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Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committees on Health and Human Services
and
Commerce and Consumer Protection
Wednesday, March 20, 2024
1:00 p.m.

State Capitol, Conference Room 225 and via Video Conferencing

On the following measure:
H.B. 1624, H.D. 1, RELATING TO INSURANCE

Chair San Buenaventura, Chair Keohokalole, and Members of the Committees:

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, and agreements issued or renewed after 12/31/2024, to require the insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services for persons undergoing medically necessary treatment that may cause iatrogenic infertility.

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.”

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.



March 18th, 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,



Emily J. Goulet MD FACOG
Reproductive Endocrinologist and Infertility specialist
Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814
www.IVFcenterHawaii.com



Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Hearing Date: Wednesday, March 20, 2024

ACS CAN SUPPORTS HB 1624 HD1 – 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 HD1: Relating to Insurance.

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 getting 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.

Support HB 1624 to Protect Parenthood After Cancer

Give young adult Hawaiian cancer patients hope by providing access to treatments that will protect their ability to have biological children in the future.



The National Cancer Institute estimates

334

Adolescent and Young Adult Hawaiians between the ages of 15-39 will be diagnosed with cancer this year.



The Need

Some cancer treatments can directly or indirectly cause medically-induced infertility.

Chemotherapy, radiation and surgery can damage gametes (eggs and sperm), reproductive organs, and/or endocrine functioning; they may also impact the ability to carry a pregnancy.

Because the damage is generally caused by treatments and not the disease, it can affect patients with many types of cancer.

Infertility is not merely a medical complication; it permanently affects reproduction and parenthood – fundamental life functions worthy of the highest levels of protection.

The Challenge

Patients facing 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.

Patients often have a short window of time to obtain the resources necessary to preserve fertility before starting potentially-sterilizing cancer treatment.

The Solution

HB 1624 by Representative Chris Todd

Requires individual and group health insurance policies to cover 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.

Fertility preservation services must be standard procedures consistent with professional guidelines established by the American Society of Clinical Oncology.

Hawaii State Audit Report 23-11 found that “it is unlikely that premiums would increase beyond a minimal amount” since such a limited number would qualify for coverage.





March 20, 2024

The Honorable Joy San Buenaventura
The Honorable Jarrett Keohokalole
Chairs, Committee on Health and Human Services/Committee on Commerce and Consumer Protection
Hawaii State Capitol
415 South Beretania St.
Room 329
Honolulu, HI 96813

Dear Chairs San Buenaventura and Keohokalole and Members of the Committees on Health and Human Services and Consumer Protection,

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 committees to vote this bill forward to the full Senate.

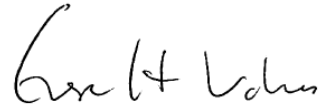
HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a passionate voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. 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 key 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

A handwritten signature in black ink, appearing to read "Everett E. Vokes". The signature is fluid and cursive, with the first name being the most prominent.

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

HB-1624-HD-1

Submitted on: 3/19/2024 11:17:09 AM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charles F Miller	Testifying for Hawaii Society of Clinical Oncology	Support	Written Testimony Only

Comments:

Dear Chairs San Buenaventura, Keohokalole, and Members of the Committees on Health and Human Services and Consumer Protection,

I am an oncologist in Hawaii and sit on the Board of Directors of the Hawaii Society of Clinical Oncology, an organization that represents over 90% of all oncologists in the state. I am writing today to encourage you to support HB 1624 as is without any amendments. This is legislation that would require coverage of fertility preservation services for patients undergoing cancer treatment. I have been encouraged by both the Legislature and Office of the Auditor looking into this matter over the last few years and I urge the committee to support HB 1624.

Some types of cancer treatments can result in infertility for patients. As an oncologist, it is critically important for us to talk with patients about possible infertility caused by treatment before that treatment begins. Patients often have a narrow window for a successful outcome, and fertility impact is another life-changing decision that too many of our patients must consider without reliable fertility preservation coverage. In some cases, patients may only have days to conjure up thousands of dollars on top of what is already a stressful time before treatment. Cancer diagnoses are life-altering, and selection of treatment should not depend on whether a patient has access to coverage for fertility preservation services.

For example, a young woman recently diagnosed with high grade breast cancer must make a decision about starting chemotherapy in less than two weeks and will have to consider how or even if she can ever afford the costs of preserving her ova to have a family after successful treatment of her cancer.

Please support HB 1624 to make the ability to have a family a reality for cancer patients in Hawaii.

Thank you,

Charles F Miller, MD, FACP, FASCO

Hawaii Society of Clinical Oncology

Hawaii Permanente Medical Group



March 19, 2024

RE: House Bill 1624, Relating to Insurance - SUPPORT

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.

For the state, Hawaii's fertility preservation/iatrogenic infertility bill should not trigger any defrayal costs to the state since the [state's benchmark plan](#) already has an infertility benefit. As per the Affordable Care Act (ACA), states must defray the costs of new insurance mandates that establish unique benefits for individual and small group plans that exceed the benefits included in the state benchmark plan. However, states are accorded significant deference to identify when/if defrayal is required. Because Hawaii's Essential Health Benefit (EHB) covers infertility and In Vitro Fertilization (IVF), the state could argue that fertility preservation services fall within this category of benefits.



This would mean the state sees the inclusion of Fertility preservation coverage as a new interpretation of existing EHB-sanctioned benefits rather than as a newly created benefit.

In addition, HB 1624 is likely not to cause an increase in premiums.

As noted in the [Auditor's Report](#), fiscal analyses for these services from other states that have enacted this coverage have shown that coverage would cost pennies per member per month. As noted by the Auditor, "we believe it is unlikely that premiums would increase beyond a minimal amount."

Cancer treatment is stressful enough.

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

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.



March 19, 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

March 20, 2024

To: Chair San Buenaventura, Chair Keohokalole, Vice Chair Aquino, Vice Chair Fukunaga, and Members of the House Committees

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 20, 2024; 1:00 p.m./Conference Room 225 & Videoconference

Re: Comments on HB 1624 HD1– Relating to Insurance

The Hawaii Association of Health Plans (HAHP) respectfully offers comments on HB 1624 HD1. 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. However, due to complex legal issues and inherent medical risks relating to third party participants, we respectfully request excluding the following from standard:

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 testify on HB 1624 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



March 20, 2024

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: HB 1624 HD1 – RELATING TO INSURANCE

Dear Chair San Buenaventura, Chair Keohokalole, Vice Chair Aquino, Vice Chair Fukunaga,
and Members of the Committees:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 1624 HD1, 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 are currently working with key stakeholders and advocates to craft compromise language which will clarify access for our members and residents on this complex health need.

According to "Assumption 2" found on page 11 of the auditor's study, they "assumed the proposed coverage for standard fertility preservation services does not include the cost of storing the cryopreserved material".¹ With three out of the four **American Society of Clinical Oncology (ASCO)** recommended fertility preservation procedures requiring storage (Sperm Cryopreservation, Embryo Cryopreservation, and Oocyte Cryopreservation), there may be a significant cost impact to employers if this coverage is included.

For now, we respectfully ask that the committees consider exempting from the bill:

- 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.

¹Hawaii State Auditor 'Study of Proposed Mandatory Health Insurance Coverage for Standard Fertility Preservation Services', 2023, <https://files.hawaii.gov/auditor/Reports/2023/23-11.pdf>



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

A handwritten signature in black ink, appearing to read 'Dawn Kurisu', with a long horizontal flourish extending to the right.

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health and Human Services
The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair

House Committee on Commerce and Consumer Protection
The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

March 20, 2024
1:00 pm
Conference Room 225

HB 1624, HD1 Relating to Insurance

Chairs, Vice Chairs, and committee members, thank you for this opportunity to provide testimony on HB 1624, HD1.

Kaiser Permanente Hawaii would like to offer comments.

To maintain consistency with the recent auditor's report, Kaiser Permanente requests an amendment to exclude the following services from "Standard fertility preservation services":

(1) third party Assisted Reproduction Technology (ART) procedures, including donor egg and/or surrogates, because of the complex legal issues and inherent medical risks relating to third party participants; and

(2) any 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.

See, *Study of Proposed Mandatory Health Insurance Coverage for Standard Fertility Preservation Services*, Report No. 23-11 (November 2023), which can be found at <https://auditor.hawaii.gov/reports/>.

Thank you for your consideration.

711 Kapiolani Blvd
Honolulu, Hawaii 96813
Telephone: 808-432-5224
Facsimile: 808-432-5906
Mobile: 808-282-6642
E-mail: John.M.Kirimitsu@kp.org

March 18, 2024

The Honorable Joy A. San Buenaventura
The Honorable Jarrett Keohokalole
Hawaii State Senate
Hawaii House of Representatives
Honolulu, HI 96813

RE: HB 1624 – Support

Dear Chair San Buenaventura and the members of the Senate Committee on Health and Human Services, and Chair Keohokalole and the members of the Senate Committee on Commerce and Consumer Protection,

In October of 2022, I never imagined I would experience infertility. My husband and I got married during the pandemic and were just a couple of months into trying to conceive. I was healthy, fit and making great strides in my professional career.

My life came to a screeching halt when after a routine mammogram, I was diagnosed with an aggressive type of breast cancer at the age of 33. Cancer treatment, including chemotherapy, radiation and long-term medication, can endanger one's fertility, especially as many treatments induce medical menopause. For the first time in my life, my fertility was put at high risk. We immediately raced to a fertility clinic in hopes of preserving my eggs before proceeding with surgery and treatment.

There were so many things I wasn't prepared for when I was diagnosed with cancer, from having to take extended leave from work to becoming severely immunocompromised, from the intense side effects to not recognizing myself in the mirror. But losing my fertility, by far, has been the most devastating impact. My dream of becoming a mother has been put on hold as I continue to complete treatment, more than 16 months later. Meanwhile, my biological clock continues to tick on.

Cancer itself is incredibly expensive, from medical bills to the supportive treatments that many of us patients need to heal, including acupuncture, supplements and nutritious foods. In 2023 alone, I had to pay more than \$8,000 in out-of-pocket costs, on top of taking leave from work and losing a chunk of my annual salary.

When you add on the costs of fertility preservation treatment and storage, the financial impact can easily make one overwhelmed, on top of what feels like the most stressful situation one could ever experience. In fact, when you add in factors such as age or risk of cancer recurrence, some cancer survivors are not even able to carry a frozen embryo after treatment is complete and have to instead explore options such as surrogacy, which can cost hundreds of thousands of dollars.

The recent ruling by the Alabama Supreme Court that designates frozen embryos as people can hold someone liable for destroying them also has me sick to my stomach. As my embryos are stored in another state, this ruling could prompt a similar ruling where they are stored and result in many more years of expensive embryo storage for me and so many others.

I continue to be completely appalled and disappointed by how much is not covered by insurance for cancer patients. With the increasingly high cost of living in Hawaii, treatments such as fertility preservation services should be covered.

For these reasons, and so many more, I humbly urge you to support HB 1624, which would require individual and group health insurance policies to cover standard fertility preservation services for cancer patients like me who will receive a medically necessary treatment, including surgery, chemotherapy or radiation that may directly or indirectly cause impaired fertility. Not only would such a bill lighten the heavy financial weight on cancer patients – but it would also provide comfort during a difficult and troublesome time.

Mahalo for your service and consideration,

A handwritten signature in cursive script that reads "Andrea Oto".

Andrea Oto
Breast Cancer Survivor and Patient Advocate

LATE

HB-1624-HD-1

Submitted on: 3/19/2024 10:26:52 PM

Testimony for HHS on 3/20/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Lieu	Individual	Support	Written Testimony Only

Comments:

Mar 19, 2024

Senate Committee on Commerce and Consumer Protection
Senate Committee on Health and Human Services
415 South Beretania St.
Honolulu, HI 96813

RE: HB 1624 – Support

Dear Members of the Senate Committees: CCP and HHS:

My name is Jennifer Lieu, and I stand before you today to express my wholehearted support for HB1624. As a daughter, yoga instructor, aspiring mother, and breast cancer survivor residing in Hawaii for over two decades, I intimately understand the profound impact of life-altering medical diagnoses and the complex decisions they entail.

In April 2021, I received the devastating news of my breast cancer diagnosis. Amidst the whirlwind of emotions and treatment plans, I faced so many decisions, including the deeply personal choice of whether to pursue fertility preservation options such as egg freezing. However, the financial burden associated with such procedures cast a shadow of uncertainty over my future. Focused on survival, I reluctantly forwent fertility preservation, only to confront profound regret upon reclaiming my health.

I support HB1624 because it addresses the critical need for financial assistance for individuals navigating fertility preservation following life-altering medical events like cancer. The exorbitant costs associated with in vitro fertilization (IVF) pose a formidable barrier for many, particularly those already burdened by overwhelming medical expenses. By extending fiscal support for IVF, HB1624 not only alleviates the financial strain but also empowers individuals like me to pursue their dreams of parenthood post-recovery.

I urge the esteemed members of this committee to support HB1624. By providing financial assistance for IVF to individuals navigating life-altering medical conditions, this bill embodies compassion, equity, and the fundamental right to pursue parenthood. Let us stand together in solidarity with cancer survivors and individuals facing similar challenges, affirming their right to embrace life's joys and possibilities beyond illness. Thank you for your consideration.

Sincerely,

Jennifer Lieu