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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 Committee on Ways and Means
Thursday, April 4, 2024
10:15 a.m.**

State Capitol, Conference Room 211 and via Video Conferencing

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

WRITTEN TESTIMONY ONLY

Chair Dela Cruz 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, 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.



Senator Donovan Dela Cruz, Chair
Senator Sharon Moriwaki, Vice Chair
Members of Senate Committee on Ways and Means

Hearing Date: Thursday, April 4, 2024

ACS CAN SUPPORTS HB 1624 SD1 – RELATING TO INSURANCE.

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

Thank you for the opportunity to **SUPPORT** and requests amendments HB 1624 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 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 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}

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.



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April 2, 2024

The Honorable Donovan M. Dela Cruz
Chair
Senate Committee on Ways and Means
Hawaii Senate
Honolulu, HI 96813

RE: HB 1624 – Strong Support

Dear Chair Dela Cruz and Members of the Committee:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our strong support for HB 1624 which would require insurers to cover standard fertility preservation services for those at risk of sterility or infertility from required, often life-saving, medical treatments.

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 334 Hawaiians between the ages of 15-39 are diagnosed with cancer each year. Due to improvements in treatment, about 86% of these young adults will survive. Cancer treatments such as chemotherapy, radiation, surgery, and stem cell transplants can damage or destroy gametes (eggs and sperm), reproductive organs, and endocrine functioning, thereby causing infertility. Cancer survivors who are left infertile have higher levels of depression, anxiety, and report an overall lower quality of life than their peers who were given an opportunity for genetic parenthood.

Fertility preservation has been considered part of the standard of care for age-eligible cancer patients for more than fifteen years; offering it to patients is recommended by all the relevant medical associations, including the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM).

Currently, effective options for preserving fertility include sperm, egg, and embryo banking. The high cost of these procedures, however, is often prohibitive, especially for young, newly-diagnosed cancer patients who are facing numerous financial barriers. Expenses range from several hundred dollars for sperm banking to approximately \$15,000 for egg or embryo banking. Without insurance coverage, these standard treatments are generally unaffordable.

While the cost for an individual patient is often overwhelming, 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” due to the relatively small cohort of patients who would need these services.

Further, since Hawaii’s Essential Health Benefit (EHB) benchmark plan already contains coverage for infertility and in vitro fertilization, HB 1624 should not require Hawaii to pay any defrayal costs. The fertility preservation procedures provided for in HB 1624 are medically necessary procedures required to treat a type of infertility – *iatrogenic infertility* – and can be viewed as a reinterpretation of the current infertility benefit in the benchmark plan rather than a newly-created benefit requiring defrayal.

AFP believes that fertility preservation is a vital part of cancer care, and that insurance coverage is critical in order to provide meaningful access to these fundamental services. We urge Hawaii to join the growing list of states that have taken steps to protect future parenthood by requiring this coverage. We respectfully ask the Senate Committee on Ways and Means to advance this bill.

Sincerely,



Joyce Reinecke,
Executive Director

Support HB 1624 to Protect Parenthood After Cancer

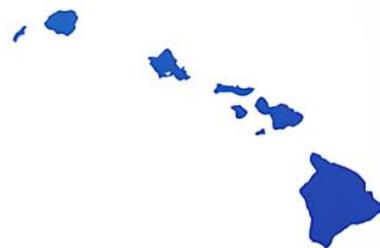
Give young adult Hawaiian cancer patients hope by providing access to treatments that will protect their ability to have biological children in the future.



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.





April 4, 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.



April 4, 2024

The Honorable Donovan Dela Cruz
Chair, Senate Committee on Ways and Means
Hawaii State Capitol
415 South Beretania St.
Room 211
Honolulu, HI 96813

Dear Chair Dela Cruz and Members of the Senate Committee on Ways and Means,

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 this committee to vote the bill forward to the full Senate.

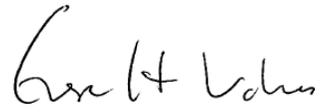
HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a passionate voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer.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



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



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



LATE

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

Dear Representatives,

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

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

Thank you for your consideration,

Kaitlin Corbett

Kaitlin Corbett, PA-C

Fertility Institute of Hawaii

1401 South Beretania St. Suite 250, Honolulu, HI 96814



LATE

January 30, 2024

Dear Honorable Committee Chair and Committee Members:

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

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

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

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

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

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

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

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

Sincerely and Mahalo,

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



LATE

April 3rd, 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 doctor that treats patients with iatrogenic infertility secondary to cancer and other reasons utilizing fertility preservation therapies, I believe fertility preservation is critical to the care of these patients. Therefore, I urge you to support 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. 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.

A cancer diagnosis used to be a death sentence. It is wonderful that in 2024, many cancers diagnosed in the reproductive time span are survivable. Beating cancer no longer means merely surviving, but also living out a normal life afterwards. This includes fulfilling the normal dreams and hopes of having children and growing a family. It is tragic and unfair that for so many individuals, their success at overcoming their cancer diagnosis is at the cost of treatments that render them sterile. 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.

We have the medical ability now to preserve their fertility. Discussions regarding fertility preservation are now considered part of the medical standard of care prior to cancer treatment. Unfortunately, too many individuals, although they desperately desire to proceed with fertility preservation treatments, are unable to do so because their health insurance does not cover this benefit. What is the point of health insurance if not to cover us for these unexpected tragic health events? **It is a basic human right to have children and a family.** It is unfortunate that very few insurance companies are interested in the long term quality of life after these individuals beat cancer. In fact, having children is very beneficial to our society and community, as every elderly parent eventually leans on their children for help and assistance. These childless cancer survivors will have no family safety net, becoming a burden on the tax-payers and state with time.

Many insurance companies object to coverage of fertility preservation, citing concerns regarding the long term costs of storage of these gametes (sperm and eggs) and embryos. The solution is simple: treat it the same as all other individuals who have IVF (in vitro fertilization) benefits with insurance: the patient is responsible for the cost of storage. In reality, the cost of storage is a fraction of the cost of the fertility preservation costs, one that patients can often find the means to cover, especially as storage fees (variable by facility) do not start until many months, even a year after retrieval. Furthermore, the hope is that these individuals will return to use their cryopreserved eggs, sperm, and embryos as soon as they are cleared by their oncologist, so this is not a permanent bill they will forever pay.

Therefore, I 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.

I 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,

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

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



April 3, 2024

LATE

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 Chair Dela Cruz, Vice Chair Moriwak, and Honorable Committee Members:

Iatrogenic infertility is preventable. As a 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 1624**, 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 a childless survival. Many patients can preserve their fertility so that once cured, they can do what many take for granted and start a family.

HB1624 is crucial legislation that aims to support individuals facing iatrogenic infertility by ensuring access to vital **fertility preservation techniques such as 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. 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.

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. I firmly believe that providing insurance coverage for fertility preservation procedures is essential to address the needs of our community.

Numerous states have already embraced this legislation. By supporting HB1624, 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 HB 1624, which 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 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', written in a cursive style.

John L. Frattarelli, M.D., HCLD
CEO, Laboratory, Practice, & Medical Director
Fertility Institute of Hawaii &
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
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