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**TO THE HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES**

**TWENTY-NINTH LEGISLATURE
Regular Session of 2018**

**Friday, February 2, 2018
8:30 a.m.**

TESTIMONY ON HOUSE BILL NO. 2669, RELATING TO CANCER PATIENTS.

**TO THE HONORABLE JOHN M. MIZUNO, CHAIR, AND MEMBERS OF THE
COMMITTEE:**

The Department of Commerce and Consumer Affairs (“Department”) appreciates the opportunity to testify on H.B. 2669, Relating to Cancer Patients. My name is Gordon Ito, and I am the Insurance Commissioner for the Department’s Insurance Division. 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

House Bill No. 2669
February 2, 2018
Page 2

report assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes section 23-51.

Thank you for the opportunity to testify on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2018**

ON THE FOLLOWING MEASURE:

H.B. NO. 2669, RELATING TO CANCER PATIENTS.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

DATE: Friday, February 2, 2018 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Russell A. Suzuki, First Deputy Attorney General, or
Daniel K. Jacob, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments:

The purposes of this bill is to require Hawaii insurance companies to include as a covered benefit oocyte and sperm cryopreservation procedures for adult females of reproductive potential and adult males who are diagnosed with cancer and have not started cancer treatment.

Section 1311(d)(3)(B) of the Affordable Care Act allows a state to require Qualified Health Plans to add benefits as long as the state defrays the cost of the additional benefits. A federal regulation, 45 CFR 155.170, provides, generally, that a benefit is in addition to the Essential Health Benefits if the benefit was required by a state after December 31, 2011, and it directly applies to Qualified Health Plans.

This bill would require Qualified Health Plans to include coverage for oocyte and sperm cryopreservation procedures. Because this coverage was not mandated by state law prior to December 31, 2011, it would be considered an additional mandate and the State would be required to defray the cost.

In the event a state mandates a benefit in addition to the essential health benefits, 45 CFR 155.170(c)(2)(iii) requires Qualified Health Plan issuers to quantify the cost attributable to each additional state-required benefit and report their calculations to the state. States are then required to defray the cost by either making the payment to

an individual enrolled in a qualified health plan offered in the state, or on behalf of an individual enrolled in a Qualified Health Plan directly to the Qualified Health Plan in which such individual is enrolled. At this time, our department is unaware of a state that has been subjected to the obligation to pay for a benefit in addition to the Essential Health Benefits. Therefore, there are no prior examples of how the State would meet its obligation and what specific procedures would be necessary to fulfill the obligation. Our office believes, however, that after the Qualified Health Plan issuer submits the issuer's costs attributable to the additional mandate, the Legislature would need to appropriate the money during the following legislative session and propose a mechanism in order to distribute the money.

Thank you for the opportunity to provide testimony.

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health & Human Services
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

February 2, 2018
8:30 am
Conference Room 329

Re: HB 2669 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 opposes this measure based on the findings of the last auditor's study.

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:

- “No state currently requires insurance coverage for infertility treatments for people who may become infertile as a result of cancer treatments.”
See, Audit Report, Pgs. 5 -6.
- “[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.

Equally significant is the auditor's reported concern over the ethical and legal issues relating to the patient posthumously, including:

- Upon the donor's death, who has ownership rights of the preserved sperm (and oocyte)? In this bill, will the Withdrawal and Consent to release to any other designated agent include posthumous ownership rights?
- Can others, i.e. spouse, use the genetic material posthumously?

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. Therefore, this issue of whether the state is responsible to defray the cost of this new mandate should be addressed by the Attorney General's Office.

At this time, given that the initial audit report concluded that this mandate was premature, Kaiser Permanente requests an updated audit report to assess among other things:

- The level of public demand for the treatment or service;
- The level of public demand for individual or group insurance coverage of the treatment or service;
- The extent to which the proposed coverage might increase the use of the treatment or service;
- The extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders; and
- The impact of this mandated coverage on the total cost of health care.

Thank you for the opportunity to comment.



January 31, 2018

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RE: House Bill 2669: SUPPORT

Dear Committee Members,

The Alliance for Fertility Preservation is a 501c3 organization comprised of experts dedicated to raising awareness about and access to fertility preservation for cancer patients. We enthusiastically support the passage of HB 2669, which will require insurance coverage for oocyte and sperm cryopreservation procedures to preserve the fertility of adults diagnosed with cancer who have not yet started cancer treatment.

In the United States, approximately 150,000 patients are diagnosed with cancer each year while still in their reproductive years. As a result of life-saving treatments such as chemotherapy and radiation, infertility can result – either immediately, or as a late effect. While many aspects of an individual’s life are altered the moment they receive a cancer diagnosis, the inability to become a parent can be a devastating long-term consequence that impacts the patient, their spouse, and even extended family. Fortunately, there now are established methods to preserve future fertility through assisted reproductive technologies. Unfortunately, due to the high cost and widespread lack of insurance coverage for these services, many patients remain unable to access these preservation services.

While we salute the purpose of HB 2669, we would welcome minor changes to the bill that might more closely parallel legislation in other states and further enhance its impact. Many of the patients we serve are adolescents, and we have seen the strong need for this coverage in this population. In addition, some patients are unable to undergo fertility preservation prior to commencement of cancer treatment, due to lack of maturity, acute illness, or other factors, but could benefit from fertility preservation prior to possible recurrence or additional treatment and to mitigate the ongoing risk of early ovarian failure. Lastly, while we primarily serve the cancer population, we recognize that the same potentially sterilizing treatments that place our patients at risk for infertility are used across a spectrum of diseases, and we support coverage for these patients as well. In sum, we would recommend inclusion of all patients who have a medical need for fertility preservation, regardless of age, disease, or prior treatment.

With this in mind, we strongly and respectfully urge the committee to favorably pass HB 2669, which provides hope and an opportunity for these young folks to realize their dream of starting or continuing their family.

Sincerely,

A handwritten signature in cursive script that reads "Joyce Reinecke".

Joyce Reinecke, JD
Executive Director



An Independent Licensee of the Blue Cross and Blue Shield Association

February 2, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: HB 2669 – Relating to Cancer Patients

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2669, which would require health plan coverage for, oocyte and sperm cryopreservation preservation procedures for adults diagnosed with cancer who have not yet started cancer treatment. We are aware of and empathetic to the situations which the Bill attempts to address.

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. However, we would note that the report is now six years old and a new report may be warranted to better access the impact of this mandate on the health care system and individuals who would utilize the services. That said, we do have concerns with the legislation.

This Bill mandates a once-per-lifetime coverage of all outpatient expenses arising from egg and sperm cryopreservation procedures for members diagnosed with cancer prior to starting cancer treatment. However, infertility may be a consequence of other chronic medical conditions such as poorly controlled diabetes and autoimmune diseases such as lupus and celiac. Clarity is required as an 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 related medication 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 also 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,

Pono Chong
Vice President, Government Relations



The American Society for Reproductive Medicine

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

February 1, 2018

Honorable John M. Mizuno
Chair, House Health Committee
Hawaii State Capitol, Room 439

Dear Chairman Mizuno and Members of the Health & Human
Services 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 HB 2524 and HB
2669.

ASRM is a multidisciplinary organization of nearly 8,000
professionals dedicated to family building and the advancement of the
science and practice of reproductive medicine. Distinguished
members of ASRM include obstetricians and gynecologists,
urologists, reproductive endocrinologists, embryologists and mental
health and allied professionals. 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, ethical and
professional standards for ART. SART works with the ASRM to
create practice guidelines and set the standards of care.

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 nearly one in six couples. Due to the
many causes of infertility, the significant 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 to 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 was first made in 1989. HB 2524 and HB 2669 together would correct shortcomings in the existing statute. Nevertheless, there are additional changes we would recommend:

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 medical consideration. In addition, severe injury to the male reproductive system can result in the absence of sperm. Sadly, these types of injuries have become all too common in wounded soldiers due to the type of warfare used in our recent military conflicts. It is important to recognize that 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 successfully. 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 to consider this situation as well: The existing statute does not afford same sex married couples diagnosed with infertility access to the IVF benefit. HB 2524 recognizes the discriminatory nature of the statute and allows for insurance coverage of IVF for these couples, as well as single women. We applaud introduction of HB 2524.

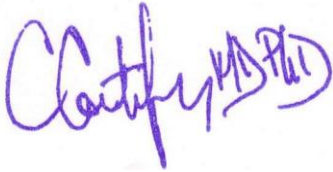
The existing statute also requires infertile patients to wait four years longer than is medically recommended before they can seek reimbursable treatment of infertility. ASRM defines infertility as the failure to achieve a successful pregnancy after twelve months or more of regular unprotected intercourse. 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. HB 2524 removes the five-year wait requirement to reflect the medical definition of infertility (at least in part).

HB 2669 would require insurance coverage for fertility preservation services for those diagnosed with cancer. We support the intent of this bill and applauded passage of similar legislation in Rhode Island and Connecticut this past year. The good news is that 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 young men and women the potential of having their own biological children. 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 death of this dream of a family. HB 2669 preserves fertility options for those likely to face

infertility due to their medical diagnosis. We would recommend however, that the bill include coverage for all those who face the risk of iatrogenic infertility due to treatments that are likely to affect the reproductive organs or processes and not only cancer patients. We would also recommend that the bill allow coverage not only for adults, but also for those who have reached puberty.

ASRM urges the members of the House Health & Human Services Committee to pass HB 2524 and HB 2669 with amendments to reflect our recommendations.

Sincerely,



Christos Coutifaris MD, PhD
President ASRM



David Seifer, MD
President SART

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February 1, 2018

House Committee on Health and Human Services
Hawaii State Capitol
Honolulu, Hawaii 96813

Dear Members of the House Committee on Health and Human Services:

On behalf of the Academy of Adoption and Assisted Reproduction Attorneys ("AAAA") we are writing to state our support for HB 2669.

AAAA is a credentialed, nonprofit organization of attorneys, judges and law professors throughout the United States, Canada and abroad all of whom are distinguished in the legal fields of adoption and assisted reproductive technology. Specifically, as pertains to the matters addressed in the Bill, we support and advocate for the rights of families and work to insure appropriate consideration of all parties' interests, including children, in assisted reproductive technology matters. Our Fellows are committed to the ethical practice of adoption and assisted reproductive technology law.

Patients who are faced with a devastating cancer diagnosis often must also come to terms with the real possibility of losing their fertility and dreams of having children as they undergo treatment for the disease. Fortunately, effective methods of fertility preservation are now available. Increasingly, oncology doctors address this option with patients. However, decisions must be made and procedures must take place quickly, so that the patient can then engage in life-saving cancer treatment as soon as possible. At that point, though, the patient also hears that insurance will not cover the fertility preservation, which likely represents the only possibility for future family building. As a consequence, patients may be forced to delay treatment or choose less-effective cancer treatments that they hope will spare their fertility. This is unacceptable and a cruel blow to those afflicted with a life-threatening condition. HB 2669 corrects this inequity by mandating fertility preservation insurance coverage for adults diagnosed with cancer when their oncology treatment has not yet commenced. Your support for this Bill will contribute to improved, patient-oriented health care in Hawaii.

For all of the reasons outlined, we strongly support HB 2669, and urge you to support its passage. Thank you.

Sincerely,



Margaret E. Swain, R.N., J.D.
Director of ART
Academy of Adoption & Assisted
Reproduction Attorneys



Kurt Hughes, Chair
ART Legislative Committee
Academy of Adoption & Assisted
Reproduction Attorneys



January 31, 2018

Dear Honorable Committee Chair and Committee Members:

I am writing this letter to voice my **SUPPORT** of HB 2669. 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 very 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 tall. I strongly believe that having something positive to look forward to after cancer treatment can help with a patient's overall well being and promote a healthy psychological state, which having the option of fertility preservation does just that.

While fertility preservation is an option I certainly think all patients should undergo if faced with a cancer diagnosis in their reproductive years, the reality is that many are unable to afford such a large expense so unexpectedly and at short notice. I strongly feel that the financial burden associated with these treatment options is the sole contributor as to why patients decide to forego fertility preservation, and it is something I see on a regular basis. Having the option to create a child or children of your own in the future should **not** be determined by financial status. Therefore I wholeheartedly support the movement to grant cancer patients insurance coverage to aid with the cost and help make this decision something that is based on what they truly feel is best for themselves in the future, not what is most economically feasible in the moment.

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

Sincerely,

Tiare Brown, BS
IVF Coordinator



31 January 2018

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 2669.

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 -i.e. 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 40+ years, more than 7-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 ten 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 2669. 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
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January 31, 2018

House Committee on Health and Human Services
Hawaii State Capitol
Honolulu, HI 96813

Re: HB 2669 - SUPPORT

Dear Committee Members:

RESOLVE: The National Infertility Association represents the millions of women and men in the U.S. with infertility and the more than 28,000 Hawaii citizens with infertility. We are pleased to support HB 2669 and urge this Committee to favorably pass this bill out of Committee. HB 2669 will require insurance coverage for fertility preservation for insureds diagnosed with cancer.

Patients with cancer are not only surviving their disease but living long and productive lives. The vast majority of survivors want and hope for a family someday. The good news is they are being informed of fertility preservation procedures that allow them to take action before starting their treatment. Sadly, they are also told this treatment is not covered by their health insurance and they must pay out-of-pocket – and very quickly – in order to preserve their fertility and still follow their treatment protocol. Because of this barrier to access to care, patients are choosing less effective treatments for their cancer in order to save their fertility. This leads to disastrous, and costly, results.

There is a simple solution that saves lives, allows patients to follow their treatment protocol, and gives them the hope and promise of a family: provide health insurance for fertility preservation procedures.

We respectfully ask that you favorably pass HB 2669 out of Committee and demonstrate your commitment to the future of Hawaii families.

Sincerely,

Barbara Collura
President/CEO

LATE

HB-2669

Submitted on: 2/1/2018 5:27:37 PM

Testimony for HHS on 2/2/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII
TO THE COMMITTEE ON HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES
TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018**

Friday, February 2, 2018

8:30 a.m.

Hawaii State Capitol, Conference Room 329

RE: Testimony in Support of HB 2669, RELATING TO CANCER PATIENTS

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice Chair, and Members of the Committee on Health and Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on House Bill No. 2669, relating oocyte and sperm cryopreservation insurance coverage. The OCC Legislative Priorities Committee is in favor of House Bill No. 2669 and supports its passage.

House Bill No. 2669, is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it requires insurance coverage for oocyte and sperm

cryopreservation procedures to preserve the fertility of adults diagnosed with cancer who have not yet started cancer treatment.

Specifically, the DPH Platform states that “[w]e believe in women’s equality and right to privacy, including but not limited to equal access to reproductive services and care, shelter and counseling. . . . (Platform of the DPH, P. 4, Lines 170-171 (2016)). We believe, under the circumstances, that men have the same right to reproductive services under the context of House Bill No. 2669 as women.

Given that House Bill No. 2669 requires insurance coverage for oocyte and sperm cryopreservation procedures to preserve the fertility of adults diagnosed with cancer who have not yet started cancer treatment, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

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