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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Finance
Wednesday, February 28, 2024
10:00 a.m.

State Capitol, Conference Room 308 and via Video Conferencing

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

Chair Yamashita 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, and agreements issued or renewed after 12/31/2024, requires 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 on this bill.

Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Finance
The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair

February 28, 2024
10:00 am
Conference Room 308

HB 1624, HD1 Relating to Insurance

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

Kaiser Permanente Hawaii would like to offer comments.

If this bill moves forward, Kaiser Permanente requests an amendment to exclude:

(1) third party Assisted Reproduction Technology (ART) procedures, including donor egg and/or surrogates, because of the complex legal issues and inherent medical risksⁱ 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.

Thank you for your consideration.

ⁱ For the egg donor, medical risk includes potential reactions to the fertility drugs (i.e., ovarian hyper-stimulation syndrome), bleeding, infection, and damage to structures surrounding the ovaries, including the bowel and bladder. These risks can lead to hospitalization and even death.

For the surrogate, these risks include potential reactions to the fertility drugs, increased risks associated with carrying multiples, pre-eclampsia, maternal hypertension and gestational diabetes, and in the worst case, serious complications and even death that may occur during the birth process (from e.g., amniotic fluid embolism)



House Committee on Finance
Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice Chair

Hearing Date: Wednesday, February 28, 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&statername=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.



*American College of
Obstetricians and Gynecologists
District VIII, Hawai'i (Guam & American Samoa) Section*

TO: House Committee on Finance
Representative Kyle T. Yamashita, Chair
Representative Lisa Kitagawa, Vice Chair

DATE: Wednesday, February 28, 2024 10:00 AM

PLACE: Hawai'i State Capitol, Conference Room 308 and video conference

FROM: Hawai'i Section, ACOG

Re: HB1624 Relating to Health Care

Position: SUPPORT

Dear Chair, Vice Chair and members of the committee,

The Hawai'i section of the American College of Obstetricians and Gynecologists (Hawai'i ACOG) **supports HB1624**, which would require insurers to cover fertility preservation services for patients undergoing medically necessary treatment that may cause infertility. We are OBGYNs, and we have each dedicated our careers to the health and wellbeing of the families in Hawai'i. Every one of us has taken care of a patient undergoing chemotherapy and/or radiation and/or life-saving surgery for cancer treatment, all of which can potentially lead to infertility. For young patients, this is adding even more heartache and trauma onto an already arduous battle and can lead to long-term mental, emotional and physical impacts on patients, their 'ohana and their loved ones.

Unfortunately, as recent events in Alabama have shown us, fertility treatments are being attacked by those unable or unwilling to understand the heartache of infertility. Hawai'i has long been a state proud of its commitment to reproductive rights, and we should join with other states in affirming this commitment particularly for those who have already suffered greatly with grueling medical treatments.

We humbly ask that you pass HB1624.
Mahalo



February 28, 2024

The Honorable Kyle Yamashita
Chair, House Committee on Finance
Hawaii State Capitol
415 South Beretania St.
Room 308
Honolulu, HI 96813

Dear Chair Yamashita 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.

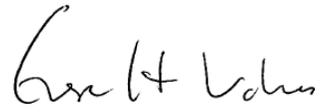
HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a passionate voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer.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



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February 27, 2024

The Honorable Kyle T. Yamashita
Chair
House Committee on Finance
Hawaii House of Representatives
Honolulu, HI 96813

RE: HB 1624 – Support

Dear Chair Yamashita and Members of the House Committee on Finance:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our strong support for HB 1624 and to urge the House Committee on Finance 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.

While the costs faced by an individual patient are high, the cost, when spread across a population of insureds, is extremely low. In November 2023, the Hawaii State Auditor analyzed the fiscal impact of HB 1624 in Hawaii State Audit Report 23-11. The report found that “it is unlikely that premiums would increase beyond a minimal amount” since a relatively small number of insureds would need this coverage.

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

February 28, 2024

To: Chair Yamashita, Vice Chair Kitagawa, and Members of the House Committee on Finance (FIN)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 28, 2024; 10:00 a.m./Conference Room 308 & 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. 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 testify on HB 1624 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



February 28, 2024

The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

Re: HB 1624 HD1 – RELATING TO INSURANCE

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

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 appreciate the committee report from CPC noting our concerns and respectfully ask that if this committee's intent is to move the bill forward 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



February 13, 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



February 28, 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, significant deference is accorded to states 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.

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-HD-1

Submitted on: 2/26/2024 8:52:22 PM

Testimony for FIN on 2/28/2024 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Reni Soon	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Yamashita, Vice Chair Kitagawa and members of the committee -

I am an OB/GYN in Honolulu and I support HB1624. Not only have I cared for patients who have undergone medical and/or surgical treatments that have resulted in infertility, but my son was 12 years old when he was diagnosed with leukemia. Fear was a daily emotion for us as over the following three years he underwent multiple surgeries and sometimes daily chemotherapy. Unfortunately, my son is not alone and families like ours are taking one day at a time, bracing for setbacks, holding our breath with every lab and imaging study result - and we who make it to the other side are the lucky ones. To think that on top of this our children may never know the joy of having their own children - the absolute joy that they have given us - is almost unbearable. Many families cannot afford fertility treatments. Please support them in their journey and support HB 1624. Mahalo.

HB-1624-HD-1

Submitted on: 2/26/2024 10:17:07 PM

Testimony for FIN on 2/28/2024 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sara Harris	Individual	Support	Written Testimony Only

Comments:

I am an OBGYN and I support this bill.

I have cared for several patients who were diagnosed with cancer at a young age. These patients not only have to face often grueling treatment plans but also have to struggle with the fact that their treatment may impair their future fertility prospects. Coverage for fertility preservation services will ensure that people who need these services can access them without significant financial burdens.

February 27, 2024

The Honorable Kyle T. Yamashita
Chair
House Committee on Finance
Hawaii House of Representatives
Honolulu, HI 96813

RE: HB 1624 – Support

Dear Chair Yamashita and Members of the House Committee on Finance:

My name is Brianna DeWitt, and I'm writing in support of HB1624. I am a mother, wife, daughter, sister, physical therapist, Pilates instructor, and breast cancer survivor. I've lived in Honolulu for the past eight years with my husband. I work primarily in a hospital-based outpatient clinic as a physical therapist specializing in oncology and pelvic floor rehabilitation.

In February 2020, at age 30, I felt a lump in my left breast. A month went by, and the lump was still palpable, so I reached out to my OB/GYN, who sent me for ultrasound imaging. On April 12, Easter Sunday, I was notified that the ultrasound, which led to a same-day mammogram and biopsy, did, in fact, find invasive ductal carcinoma in my left breast.

My OB/GYN then immediately referred me to reproductive endocrinology, as she knew that being a mother was one of my top priorities at that time. Leading up to this, I had been preparing my body for pregnancy by going off birth control, changing my diet, and regulating my cycles for the best chance of getting pregnant and starting a family. Receiving a cancer diagnosis was a huge detour in my plans, and hearing that I may never be able to conceive after cancer treatment was the most difficult part of my diagnosis by far and led to much distress.

By May 2020, in the haze of learning about my diagnosis (Triple Negative Breast Cancer – a subtype that disproportionately affects women under 40 and which is notoriously aggressive) and treatment plan, I started the weeks-long process of oocyte cryopreservation. On May 29, 2020, my reproductive endocrinologist was able to retrieve 27 eggs which are still on ice to this day.

At the time, not knowing what my medical bills would be like for the whole of my cancer treatment, choosing to freeze my eggs was a huge financial decision, but one I did not hesitate to accept. The total cost of the services was \$10,000 out-of-pocket. I was grateful to work with the team at the Fertility Institute of Hawaii who facilitated receipt of a grant from the Livestrong

Foundation which covered 1/3 of the upfront cost. I then had to rely on a GoFundMe to cover the cost of the services beyond that. Now, I pay \$62.83 monthly (\$753.96 annually) to store my eggs until I choose to use, donate or discard them.

I was fortunate enough to have resources and support to proceed with these services. Many of my fellow adolescent and young adult (AYA) cancer survivors will choose to forego fertility preservation upfront related to cost and/or urgency of needed treatments. With cancer survivors in the United States declaring bankruptcy at a rate of two times the population of those without cancer, I want to formally support HB1624 as it would significantly reduce the financial burden and medical debt of AYA survivors who are typically less established in their careers and who have less disposable income at time of diagnosis.

Beyond that, AYA survivors deserve the chance at a future family if they desire. As an AYA survivor and new mother (my first son was born in December 2023), I can personally attest to the hardship and stress a cancer diagnosis brings and to how much joy starting a family has brought me in survivorship. By submitting testimony today, I hope to advocate for future survivors in their journeys as well and recommend insurance coverage of fertility preservation.

I appreciate your thorough consideration and support of HB 1624.

Sincerely,

A handwritten signature in cursive script that reads "Brianna DeWitt". The signature is written in black ink and is positioned above the printed name.

Brianna DeWitt

To: House Finance Committee
From: LeighAnn Frattarelli, MD, MPH, FACOG
Re: HB 1624
Position: Strongly Support
February 27, 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.



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY
INSTITUTE
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