



March 29, 2021

The Honorable Aaron Ling Johanson, Chair  
The Honorable Lisa Kitagawa, Vice Chair  
House Committee on Consumer Protection & Commerce

Re: HCR110 HD1 – Requesting the Auditor update its report No. 12-09, which assesses the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for persons of reproductive age who have been diagnosed with cancer and will undergo treatment that, based on a medical determination by the person’s physician, will most likely cause infertility.

Dear Chair Johanson, Vice Chair Kitagawa, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HCR110 HD1.

HMSA appreciates the intent of this measure, but believes clarifying language is necessary to ensure that medical necessity is taken into account. The intent of the study is to evaluate the financial effects of mandating fertility preservation procedures for persons diagnosed with cancer that are also of reproductive age and likely to be infertile. We believe that the broad language in this resolution is concerning due to the language not defining reproductive age and absence of medical necessity. Additionally, we would like to note that based on guidance from the Centers for Medicare and Medicaid (CMS), any new mandates would involve cost defrayment by the State.

We respectfully ask that if this measure moves forward that the mandate element be removed and replaced with language based on medical necessity.

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

Sincerely,

Matthew W. Sasaki  
Director, Government Relations



March 29, 2021

The Honorable Aaron Ling Johanson, Chair  
The Honorable Lisa Kitagawa, Vice-Chair  
House Committee on Consumer Protection and Commerce  
Hawaii State Capitol  
415 South Beretania St.  
Room 329  
Honolulu, HI 96813

Dear Chair Johanson, Vice-Chair Kitagawa and Members of the Committee,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **House Concurrent Resolution 110: Requesting the auditor to update its report no. 12-09, which assesses the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for persons of reproductive age who have been diagnosed with cancer.** This resolution calls for Hawaii to update an auditor report, based on 2012 HB 2105, with newer information, which would pave the way for the state to provide coverage for fertility preservation services for patients with cancer when necessary medical treatments may cause infertility. Committee passage of HCR 110 would be a crucial step in helping to make Hawaii the 11<sup>th</sup> state to provide this important protection for patients with cancer.

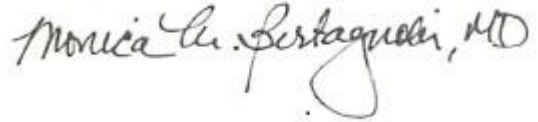
HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

HSCO and ASCO believe that as part of education and informed consent before cancer therapy, health care providers should address the possibility of infertility with both male and female patients treated during their reproductive years. Providers should also be prepared to discuss fertility preservation options and/or refer all potential patients to appropriate reproductive specialists. As such, HSCO and ASCO advocate for coverage of embryo, oocyte and sperm cryopreservation procedures for an insured patient who is at least eighteen years of age and has been diagnosed with cancer but has not started cancer treatment (including chemotherapy, biotherapy or radiation therapy treatment) in accordance with [guidelines](#) developed by our affiliate organization, the American Society of Clinical Oncology.

We encourage providers to advise patients regarding potential threats to fertility as early as possible in the treatment process to allow for the widest array of options for fertility preservation. HSCO and ASCO strongly support HCR 110 and encourage the committee to pass it in order to update the auditor report. If

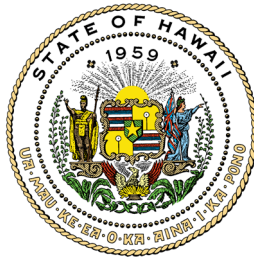
you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Blake Oshiro at [blake.oshiro@gmail.com](mailto:blake.oshiro@gmail.com) representing HSCO or Aaron Segel at ASCO at [aaron.segel@asco.org](mailto:aaron.segel@asco.org).

Sincerely,

A handwritten signature in black ink that reads "Monica L. Bertagnolli, MD". The signature is written in a cursive style with a large, stylized "M" and "B".

Michael Carney, MD  
President  
Hawaii Society of Clinical Oncology

Monica Bertagnolli, MD, FACS, FASCO  
President  
Association for Clinical Oncology



HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

The Honorable Aaron Ling Johanson, Chair  
The Honorable Lisa Kitagawa, Vice Chair

**H.C.R. NO. 110, H.D. 1, REQUESTING THE AUDITOR TO UPDATE ITS  
REPORT NO. 12-09, WHICH ASSESSES THE SOCIAL AND FINANCIAL EFFECTS  
OF MANDATORY HEALTH INSURANCE COVERAGE FOR FERTILITY  
PRESERVATION PROCEDURES FOR PERSONS OF REPRODUCTIVE AGE WHO  
HAVE BEEN DIAGNOSED WITH CANCER AND WILL UNDERGO TREATMENT  
THAT, BASED ON A MEDICAL DETERMINATION BY THE PERSON'S PHYSICIAN,  
WILL MOST LIKELY CAUSE INFERTILITY**

Hearing: Monday, March 29, 2021, 2:00 p.m.

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The Office of the Auditor appreciates the opportunity to testify on H.C.R. No. 110, H.D. 1, requesting the auditor update Report No. 12-09, and offers the following comments.

As we've noted previously, the concurrent resolution does not designate a "specific legislative bill that . . . [h]as been introduced in the Legislature," as Section 23-51, HRS, requires. Pursuant to Section 23-51, HRS, assessments of proposed mandatory health insurance coverage are based on specific legislative proposals. Here, the assessment that was completed in 2012 by our office was based on a House Bill introduced during the 2012 legislative session.

Providing information about the adoption of coverage in other states may not satisfy the requirements of Section 23-52, HRS, which requires us to assess several specific social and financial elements. We are concerned that, without knowing the "specific legislative bill" and the proposed mandatory health insurance coverage the Legislature is considering, simply updating data may not provide sufficient information for the Legislature.

While we appreciate the intent of the resolution, we are concerned the requirements of Section 23-51, HRS, have not been met. And that without specific information about the proposed mandatory health insurance coverage, our assessment will be based on numerous assumptions, some of which may not be relevant to the coverage that the Legislature may be considering.

Thank you for considering our testimony related to H.C.R. No. 110, H.D. 1.