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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committees on Commerce and Consumer Protection
and**

**Ways and Means
Wednesday, April 2, 2025
10:00 a.m.**

State Capitol, Conference Room 211 & via Videoconference

**On the following measure:
H.B. 139, H.D. 2, S.D. 1, RELATING TO INSURANCE**

WRITTEN TESTIMONY ONLY

Chair Keohokalole, Chair Dela Cruz, and Members of the Committees:

My name is Jerry Bump, and I am the Acting 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 12/31/2025, to require 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 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 and coverage of health interventions not specifically excluded. This bill proposes that any limitations imposed by a plan shall be in accordance with a specific standard, the “2018 update to the guidelines developed by the American Society of Clinical Oncology,” which differs from HRS section 432E-1.4.

Thank you for the opportunity to testify.



March 27, 2025

Subject: This letter is in **ENTHUSIASTIC SUPPORT of HB 139, HD2, SD1** as a request for **Mandatory Health Insurance Coverage** for Fertility Preservation Procedures in Patients Experiencing Iatrogenic Infertility.

Dear Chairs Dela Cruz and Keohokalole, Vice Chairs Moriwaki and Fukunaga, and Honorable Committee Members:

Iatrogenic infertility is preventable. As a physician and fertility clinic that treats patients with Iatrogenic Infertility secondary to cancer and other reasons utilizing fertility preservation therapies, we see first-hand that fertility preservation is critical to the care of these patients. Therefore, we request your support for **HB 139, HD2, SD1**, which 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, including cancer, 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 childless survival.** Many patients can preserve their fertility so that once cured, they can do what many take for granted and start a family.

HB 139 is crucial legislation that aims to support individuals facing iatrogenic infertility by ensuring access to vital **fertility preservation techniques such as indefinite sperm, egg, and embryo cryopreservation.** These procedures offer hope to patients who wish to start a family after undergoing medical treatments that compromise their fertility.

1. **Sperm** can be cryopreserved. 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. **Embryos** using In Vitro Fertilization (IVF) can be cryopreserved for years. Eggs can be harvested and fertilized with sperm. The resulting embryos can be cryopreserved

indefinitely. Over the last 45+ years, over 15 million children have been born using IVF procedures.

3. **Eggs (oocytes)** can be harvested utilizing In Vitro Fertilization, cryopreserved, and subsequently utilized many years later with the same reproductive success realized for decades using frozen sperm and embryos.

Personally as a fertility specialist, I routinely counsel patients on their options for fertility preservation. I see the hope that the option of preserving their fertility brings to the newly diagnosed patient. This hope of future fertility and family helps patients successfully proceed through the arduous medical 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. I passionately believe that providing insurance coverage for fertility preservation procedures is essential to address the needs of our community.

A common argument against providing insurance coverage for fertility preservation is the associated cost. However, **the reality is that the treatments causing iatrogenic infertility, such as chemotherapy or radiation, are extremely expensive. In comparison, the cost of fertility preservation procedures is minimal.** Furthermore, the overall impact on insurance companies' expenses if they were to cover fertility preservation would be negligible, especially when viewed against the backdrop of the high costs of the treatments leading to infertility. Providing coverage for fertility preservation not only ensures equitable access to care but also demonstrates a commitment to supporting patients' long-term quality of life.

The **financial burden** of fertility preservation for individuals undergoing medical treatments that may cause iatrogenic infertility is significant, often placing an insurmountable strain on patients already facing serious health challenges. However, when distributed across an insured population, the cost of providing this essential coverage is minimal. In its November 2023 analysis of SB 1446, the Hawaii State Auditor (Report No. 23-11) assessed the fiscal impact of mandating insurance coverage for fertility preservation and concluded that "it is unlikely that premiums would increase beyond a minimal amount" due to the limited number of individuals who would qualify. This finding underscores that **the financial impact on insurers is negligible.** At the same time, the benefit to affected patients is profound, ensuring they can preserve their reproductive potential before undergoing life-saving medical treatments. Given the life-changing implications for patients and the minimal financial impact on the broader insured population, mandating insurance coverage for fertility preservation is a reasonable and necessary step toward equitable healthcare.

Numerous states have already embraced this legislation. By supporting HB139, you are championing the welfare of our 'ohana and showcasing your dedication to fulfilling the needs of your constituents. Therefore, we urge you to support HB139 which would mandate health insurance coverage for fertility preservation procedures for certain people 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 show your support for patients who must undergo iatrogenic infertility-causing treatment. Your support makes a significant difference for these patients and your constituents struggling with infertility's emotional and financial consequences.

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

Sincerely and Mahalo,

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

John L. Frattarelli, M.D., HCLD
CEO, Laboratory, Practice, & Medical Director
Fertility Institute of Hawaii &
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
1585 Kapiolani Blvd, STE 1800, Honolulu, HI 96814
www.IVFCenterHawaii.com

HB-139-SD-1

Submitted on: 3/27/2025 8:39:49 PM

Testimony for CPN on 4/2/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
April Woofter	Testifying for Fertility Institute of Hawaii	Support	Written Testimony Only

Comments:

Subject: Strong Support for HB 139, HD2, SD1 - Expanding Insurance Coverage for Fertility Preservation Procedures

Dear Chairs Dela Cruz and Keohokalole, Vice Chairs Moriwaki and Fukunaga, and Honorable Committee Members,

I am writing to express my strong support for HB 139, HD2, SD1, which seeks to ensure health insurance coverage for fertility preservation procedures for patients diagnosed with conditions that may lead to iatrogenic infertility. As an office manager at a fertility clinic, I see firsthand how these procedures offer hope and reassurance to patients facing difficult medical treatments.

Medical interventions like chemotherapy and radiation often lead to irreversible damage to reproductive health. For patients who survive serious illnesses, the loss of fertility can be an additional emotional burden. Fertility preservation procedures, including sperm, egg, and embryo cryopreservation, provide a pathway for these individuals to retain the possibility of parenthood in the future.

While fertility preservation technology has made remarkable strides, its accessibility remains limited due to financial barriers. Without insurance coverage, many patients are forced to forgo the opportunity to safeguard their reproductive potential. By passing HB 139, you would alleviate this burden and offer meaningful support to those navigating the dual challenges of illness and infertility.

It's important to note that the financial impact of expanding insurance coverage would be minimal. The Hawaii State Auditor's recent analysis found that the effect on insurance premiums would be negligible. In contrast, the benefit to patients would be life-changing.

Other states have already enacted similar legislation, recognizing the critical importance of reproductive care. By supporting HB 139, Hawaii has the opportunity to lead with compassion and provide equitable healthcare for all residents facing iatrogenic infertility.

I respectfully urge you to vote in favor of this bill. Your support will offer comfort, hope, and tangible assistance to patients who deserve every opportunity to build their families when they are ready.

Thank you for your consideration.

Sincerely,

April L. Woofter, DNP, RN

Chief Operating Officer

Fertility Institute of Hawaii



fightcancer.org

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

Hearing Date: Wednesday, April 2, 2025

ACS CAN SUPPORTS HB 139 HD2 SD1: RELATING TO INSURANCE.

Cynthia Au, Government Relations Director – Hawai'i Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to **SUPPORT** HB 139 HD2 SD1: 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. Cancer is a scary experience. Coverage of fertility services provides options for cancer survivors to have biological 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. 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.

In 2025, an estimated 9,550 children (ages 0 to 14 years) and 5,140 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 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 young 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.ⁱⁱⁱ 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.^{iv}

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.^v

Presently, 22 states require insurers to provide some form of coverage for diagnosis and treatment of infertility; of those, 19 require coverage of some fertility preservation services.^{vi}

Thank you again for the opportunity to provide testimony in SUPPORT. 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 2025. Atlanta: American Cancer Society; 2025

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

ⁱⁱⁱ 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>

^{iv} Ibid.

^v Ibid.

^{vi} <https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/>



March 31, 2025

Senator Keohokalole, Chair
Senator Dela Cruz, Chair
Senate Committee on Commerce and Consumer Protection
Senate Ways and Means Committee
Conference Room 211, Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Chair Keohokalole, Chair Dela Cruz, and Members of the Senate Committee Commerce and Consumer Protection and Committee on Ways and Means,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to **support HB 139**, which would provide coverage of fertility preservation services for Hawaii patients with cancer.

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 an organization representing physicians who care for people with cancer. With more than 50,000 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 HB 139 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 Sarah Lanford at ASCO at Sarah.Lanford@asco.org.

Sincerely,

Michael Carney, MD
President
Hawaii Society of Clinical Oncology

Eric P. Winer, MD, FASCO
Chair of the Board
Association for Clinical Oncology

April 2, 2025

To: Chair Keohokalole, Chair Dela Cruz, Vice Chair Fukunaga, Vice Chair Moriwaki, and Members of the Senate Committees on Commerce and Consumer Protection & Ways and Means

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: April 2, 2025; 10:00 am/Conference Room 211 & Videoconference

Re: Testimony in support of HB 139 HD2 SD1 – Relating to Standard Fertility Preservation

The Hawaii Association of Health Plans (HAHP) supports HB 139 HD2 SD1. 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.

Access to fertility preservation is a crucial benefit for patients whose desire to have children might otherwise delay their decision to seek necessary medical treatment. Recognizing the importance of this issue, the member organizations of HAHP support lawmakers' efforts to ensure that standard fertility preservation services are accessible to individuals undergoing medically necessary treatments that may result in infertility, particularly due to cancer diagnosis and/or treatment.

Thank you for the opportunity to testify in support of HB 139 HD2 SD1.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members

March 28th, 2025

Subject: This letter is in **SUPPORT of HB 139** as a request for mandatory health insurance coverage for fertility preservation procedures for individuals undergoing medically necessary treatment that may cause iatrogenic infertility.

Dear Honorable Committee Members,

As a fertility specialist that treats cancer patients utilizing fertility preservation therapies, I believe fertility preservation is critical to cancer care. Therefore, I request your support for a bill that would mandate health insurance coverage for fertility preservation procedures for certain persons diagnosed with cancer whose cancer or cancer treatment may adversely affect their fertility.

Cancer 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 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, cancer treatment 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 have children. For many people diagnosed with cancer, the dream of having a family will never be realized. However, with today's technology, cancer 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 cancer patients.

1. Male individuals 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 female individuals have been able to freeze embryos using In Vitro Fertilization for years. Eggs can be harvested and fertilized with sperm. The resulting embryos can be cryopreserved indefinitely. Over the last 30+ years, over 9 million children have been born using IVF procedures.
3. Female individuals 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 counsel cancer patients (males and females) routinely on their options for fertility preservation.

I see the hope that option brings to the patient with newly diagnosed cancer. This hope of future fertility and family helps us successfully proceed through the arduous cancer treatment. Unfortunately, many cancer patients cannot afford the costs of fertility preservation therapies. For many patients, the financial burden of fertility preservation can be as devastating as the cancer 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 whose cancer or cancer treatment may adversely affect their fertility. This bill would ensure that cancer patients with fertility preservation coverage would not have to bear the financial burden of the treatment. Without it, many of our friends and families who survive cancer will not be able to experience the privilege of having a family –a freedom many take for granted. The entire point of health insurance is to help an individual of the financial burden of unexpected health catastrophes, such as cancer. The gonadotoxic effects of chemotherapy and radiation is part of the cancer problem, and denying coverage for fertility preservation would be like denying coverage for any other cancer component.

The argument that a state-wide mandate requiring fertility preservation is overly burdensome on taxpayers is non-applicable. Thankfully, cancers that afflict reproductive aged individuals are rare. The cost of a single fertility preservation cycle is the same cost, if not cheaper, than the cost of the fertility treatment cycle of IVF that is already mandated. Especially when compared to the high costs that the insurance companies would otherwise have to pay for expensive fertility treatment with poor prognosis later, fertility preservation cycles are a smart financial decision for the insurance company.

I hope that you will consider our request and show your support for cancer patients and fertility preservation. Your support makes make a significant difference for cancer patients struggling with infertility's emotional and financial consequences.

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

Sincerely and Mahalo,

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

Emily Goulet MD FACOG

Reproductive Endocrinology and Infertility
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HB-139-SD-1

Submitted on: 3/28/2025 11:04:59 AM

Testimony for CPN on 4/2/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lisa Peabody	Individual	Support	Written Testimony Only

Comments:

Re: Please Support HI HB 139

Dear Esteemed Members of the Committee of the Senate Commerce and Consumer Affairs and the Committee of Ways and Means,

On behalf of FORCE (Facing Our Risk of Cancer Empowered), a national nonprofit organization that represents families facing hereditary cancers, and our Hawaii constituents, I am writing to express strong support for HB 139. HB 139 would facilitate in Hawaii individual and group health insurance coverage for fertility preservation for those facing infertility, including those dealing with a medical diagnosis or treatment that may impair their ability to have children.

Patients dealing with a frightening diagnosis—who are about to begin lifesaving, but potentially sterilizing treatments—have to make urgent, difficult decisions about their future hopes of becoming a parent. Similarly, women with an inherited genetic mutation predisposing them to ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. For these individuals, fertility preservation is the only means available to protect their reproductive capability and may be the only viable option to build a biological family. Without coverage for fertility services, patients cannot afford these procedures and fees and will face permanent, involuntary infertility.

Fortunately, this legislation would give many residents in Hawaii confronting this dilemma, assurance that they have insurance coverage for effective, evidence-based options for preserving their fertility before their surgery or initiation of cancer therapy and pursue future interventions to realize their dream of having children. These fertility preservation treatments are consistent with national guidelines issued by leading medical associations including the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM).

FORCE has a strong presence throughout Hawaii. Members of our community facing cancer are desperate for a glimmer of hope to help them preserve the option of having children. We respectfully ask you to help patients facing infertility by supporting HB 139.

Thank you for your consideration. Please don't hesitate to contact me should you have any questions.

Sincerely,

Lisa Peabody

Advocacy Manager

lisapeabody@facingourrisk.org



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE
OF HAWAII

Mar 28, 2025

RE: Testimony in **SUPPORT of HB 139, HD2, SD1**

Subject: Strong Support for HB 139, HD2, SD1 – Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients Experiencing Iatrogenic Infertility

Dear Chairs Dela Cruz and Keohokalole, Vice Chairs Moriwaki and Fukunaga, and Honorable Committee Members:

I am writing in **strong support** of HB 139, HD2, SD1, which seeks to mandate health insurance coverage for fertility preservation procedures for individuals undergoing medical treatments that may cause iatrogenic infertility.

In my work at The Fertility Institute of Hawaii, I witness firsthand the challenges faced by patients who are diagnosed with cancer and other serious medical conditions. Necessary treatments such as chemotherapy, radiation, and surgery often come with the unintended consequence of permanently damaging fertility. While these treatments can save lives, they also force patients to confront the devastating reality that they may never have the opportunity to build a family.

Thanks to advancements in reproductive medicine, fertility preservation techniques such as sperm, egg, and embryo cryopreservation allow patients to safeguard their ability to have children in the future. However, the cost of these procedures is prohibitively high for many individuals, and the lack of insurance coverage forces patients to make impossible choices—either delay life-saving treatment to gather funds or forgo fertility preservation entirely.

It is a misconception that covering fertility preservation would be financially burdensome for insurers. The Hawaii State Auditor's November 2023 analysis (Report No. 23-11) of similar legislation determined that mandating insurance coverage for fertility preservation would have only a minimal impact on insurance premiums due to the limited number of individuals who qualify. In contrast, the costs of the treatments that cause iatrogenic infertility, such as chemotherapy, radiation, and surgical interventions, are already significant. The financial burden of fertility preservation, when distributed across an insured population, is negligible, while the benefit to patients is life-changing.

Through my work, I see the hope and relief that the option to freeze eggs, sperm, or embryos brings to those facing serious illnesses. This hope helps patients navigate their treatment with greater resilience, knowing they have a chance at parenthood after survival. However, for too many patients, financial constraints make this hope unattainable. No one should have to choose between fighting for their life and preserving their ability to have a family.

Hawai'i has always prioritized the well-being of our 'ohana. By passing HB 139, HD2, SD1, you are not only supporting equitable access to essential healthcare, but also upholding our cultural values by ensuring that all patients, regardless of financial means, can preserve their reproductive potential. I urge your support for HB 139, HD2, SD1 to protect the future fertility of patients facing life-saving medical treatments.

Mahalo for your time and consideration.

Tiare Brown
Director of 3rd Party Services
Fertility Institute of Hawaii
1585 Kapiolani Blvd., Suite 1800, Honolulu HI, 96814



March 30, 2025

Subject: Strong Support for HB 139, HD 2, SD1 - Mandatory Coverage for Fertility Preservation Procedures in Patients Experiencing Iatrogenic Infertility.

Dear Chairs Dela Cruz and Keohokalole, Vice Chairs Moriwaki and Fukunaga, and Honorable Committee Members:

I am writing to express my enthusiastic support for HB 139, HD 2, SD1 which seeks to mandate health insurance coverage for fertility preservation procedures for individuals undergoing medically necessary treatments that may cause iatrogenic infertility. As an infertility physician serving the diverse communities of Hawaii, I can attest to the critical importance of this legislation.

Iatrogenic infertility, which can result from treatments like chemotherapy and radiation, poses a significant challenge for many patients. The potential to lose the ability to conceive can add immense emotional and psychological burdens to those already facing serious health issues. It is imperative that we provide these individuals with the opportunity to preserve their fertility, ensuring they have a chance to start a family in the future.

Here are some key reasons why supporting HB 139 is essential:

1. **Access to Fertility Preservation:** This legislation will guarantee that all patients, regardless of their financial situation, have access to necessary fertility preservation services such as sperm, egg, and embryo cryopreservation.
2. **Hope for the Future:** Fertility preservation offers hope to patients who may face infertility due to their medical treatments. It empowers them to envision a future where they can have children, alleviating some of the emotional stress associated with their diagnosis.
3. **Alignment with Medical Standards:** The bill follows the guidelines established by the American Society of Clinical Oncology, ensuring that patients receive care based on the best available medical evidence.
4. **Non-Discrimination:** HB 139 prohibits insurance companies from discriminating based on prior diagnoses or current health conditions, fostering equitable access to care.
5. **Minimal Financial Impact:** While concerns about costs are often raised, studies, including one by the Hawaii State Auditor (Report No. 23-11), indicate that the overall financial impact on insurance premiums would be negligible. The benefits to patients far outweigh the costs associated with providing this coverage.

Many states across the country have already enacted similar legislation, recognizing the importance of fertility preservation in the context of medical treatments. By supporting



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FERTILITY INSTITUTE
O F H A W A I I

HB 139, you are not only advocating for the well-being of individuals facing iatrogenic infertility but also demonstrating your commitment to addressing the healthcare needs of our community.

In conclusion, I urge you to support HB 139, H.D. 2, which mandates health insurance coverage for fertility preservation procedures for patients at risk of infertility due to medical treatments. Your support will help ensure that these individuals can access vital services without the added burden of financial strain.

Thank you for your attention to this important matter. I appreciate your commitment to improving healthcare in Hawaii.

Sincerely,

Anatte Karmon, MD, FACOG

Reproductive Endocrinology & Infertility
Chief Medical Officer
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HB-139-SD-1

Submitted on: 3/31/2025 11:57:21 AM

Testimony for CPN on 4/2/2025 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Adam Zarrin	Testifying for The Leukemia & Lymphoma Society	Support	Written Testimony Only

Comments:

The Leukemia & Lymphoma supports HB139 HD2 SD1.

The Leukemia & Lymphoma Society® (LLS) is a global leader in the fight against cancer. The LLS mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS funds lifesaving blood cancer research around the world, provides free information and support services, and is the voice for all blood cancer patients seeking access to quality, affordable, coordinated care.



LATE

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April 2, 2025

The Honorable Jarrett Keohokalole
The Honorable Donovan Dela Cruz
Committee on Commerce and Consumer Protection
Committee on Ways and Means
Hawaii Senate
Honolulu, HI 96813

RE: Support for HB 139

Dear Chair Keohokalole, Chair Dela Cruz and Members of the Committees:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our support for HB 139 and to respectfully request the Senate Committees on Commerce and Consumer Protection and Ways and Means advance this bill.

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 324 Hawaiians 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 including chemotherapy, radiation, and surgery can cause sterility or iatrogenic (medically-induced) infertility.

HB 139 would require individual and group health insurance policies to cover standard fertility preservation services such as sperm, egg, and embryo banking for those at risk. Addressing iatrogenic infertility for age-eligible patients has been considered part of the standard of care by all of the leading clinical organizations for over fifteen years. Without insurance coverage, however, the high out-of-pocket costs for these standard treatments are unaffordable for many patients.

And while the costs faced by an individual patient are significant, the costs across a population of insureds is extremely low. In November 2023, the Hawaii State Auditor analyzed the fiscal impact of this legislation in Hawaii State Audit Report 23-11. The report found that “it is unlikely that premiums would increase beyond a minimal amount” due to the limited number of patients who would utilize the benefit. We have been pleased to see the Hawaii Medical Service Association (HMSA) and the Hawaii Association of Health Plans (HAHP) testify in support of HB 139 this session.

Further, Hawaii’s Essential Health Benefits (EHB) plan already contains coverage for infertility treatment and in vitro fertilization (IVF). This benefit, however, requires a diagnosis of infertility, which takes five years to demonstrate. Because these patients are facing impending infertility but do not yet have an infertility diagnosis, they are precluded from utilizing this statutorily-granted cycle of IVF. HB 139 would essentially allow them to bypass this clinically inapplicable five year waiting period and access this benefit *before* they begin potentially sterilizing treatments. For this reason, HB 139 should not require Hawaii to pay any defrayal costs. The medically necessary fertility preservation coverage required by HB

139 could be viewed as an update to the eligibility requirement of the current infertility benefit in Hawaii's EHB benchmark plan, rather than a newly-created benefit requiring defrayal.

Hawaii has considered this coverage several times starting in 2011 and the Hawaii State Auditor has issued three reports during that time. In the intervening 14 years, countless young Hawaiian cancer patients have undoubtedly lost their chance for parenthood due to an inability to afford fertility preservation services. We urge Hawaii to join the 18 other states that have established this coverage in law in order to better protect future patients. We respectfully encourage you to support HB 139.

Sincerely,



Joyce Reinecke
Executive Director

Support HB 139 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

324

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 139 by Representative Sean Quinlan

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.



April 2, 2025

LATE

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

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Sharon Y. Moriwaki, Vice Chair
Senate Committee on Ways and Means

Re: HB139 HD2 SD1 - RELATING TO INSURANCE

Dear Chair Keohokalole, Chair Dela Cruz, Vice Chair Fukunaga, Vice Chair Moriwaki, and
Members of the Committees:

Hawaii Medical Service Association (HMSA) supports HB 139 HD2 SD1, which requires for policies, contracts, plans, and agreements issued or renewed after 12/31/2025, requires 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 understand that infertility is a complex and deeply personal challenge and have always aimed to provide fertility access that meets and/or exceeds the needs of our community and members. HMSA takes a cautious look at health mandates due to the complex and evolving nature of medicine. We recognize that Auditor's study 23-11 looked to identify the impacts of this bill, which mirrors HB1624 HD1 SD1 (2024) that we worked collaboratively on with the advocates.

We appreciate the effort of the committee and key stakeholders to craft a path forward that ensures Hawaii residents have access to medically necessary fertility treatments. We support ensuring that individuals who are undergoing or will have to face medically intense treatments that could risk future fertility can focus on strengthening their health and well-being and can still have the opportunity to remain ready for fertility treatment.

Thank you for the opportunity to testify on this measure.

Sincerely,



Dawn Kurisu
Assistant Vice President
Community and Government Relations