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Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Health
Wednesday, January 31, 2025
9:15 a.m.

State Capitol, Conference Room 329 & via Videoconference

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

Chair Takayama 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 12/31/2025, 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.



HOUSE COMMITTEE ON HEALTH
The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

H.B. NO. 139, RELATING TO INSURANCE.

Hearing: Friday, January 31, 2025, 9:15 a.m.

The Office of the Auditor offers comments on H.B. No. 139, 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 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 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.



January 29, 2025

Representative Gregg Takayama, Chair
House Committee on Health
Room 404, Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Chair Takayama and Members of the House Committee on Health,

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

HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a passionate voice for multidisciplinary cancer care teams and the patients they serve. ASCO is an organization representing physicians who care for people with cancer. With more than 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality cancer care.

HSCO and ASCO believe that as part of education and informed consent before cancer therapy, health care providers should address the possibility of infertility with both male and female patients treated during their reproductive years. Providers should also be prepared to discuss fertility preservation options and/or refer all potential patients to appropriate reproductive specialists. As such, HSCO and ASCO advocate for coverage of embryo, oocyte and sperm cryopreservation procedures for an insured patient who is at least eighteen years of age and has been diagnosed with cancer but has not started cancer treatment (including chemotherapy, biotherapy or radiation therapy treatment) in accordance with [guidelines](#) developed by our affiliate organization, the American Society of Clinical Oncology.

We encourage providers to advise patients regarding potential threats to fertility as early as possible in the treatment process to allow for the widest array of options for fertility preservation. HSCO and ASCO strongly support HB 139 and encourage the Committee to pass this bill as a key step to ensure coverage of fertility preservation services for patients with cancer. If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Sarah Lanford at ASCO at Sarah.Lanford@asco.org.

Sincerely,

Michael Carney, MD
President
Hawaii Society of Clinical Oncology

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



January 29, 2025

TO: Hawai'i House Committee on Health

RE: House Bill 139, 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 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.



January 29, 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 Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, and Honorable Health 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 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' B.F. monthly team meeting 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 long, sweeping horizontal line extending from the end of the signature.

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

Subject: This letter is in SUPPORT OF SB642 as a request for Mandatory Health Insurance Coverage for Fertility Preservation procedures experiencing Iatrogenic Infertility.

January 27, 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

Jan 29, 2025

RE: Testimony in **SUPPORT of HB 139**

Dear Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, and Honorable Health Committee Members:

My name is Tiare Brown, and I am the Director of Third-Party Services at The Fertility Institute of Hawaii. I am writing in **strong support of HB 139** which mandates insurance coverage for fertility preservation services for those with cancer or other conditions whose diagnosis and treatment may lead to iatrogenic infertility.

At The Fertility Institute of Hawaii, we have had the privilege of working with many patients who are facing the overwhelming reality of a cancer diagnosis. Along with the fear and uncertainty of their illness, these patients will often need to undergo treatments such as chemotherapy, radiation, or surgery which can result in irreversible and adverse effects to their fertility and ability to have children in the future.

Fortunately, medical advancements have given us a solution to this, which is fertility preservation. Techniques such as egg, sperm, and embryo cryopreservation are proven and effective methods to protect reproductive potential before undergoing treatment. However, despite this solution being readily available, many patients do not have access to fertility preservation due to financial barriers.

Now, imagine receiving a cancer diagnosis and your doctor tells you that you must start treatment immediately. Along with the overwhelming emotions of processing your diagnosis, you are informed that your treatment carries a high risk of infertility. In the midst of preparing to fight for your life, you are suddenly forced to make an impossible decision about your future ability to have children – a decision that may be difficult to make quickly, especially while under the stress of this recent news. You decide you want to preserve your fertility to have options, but learn that your insurance does not cover this service. Now, you are faced with the challenge of quickly finding the necessary funds to cover the cost. For many, this financial burden is simply too great, and they are left with no choice but to forgo fertility preservation and accept the potential loss of their future reproductive ability.

This is the reality for too many patients. The ability to have children should not be determined by one's financial means. It is a fundamental human right to have the opportunity to build a family, yet for many, it is out of reach largely in part due to economic barriers.

I have seen firsthand the joy of those who were able to preserve their fertility and later realize their dreams of parenthood after overcoming a diagnosis such as cancer. Conversely, I have witnessed the heartbreak of those who could not access fertility preservation, and were left with no options for family building after surviving. No one should have to endure that devastation, especially when a proven medical solution exists.

Just as we have made significant advancements in cancer treatment and survival, it is equally important that we ensure survivors have the chance to build the future they deserve. For many, that future includes the dream of starting a family. Yet, today, access to fertility preservation is often not determined by medical need, but by one's financial circumstances. By supporting HB 139, we can remove this barrier and ensure that countless individuals receive the care they need but may not have otherwise had access to.

While some may argue that providing insurance coverage for fertility preservation is too costly, it's important to remember that the medical treatments causing iatrogenic infertility such as chemotherapy, radiation, and surgery, are already extremely expensive. In comparison, the cost of fertility preservation is minimal.

Insurance coverage for fertility preservation is not just a matter of cost—it is about ensuring equitable access to care and supporting patients' long-term well being. By offering insurance coverage for fertility preservation, we acknowledge the importance of reproductive health and allow patients to focus on their health without the added burden of losing their ability to build a family in the future.

I urge you to support HB 139, which will ensure that individuals undergoing medical treatments that can cause iatrogenic infertility, have the chance to preserve their fertility without financial barriers that are currently imposed by an absence of insurance coverage. Supporting this bill reflects the values that are deeply rooted in our community here in Hawai'i, where a strong sense of "*ohana*" has always been central to our culture. HB 139 is an opportunity to honor this ideal by ensuring that everyone has the chance to create their own *ohana*.

Mahalo,

A handwritten signature in black ink, appearing to read 'Tiare Brown', with a stylized, flowing script.

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



House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: Friday, January 31, 2025

ACS CAN SUPPORTS HB 139: 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: Relating to Insurance.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

ACS CAN supports requiring insurance plans to cover standard fertility preservation services for cancer patients and survivors. Cancer is a scary experience. Coverage of fertility services provides options for cancer survivors to have biological children even after treatment has resulted in temporary or permanent infertility, allowing those impacted by cancer to focus their efforts where they belong—on getting better. All individuals should have equitable access to quality cancer care and an equal opportunity to live a full life.

For these reasons, fertility treatments become an important medical question for many young cancer patients. Costs for fertility treatment are a significant barrier for many patients and services are often not covered by insurance.

In 2025, an estimated 9,550 children (ages 0 to 14 years) and 5,140 adolescents (ages 15-19 years) will be diagnosed with cancer in the United States.ⁱ About 80,000 young adults aged 20 to 39 are diagnosed with cancer each year in the United States.ⁱⁱ The incidence rate of childhood cancer in Hawaii has been rising over the past ten years. The treatments received by many of these children

and young adults may directly impact their ability to produce children. Children and teenagers who have cancer may have surgery or get treatments that can damage their growing and maturing organs, and some can affect their hormone and sexual development. Cancer treatments in their younger years can affect fertility later in life.ⁱⁱⁱ Young adults with cancer may also experience issues with fertility related to their cancer and cancer treatment. The problems might be caused by:

- A tumor directly damaging an organ or its surrounding tissue
- Removing cancerous organs that normally would be needed to have a child (for example, cancer surgery might be needed to remove all or part of the testicles, penis, ovaries, uterus, or cervix.)
- Certain treatments for cancer that can change hormone levels, put a woman into early menopause, damage nerves, or make certain sex organs stop working properly
- Psychological or emotional responses, such as stress and anxiety.^{iv}

For some cancer survivors, fertility is not affected by cancer treatment, but by age. There is a risk of birth defects when a woman becomes pregnant while getting or after receiving some types of chemotherapy, radiation therapy, and hormone therapy. In some cases, the risk can last for a long time, making getting pregnant a concern even years after treatment ends. Women are typically advised to not to get pregnant during treatment and may be told to avoid getting pregnant afterwards, depending on the treatment and situation. The risk for male cancer survivors who father a child is not as clear, and many doctors will advise against fathering a child during active treatment.^v

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

Thank you again for the opportunity to provide testimony in SUPPORT. We urge that you pass out of committee this very important bill. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.

ⁱ American Cancer Society. Cancer Facts & Figures 2025. Atlanta: American Cancer Society; 2025

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

ⁱⁱⁱ American Cancer Society, How Cancer and Cancer Treatment Can Affect Fertility, <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-sideeffects/how-cancer-treatment-affects-fertility.html>

^{iv} Ibid.

^v Ibid.

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



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January 29, 2025

The Honorable Gregg Takayama

Committee on Health

Hawaii House of Representatives

Honolulu, HI 96813

RE: HB 139 – Support

Dear Chair Takayama and Members of the Committee:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our strong support for HB 139 and to urge the House Committee on Health to advance this bill.

The AFP is a national 501(c)(3) organization dedicated to expanding fertility preservation information and resources for patients facing potential infertility caused by cancer treatments.

According to the National Cancer Institute, approximately 324 Hawaiians between the ages of 15-39 are diagnosed with cancer each year. Due to improvements in treatment, about 86% these patients will survive. Some cancer treatments, 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 139 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 139 in Hawaii State Audit Report 23-11. The report found that “it is unlikely that premiums would increase beyond a minimal amount” since such a limited number would qualify for coverage.

Since Hawaii’s Essential Health Benefit (EHB) benchmark plan already contains coverage for infertility and in vitro fertilization, HB 139 should not require Hawaii to pay any defrayal costs. The medically necessary fertility preservation coverage required by HB 139 should be viewed as a reinterpretation of the current infertility benefit in Hawaii’s EHB benchmark plan, rather than a newly-created benefit requiring defrayal.

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 139.

Sincerely,



Joyce Reinecke
Executive Director

Support SB 642 and HB 139 to Protect Parenthood After Cancer

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



The National Cancer Institute
estimates

324

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



The Need

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

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

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

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

The Challenge

Patients facing infertility have recognized, effective options for preserving fertility, but the high cost is often a barrier.

Expenses can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking.

Without insurance coverage, these standard treatments are unaffordable for many patients.

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

The Solution

**SB 642 by Senator Jarrett Keohokalole
HB 139 by Representative Sean Quinlan**

Requires individual and group health insurance policies to cover fertility preservation services for a patient who will receive a medically necessary treatment, including surgery, chemotherapy or radiation that may directly or indirectly cause impaired fertility.

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

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



HB-139

Submitted on: 1/30/2025 6:49:01 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

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

Comments:

January 30, 2025

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



January 31, 2025

The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair
House Committee on Health

Re: HB139- RELATING TO INSURANCE

Hawaii Medical Service Association (HMSA) supports HB 139, 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

January 31, 2025

To: Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the House Committee on Health (HLT)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: January 31, 2025; 9:15 a.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



January 30th 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
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HB-139

Submitted on: 1/29/2025 2:01:25 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

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 Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, and Respected Members of the Health Committee,

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 Hawaii 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 Hawaii'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 Hawaii

HB-139

Submitted on: 1/29/2025 3:40:20 PM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Allyson McKechnie	Individual	Support	In Person

Comments:

As a 35-year-old female who was recently diagnosed with Invasive Ductal Carcinoma, I am very passionate about the passage of HB139. There are three major components of my support system that I have relied on heavily since my breast cancer diagnosis and through treatment.

The first is my mom, who both works in the cancer treatment field and has significant first-hand experience as a caregiver and advocate for family members who are cancer patients. The second is my island ohana, who have supported me fully and without reservation - truly embodying the island spirit of aloha and mālama.

Lastly but possibly most important, as an Active-Duty Service Member, I have the significant benefit of Tricare insurance and the comfort of all my essential medical care and leave being covered. From my double mastectomy to my expensive fertility treatments, radiation and later reconstruction, I have not been forced to consider cost. I have been fortunate to dedicate my focus to maintaining a positive attitude during recovery. As a young healthy woman impacted by this disease, the mental, physical, financial and emotional toll is astounding. Many women simply cannot afford fertility treatments on top of life-saving cancer treatments.

Many female cancer patients are quite young- 1 in 8 breast cancer cases occur in women under 45; lymphoma and leukemia are common in women under 40 and are at risk of infertility due to aggressive treatments. The impact of cancer on our family planning options is significant and irreversible. Providing coverage for this service truly is a right, just as is breast cancer reconstruction under the Women's Health and Cancer Rights Act.

I urge you consider how a similar diagnosis will one day impact your sisters, wives, and daughters. Many insurance plans cover sperm banking for men with cancer but do not cover egg or embryo freezing for women—despite the latter being far more complex and prohibitively expensive. Join the 10+ other states who have passed similar legislation to recognize fertility preservation (including multiple IVF cycles and storage) as a medical necessity. Mahalo for your consideration. - Allyson McKechnie

HB-139

Submitted on: 1/30/2025 7:53:18 AM

Testimony for HLT on 1/31/2025 9:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Jeongah Lee	Individual	Support	Written Testimony Only

Comments:

Dear Members of the Committee,

I am writing to express my full support for HB 139, an important piece of legislation that seeks to provide access to critical fertility preservation options, including sperm, egg, and embryo cryopreservation, for individuals experiencing iatrogenic infertility.

For many patients undergoing life-saving medical treatments such as chemotherapy, radiation, or surgery, infertility can be a devastating side effect. These treatments, while necessary, can rob individuals of their ability to have children naturally. HB 139 offers a vital solution by ensuring that these patients can preserve their fertility through cryopreservation, which may give them the opportunity to have a biological family later on.

Techniques like cryopreservation provide invaluable hope for individuals whose fertility is at risk due to medical interventions. These options are especially important for younger patients who may not yet be ready to start a family but still wish to safeguard their ability to do so in the future.

This legislation will provide critical support for those facing infertility as a result of medical treatment, ensuring they are not left without reproductive options. By guaranteeing access to fertility preservation, HB 139 offers individuals a chance to take control of their reproductive futures, even in the face of health challenges.

I urge you to support this bill, as it represents a life-changing opportunity for patients dealing with the emotional and physical toll of medical treatments that affect their fertility.

Thank you for considering my testimony on this vital matter.

Sincerely,

Jeongah Lee