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## **Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**House Committee on Consumer Protection and Commerce**  
**Thursday, February 6, 2025**  
**2:00 p.m.**  
**State Capitol, Conference Room 329 & via Videoconference**

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

Chair Matayoshi and Members of the Committee:

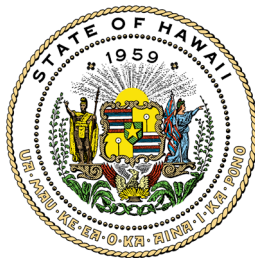
My name is Jerry Bump, and I am the Acting Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

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. 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.



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HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

The Honorable Scot Z. Matayoshi, Chair  
The Honorable Cory M. Chun, Vice Chair

**H.B. NO. 139, H.D. 1, RELATING TO INSURANCE**

Hearing: Thursday, February 6, 2025, 2:00 p.m.

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The Office of the Auditor offers comments on H.B. No. 139, H.D. 1, which will require individual and group health insurers to include coverage for standard fertility preservation services for the policyholder and individuals under twenty-six years of age covered under the policy who may undergo medically necessary treatment that may directly or indirectly cause iatrogenic infertility.

We assessed the social and financial impacts of an almost identical health insurance mandate introduced in the 2023 legislative session as S.B. No. 1446 and reported numerous ambiguities in the bill that required us to make certain assumptions about the proposed mandatory coverage. For example, the bill defined “[m]edically necessary treatment that may directly or indirectly cause iatrogenic infertility” to mean “medical treatment with a likely side effect of infertility as established by the American Society of Clinical Oncology.” We found, however, that the American Society of Clinical Oncology had not published a list of medical treatments that may result in a patient being at risk for infertility since 2006. The American Society of Clinical Oncology explain that there may be treatments in addition to those used in 2006 that pose a risk to a patient’s fertility. The plain language of the coverage also did not include a policyholder’s spouse insured under the policy who is aged 26 or older. See Report No. 23-11, *Study of Proposed Mandatory Health Insurance Coverage for Standard Fertility Preservation Services*, Report No. 23-11, which can be accessed through our website at <https://files.hawaii.gov/auditor/Reports/2023/23-11.pdf>.

H.B. No. 139, H.D.1 contains a few of the same ambiguities that raised concerns about the proposed mandate in 2023. Moreover, while it may be the Legislature intent, we note that the proposed coverage for fertility preservation services still does *not* include a policyholder’s spouse insured under the policy if the spouse is aged 26 or older.

Because of the similarities between H.B. No. 139, H.D. 1 and the bill that we reviewed in 2023, we do not anticipate any change to our assessment of the social and financial impacts that we determined in Report No. 23-11. For that reason, we do not believe that the Legislature must refer the proposed health insurance mandate to us under Section 23-51, Hawai‘i Revised Statutes.



February 4, 2025

TO: Hawai'i House Committee on Consumer Protection and Commerce

**RE: House Bill 139, Relating to Insurance - SUPPORT**

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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 139, which would mandate 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 initially consider how their treatment could impact their ability to have children in the future. 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. The cost of fertility treatments and annual egg or sperm storage can reach 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.

This 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) already includes infertility and In Vitro Fertilization (IVF) coverage, the state could interpret fertility preservation services as part of this existing 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 139 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. The Auditor also noted that "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 access to affordable fertility preservation services



tailored to their needs, empowering them to make the best decisions for themselves and their families. Again, we appreciate the committee's time and consideration of this critical patient concern.

Thank you.



House Committee on Health  
Rep. Scot Matayoshi, Chair  
Rep. Cory Chun, Vice Chair

Hearing Date: Thursday, February 6, 2025

**ACS CAN SUPPORTS HB 139 HD1: 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 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. 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.<sup>i</sup> About 80,000 young adults aged 20 to 39 are diagnosed with cancer each year in the United States.<sup>ii</sup> 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.<sup>iii</sup> 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.<sup>iv</sup>

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.<sup>v</sup>

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.<sup>vi</sup>

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](mailto:Cynthia.Au@Cancer.org).

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<sup>i</sup> American Cancer Society. Cancer Facts & Figures 2025. Atlanta: American Cancer Society; 2025

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

<sup>iii</sup> 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>

<sup>iv</sup> Ibid.

<sup>v</sup> Ibid.

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



February 5, 2025

Representative Jeanne Kapela, Chair  
House Committee on Consumer Protection and Commerce  
Room 418, Hawaii State Capitol  
415 South Beretania St.  
Honolulu, HI 96813

Dear Chair Kapela and Members of the House Committee on Consumer Protection and Commerce,

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](mailto: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



**HB-139-HD-1**

Submitted on: 2/5/2025 8:13:45 AM

Testimony for CPC on 2/6/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Peabody	FORCE: Facing Our Risk of Cancer Empowered	Support	Written Testimony Only

Comments:

Re: Please Support HI HB 139

Dear Esteemed Committee Members,

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](mailto:lisapeabody@facingourrisk.org)



ADVANCED REPRODUCTIVE  
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE  
OF HAWAII

Subject: This letter is in **SUPPORT OF HB139** as a request for Mandatory Health Insurance Coverage for Fertility Preservation procedures for patients experiencing Iatrogenic Infertility.

February 5, 2025

Dear Legislative committee,

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

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

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

Thank you for your consideration,

Chandra Marsh, PA-C

Fertility Institute of Hawaii



ADVANCED REPRODUCTIVE  
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE  
OF HAWAII

Subject: This letter is in SUPPORT of HB 139 as a request for Mandatory Health

Insurance Coverage for Fertility Preservation Procedures in Patients experiencing  
Iatrogenic Infertility

Dear Legislative committee,

I am writing to support the legislative bill HB 139 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 diagnosis that requires treatment that will affect their fertility and family building goals due to iatrogenic infertility their emotional and mental load of working through this diagnosis is significantly exacerbated. They not only need to care for their new diagnosis, but now have to navigate the reality that their family building goals may be nonexistent after treatment. However, the tools exist to preserve their fertility to decrease the emotional toll this may have and allow them to focus completely on treating their given diagnosis or treatment plan. The largest rate limiting step we see for patients is the financial burden of fertility preservation. The cost out of pocket is not only large, but they have to provide these funds within days in order to preserve their fertility in a timely manner to move forward with their other treatment. The option to preserve fertility after treatments such as chemotherapy and/or radiation is often not possible due to the detrimental effect of therapy on egg quality.

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

Sincerely,

*Kaitlin Corbett, PA-C*

Kaitlin Corbett, PA-C

Fertility Institute of Hawaii &  
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.  
1585 Kapiolani Blvd, Suite 1800, Honolulu HI, 96814  
[www.IVFCenterhawaii.com](http://www.IVFCenterhawaii.com)

February 6, 2025

**To: Chair Matayoshi, Vice Chair Chun and Members of the House Committee on Consumer Protection and Commerce (CPC)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 6, 2025; 2:00 p.m./Conference Room 329 & Videoconference

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

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

Sincerely,

HAHP Public Policy Committee  
cc: HAHP Board Members

February 5<sup>th</sup>, 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, we 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  
Fertility Institute of Hawaii  
1585 Kapiolani Blvd Ste 1800  
Honolulu HI 96814  
[www.IVFcenterHawaii.com](http://www.IVFcenterHawaii.com)



**LATE**

February 6, 2025

The Honorable Scot Z. Matayoshi, Chair  
The Honorable Cory M. Chun, Vice Chair  
House Committee on Consumer Protection & Commerce

Re: HB139 HD1 - RELATING TO INSURANCE

Dear Chair Matayoshi, Vice Chair Chun, and members of the committee;

Hawaii Medical Service Association (HMSA) supports HB 139 HD1, which requires insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility 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 and/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





February 4, 2025

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

Dear Chair Matayoshi, Vice Chair Chun, and Honorable Consumer Protection & Commerce 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**, 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 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.

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.

Numerous states have already embraced this legislation. By supporting HB 139, 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 139, 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 large, sweeping flourish at the end.

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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[www.IVFcenterHawaii.com](http://www.IVFcenterHawaii.com)

**HB-139-HD-1**

Submitted on: 2/4/2025 11:14:48 PM

Testimony for CPC on 2/6/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
April Woofter	Individual	Support	Written Testimony Only

## Comments:

## Support for HB 139 – Advocating for Insurance Coverage of Fertility Preservation

Dear Chair Scot Z Matayoshi, Vice Chair Cory M. Chun, and Respected Members of the Committee on Consumer Protection & Commerce,

I am writing to convey my strong support for HB 139, which aims to require health insurance coverage for fertility preservation procedures for individuals facing iatrogenic infertility. Through my experience, I have seen the vital role these services play for patients undergoing necessary medical treatments that may compromise their ability to conceive in the future.

Medical progress has enabled many individuals diagnosed with cancer and other conditions to overcome their illnesses. However, the very treatments that save their lives—chemotherapy, radiation, and specific surgeries—often lead to irreversible infertility. This places an overwhelming burden on patients who, while fighting for their health, must also confront the heartbreaking reality of losing their reproductive potential.

Thankfully, modern fertility preservation techniques, such as sperm, egg, and embryo cryopreservation, provide hope. These options allow patients to look beyond their diagnosis and retain the possibility of building a family once they have recovered. However, the steep cost of these procedures often forces patients to choose between safeguarding their fertility and managing the financial demands of their medical care.

HB 139 is a crucial measure that ensures patients are not forced to make such a difficult choice. By mandating insurance coverage for fertility preservation, we can eliminate financial obstacles and grant all affected individuals the chance to protect their reproductive future. Many states have already recognized the necessity of this coverage, and Hawai‘i should follow suit.

There may be concerns that requiring insurance coverage for fertility preservation could increase healthcare costs. However, compared to the substantial expenses of cancer treatment, the cost of fertility preservation is relatively minor. The financial impact on insurance providers would be minimal, while the long-term benefits for patients hoping to start families after recovery would be immeasurable.

Access to fertility preservation is more than a medical issue—it is a matter of fairness, dignity, and overall well-being. It ensures that patients can look ahead to a future where parenthood

remains an option. Enacting HB 139 would reaffirm Hawai'i's commitment to supporting its residents during some of the most challenging times in their lives and safeguarding their reproductive rights.

I respectfully urge you to support HB 139 and help secure the reproductive futures of those facing iatrogenic infertility. Thank you for your time and consideration of this important matter.

Sincerely,

April Woofter, DNP, RN

Chief Operating Officer

Fertility Institute of Hawai'i

**LATE**

CPC  
Hearing 2/6/2025  
House conference room 329 via Video conference  
Bill: HB139 HD1  
Position: SUPPORT

HB139 HD1

Chair Scot Matayoshi, Vice Chair Cory Chun, and Members of the Consumer Protection and Commerce Committee,

My name is Joanne Zazzera, an oncology rehab Physical Therapist and I stand in strong support for HB139 HD1.

I've been fortunate enough in my profession to meet many individuals along the course of their oncology treatments and hear many of their honest experiences. Approximately 9% of new cancer diagnoses occur in patients who are under 45 years of age, and I am with them in my daily practice as they work hard to address any limitations that can hinder their quality of life. The hardest discussions were on having to forfeit a dream that they had, because there wasn't enough resources or time to discuss certain fertility options as iatrogenic treatments approached.

I strongly support HB139 HD1 bill and its ability to create a system that can support people at risk for treatment induced infertility.

Thanks you for your time and consideration,

Joanne Zazzera