services that are not clinically appropriate.

This was the same exclusion allowed in the recently passed autism bill. This clinical appropriateness standard will particularly be important for those of questionable reproductive age, i.e., advanced age, who may choose the donor egg service, and therefore may have to undergo a course of hormone medications (to simulate egg production).

Thank you for the opportunity to comment.



1 February 2017

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 1562.

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 we may not realize is that many of 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 6-million children have been born utilizing IVF procedures with over 2-million being born from a frozen-thaw embryo cycle. 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 7-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 1562. 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., HCLD
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



MEDICAL DIRECTORS

Cappy M. Rothman, M.D. • Charles A. Sims, M.D. • George L. Mutter, M.D. • Thomas G. Ahn, M.D. • Ralph Richart, M.D.

February 1, 2017

The Honorable Richard P. Creagan
Hawaii House of Representatives
State Capitol
Honolulu, HI 96813

RE: House Bill 1562
Position: Strong Support

Dear Rep. Creagan,

The California Cryobank (CCB) strongly supports HB 1562: An act requiring health insurance coverage for fertility preservation for insureds diagnosed with cancer and are grateful for your leadership on this issue.

A positive consequence of this bill is reducing the adverse health outcomes of those who do not have access to fertility preservation services prior to treatment. Those patients often choose less effective forms of treatment in their attempt to protect their fertility or delay treatment altogether to pursue parenthood. These adverse outcomes, such as death, cost the state and medical system far more than fertility preservation services.

Research also proves cancer survivors left infertile score far worse on quality of life measures and seek treatment for depression more often. Further, the majority of these patients are being sterilized against their will because only half of oncologists discuss fertility risk with their patients. Until we institutionalize fertility preservation as part of the cancer continuum, by including insurance coverage, just as we do for every single other cancer treatment side effect, we will continue to sterilize patients against their will.

It's time insurers stop discriminating against these patients and offer them preventative care to ensure they can become parents in the future. If you have any questions, please contact me at alice@ovum.md or 310-927-1017.

Sincerely,

Alice Crisci
Government Affairs and Patient Advocacy
California Cryobank

Cc: Health committee

CORPORATE OFFICE

11915 La Grange Avenue
Los Angeles, CA 90025
Tel: 310.443.5244
Fax: 888.317.4707

REGIONAL LABORATORIES

1019 Gayley Avenue Los Angeles, CA 90024 Tel: 310.443.5245 Fax: 888.835.8493	4294 El Camino Real Los Altos, CA 94022 Tel: 650.324.1900 Fax: 888.317.4721	950 Massachusetts Avenue Cambridge, MA 02139 Tel: 617.497.8646 Fax: 888.317.4718	369 Lexington Avenue Ste. 401 New York, NY 10017 Tel: 212.779.1608 Fax: 888.317.4702
---	--	---	---

February 1, 2017

The Honorable Richard P. Creagan
Hawaii House of Representatives
State Capitol
Honolulu, HI 96813

RE: House Bill 1562
Position: Strong Support

Dear Rep. Creagan;

On behalf of Fertile Action, I write in support of HB1562. Every professional society including the American Medical Association supports insurance coverage for fertility preservation. It's considered standard of care and as such, should already be covered under cancer ambulatory services.

I founded Fertile Action three weeks into my own breast cancer diagnosis when my insurance denied my request for fertility preservation coverage despite the fact that my chemotherapy treatment gave me up to a 90% chance of infertility. I was 31-years-old and used my American Express card to pay for freezing my eggs. Thank goodness I did because I was left infertile and suffered four miscarriages before using my frozen embryos. I am now an ecstatic mother of a three-year-old.

There are five key reasons we support this bill:

1. All young adults touched by cancer face a complicated path to parenthood as a potential side effect of treatment.
2. One-third of patients, if not able to obtain fertility preservation services, choose less effective medical care in an attempt to preserve their fertility, often resulting in worse health outcomes.
3. Insurance covers ALL other side effects like wigs and breast reconstruction.
4. Patients who did not have the option for fertility preservation have significantly worse scores on quality of life measures than those who had the option. It is well-documented *infertile* cancer survivors have higher rates of depression.
5. Due to the small numbers of people in their reproductive years who need this care, the cost will be small and spread across all insured persons.

Thank you for your leadership on improving the lives of patients dealing with cancer and other serious, life-threatening diseases. Should you have any questions regarding our position, please contact me alice@fertileaction.org or 310-927-1017.

Sincerely,



Alice K. Crisci
Founder, Fertile Action



1 February 2017

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 1562.

Cancer is something that affects everyone, it does not discriminate. For me, it is my father who has Stage IV Brain Cancer, a deadly diagnosis. Fortunately, he was diagnosed in his early sixties, but not everyone is that lucky. He has three grown children and four very young grandchildren, who inspire him to push on each day, and to fight this disease with all he has. It is not easy to undergo two straight years of chemotherapy each month and 60 radiation treatments, and still hold down a full-time job. Yet, he is currently a survivor, a true miracle.

What happened if was diagnosed at a younger age, a child-bearing age, and not only does he now have a devastating diagnosis, but is also told that his ability to have children will be compromised due to treatment measures? The same treatment measures that could possibly prolong his life expectancy? That is where fertility preservation is now an option for those who may have a dream to one day have a family, but whose ultimate focus on the present needs to be with any treatment measures that are necessary for survival, yet knowing those same methods could simultaneously destroy their reproductive capabilities.

Science has provided hope for cancer patients in the last few years. Prior to cancer treatments, patients can now preserve their fertility so that once cured and no longer going through active treatment, they can do what many take for granted - start a family.

There are many fertility preservation options available for a 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 6-million children have been born utilizing IVF procedures with over 2-million being born from a frozen-thaw embryo cycle. 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 7-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.

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 cancer patients each year whose lives are one day turned upside down with such devastating news. We, as a facility, are able to provide these patients with a glimmer of hope, something to look forward to

I fully and enthusiastically support HB 1562. Without it, many of our friends and families who survive cancer will not be able to experience the privilege of having a family –a right of passage that so many take for granted.

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



BOARD OF DIRECTORS

Julie Berman, MBA, Chair

Jane Castanias, JD
Alisyn Camerota
Lee Rubin Collins, JD
Kelly Damron, CPA, MBA
Lissa Goldenstein
Jason Griffith, MD
Elizabeth Grill, PsyD
Jim Knowles, Vice-Chair
Risa A. Levine, Esq.
Angelica Nassar
David Sable, MD
Mark Segal, CPA, MBA
Eric Widra, MD

PRESIDENT/CEO

Barbara L. Collura

PHYSICIANS COUNCIL

Jason G. Bromer, MD
Marcelle Cedars, MD
Alan Copperman, MD
Kevin Doody, MD
Richard V. Grazi, MD
Jason Griffith, MD
Mark Leondires, MD
Gilbert L. Mottla, MD
Samantha M. Pfeifer, MD
Isaac E. Sasson, MD, PhD
Peter N. Schlegel, MD
Christine Skiadas, MD
Andrew A. Toledo, MD
Eric A. Widra, MD

February 1, 2017

House Committee on Health
Hawaii State Capitol
415 South Beretania Street , Conference Room 329
Honolulu, HI

RE: HB 1562

Sent via Email

Dear Chairwoman Belatti and Committee Members:

RESOLVE: The National Infertility Association is a non-profit organization improving the lives of the 7.3 million Americans who are living with infertility. We applaud the Hawaii legislature for recognizing the needs of women and men diagnosed with cancer to preserve their fertility. We support HB 1562 and urge the Committee to pass this bill.

For women and men receiving the devastating diagnosis of cancer, they should not have the extra burden of deciding whether they can afford the medical procedures to preserve their fertility for their future attempts at parenthood. Insurance should cover the fertility preservation procedures, as it is a by-product of their cancer treatment. Thank you for allowing Hawaii residents to still be parents despite a cancer diagnosis.

Sincerely,

Barbara Collura
President/CEO

cc: Representative Sharon Har

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: tricia@armghawaii.com
Subject: Submitted testimony for HB1562 on Feb 2, 2017 09:30AM
Date: Wednesday, February 1, 2017 2:58:25 PM

HB1562

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Tricia Wahl	FIH	Support	No

Comments: Fertility Institute of Hawaii 1401 South Beretania Street, Suite 250 Honolulu, HI 96818 Dear Legislative committee, I am writing to support the legislative bill requiring insurance companies to cover fertility preservation for cancer patients. We see a lot of cancer survivors that then want to build a family. Chemotherapy and radiation can be detrimental to fertility. This makes pregnancy after such treatment very difficult, if not impossible. When we treat patients we need to treat every aspect of the disease. This includes adverse reactions to detrimental but necessary treatment. We have the technology to preserve fertility for these patients. It is unacceptable that there is not insurance coverage for this. We are seeing far more cancer survivors, which is great! However, these patients are often left with the desire to have a family but are unable to. We need to help make this a covered benefit for our patients. Thank you for your consideration, Tricia Wahl, PA-C Fertility Institute of Hawaii

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



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE
O F H A W A I I

February 1, 2017

Dear Honorable Committee Chair and Committee Members:

I am writing this letter to voice my **SUPPORT** of HB 1562. Innately, living beings are biologically programmed to complete one important task, reproduce. Not only is reproduction hardwired in our genetics, but it also provides many individuals and couples with a wonderful gift of life. Reproduction is a right that we all have and one that should not be hindered or taken away merely because one is not allowed access.

Science has progressed to a stage where we have both the knowledge and tools to preserve one's fertility prior to the detriments of cancer and cancer treatment. It would be a shame to not make use of such technology and an even greater disappointment to deprive those of it when it is right within reach.

As an IVF coordinator, I work directly with patients who have recently been diagnosed with cancer and are set to begin treatment in the near future. I cannot express how terrifying the journey is described as by them, but, what I can tell you is that having the option of preserving their fertility sparks a certain light and positivity that keeps them standing strong. I strongly believe that having something positive to look forward to can help with a patient's overall well being, and having the option of fertility treatment does just that.

Thank you for taking the time to discuss this important topic with our community today. It is one that has been overlooked for far too long and I am hopeful that this will help to move us one step closer to offering coverage for those in need.

Sincerely,

A handwritten signature in black ink that reads "Tiare Brown".

Tiare Brown, BS
IVF Coordinator

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: anna@armghawaii.com
Subject: Submitted testimony for HB1562 on Feb 2, 2017 09:30AM
Date: Wednesday, February 1, 2017 3:34:23 PM

HB1562

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Anna DeGolier	Fertility Institute of Hawaii	Support	No

Comments: 1 February 2017 Dear Legislative Committee, I am writing to show SUPPORT of HB 1562 that would require insurance to cover the costs of fertility preservation procedures for adults diagnosed with cancer. As a provider at the Fertility Institute of Hawaii, I routinely counsel patients diagnosed with cancer on fertility preservation and future fertility options. While the options of freezing sperm (for males) and eggs (for females) have become readily available technologies for fertility preservation, neither is covered by the insurance, which only adds to the emotional and physical stress that being diagnosed with cancer entails. Taking out a large personal loan to cover fertility preservation should be the last thing on patients' mind and by not providing insurance coverage, we are taking away the hope of having a family after surviving cancer. This is why we need insurance coverage. Sincerely and Mahalo, Anna DeGolier, APRN Advanced Reproductive Medicine & Gynecology of Hawaii, Inc. & Fertility Institute of Hawaii 1401 South Beretania Street, Ste 250, Honolulu HI 96814 www.IVFCenterHawaii.com

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

February 1, 2017

BOARD OF DIRECTORS:

Glenn Schattman, MD
Chairman
Nanette Elster, JD
Peter Nagy, PhD
Gwen Quinn, PhD
Lindsay Beck, MBA
Tessa Cigler, MD
Joanne Kelvin, RN, MSN
Jennifer Levine, MD
Joy Lewin
Lynn Westphal, MD

Executive Director:
Joyce Reinecke, JD

Hawaii State Legislature
415 South Beretania Street
Honolulu, HI 96813

RE: Support for House Bill 1562 – An Act Relating to Cancer Patients

Dear Committee Members:

On behalf of the Alliance for Fertility Preservation (the AFP), we are writing to express our support for HB 1562. We are a 501(c)(3) organization dedicated to expanding fertility preservation resources for both patients facing potential infertility as a result of their cancer treatments, and for the health care professionals who treat them. We believe that HB 1562 would directly and favorably impact these patients by making fertility preservation services such as sperm banking, egg freezing, and embryo freezing more affordable.

We are an organization of professionals with deep experience and commitment to ensuring that cancer patients receive the information and services that they need in order to protect their future fertility. Having cancer should not preclude someone from having biological children. Unfortunately, the lack of insurance coverage for these procedures puts them out of reach for many patients. The relevant medical societies – the American Society for Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM) – have issued guidelines stating that all at-risk patients should be informed about their fertility preservation before the commencement of potentially sterilizing cancer treatment. These guidelines demonstrate that offering these procedures – sperm, egg and embryo cryopreservation – is the standard of care, and as such, coverage should be established.

We applaud your decision to lead the way forward on this issue for the citizens of Hawaii, and therefore, ask that you pass HB 1562.

Respectfully,

A handwritten signature in blue ink that reads "Joyce Reinecke".

Joyce Reinecke,
Executive Director



An Independent Licensee of the Blue Cross and Blue Shield Association

LATE

February 2, 2017

The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

Re: HB 1562 – Relating to Cancer Patients

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1562, which would require health plan coverage for embryo, oocyte, and sperm cryopreservation preservation procedures for adults diagnosed with cancer. We truly are aware of and empathetic to the situations which the Bill attempts to address. However, since this measure creates a new mandate which may impact the rate payers and the healthcare system, we offer our comments.

Similar legislation in the past raised issues that are highlighted in the State Auditor's 2012 study, "Mandatory Health Insurance Coverage for Fertility Preservation Procedures for People of Reproductive Age Diagnosed with Cancer." This Bill attempts to address some of the issues raised in the Auditor's study. That said, concerns with the legislation remains.

This Bill mandates a once-per-lifetime coverage of all outpatient expenses arising from embryo, egg, and sperm cryopreservation procedures for members diagnosed with cancer prior to starting cancer treatment. However, infertility may be a consequence of other medical conditions such as poorly controlled diabetes and autoimmune diseases such as lupus and celiac. Clarity is required as argument may be made that the coverage contemplated in this Bill should be extended to those other cases.

While the bill requires that the member be diagnosed with cancer and will be undergoing "cancer treatment." That treatment could be cancer-killing herbal pills which may not have the effect of making someone infertile, and would therefore not create a need for preservation, as contemplated in this Bill. Should the Committee decide to move this Bill forward, we suggest it include more specificity to define the eligible member as being "diagnosed with cancer and who has committed to, but have not yet begun cancer treatment likely to result in infertility such as chemotherapy, biotherapy or radiation therapy."

Defining an eligible patient to include an "(a)dult female of reproductive potential.." creates an ambiguity that requires clarification. "Reproductive potential" is defined as the inability to become pregnant after one year or six months (if >35 years). This seems to imply that a female who cannot get pregnant and has cancer will be eligible to preserve her eggs or embryo. But a female who is capable of getting pregnant but has cancer and is about to undergo treatment is not eligible for cryopreservation coverage.

Given the current uncertainty with the Affordable Care Act (ACA), we believe that clarification is needed on the application of the ACA to the provisions of this Bill. This includes the financial responsibility of states that enact new mandates.

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

Mark K. Oto
Director, Government Relations



LATE

February 1, 2017

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 1562.

Improvements in cancer treatments now allow for the long term survival of many adults diagnosed with this disease. However, now that survivors are living longer, side effects of their cancer treatments become more relevant. One particularly devastating side effect of treatment for both men and women is infertility. As a physician who takes care of patients having trouble getting pregnant, I have seen the fertility consequences of cancer treatments first hand.

Many types of medications, surgeries, and radiation treatments used to battle cancer often leave survivors with infertility. Fertility preservation is no longer considered experimental and can successfully help cancer survivors build families. Fertility preservation therapies include:

- Sperm cryopreservation: freezing sperm for future use
- Oocyte cryopreservation: freezing eggs for future use
- Embryo cryopreservation: freezing embryos for future use

Infertility is a medical problem, and it is also a recognized and often unavoidable consequence of certain cancer treatments. As such, insurance carriers should be required to cover fertility preservation for men and women diagnosed with cancer.

I enthusiastically support HB 1562 in its goal to provide access to fertility preservation for cancer patients.

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
www.IVFCenterHawaii.com

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: cory.chun@cancer.org
Subject: *Submitted testimony for HB1562 on Feb 2, 2017 09:30AM*
Date: Thursday, February 2, 2017 8:09:07 AM

LATE

HB1562

Submitted on: 2/2/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Cory Chun	American Cancer Society Cancer Action Network	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



The American Society for Reproductive Medicine

Administrative Office

1209 Montgomery Highway
Birmingham, Alabama 35216-2809
tel (205)978-5000 • fax (205)978-5005 • email asrm@asrm.org
www.asrm.org • www.reproductivefacts.org • www.asrmcongress.org

J. Benjamin Younger

Office of Public Affairs
409 12th Street S.W., Suite 602
Washington, D.C. 20024-2155
tel (202)863-4985 • fax (202)484-4039

LATE

February 2, 2017

Honorable Della Au Belatti
Chair, House Health Committee
Hawaii State Capitol, Room 402

Dear Chairwoman Belatti and Members of the Health 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 HB 1562.

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.

HB 1562 would require insurance coverage for fertility preservation services for cancer patients due to the fact that their medical treatment for cancer could harm their future fertility. Dozens of other side effects from cancer treatment are covered benefits. Science has advanced faster than the law with regards to fertility preservation, and HB 1562 would close the gap.

With advances in medical treatment, many diseases once thought fatal or chronic, such as cancer, are now treated and cured more than 85% of the time. However, the very treatment that saves lives also routinely costs both men and women the potential of biological children.

For some, this is more devastating than the cancer diagnosis. Surveys and anecdotal information from treating physicians suggest one-third of patients, if not able to obtain fertility preservation services, choose less effective medical care in an attempt to protect their fertility. This results in worse outcomes, resulting in more expensive treatment.

Insurance coverage for foreseeable iatrogenic harm from cancer treatment is not new. This is precisely why decades ago the decision was made to cover

Officers

Richard Paulson, M.D.
President

Christos Coulfaris, M.D., Ph.D.
President-Elect

Peter Schlegel, M.D.
Vice President

Owen Davis, M.D.
Immediate Past President

Rebecca Sokol, M.D., M.P.H.
Past President

Catherine Racowsky, Ph.D.
Secretary

George Hill, M.D.
Treasurer

Directors

Paula Amato, M.D.

Maria Bustillo, M.D.

Robert Brannigan, M.D.

David Grainger, M.D., M.P.H.

Elizabeth Ginsburg, M.D.

Mark Sigman, M.D.

Affiliated Societies

Kevin Doody, M.D.
President, SART

Dan Williams, M.D.
President, SMRU

Andrew Dorfmann, M.S.
President, SRBT

Tom Price, M.D.
President, SREI

Ceana Nezhat, M.D.
President, SRS

Administration

Richard Reindollar, M.D.
Chief Executive Officer

Sue Gitlin, Ph.D.
Chief Scientific Officer

Sean Tipton, M.A.
*Chief Advocacy,
Policy and Development Officer*

Dan Carre, C.P.A.
Chief Financial Officer

Vickie Gamble, M.P.P.M.
Chief Operations Officer

Craig Niederberger, M.D.
Antonio Pellicer, M.D.

Co-Editors, Fertility and Sterility

David Albertini, Ph.D.
*Editor, Journal of Assisted
Reproduction and Genetics*

reconstructive surgery after mastectomy, following reports which showed women chose less effective breast-sparing surgery instead of mastectomy when reconstruction was not available. These women also faced worse outcomes and more expensive treatment in the long run.

Virtually all other side effects of cancer treatment are covered, including wigs, but not the one that might make the most difference to a young person, being able to have a biological family after their cancer is cured. For a person in their childbearing years, particularly those who have not already had children, however grateful one is for their life; they are also devastated by the price of their life being the death of this dream. Patients without the option for fertility preservation score significantly worse on life regret scales than those who had the option, even if they chose not to exercise it.

We would offer a couple of suggestions for improving this bill.

First, we would recommend that the benefits in the bill be made available to all those who face iatrogenic infertility. Iatrogenic infertility is infertility caused by a physician's actions including reactions from prescribed drugs or from medical and surgical procedures and is not limited to cancer patients.

We recommend that the benefits not be limited to only those adult females who are trying to achieve a pregnancy, as the bill seems to read given the “reproductive potential” definition. Patients at risk for iatrogenic infertility, may not be trying to achieve a pregnancy at the time of their medical diagnosis. The standard medical definition of infertility should not apply to this group.

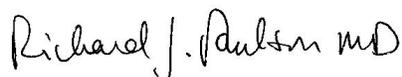
We recommend that a patient facing iatrogenic infertility have the option to freeze embryos, whether or not the embryos are created with donor gametes.

We are unclear as to the meaning of “explicit rights and benefits” in Sect. 2(e)(4) and recommend that these terms be clarified.

As the medical professionals that treat patients with infertility, we know how devastating this diagnosis is for most. HB 1562 preserves fertility options for those likely to face infertility due to their cancer diagnosis and we urge you to give those patients that opportunity. We are pleased that the bill references the guidelines our medical profession has established for fertility preservation.

We encourage the Health Committee to pass this bill, with amendment.

Sincerely,



Richard Paulson, MD
President, ASRM



Kevin Doody, MD
President, SART

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for HB1562 on Feb 2, 2017 09:30AM*
Date: Tuesday, January 31, 2017 2:43:42 PM

HB1562

Submitted on: 1/31/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	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

From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: pulermq@gmail.com
Subject: *Submitted testimony for HB1562 on Feb 2, 2017 09:30AM*
Date: Tuesday, January 31, 2017 8:44:41 AM

HB1562

Submitted on: 1/31/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
RuthMarie Quirk	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

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 10:29 AM
To: HLTtestimony
Cc: swbcmmd@hotmail.com
Subject: Submitted testimony for HB1562 on Feb 2, 2017 09:30AM

HB1562

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sloane Berger-Chen	Individual	Support	No

Comments: Dear Committee members, I would like to encourage you to consider passing HB1562 in favor of fertility care for cancer patients. We are so lucky to live in a time where many cancers can be cured. Most pediatric cancers now have up to 80% survival! Unfortunately, the treatments for cancer can render patients infertile. We now have the technology to preserve fertility options for patients prior to their treatments, safely and effectively. It would be so amazing to offer this hope and security to patients, a light at the end of their tunnel. A hope that they will have life after cancer and a chance to give life too. Thank you so much for your consideration. Sincerely, Sloane Berger-Chen, MD
Advanced Reproductive Medicine and Gynecology

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

February 1, 2017

House Committee on Health
Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair

Re: HB1562 – Relating to Cancer Patients

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

Thank you for the opportunity to testify in support of HB1562, which would require health plans to provide coverage for embryo, oocyte, and sperm cryopreservation procedures for adults diagnosed with cancer.

As an oncology nurse, I have taken care of young adult patients who are faced with the devastating diagnosis of cancer and who are at risk for permanent infertility as a result of cancer treatment. The expensive out-of-pocket cost of fertility preservation is the most frequently reported barrier preventing patients from undergoing fertility preserving measures prior to the start of cancer treatment. Assisted reproductive medicine and Hawaii's existing law mandating insurance coverage for IVF procedures has provided many infertile couples with opportunity of having a family. Unfortunately, a person diagnosed with cancer is not eligible for benefits under this law because he/she does not meet the criteria of infertility prior to starting cancer treatment; HB1562 addresses this coverage gap.

The greatest opposition to this reintroduced measure has come from the insurance companies and organizations representing businesses. Concerns that insurers highlighted in written testimonies during previous legislative sessions were primarily related to costs: 1) who is responsible for paying storage costs and for what period of time; 2) who is responsible for paying maintenance 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; and 5) which plan is responsible for maintenance costs if the member transfers from one plan to another. House Bill 1562 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 Report No. 12-09, published by the State Auditor in 2012, the proposed mandatory health insurance for fertility preservation procedures was assessed and it determined that expanding existing coverage for IVF would increase premiums and administrative costs. HMSA estimated an increase in costs of \$6.6 million. This is more than the estimate of \$6.5 million provided by the California Health Benefits Review Program (CHBRP) 2011 independent analyses of the

impacts of a proposed health insurance mandate covering fertility preservation, similar to HB 2061. CHBRP's cost analysis determined that their mandate would increase insurance premiums at most by \$0.03 per month, based on the 21.9 million people enrolled in California health plans and with consideration of the number of individuals enrolled in those plans that would utilize the benefit. Compare that to the total population of 1.36 million people in the State of Hawaii according to the 2010 Census. It leads one to question whether, in Hawaii, it would truly increase health care costs by \$6.6 million, as estimated by HMSA, for insurance to cover fertility preservation for the approximately 731 men and women, between 18 through 45 years of age, who are diagnosed with cancer each year, according to the Hawaii Tumor Registry. Of these 731 individuals, not all would be candidates for fertility preservation procedures due to progressed cancer disease and/or poor prognosis, contraindicating medical conditions, or the necessity to start cancer treatment immediately.

HB1562 also addresses the other issues 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.

HB1562 is a comprehensive measure that addresses the concerns that have been raised by insurers and the State Auditor's Report. If passed, Hawaii would set a precedent by being the first state in the nation to address the reproductive rights of cancer patients, allowing many of our family and friends, who survive cancer, realize their dream of having a family.

Mahalo for your support.

Sincerely,

Ally Andres, RN

From: mailinglist@capitol.hawaii.gov
To: HLTtestimony
Cc: joshua.rivera@moffitt.org
Subject: Submitted testimony for HB1562 on Feb 2, 2017 09:30AM
Date: Thursday, February 2, 2017 9:12:01 AM



HB1562

Submitted on: 2/2/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Rivera	Individual	Support	No

Comments: I was diagnosed with Ewing's Sarcoma at the age of 27. Before starting my treatment, my oncologist strongly recommended that I sperm bank because the toxicity level of the chemotherapy I was going to receive was very high. At the time, I did not have the cash available to be able to bank, but fortunately my friends and family all helped with the funding. It's been nine years since my first chemo and I am glad to say that I am cancer free. However, till this day I am unable to have children naturally as a result of the 1100 hours of chemotherapy and 25 radiation treatments I received. If it were not for the aforementioned support of my friends and family, my wife and I would not be currently attempting to have children via IVF because it would not have even been an option for us. Please place yourself in the shoes of a young adult who has just been diagnosed and think about the financial implications that a diagnosis has on that persons life. There are many people out there who do not have an option to be able to preserve their fertility options as a result of something that is completely out of their control. I sincerely hope you make the right decision for you, your families, your constituents, and the future of our society.

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