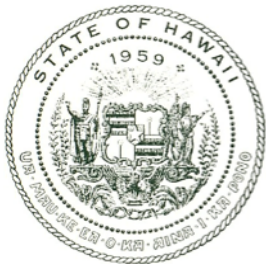


HAWAII  
STATE  
COMMISSION  
ON THE  
STATUS  
OF  
WOMEN



Chair  
LESLIE WILKINS

COMMISSIONERS:

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Executive Director  
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235 S. Beretania #407  
Honolulu, HI 96813  
Phone: 808-586-5758  
FAX: 808-586-5756

March 13, 2017

To: Representative Della Au Belatti, Chair  
Representative Bertrand Kobayashi, Vice Chair  
Members of the House Committee on Health

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

Re: Testimony in Support, SB 502, SD1, 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, SD1 which would revise the HRS 431:10A-116.5 to allow equal coverage for in vitro fertilization treatment and procedures.

Individuals and couples are widely affected by infertility and IVF, for many, represents the only hope of having a child. IVF can be extremely expensive and cost prohibitive. Our changing demographics and the breadth of diversity found in families should be reflected in our policies. The current 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. SB 502, SD1 removes this discriminatory language from our state statutes and would provide for equal access to fertilization treatment and procedures.

The Commission strongly supports SB 502, SD1. Thank you for this opportunity to testify on this measure.



Testimony of  
John M. Kirimitsu  
Legal & Government Relations Consultant

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

March 14, 2017  
8:30 am  
Conference Room 329

**Re: SB 502, SD1 Relating to In Vitro Fertilization Insurance Coverage**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this bill relating to in vitro fertilization coverage.

**Kaiser Permanente Hawaii supports this bill, as amended.**

Kaiser Permanente supports parity of coverage to ensure that the same types of in vitro fertilization procedures that are already available for a married couple of the opposite sex shall also be extended equally to same-sex couples and for women regardless of their marital status.

Thank you for the opportunity to comment.



TIM VANDEVEER  
Chair

MARGARET WILLE  
SEAN SMITH  
Legislation Committee Co-Chairs

**In Support of SB 502 SD 1 “Relating to In Vitro Insurance Coverage”**

Representative Della Au Belatti, Chair  
Representative Bertrand Kobayashi, Vice Chair  
House Committee on Health  
March 14, 2017 8:30 a.m. State Capitol Conference Room 329

**Submitted On Behalf of the Democratic Party of Hawai‘i**

The Democratic Party of Hawai‘i (DPH) strongly supports SB 502 SD 1. 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 has also 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.

**Establishing equal IVF insurance coverage for unmarried women and same sex couples is one of DPH’s legislative priorities for the 2017 legislative session.** We respectfully request that you pass this bill out of committee.

Mahalo for the opportunity to testify on this bill.



Respectfully submitted,

A handwritten signature in black ink, which appears to be 'Tim Vandever', is positioned below the text 'Respectfully submitted,'.

Tim Vandever  
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



February 21, 2017

House's Committee on Health  
Hawai'i State Capitol  
415 South Beretania Street, Room 329  
Honolulu, HI 96813

Hearing: Tuesday, March 14, 2017 – 8:30 a.m.

RE: **STRONG SUPPORT for Senate Bill 502 SD 1** – RELATING TO IN VITRO  
FERTILIZATION INSURANCE COVERAGE

Aloha Chairperson Belatti, Vice Chair Kobayashi and fellow committee members,

I am writing in STRONG SUPPORT to Senate Bill 502 Senate Draft 1 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. SB 502 SD 1 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 SD 1.

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



March 14, 2017  
8:30 a.m., Room 329

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

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

**Re: Concerns about SB 502, SD1, 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, SD1, 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 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.
- Reducing the waiting time from five years to 12 months for all couples could encourage them to by-pass stepped services that are often effective as well as being less risky, invasive, and expensive.
- 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.

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.



To: Hawaii State House Committee on Health  
Hearing Date/Time: Tuesday, Mar. 14, 2017, 8:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of S.B. 502, relating to In Vitro Fertilization Insurance Coverage

Dear Chair Belatti 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





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March 13, 2017

The Honorable Della Au Belatti  
Chair, House Health Committee  
Hawaii State Capitol, Room 402  
Honolulu, HI 96813

Re: SB 502

Dear Chairwoman Belatti and Members of the Health Committee:

As the President & CEO of RESOLVE: The National Infertility Association, a nonprofit that represents men and women all over the country who face fertility problems, we support SB 502.

On behalf of the over 28,000 Hawaiians who are trying to overcome the disease of infertility and have children, we urge the House Committee to pass these bills, which update Hawaii's law providing coverage for in vitro fertilization (IVF).

The updates are discussed below:

- 1. Removing the five-year waiting period.** The American Society for Reproductive Medicine (ASRM), which is the professional society in this field, defines infertility as the failure to conceive after one year (12 months) of intercourse; earlier evaluation may be justified after six months for women over the age of 35. Hawaii's old requirement of five years is obviously much longer. Waiting five years, however, can materially hurt a woman's chance of conceiving with IVF, because female fertility is time sensitive and beginning around age 32-35, declines quickly.

Hawaii's five-year waiting period is by far the longest waiting period in any of the laws mandating infertility insurance in this country. This bill will bring Hawaii's law in step with other states. And, it will help infertility patients obtain needed treatment on a timely basis.

2. **Eliminating the requirement that only the spouse's sperm may be used.** It makes sense medically to cast off this requirement because more than a third of infertility is caused by “male factor,” that is, a problem with the man’s sperm. Some husbands may also be carriers of a sex-linked disease. If pregnancy can’t be achieved with a husband’s sperm, then patients should be able to use sperm from a donor. Also, same-sex couples and unmarried women may need donor sperm to have a family. The proposed change in the bills will help Hawaiian citizens in these circumstances, too.

The updates are straightforward: they will help bring Hawaii’s law in step with current practice; they improve the quality of care; their goal is equality and non-discrimination; and they are pro-family. We hope you will vote to pass SB 502. .

On behalf of people with infertility who are trying to build families, we support this legislation and urge you to pass it.

Respectfully submitted,

A handwritten signature in black ink that reads "Barbara Collura". The signature is written in a cursive, flowing style with a long horizontal tail on the final letter.

Barbara Collura  
President & CEO



March 13, 2017

Representative Della Au Belatti, Chair  
House Committee on Health

**Re: S.B. 502, SD1 Relating to In Vitro Fertilization Insurance Coverage  
March 14, 2017, 8:30 am, Room 329**

Dear Chair Belatti and Members of the Committee on Health:

Hawaii Women Lawyers submits testimony in **support** of S.B. 502, SD1 which 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.

The mission of Hawaii Women Lawyers is to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

Hawaii Women Lawyers supports this measure because it eliminates a discriminatory exclusion that bars access to insurance coverage for in vitro fertilization procedures for same sex couples and unmarried women that wish to start a family. S.B. 502, SD1 ensures that a one-time IVF procedure benefit will extend to all families regardless of marital status, gender or sexual orientation, and without regard to their use of an egg donor or surrogate. This is an important benefit to many people, because IVF services are very expensive and can burden families in a significant way. This bill provides equal coverage for same sex couples and unmarried women, and is important to bringing parity and fair treatment in reproductive health policy.

For these reasons, we support S.B. 502, SD1, as amended, and respectfully request that the Committee pass this measure. Thank you for the opportunity to submit testimony.



Committees: Committee on Health  
Hearing Date/Time: Tuesday, March 14, 2017, 8:30 a.m.  
Place: Conference Room 329  
Re: *Testimony of the ACLU of Hawaii in **Strong Support** of S.B. 502, S.D. 1, Relating to In Vitro Fertilization Insurance Coverage*

Dear Chair Belatti, Vice Chair Kobayashi, and Committee Members:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) strongly supports S.B. 502, S.D. 1, 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. S.B. 502, S.D. 1 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, S.D. 1 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

Chair Belatti and Committee Members

March 14, 2017

Page 2 of 2

community regarding equal access to reproductive services for LGBTQ couples.<sup>1</sup> 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, S.D.1.

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.*

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<sup>1</sup> 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](https://www.asrm.org/uploadedFiles/ASRM_Content/News_and_Publications/Ethics_Committee_Reports_and_Statements/fertility_gaylesunmarried.pdf).

American Civil Liberties Union of Hawai'i  
P.O. Box 3410  
Honolulu, Hawai'i 96801  
T: 808.522.5900  
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# The American Society for Reproductive Medicine

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March 13, 2017

Honorable Della Au Belatti  
Chair, 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 SB 502.

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 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

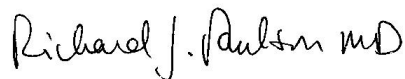
excluded coverage when donor sperm is necessary. This has closed the door on IVF coverage when the infertility diagnosis is due to a severe male factor problem. When the husband has no sperm, or a very poor semen analysis, or when there is a genetic problem which could be inherited from the male, donor 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.

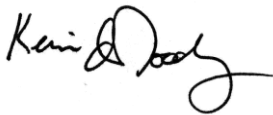
For equity reasons, it is important, as well. The existing statute does not afford same sex married couples diagnosed with infertility access to the IVF benefit. Nor does it provide coverage to single women. SB 502 recognizes the discriminatory nature of the statute and allows these women and couples to have access to this infertility benefit.

ASRM and SART urge the members of the Health Committee to pass SB 502.

Sincerely,



Richard Paulson, MD  
President, ASRM



Kevin Doody, MD  
President, SART



An Independent Licensee of the Blue Cross and Blue Shield Association

March 14, 2017

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

Re: SB 502, SD1 – Relating to In Vitro Fertilization Insurance Coverage

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 502, SD1, 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 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.

While we appreciate the previous Committees' amendments to the Bill, SB 502, SD1 does continue to raise several significant concerns that we would like to share with the Committee. We note the following:

- As drafted, the Bill could be misinterpreted to infer that plans will be required to provide 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 regardless of sex, sexual orientation, or marital status. We would therefore request the Committee to consider amending Section 3 (a) (page 5; lines 16-17) by removing language referencing oocyte donor and surrogates in order to provide clarity to plans and our members.
- Changing the amount of time a member must demonstrate a history of infertility from five years to twelve months is a concern with regard to the necessary time within which OB/GYNs and fertility specialists would need to accurately diagnose infertility.

Thank you for allowing us to share our concerns on SB 502, SD1.

Sincerely,

Mark K. Oto  
Director, Government Relations.





March 13, 2017

Dear Chairwoman Belatti and Members of the Health Committee:

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

We live in a more tolerant and inclusive world. As such our legislation should conform to today's world. Everyone should have equal access to fertility services.

Fertility treatments are no longer kept secret from friends and family. These treatments are the Standard of Care for treating fertility issues. Over 7- million babies have been conceived using In Vitro Fertilization and many many many more millions of babies have been born using other fertility treatments.

Not everyone has success with infertility treatments but for those who are successful –This is truly a gift of life! Thanks to infertility treatment I am a proud parent of 2 boys and 1 girl. My wife and I underwent multiple infertility treatment cycles prior to doing In Vitro Fertilization (IVF). Our first two IVF cycles were unsuccessful and it was not until the third cycle that we had success. We were lucky! Not only because we were successful but because we had the ability to continue to attempt treatments until we were able to conceive. Every day I look at my children and I am thankful to all of those healthcare providers who helped make our dreams come true.

Having a child and building a family is a fundamental desire and right for all people regardless of relationship status, gender, or sexual orientation. As an infertility provider, I see myself in my patients. I understand their hopes and dreams. I understand their despair when not successful. Through my many years of training and practicing, I also understand that many of my patients would achieve their dream of having family if they were allowed to have treatment.

**I fully and enthusiastically support HB 502 to remove discriminatory requirements and create parity for ALL patients seeking fertility services.** Without it, many of our friends and families 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  
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](http://www.IVFCenterHawaii.com)



# ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY



March 14, 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



## Hawai`i LGBT Legal Association

March 14, 2017

TO: Senate Committee on Ways and Means

FROM: Hawai'i LGBT Legal Association

RE: **Support for S.B. 502 S.D. 1**

Chair Belatti, Vice Chair Kobayashi, 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 S.B. 502 S.D.1.**

HLLA attorneys 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.

S.B. 502 S.D. 1 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."

S.B. 502 S.D. 1 is not about expanding the IVF mandate. The bill proposes to cover the same types of procedures that were previously covered—i.e. egg retrieval, fertilization, and embryo transfer. 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 to cover new types of procedures that are not already covered, 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.

In addition, while the bill requires insurers to cover IVF procedures involving egg donors and surrogates, the current draft also makes it clear that the mandate is only about IVF procedures, and that it does not require insurers to cover other pregnancy-related benefits or post-in vitro outpatient services.

Simply put, S.B. 502 S.D. 1 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,

Nick Kacprowski , Co-President  
Kaliko'onalani Fernandes, Co-President  
Hawai'i LGBT Legal Association

From: mailinglist@capitol.hawaii.gov  
Sent: Friday, March 10, 2017 9:53 PM  
To: HLTtestimony  
Cc: kale489@yahoo.com  
Subject: Submitted testimony for SB502 on Mar 14, 2017 08:30AM

**SB502**

Submitted on: 3/10/2017

Testimony for HLT on Mar 14, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kale Taylor	Individual	Support	Yes

Comments: Dear Chair Belatti, Vice Chair Kobayashi, and members of the Committee: I write in strong support of S.B. 502, S.D. 1, 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 Hawai'i 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, S.D. 1 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. I support S.B. 502, S.D. 1, and respectfully ask that the Committee approve this measure.

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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TO: House Committee on Health  
FROM: Sean Smith  
DATE: March 14, 2017  
RE: Support for SB 502 SD 1

I write in **strong support of SB 502 SD 1**, 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 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.

SB 502 SD 1, 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 IVF insurance mandate so families like ours are valued and supported in the same manner as families of opposite sex couples.

I urge you to pass this bill. Charlie urges you to pass this bill.

TO: House Health Committee  
Representative Della Au, Chair  
Representative Bertrand Kobayashi, Vice Chair

From: Tambry R. Young – [Tambry.young@gmail.com](mailto:Tambry.young@gmail.com)  
Suzanne K. Young – [skking81@gmail.com](mailto:skking81@gmail.com)  
Shylar K. Young – [shylar.young@gmail.com](mailto:shylar.young@gmail.com)

RE: SENATE BILL 502, S.D. 1: RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE.

Dear Chair Au, Vice Chair Kobayashi, and members of the Committee:

I write in strong support of S.B. 502, S.D. 1, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) based on sex, sexual orientation, and marital status.

In 1996 my life partner then, and now my wife, Suzanne Young and I decided to start a family. After more than 15 years of being life partners, we decided that Suzanne would be the biological parent. At that time, Suzanne and I each had medical coverage through our employers and we had been with the same insurance carrier for many years.

When we started the process, and as we do in most things, we began to research our options. Through our medical plan, Suzanne went in for a physical and we discussed with our doctor our decision to have a child. We had basically two options. First, was the traditional way of finding a male to naturally impregnate Suzanne. For us this option was unacceptable. The second option was Artificial Insemination (AI) with a donor sperm.

Our doctor explained to us that AI was not covered by our medical plan unless we were married and had difficulty conceiving naturally. Also, if we decided to do AI we would need to find a private doctor not covered through our carrier to do the procedure. Luckily, we were able to find a physician that was capable and supportive of our decision. Suzanne's first insemination was in May of 1996. All costs for the procedure were paid for by us with no insurance reimbursement. After 21 inseminations and 2 laparoscopies, our last option was to try a partial IVF procedure and which required seeking another fertility doctor to handle that procedure.

At that time, this procedure entailed 10 days of hormonal shots for Suzanne which I administered at home. The doctor explained that the goal was to generate not more than 8 viable eggs for AI. Again, all costs for this procedure was paid solely by us. Unfortunately, this procedure produced only one viable egg for us to try an AI procedure. We had the AI procedure and again Suzanne was unable to conceive. At that point the doctor advised us that we could try to have a full IVF procedure which would cost a minimum of ten thousand dollars. Since we

were not married, we were not eligible for the 1 covered procedure under our medical plan that other married couples are allowed when they are faced with the same situation.

Regardless of the cost, Suzanne and I never hesitated to do everything within our power to enter into the next stage of our lives by having a child together and giving her a loving and caring life. So, after 3 years of Suzanne trying to get pregnant with no success, we decided that I would try to have the baby. After 4 AI's, luckily I was able to conceive. That was 17 years ago, and much has changed both medically and socially.

In our situation, we consciously made a decision to start a family and through that process we, like many other couples, were faced with a medical issue that caused us to take on a financial responsibility that for other couples with the same medical situation would not have to be burdened with, simply because they were married. When folks make a decision to start a family they do it with great expectations and careful thought.

When a situation arises that requires the IFV procedures, that couple or Individual has had to endure many tests, procedures and costs before being given the IVF option. Deciding on that procedure does not come easy for a woman - it is painful, physically demanding, alters your hormonal balance, puts you at risk of cancer and is mentally draining. Having this procedure covered by your medical provider for women takes away one less worry when making a life changing decision.

Again, I am testifying in strong support of SENATE BILL 502, S.D. 1: RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE.

Thank you for the opportunity to testify and if you have any questions please feel free to contact me.

Mahalo,

Tambry R. Young, Suzanne K. Young, Shylar K. Young



kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 13, 2017 12:52 AM  
To: HLTtestimony  
Cc: kimcoco@kimcoco.com  
Subject: Submitted testimony for SB502 on Mar 14, 2017 08:30AM

**SB502**

Submitted on: 3/13/2017

Testimony for HLT on Mar 14, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kim Coco Iwamoto	Individual	Support	No

Comments: I write in STRONG SUPPORT of S.B. 502, S.D. 1, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. Thank you for correcting the current Hawaii Revised Statutes to be more consistent with our state's non-discrimination laws as they cover employment (when health insurance is an employment benefit) and public accommodations (when health insurance is sold and purchased in the stream of commerce.)

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From: Lisa Shorba <lisashorba@gmail.com>  
Sent: Monday, March 13, 2017 4:22 AM  
To: HLTtestimony  
Subject: SB502, SD1

Testimony of Lisa Shorba, Honolulu Resident

Submitted to: The House of Representatives Committee on Health

Hearing Date: March 14, 2017

Time: 8:30am

Place: Conference Room 329; Hawaii State Capitol

Measure: **Strong Opposition to SB 502, SD1**

Dear Rep. Della Au Belatti, Chair, Rep. Bertrand Kobayashi, Vice Chair and Members of the Health Committee:

Thank you very much for your service to the people of Hawai'i and for your time in reviewing my testimony in **STRONG OPPOSITION to SB502, SD1**. In vitro fertilization in any form is unethical and poses a grave risk to egg donors/ surrogates. In vitro fertilization has become a huge profit-generating industry that, according to an article by Medical News Today writer, H. Whiteman, "**values the money brought in by immediate gains of pregnancy and live birth over long-term considerations about the health of the mothers and children.**"

Making something legal does not necessarily make it right. With SB 502, SD1, same-sex couples would be permitted to obtain insurance coverage for in vitro fertilization, which would increase the demand for egg donors/ surrogates in the situation concerning two males who are incapable of producing their own "eggs;" who will need to access /hire an egg donor/surrogate (usually between the ages of 20-28). Many times these young donors/surrogates are not informed of all the medical risks involved with IVF and this greatly concerns me. SB502, SD1 does not address this problem, it does not require thorough informed consent regarding ALL of the medical risks for donors/surrogates, nor does it offer any insurance coverage to donors/surrogates in the event that they may be harmed in the process; harm that may go undetected until later. SB502, SD1 states, "shall not include other pregnancy-related or other post-in vitro fertilization outpatient services."

As mentioned in testimony provided to the Senate on 2-3- 17 by Kaiser Permanente, "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>."

Medical News Today's website posted an article on January 29, 2014, entitled, "IVF: risks may outweigh benefits, say experts," by Honor Whiteman, found online at: <http://www.medicalnewstoday.com/articles/271785.php>; which states, "The experts argue that extended IVF use increases the risk of harm to both the mother and offspring...And even singletons born through IVF have been shown to have worse outcomes than those conceived naturally,... there are also concerns surrounding the long-term health of children born through IVF." They note that, "these children may have higher blood pressure, adiposity, glucose levels and more generalized vascular abnormalities, compared with children who are conceived naturally." "These effects seem to be related to the IVF procedure itself rather than to underlying subfertility." "**IVF has 'evolved as a profit-generating industry,' and at present, bodies who fund the treatment are not interested in funding studies that investigate the long-term safety of IVF. ... considering the increasing**

uptake of IVF treatment globally, couples looking to IVF as a treatment option need to be presented with evidence that proves its long-term safety.”

For the sake of the health and safety of Hawaii’s residents, please **OPPOSE SB502, SD1.**

Thank you very much,

Lisa Shorba, Honolulu Resident

The Honorable Ronald D. Kouchi  
President of the Senate, 29<sup>th</sup> State Legislature

Michele Unten  
University of Hawai'i at Manoa, Myron B. Thompson School of Social Work  
98-402 Koauka Lp. #709  
Aiea, HI 96701  
(808) 381-4653

### Support for SB 502, SD 1, Relating to In Vitro Fertilization Insurance Coverage

Aloha, my name is Michele Unten, and I am a graduate social work student at the University of Hawai'i at Manoa. I am testifying in strong support of SB 502, SD 1, relating to In Vitro Fertilization Insurance Coverage. I am in support of the passing of this bill as it seeks to eliminate social inequality and discrimination, on the basis of gender, sex, sexual orientation, and marital status or preference, for individuals experiencing infertility.

The current law for in vitro fertilization insurance coverage excludes same-sex couples, men with the primary infertility issue, and single women who simply wish to become mothers, from medical assistance in fertility. Despite meeting the medical requirements of infertility, individuals in these excluded categories are not receiving the same benefits of insurance coverage for such an expensive procedure that is so difficult for many to afford out-of-pocket. These exclusions clearly exhibit social disparity and discrimination in healthcare – a longstanding, prevalent issue that so many individuals in society face today.

As a recent mother of a newborn, I could not imagine the experience these individuals go through of yearning a child so much, but unable to do so because of infertility. My husband and I were blessed to have been able to naturally conceive a child, however, not everyone is as fortunate as we were. The thought of this deeply saddens me, therefore, I feel so strongly in support of this bill to see others get the opportunity to hopefully have a child (biologically) as in vitro fertilization may be their last chance to do so.

We are a state who supports and has worked so hard to recognize equal rights for women, the LGBT population, and other oppressed communities. However, the current in vitro insurance coverage law completely opposes the advancements we have made in social parity and equality in recent years. Let's continue pushing forward by passing this bill, as it will reinforce other current laws that the state has worked so hard in passing.

I appreciate this opportunity for allowing me to submit testimonial. Thank you for your time and consideration.

kobayashi2 - Jessi

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, March 13, 2017 8:21 AM  
To: HLTtestimony  
Cc: hiabbybrown@gmail.com  
Subject: Submitted testimony for SB502 on Mar 14, 2017 08:30AM

**SB502**

Submitted on: 3/13/2017

Testimony for HLT on Mar 14, 2017 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
AbigailAu	Individual	Support	No

Comments: Aloha Representatives of the House Committee on Health, I support SB502 SD1. Not only will this bill create parity between married and unmarried, homosexual and heterosexual people, this bill will also align the current law with best medical practices. The current law requires individuals to attempt to conceive for one year before the diagnosis of infertility is assigned. Then, unless the diagnosis falls in a narrow range of conditions, the infertile individual needs to wait an additional five years before IVF is partially covered by medical insurance. The five year wait goes against best medical practices. The older a woman is when she attempts IVF, the less likely the procedure is to work and any resulting pregnancy is more risky for both the child and the mother due to advanced maternal age. Please pass SB502 SD1. Mahalo, Abigail Au 82- 6065 Mamalahoa Hwy. Captain Cook, HI 96704

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From: Nancy <nvgc48@gmail.com>  
Sent: Monday, March 13, 2017 4:50 PM  
To: HLTtestimony  
Subject: Strong Opposition to SB 502, SD1

**LATE**

Submitted to: The House of Representatives Committee on Health

Hearing Date: March 14, 2017

Time: 4:45 PM

Place: Conference Room 329; Hawaii State Capitol

Measure: **Strong Opposition to SB 502, SD1**

Dear Rep. Della Au Belatti, Chair, Rep. Bertrand Kobayashi, Vice Chair and Members of the Health Committee:

Thank you so very much for your work on behalf of the people of Hawai'i and for your time.

We are in **STRONG OPPOSITION to SB502, SD1**.

In vitro fertilization poses a grave risk to egg donors and surrogates alike.

Medical News Today's website posted an article on January 29, 2014, entitled, "IVF: risks may outweigh benefits, say experts," by Honor Whiteman, found online at: <http://www.medicalnewstoday.com/articles/271785.php>; which states, "The experts argue that extended IVF use increases the risk of harm to both the mother and offspring...And even singletons born through IVF have been shown to have worse outcomes than those conceived naturally,... there are also concerns surrounding the long-term health of children born through IVF." They note that, "these children may have higher blood pressure, adiposity, glucose levels and more generalized vascular abnormalities, compared with children who are conceived naturally." "These effects seem to be related to the IVF procedure itself rather than to underlying subfertility." "IVF has 'evolved as a profit-generating industry,' and at present, bodies who fund the treatment are not interested in funding studies that investigate the long-term safety of IVF. ...considering the increasing uptake of IVF treatment globally, couples looking to IVF as a treatment option need to be

presented with evidence that proves its long-term safety.”

For the sake of the health and safety of all concerned please **OPPOSE SB502, SD1.**

Thank you very much,

Nancy and Victor Canubida