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OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Health and Human Services
Wednesday, January 29, 2025**

1:00 p.m.

State Capitol, Conference Room 225 & via Videoconference

**On the following measure:
S.B. 642, RELATING TO INSURANCE**

Chair San Buenaventura 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."

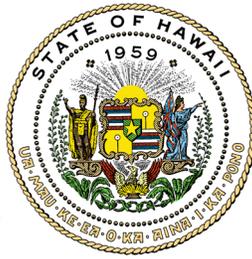
Testimony of DCCA

S.B. 642

Page 2 of 2

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.



SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair

S.B. NO. 642, RELATING TO INSURANCE.

Hearing: Wednesday, January 29, 2025, 1:00 p.m.

The Office of the Auditor offers comments on S.B. No. 642, 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>.

S.B. No. 642 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 S.B. No. 642 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.



Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair
Members of Senate Committee on Health and Human Services

Hearing Date: Wednesday, January 29, 2025

ACS CAN SUPPORTS SB 642 – RELATING TO INSURANCE

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

Thank you for the opportunity to **SUPPORT** SB 642: 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/>



January 29, 2025

To: Chair San Buenaventura, Vice Chair Aquino and Members of the Senate Committee on Health & Human Services (HHS)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: January 24, 2025; 1:00 p.m./Conference Room 225 & Videoconference

Re: Testimony in support of SB 642 – Relating to Fertility Preservation

The Hawaii Association of Health Plans (HAHP) supports SB 642. 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 strongly 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 SB 642.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



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Joyce Reinecke, JD

January 27, 2025

The Honorable Joy A. San Buenaventura
Committee on Health and Human Services
Hawaii Senate
Honolulu, HI 96813

RE: SB 642 – Support

Dear Chair San Buenaventura and Members of the Committee:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our strong support for SB 642 and to urge the Senate Committee on Health and Human Services 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.

SB 642 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 SB 642 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, SB 642 should not require Hawaii to pay any defrayal costs. The medically necessary fertility preservation, or iatrogenic infertility, coverage required by SB 642 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 SB 642.

Sincerely,



Joyce Reinecke
Executive Director

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



January 27, 2025

RE: Senate Bill 642, 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 SB 642, 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 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, SB 642 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 access to affordable fertility preservation services tailored to their individual 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.

Please support SB 642. Thank you.



January 26, 2025

Subject: This letter is in **ENTHUSIASTIC SUPPORT of SB 642** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients Experiencing Iatrogenic Infertility

Dear Chair San Buenaventura, Vice Chair Aquino, and Honorable Health and Human Services 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 **SB 642**, 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.

SB 642 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 45+ years, over 15 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 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 SB 642, 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 SB 642, 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', 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.
1585 Kapiolani Blvd, STE 1800, Honolulu, HI 96814
www.IVFcenterHawaii.com



1401 S. Beretania
Street Suite 250
Honolulu HI 96817
(808) 545-2800

January 27th 2025

Subject: This letter is in **SUPPORT of SB 642** 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. 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 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. Females can now freeze eggs utilizing In Vitro Fertilization with the same reproductive success realized for decades using frozen sperm and embryos.

Fertility preservation techniques such as sperm and egg cryopreservation, embryo freezing, and ovarian tissue freezing can offer a chance for cancer patients to maintain their fertility options so they can start a family after their cancer treatment.

As a fertility specialist, I counsel cancer patients (males and females) routinely on their options for fertility preservation.



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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
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January 28, 2025

Senator Joy San Buenaventura, Chair
Senate Committee on Health and Human Services
Room 213, Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Chair San Buenaventura and Members of the Senate Committee on Health and Human Services,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support SB 642, 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, 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 SB 642 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



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



Subject: This letter is in SUPPORT of SB 642 as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients experiencing Iatrogenic Infertility

Dear Representatives,

I am writing to support the legislative bill **SB 642**, 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, PA-C

Kaitlin Corbett, PA-C

Fertility Institute of Hawaii

1585 Kapiolani Blvd #1800, Honolulu, HI 96814



January 29, 2025

The Honorable Jon San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: SB 642 – RELATING TO INSURANCE

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) supports SB 642, 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 can still have the opportunity to also 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

Aloha Chair San Buenaventura and Members of the Committee:

Thank you for the opportunity to provide a written testimony in support of this essential bill that would require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services for persons undergoing medically necessary treatments that may result in iatrogenic infertility.

My name is Sasha, and I am here to advocate for the patients, families, and individuals whose lives are affected by medical treatments that, while necessary to save or improve their health, carry the significant risk of infertility. This bill is a critical step forward in ensuring that those facing such medical treatments do not have to make the devastating choice between preserving their fertility and receiving life-saving care. In some cases, this can lead to a sense of profound emotional distress of the original diagnosis.

I was in this predicament late last year before Thanksgiving. I received a devastating diagnosis that led to a sense of profound emotional but also physical distress. I was one of many individuals facing medically necessary treatments, and what felt like I was almost racing against time. My oncologist had a set start date to start my cancer treatments, and in-doing so, I had to make some very challenging health decisions to preserve my fertility. I was in the process of navigating a system where fertility preservation services were not covered by my current insurance provider, leaving me with the painful choice of potentially forgoing fertility options or incurring substantial out-of-pocket costs. I remember sitting throughout the whole process frustrated but torn. However, I made a decision to move forward with the fertility process due to a few very specific fertility grants that helped with some of the costs of the medication and procedure. Although this was a financial burden, the opportunity and also the option to preserve my fertility, is just as important to me.

I respectfully urge the committee to pass this bill and provide individuals, such as myself, facing life-altering medical treatments with the dignity and opportunity to preserve their fertility. This bill will help preserve hope and future possibilities for those who need it most. Most importantly, insurance coverage might lessen some of the financial anxiety, too, allowing people to focus on their treatment and well-being.

Mahalo nui loa for the opportunity to testify.

Sincerely,
Sasha Dimond