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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Health and Homelessness
Wednesday, January 31, 2024
8:30 a.m.

State Capitol, Conference Room 329 and via Video Conferencing

On the following measure:
H.B. 1624, RELATING TO INSURANCE

Chair Belatti and Members of the Committee:

My name is Gordon Ito, and I am the Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is, for policies, contracts, plans, agreements, and plan contracts issued or renewed after 12/31/2024, to require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services.

We note that it is unclear whether the amendments in sections 1 through 3 of this bill, which require health plans to provide benefits for the cost of standard fertility preservation services, would be construed as "in addition to the essential health benefits" within the meaning of 45 Code of Federal Regulations (CFR) § 155.170(a), or subject to defrayment provisions under 45 CFR § 155.170(b) which apply to benefits "in addition to the essential health benefits."

For the Committee's information, Hawaii Revised Statutes section 23-51 provides, in part, that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [sic] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]"

Finally, Hawaii Revised Statutes (HRS) section 432E-1.4 sets forth standards for medical necessity. This bill proposes to define the medical necessity of any treatment in accordance with a specific standard, "current guidelines developed by the American Society of Clinical Oncology," which is not consistent with the HRS section 432E-1.4 standard.

Thank you for the opportunity to testify on this bill.

HB-1624

Submitted on: 1/30/2024 8:28:06 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Romina Jo Opuencia Banayo	University of Hawaii	Support	Written Testimony Only

Comments:

I support this bill as an OBGYN in Hawai'i



January 31, 2024

The Honorable Della Au Belatti
House Committee on Health and Homelessness
Hawaii State Capitol
415 South Beretania St.
Room 329
Honolulu, HI 96813

Dear Chair Belatti and Members of the Committee,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support HB 1624, which would provide coverage of fertility preservation services for Hawaii patients with cancer. We thank the Office of the Auditor for its diligent review of this benefit during the interim and encourage the committee to vote the bill forward to the House.

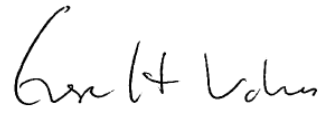
HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a passionate voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. With nearly 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality, equitable 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 HB 1624 and encourage the Committee to pass this bill as a first step to ensure coverage of fertility preservation services for patients with cancer. If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Aaron Segel at ASCO at aaron.segel@asco.org.

Sincerely,

Michael Carney, MD
President
Hawaii Society of Clinical Oncology



Everett E. Vokes, MD, FASCO
Chair of the Board
Association for Clinical Oncology



January 29, 2024

Subject: This letter is in **SUPPORT of HB 1624** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients experiencing Iatrogenic Infertility

Dear Honorable Committee Members:

As a fertility clinic that treats patients with Iatrogenic Infertility secondary to cancer and other reasons utilizing fertility preservation therapies, we believe fertility preservation is critical to the care of these patients. Therefore, we request your support for a bill that would mandate health insurance coverage for fertility preservation procedures for specific persons with cancer or other diagnoses whose diagnosis and treatment may adversely affect their fertility.

Many medical treatments, such as chemotherapy and radiation, can significantly damage reproductive tissues and affect fertility in both men and women. As a result, patients undergoing these treatments often face the heartbreaking reality that their cancer or other diagnosis treatment may cause them to become infertile. This can have significant long-term mental, emotional, and physical impacts on patients, their partners, and their families.

Fortunately, medical treatment for many diagnoses has progressed to a point where patients are often cured of their disease. However, this creates a dilemma for the reproductive-age patient living without the ability to procreate. For many people with these diagnoses, the dream of having a family will never be realized. However, with today's technology, survivors do NOT need a childless survival.

Science has provided hope for cancer patients. Before cancer treatments, many patients can preserve their fertility so that once cured, they can do what many take for granted and start a family.

There are many fertility preservation options available for iatrogenic infertility patients.

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. Males and Females have been able to freeze embryos using In Vitro Fertilization (IVF) for years. Eggs can be harvested and fertilized with sperm. The resulting embryos can be cryopreserved indefinitely. Over the

- last 40+ years, over 11 million children have been born using IVF procedures.
3. Females can now freeze eggs utilizing In Vitro Fertilization with the same reproductive success realized for decades using frozen sperm and embryos.

Fertility preservation techniques such as sperm and egg cryopreservation, embryo freezing, and ovarian tissue freezing can offer a chance for cancer patients to maintain their fertility options so they can start a family after their cancer treatment.

As a fertility specialist, I routinely counsel patients (males and females) on their options for fertility preservation. I see the hope that option brings to the newly diagnosed patient. This hope of future fertility and family helps us successfully proceed through the arduous treatment. Unfortunately, many patients cannot afford the costs of fertility preservation therapies. For many patients, the financial burden of fertility preservation can be as devastating as the new diagnosis itself, leaving them unable to preserve their fertility.

Therefore, we urge you to support a bill that would mandate health insurance coverage for fertility preservation procedures for certain persons diagnosed with cancer or other conditions that would adversely affect their fertility. This bill would ensure that these patients would not bear the financial burden of fertility preservation treatment. Without it, many of our friends and families who survive these iatrogenic infertility-causing diagnoses will not be able to experience the privilege of having a family –a freedom many take for granted.

We hope that you will consider our request and show your support for patients who must undergo iatrogenic infertility-causing treatment. Your support makes a significant difference for these patients struggling with infertility's emotional and financial consequences.

Thank you for taking the time to consider this critical issue.

Sincerely and Mahalo,



John L. Frattarelli, M.D., HCLD
CEO, Laboratory, Practice, & Medical Director
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
dba: Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814
www.IVFcenterHawaii.com



House Committee on Health and Homelessness
Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

Hearing Date: Wednesday, January 31, 2024

ACS CAN SUPPORTS HB 1624 – RELATING TO INSURANCE.

Cynthia Au, Government Relations Director – Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to **SUPPORT** HB 1624: Relating to Insurance. This bill requires the insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services for policies, contracts, plans, agreements, and plan contracts issued or renewed after 12/31/2024.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies that reduce death and suffering from cancer. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

ACS CAN supports requiring insurance plans to cover standard fertility preservation services for cancer patients and survivors. In 2023, an estimated 9,910 children (ages 0 to 14 years) and 5,280 adolescents (ages 15-19 years) will be diagnosed with cancer in the United States.ⁱ About 80,000 young adults aged 20 to 39 are diagnosed with cancer each year in the United States.ⁱⁱ Hawaii's childhood cancer incidence rate is 26.8 per 100,000, compared with a national rate of 19 for those less than 20 years of age.ⁱⁱⁱ The incidence rate of childhood cancer in Hawaii has been rising over the past ten years.

The treatments received by many of these children and younger adults may directly impact their ability to produce children. Children and teenagers who have cancer may have surgery or get treatments that can damage their growing and maturing organs, and some can affect their

hormone and sexual development. Cancer treatments in their younger years can affect fertility later in life.^{iv} Young adults with cancer may also experience issues with fertility related to their cancer and cancer treatment. The problems might be caused by:

- A tumor directly damaging an organ or its surrounding tissue
- Removing cancerous organs that normally would be needed to have a child (for example, cancer surgery might be needed to remove all or part of the testicles, penis, ovaries, uterus, or cervix.)
- Certain treatments for cancer that can change hormone levels, put a woman into early menopause, damage nerves, or make certain sex organs stop working properly
- Psychological or emotional responses, such as stress and anxiety.^v

For some cancer survivors, fertility is not affected by cancer treatment, but by age. There is a risk of birth defects when a woman becomes pregnant while getting or after receiving some types of chemotherapy, radiation therapy, and hormone therapy. In some cases, the risk can last for a long time, making getting pregnant a concern even years after treatment ends. Women are typically advised to not to get pregnant during treatment and may be told to avoid to get pregnant afterwards, depending on the treatment and situation. The risk for male cancer survivors who father a child is not as clear, and many doctors will advise against fathering a child during active treatment.^{vi}

For these reasons, fertility treatments become an important medical question for many young cancer patients. Costs for fertility treatment are a significant barrier for many patients and services are often not covered by insurance.

Cancer is a scary experience. Coverage of fertility services provides options for cancer survivors to have children even after treatment has resulted in temporary or permanent infertility, allowing those impacted by cancer to focus their efforts where they belong—on getting better. All individuals should have equitable access to quality cancer care and an equal opportunity to live a full life.

As of May 2023, 21 states require insurers to provide some form of coverage for diagnosis and treatment of infertility; of those, 13 require coverage of some fertility preservation services.

Thank you again for the opportunity to provide testimony in SUPPORT on this important matter. We urge that you pass out of committee this very important bill. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.

ⁱ American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023

ⁱⁱ See <https://www.cancer.org/cancer/cancer-in-young-adults/key-statistics.html>

ⁱⁱⁱ National Cancer Institute, State Cancer Profiles, <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?tabSelected=2&statename=hawaii>

^{iv} American Cancer Society, How Cancer and Cancer Treatment Can Affect Fertility, <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-sideeffects/how-cancer-treatment-affects-fertility.html>

^v Ibid.

^{vi} Ibid.

January 31, 2024

To: Chair Belatti, Vice Chair Takenouchi, and Members of the House Committee on Health and Homelessness

From: The Hawaii Association of Health Plans Public Policy Committee

Date/Location: Jan. 31, 2024; 8:30 a.m./Conference Room 329 & Videoconference

Re: Testimony with comments on HB 1624 - Relating to Insurance; Mandatory Coverage; Standard Fertility Preservation

The Hawaii Association of Health Plans (HAHP) would like to offer comments on HB 1624. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

Being a parent can be one of the most meaningful experiences in a person's life and our member organizations appreciate the efforts of Hawaii's legislators to make that possible for couples and individuals who need assistance. Due to complex legal issues and inherent medical risks relating to third party participants, we respectfully request excluding:

1. Third party Assisted Reproduction Technology (ART) procedures, including donor egg and/or surrogates and gestational carriers; and
2. Any services relating to cryopreservation storage since the patient requesting cryopreservation services is required to execute an agreement with the selected cryopreservation bank for storage services, which may include amongst other things: transport (chain of custody) and storage procedures, withdrawal and consent to release to any other designated agent, storage fees, etc.

Thank you for the opportunity to offer comments on HB 1624.

Sincerely,
HAHP Public Policy Committee
cc: HAHP Board Members



January 31, 2024

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homelessness

Re: HB 1624 – RELATING TO INSURANCE

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 1624, which will require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services.

HMSA currently provides in vitro fertilization (IVF) benefits to our members, including qualifying women over 18 years of age regardless of their marital status. While HMSA appreciates the intent of this measure, the Auditor's Study (Report No. 23-11) had to make numerous and significant assumptions about the Legislature's intent to resolve certain ambiguities in HCR 96 (2023).

We would ask that if the committee's intent is to move the bill forward, that the following items be excluded:

- Third party Assisted Reproduction Technology (ART) procedures, including donor egg and/or surrogates and gestational carriers because of the complex legal issues and inherent medical risks relating to third party participants
- Any services relating to cryopreservation storage since the patient requesting cryopreservation services is required to execute an agreement with the selected cryobank for storage services. This was one of the assumptions that the auditor made that the intent of the bill would not include the storage of cryopreserved material.

Thank you for the opportunity to provide comments on this measure.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health & Homelessness
The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair

January 31, 2024
8:30 am
Conference Room 329

HB 1624 Relating to Insurance

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB 1624.

Kaiser Permanente Hawaii would like to offer comments.

In 2023, the state auditor completed its study on mandating insurance coverage for standard fertility preservation services and noted that it was required to make numerous and significant assumptions about the Legislature's intent in order to resolve certain ambiguities in the bill. Notably, the auditor's assumptions included, in part:

- “We have assumed the proposed coverage for standard fertility preservation services does not include the cost of storing the cryopreserved material.”
- “We have assumed that coverage for embryo cryopreservation does not include coverage for sperm retrieval and sperm cryopreservation, regardless of whether the sperm is from a spouse, partner, or donor.”

See Pages 11-12, *Study of Proposed Mandatory Health Insurance Coverage for Standard Fertility Preservation Services (2023)* (“Auditor’s Report”). The complete Auditor’s Report and its findings may be viewed at <http://files.hawaii.gov/auditor/Reports/2023/23-11.pdf>

Based on the auditor’s assumptions, if this bill moves forward, Kaiser requests an amendment to:

- (1) Exclude services relating to cryopreservation storage since the patient requesting cryopreservation services is required to execute a private agreement with the selected cryobank for storage services, which may include amongst other things: transport (chain

of custody) and storage procedures, withdrawal and consent to release to any other designated agent, storage fees, etc., and

- (2) Exclude third party Assisted Reproduction Technology (ART) procedures, including donor egg and/or surrogates and gestational carriers. Kaiser does not participate in any fertilization procedures involving third party-assisted reproduction methods (for either men or women), including oocyte donor and/or surrogates and gestational carriers, because of the inherent medical risks and complex legal issues surrounding third party participants, which is especially problematic if these third party participants are not a Kaiser Permanente insured.

By including oocyte donor and surrogacy services, health insurers will be responsible and potentially liable for all the risks and consequences relating to medical treatment provided to the third party oocyte donor and/or surrogate, which is especially problematic when the third party donors or surrogates are not insured by the health plan. Furthermore, typically it is recommended that an attorney, who specializes in reproductive law, draft an Egg Donor Contract or Surrogacy Contract to determine and protect the legal rights of oocyte donors, surrogates and the prospective parents.

Thank you for your consideration.

HB-1624

Submitted on: 1/30/2024 9:20:43 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Reni Soon	ACOG Hawaii Section	Support	Written Testimony Only

Comments:

ACOG Hawaii Section supports this measure.



BOARD OF DIRECTORS:

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Joyce Reinecke, JD

January 30, 2024

The Honorable Della Au Belatti
Chair
Committee on Health & Homelessness
Hawaii House of Representatives
Honolulu, HI 96813

RE: HB 1624 – Support

Dear Chair Au Belatti and Members of the Health & Homelessness Committee:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our strong support for HB 1624 and to urge the Health & Homelessness Committee to advance this bill out of Committee.

The AFP is a national 501(c)(3) organization dedicated to expanding fertility preservation information and resources for patients facing potential infertility caused by cancer treatments. According to the National Cancer Institute, approximately 85,980 Americans between the ages of 15-39 are diagnosed with cancer each year. Due to improvements in treatment, about 86% these patients will survive. Some cancer treatments, however, can cause iatrogenic infertility when chemotherapy, radiation, and surgery damage reproductive cells (eggs and sperm), reproductive organs, and/or endocrine functioning; they can also adversely impact the ability to carry a pregnancy.

HB 1624 would require individual and group health insurance policies to cover standard fertility preservation services for a patient who will receive a medically necessary treatment, including surgery, chemotherapy or radiation that may directly or indirectly cause impaired fertility. This benefit would significantly improve access to fertility preservation for those diagnosed with cancer or other conditions that may cause infertility.

Fertility preservation has been considered part of the standard of care for age-eligible cancer patients for more than fifteen years, and is recognized by all the relevant medical associations. Currently, sperm, egg and embryo banking are viewed as standard fertility preservation procedures by the American Society of Clinical Oncology (ASCO).

Patients facing iatrogenic infertility have recognized, effective options for preserving fertility, but the high cost is often a barrier. Expenses can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking. Without insurance coverage, these standard treatments are unaffordable for many patients.

The AFP believes that fertility preservation is a critical part of cancer care, and that Hawaii should join the growing list of states that require fertility preservation coverage when medically necessary. For this reason, we respectfully encourage you to support HB 1624.

Sincerely,



Joyce Reinecke,
Executive Director

To: House Committee on Health
From: LeighAnn Frattarelli, MD, MPH, FACOG
Re: HB 1624
Position: Strongly Support
January 30, 2024

The diagnosis of cancer is terrifying as is the prospect of living life without the ability to have a family. Due to the uncertainty of treatments and a life-or-death situation, it is completely normal for patients and their families to be overwhelmed. But over the last 20 years, modern medicine has made significant progress in cancer treatment and patients with cancer are now living longer lives cancer free.

We must all value the lives these patients with cancer diagnoses will live and the contributions they will make to our society in the future. One way to support them prior to and during treatment, is to offer them the appropriate use of delayed future fertility through oocyte or sperm cryopreservation. Knowing fertility is possible in the future despite their current diagnosis can relieve one of many worries of patients facing needed aggressive medical treatment. Unfortunately, due to the high cost of these procedures, this type of fertility preservation can be unattainable for many.

According to Resolve, 17 states have passed similar bills requiring insurance companies to cover this service, and 12 more are evaluating the possibilities of mandating insurance coverage for these important scientific techniques that would allow all patients facing iatrogenic infertility to see a future with a family. Many mainland private insurance companies have also realized the importance of providing this care, but private Hawaii companies have not chosen to embrace this, leaving only those who are wealthy or able to find financing in other ways to access hope providing fertility preservation.

I strongly support mandating our insurance companies to give the hope of a future family to vulnerable cancer patients and others facing the need for fertility ending medical treatments. A mandate for insurance provided fertility preservation services for those facing iatrogenic fertility is needed. I strongly support HB 1624.

HB-1624

Submitted on: 1/30/2024 8:07:17 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Shandhini Raidoo	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am an obstetrician-gynecologist and I am writing in strong support of this bill. I know from the patients that I see how critical fertility is to their wellbeing. Coverage for fertility preservation services will ensure that all people who need these services when facing other medical conditions and treatment plans can access them without financial burdens.

Mahalo,

Shandhini Raidoo, MD, MPH



ADVANCED REPRODUCTIVE
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FERTILITY
INSTITUTE
OF HAWAII

Subject: This letter is in **SUPPORT OF HB1624** as a request for Mandatory Health Insurance Coverage for Fertility Preservation procedures experiencing Iatrogenic Infertility.

January 30, 2024

Dear Legislative committee,

I am writing to support the legislative bill which would request the auditor to assess the effects of mandating insurance companies to cover fertility preservation for patients experiencing iatrogenic infertility secondary to cancer and other diagnoses. We see many patients that want to build a family following diagnosis and treatment. Medical treatments, including chemotherapy and radiation, can be detrimental to fertility for both men and women. This makes building a family after such treatment very difficult, if not impossible.

When we treat patients, we need to treat every aspect of the disease. This includes adverse reactions to detrimental but necessary treatment. We have the technology to preserve fertility for these patients and give them the possibility of building a family in the future. It is unacceptable that there is not insurance coverage for this.

We are seeing far more cancer survivors, which is great! However, these patients are often left with the desire to have a family but are unable to. We need to help make this a covered benefit for our patients.

Thank you for your consideration,

Chandra Marsh, PA-C

Fertility Institute of Hawaii



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY
INSTITUTE
OF HAWAII

Subject: This letter is in SUPPORT of HB 1624 as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients experiencing Iatrogenic Infertility

Fertility Institute of Hawaii

1401 South Beretania Street, Suite 250

Honolulu, HI 96818

Dear Legislative committee,

I am writing to support the legislative bill HB1624, which would require insurance companies to cover fertility preservation for patients with a diagnosis or treatment that can cause iatrogenic infertility. When patients receive a devastating diagnosis that also includes iatrogenic infertility their emotional and mental load of working through this diagnosis is now tenfold. They not only need to care for their new diagnosis, but now have to navigate the reality that their family building goals may be nonexistent after treatment. However, the tools exist to preserve their fertility to decrease the emotional toll this may have and allow them to focus completely on treating their given diagnosis or treatment plan. The largest rate limiting step we see for patients is the financial burden of fertility preservation. The cost out of pocket is not only large, but they have to provide these funds within days in order to preserve their fertility in a timely manner to move forward with their other treatment. The option to preserve fertility after treatments such as chemotherapy and/or radiation is often not possible due to the detrimental effect of therapy on egg quality.

These patients require a multifunctional team of providers to approach their treatment to ensure that their care encompasses current and future effects of the treatment. Fertility preservation is a vital component of this treatment if a patient will have a true chance at building a family post-therapy. The technology and treatment is here for these patients, but it's not accessible for most due to costs. Without insurance to cover fertility preservation we are not properly treating a patient with what should be the standard of care.

Thank you for your consideration,

Kaitlin Corbett, PA-C

Fertility Institute of Hawaii



January 30, 2024

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB1624 – mandatory health insurance coverage for fertility preservation patients experiencing iatrogenic fertility.

Cancer is something that affects everyone, it does not discriminate. For me, it was my father who had Stage IV Brain Cancer, a deadly diagnosis, who passed recently. Fortunately, he was diagnosed in his early sixties, but not everyone is that lucky. He has three grown children and seven very young grandchildren, who inspired him to push on each day, and to fight this disease with all he had. It is not easy to undergo two straight years of chemotherapy each month and 60 radiation treatments, and still hold down a full-time job. Yet, he was an 8 year survivor, a true miracle.

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

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

There are many fertility preservation options available for a cancer patient.

1. Males can freeze sperm. When thawed and used, frozen sperm has the same reproductive fidelity as fresh sperm. Frozen sperm has been utilized as a fertility treatment for decades without any adverse findings on offspring.
2. Male and/or Females have been able to freeze embryos using In Vitro Fertilization for years. Eggs can be harvested, fertilized with sperm, and the resulting embryos can be cryopreserved indefinitely. Over the last 30+ years, more than 6-million children have been born utilizing IVF procedures with over 2-million being born from a frozen-thaw embryo cycle. No detriment to the offspring has been seen.
3. More recently, females now have the ability to freeze eggs utilizing In Vitro Fertilization. Within the past 7-years, the ability to vitrify (very rapidly freeze) eggs has revolutionized fertility preservation. We can now freeze eggs with the same reproductive success that has been realized for decades using frozen sperm and/or embryos.

Working as the Chief Administrative Officer at a local fertility clinic for the past 12 years, not only have I been touched in my own personal life, but I see numerous cancer patients each year whose lives are one day turned upside down with such devastating news. We, as a facility, are able to provide these patients with a glimmer of hope, something to look forward to

I fully and enthusiastically support HB1624 . Without it, many of our friends and families who survive cancer will not be able to experience the privilege of having a family –a right of passage that so many take for granted.

Sincerely and Mahalo,

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

HB-1624

Submitted on: 1/30/2024 9:58:38 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Charles F Miller	Individual	Support	Written Testimony Only

Comments:

Dear Chair Belatti and Members of the Committee on Health and Homelessness,

As a medical oncologist in Hawaii at Kaiser Medical Center I am writing you to ask for your support of HB 1624, legislation that would require coverage of fertility preservation services for patients undergoing cancer treatments. I have treated cancer patients for over 40. years and have had to experience the emotional pain and suffering of many, many patients who have been sterilized by their cancer treatments and could not have children simply because they could not afford the costs for preserving their eggs or sperm. Many types of cancer treatments can result in infertility for patients. As an oncologist, it is critically important for me to talk with patients about possible infertility caused by treatment before that treatment begins. Patients often have a very narrow window for a successful outcome, and worrying about infertility only adds stress to an already life-changing decision. In some cases patients may only have days to seek up to thousands of dollars before they can begin cancer therapy. Cancer diagnoses are life-altering, and selection of treatment should not depend on whether a patient has access to coverage for fertility preservation services.

Please support HB 1624 to make this a reality for cancer patients in Hawaii.

Mahalo nui Loa,

Charles F Miller, MD, FACP, FASCO

Hawaii Permanente Medical Group

Kaiser Medical Center



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FERTILITY
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OF HAWAII

Cancer patient/fertility preservation

Fertility Institute of Hawaii

1401 South Beretania Street, Suite 250

Honolulu, HI 96818

Dear Legislative committee,

I am writing to support the legislative bill requiring insurance companies to cover fertility preservation for patients that are undergoing medically necessary treatment that may cause iatrogenic infertility. Specifically HB1624 which would require insurance companies to cover fertility preservation for these patients. We see a lot of cancer survivors that then want to build a family. Chemotherapy and radiation can be detrimental to fertility. This makes pregnancy after such treatment very difficult, if not impossible.

When we treat patients we need to treat every aspect of the disease. This includes adverse reactions to detrimental but necessary treatment. We have the technology to preserve fertility for these patients. It is unacceptable that there is not insurance coverage for this.

We are seeing far more cancer survivors, which is great! However, these patients are often left with the desire to have a family but are unable to. We need to help make this a covered benefit for our patients.

Thank you for your consideration,

Tricia Wahl, PA-C

Fertility Institute of Hawaii

HB-1624

Submitted on: 1/30/2024 7:50:36 PM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Nancy Yang	Individual	Support	Written Testimony Only

Comments:

As an OBGYN physician in Hawai'i I strongly support this bill. I've taken care of many young patients with ovarian cancer who needed urgent life saving surgery but could not receive fertility preservation treatment. This is unjust - being able to access fertility treatment is an important part of reproductive justice.



Good morning, Chair and members of the Committee.

I am Adam Zarrin, the Director of State Government Affairs for the Leukemia & Lymphoma Society. Our organization's mission is to cure blood cancers and improve the quality of life of patients and their families.

On behalf of blood cancer patients and their families, we urge your support of HB 1624, mandating coverage for fertility preservation services.

When first diagnosed with blood cancer, a patient's primary concern will be their upcoming treatment and long-term survival.

They may not be thinking about whether they can or want to have children in the future—or how their treatment could impact their chances of conception.

However, chemotherapy and radiation can cause “late” side effects that may appear months or years after treatment.

One of those possible late effects is infertility, the inability to conceive a child without medical intervention.

Infertility after treatment can impact both male and female patients of all ages.

Treatment must begin quickly, which leaves patients with a difficult choice and little time to appeal to insurers for coverage after a denial of coverage.

And regardless of coverage, fertility treatments are expensive.

Current costs of fertility treatments and egg and sperm annual storage can add up to tens of thousands of dollars, making it very challenging for patients to afford these out-of-pocket costs, especially on top of their other cancer treatment bills.

Cancer treatment is stressful enough.

We can make it easier for cancer patients with the passage of HB1624.

Failure to preserve fertility is a common regret that may affect survivors' quality of life.

And patients deserve the opportunity to access affordable fertility preservation services. It should meet their individual experience and set them up to make the best choice for their and their family's future.

Again, we appreciate the committee's time and consideration of this critical patient concern. Thank you.

HB-1624

Submitted on: 1/31/2024 7:13:39 AM

Testimony for HLT on 1/31/2024 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Ricardo Molero Bravo	Individual	Support	Written Testimony Only

Comments:

I am an ObGyn in Hawaii and I support this bill.