

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

BRIDGET HOLTHUS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2017

TO: The Honorable Representative Della Au Bellatti, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 664 - RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE**

Hearing: February 2, 2017, 9:30 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments.

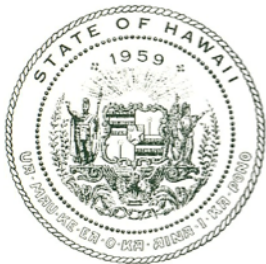
PURPOSE: The purpose of the bill is to ensure equal access to in vitro fertilization for all couples, including same-sex couples, and for women regardless of their marital status.

While DHS does appreciate the intent of the bill, no infertility services, including in vitro fertilization, are Medicaid covered services. If it is the Legislature's intent to exclude Medicaid, we would respectfully suggest adding a statement to that effect, similar to HB 677, "It is the intent of the legislature that the bill does not apply to the Medicaid program."

However, if it is the intent for Medicaid to cover in vitro fertilization, no federal Medicaid funds would be available, and an appropriation of general funds would be needed.

Thank you for the opportunity to testify on this bill.

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



Chair
LESLIE WILKINS

COMMISSIONERS:

SHERRY CAMPAGNA
CYD HOFFELD
JUDY KERN
MARILYN LEE
AMY MONK
LISA ELLEN SMITH

Executive Director
Cathy Betts, JD

Email:
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/hscsw/

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February 1, 2017

To: Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
Members of the House Committee on Health

From: Cathy Betts, Executive Director
Hawaii State Commission on the Status of Women

Re: Testimony in Support, HB 664, Relating to In Vitro Fertilization
Insurance Coverage

On behalf of the Hawaii State Commission on the Status of Women, I would like to express my support my support for HB 664, which would revise the HRS 431:10A-116.5 to allow equal coverage for in vitro fertilization treatment and procedures.

Women are widely affected by infertility. In fact, 7 million women and their partners are affected by infertility in the United States. Our changing workplace demographics and the breadth of diversity found in families should be reflected in our policies. The statute, as written, requires a woman to show 5 years of difficulty getting pregnant in order to receive coverage for infertility and requires the sperm of her spouse. As written, the statute prohibits lesbian and gay couples, unmarried couples, single women, and women whose male partners suffer from infertility from obtaining coverage. This is inherently discriminatory on its face.

The Commission prefers the language found in HB 664 over HB 677. The language in HB 664 provides for surrogacy coverage and contains no language regarding religious exemptions, which have no place in laws regulating health. The Commission strongly supports HB 664. Thank you for this opportunity to testify in support.



To: Hawaii State House Committee on Health
Hearing Date/Time: Thursday, Feb. 2, 2017, 9:30 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of H.B. 664, relating to In Vitro Fertilization Insurance Coverage

Dear Chair Belatti and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 664, which seeks to amend Hawaii's IVF law to eliminate sex, sexual orientation, and marital status discrimination in insurance coverage.

H.B. 664 is a reproductive justice measure in that it seeks to address the lack of access and/or unequal access to infertility treatment. In this case, insurance coverage discriminates against and essentially restricts a person’s reproduction based on their sex, sexual orientation and/or marital status. This kind of discrimination simply has no place in Hawaii law.

Thank you for this opportunity to testify in support of H.B. 664.

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager



Testimony of
John M. Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Bernard Kobayashi, Vice Chair

February 2, 2017
9:30 am
Conference Room 329

Re: HB 664 Relating to In Vitro Fertilization Insurance Coverage

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on this measure mandating expanded in vitro fertilization insurance coverage.

Kaiser Permanente Hawaii opposes this bill as drafted and requests an amendment.

Kaiser Permanente supports equality for women's coverage for in vitro fertilization services and has already removed the "spouse" requirement for this benefit. However, Kaiser Permanente does not participate in any in vitro fertilization procedures involving third party-assisted reproduction methods (for either men or women), including donor egg and/or surrogates and gestational carriers, because of the complex legal issues and inherent medical risks surrounding third party participants, which is especially problematic if these third party participants are not a Kaiser Permanente insured.

Medical Risks To Third Party Donors and Surrogates

During the egg donor and surrogate procedures, both the donor and surrogate are required to take a course of medical treatments, including various hormone treatments/injections to prepare the egg for retrieval (induce and stimulate egg production for the egg donor) and also prepare the recipient's body to receive the egg (stop the body's regular hormone production for the surrogate). The purpose of these medications, including estrogen and progesterone injections, is to precisely sync the surrogate's cycle with the donor's cycle.

Therefore, there are inherent medical risks involved in both the egg retrieval and surrogacy. For the egg donor, these risk include potential reactions to the fertility drugs (i.e., ovarian hyper-stimulation syndrome), bleeding, infection, and damage to structures surrounding the ovaries, including the bowel and bladder. For the surrogate, these risks include potential reactions to the

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fertility drugs, increased risks associated with carrying multiples, i.e. pre-eclampsia, maternal hypertension and gestational diabetes, and in the worse case, serious complications and even death that may occur during the birth process, i.e., amniotic fluid embolism. See, “*Surrogate and Babies Die from Complications In Pregnancy*” by The Stream dated October 17, 2015 found at <https://stream.org/us-surrogate-babies-die-due-complications-pregnancy/>

By passing this bill, health insurers will be responsible and potentially liable for all the risks and consequences relating to medical treatment provided to the third party egg donor and/or surrogate, which is especially problematic when the third party donors or surrogates are not insured by the health plan.

Legal Rights of Egg Donors, Surrogate Recipients and Prospective Parents

There are many potential legal issues that arise when egg donors and surrogates are used by infertile couples. Typically, it is recommended that an attorney, who specializes in reproductive law, draft an Egg Donor Contract or Surrogacy Contract to determine the legal rights of egg donors, surrogates and the prospective parents. Specifically, these legal contracts should address the waiving of parental rights by the donor and/or surrogate, while clearly establishing that any children born from the donated eggs or surrogacy are the legitimate children of the prospective parents. For instance, in traditional surrogacy (in which the surrogate provides the egg) and gestational surrogacy (in which an embryo is placed in the surrogate’s uterus), both can lead to various legal issues with regard to who is the "true" parent of the child - especially in cases where the surrogate mother changes her mind and wishes to keep the baby as her own.

Other specific items that should also be included in these legal contracts are:

- Who are the parties to the agreement?
- Will the egg donor or surrogate be anonymous?
- What fees and expenses will be paid to the egg donor or surrogate by the prospective parents?
- What pre-screening and testing procedures will be utilized by the egg donor or surrogate (some states also require the medical pre-screening of the surrogate’s sexual partner for HIV, etc.)?
- Will the egg donor or surrogate agree to multiple attempts if the initial one fails?
- What happens if there are twins or multiple births?
- Who will obtain guardianship of the child should the prospective parents pass away when the child is still a minor?
- What type of indemnification will be given to the prospective parents if the surrogate or egg donor changes their mind and doesn’t go through with the process?

In short, the inclusion of this coverage for egg donor and surrogate services as a financial agreement (to provide coverage) may be misconstrued as an adequate substitute for a formal legal contract (Egg Donor and Surrogate Contract), which may have serious legal and liability consequences against the health insurer, as the provider of such services.

Based on the foregoing, we request that this bill be amended by deleting all references to “oocyte donor” and “surrogate.”

Thank you for the opportunity to comment.

February 2, 2017

The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

Re: HB 664 – Relating to In Vitro Fertilization Insurance Coverage

Dear Chair Au Belatti, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 664, which would amend the requirements for mandatory insurance coverage of in vitro fertilization (IVF). HMSA would like to offer the following comments on this Bill.

We are aware and very empathetic to the situations under which the procedures outlined in this measure would be conducted. HMSA's current IVF policy does not discriminate against sex, sexual orientation, or marriage status.

However, HB 644 does raise several issues that may want to be considered by the Committee. We note the following:

- As drafted, the bill will require coverage for IVF-related expenses of egg donors or surrogates for any member, including single males; this would be an expansion of the current benefit under §432:1-604. HMSA's current IVF policy does not cover surrogacy or donors in any form; this would take time and resources to safely and appropriately include and manage surrogacy as a benefit. As with any expansion we are concerned with additional costs, and in this case unanticipated liabilities, that would be incurred by the health plan and employer.
- Changing the amount of time a member must demonstrate a history of infertility from five years to twelve months could be a concern with regard to the necessary time within which OB/GYNs and fertility specialists would need to accurately diagnose infertility.
- In Section 2, we would suggest clarifying that in the case of heterosexual couples this is a benefit which would only be covered for a female health plan member. We would suggest the Committee consider using "member's dependent spouse" rather than "member's spouse."
- We would also want to clarify that the surrogacy or donor-related services being covered in this expanded benefit are covering expenses directly related to IVF services versus other pregnancy-related and/or other post-IVF outpatient services.
- Should the Committee advance this measure, we respectfully ask you to consider amending Section 5 of the bill to change the effective date to apply to all policies,



An Independent Licensee of the Blue Cross and Blue Shield Association

contracts, plans, or agreements issued or renewed in the State after July 1, 2018; this will ensure that that plans and providers have suitable time to implement and operationalize any proposed changes.

Thank you for allowing us to testify on HB 664.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark K. Oto".

Mark K. Oto
Director, Government Relations.



TIM VANDEVEER
Chair
MARIE STRAZAR
Vice Chair

MARGARET WILLE
SEAN SMITH
Legislation Committee Co-Chairs

February 2, 2017

Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair
House Committee on Health

Submitted On Behalf of the Democratic Party of Hawai'i

The Democratic Party of Hawai'i (DPH) **strongly supports HB 664**. DPH recognizes that in vitro fertilization (IVF) is an important reproductive technology for many couples and individuals who want to have children. Under current law, insurers who provide pregnancy-related benefits are required to provide a one-time benefit for IVF expenses. But the mandate applies only to women with opposite sex spouses, excluding same sex couples and unmarried women. DPH believes the mandate, as written, discriminates unfairly on the basis of sex, sexual orientation, and marital status. This bill amends the IVF insurance mandate, eliminating outdated and discriminatory limitations to ensure coverage equality for sex couples and unmarried women.

This bill is consistent with the Party's platform, which supports equality for women accessing fertility services and for same sex couples pursuing the same rights and responsibilities as other married couples.

DPH also recently passed a resolution specifically calling upon the legislature to "amend Hawaii's IVF insurance laws to require equal coverage for same-sex couples, including same-sex male couples, and women regardless of marital status." A copy of the resolution is attached.

Passage of HB 664 is one of DPH's legislative priorities for this 2017 Legislative Session.

DPH does not support an alternative IVF bill under consideration—HB 677—because it does not cover same sex couples and because it contains religious exemption language in the preamble that raises questions about when coverage may be denied. DPH believes HB 664 is the better and more inclusive bill.



Mahalo for the opportunity to testify on this bill.

Respectfully submitted,

Tim Vandever
Chair of the Democratic Party of Hawai'i

/s/ Marie (Dolly) Strazar
Vice Chair of the Democratic Party of Hawai'i

/s/ Margaret Wille
/s/ Sean Smith
Legislative Committee Co-chairs

Resolution Urging Amendment of Hawaii's IVF Insurance Statutes to Provide Equal Access to IVF Coverage

Whereas, Thousands of same-sex couples in Hawai'i are now married since the passage of the Marriage Equality Act in 2013 and same-sex couples are increasingly using reproductive technologies like in vitro fertilization (IVF) to have children; therefore, be it

Resolved, That the Democratic Party of Hawai'i recognizes that IVF is expensive, averaging \$10,000-15,000 per cycle, or about 50% of average annual disposable income in the U.S., and that Sections 431:10A-116.5 and 432:1-604, Hawai'i Revised Statutes, require insurers who cover pregnancy-related benefits to also provide a one-time benefit for expenses arising from in-vitro fertilization (IVF) procedures; and be it

Resolved, That the Democratic Party of Hawai'i understands that this mandate currently only applies to women whose oocytes are fertilized with their husbands' sperm in circumstances where the couple has a history of infertility or infertility associated with certain medical conditions; and be it

Resolved, That the Democratic Party of Hawai'i recognizes the statutes, as written, exclude same sex couples and unmarried women; and be it

Resolved, That the Democratic Party of Hawai'i recognizes that some insurers offer policies that cover same-sex female couples but impose burdens not faced by opposite-sex couples by requiring them to first try intrauterine insemination (IUI), even if that procedure is not covered; and be it

Resolved, That the Democratic Party of Hawai'i recognizes Hawai'i insurers exclude same-sex male couples as they do not cover procedures involving donor oocytes and/or surrogates; and be it

Resolved, That the Democratic Party of Hawai'i recognizes that some but not all Hawaii insurers extend IVF coverage to unmarried women; and be it

Resolved, That the Democratic Party of Hawai'i believes that this constitutes discrimination on the basis of sex, sexual orientation, and marital status; and be it

Resolved, That the Democratic Party of Hawai'i recognizes such discrimination is inconsistent with the Marriage Equality Act, Section 1557 of the Affordable Care Act, and the core values of the Democratic Party of Hawai'i as expressed in its Platform; and be it

Resolved, That the Democratic Party of Hawai'i urges the Hawai'i state legislature to amend Hawaii's IVF insurance laws to require equal coverage for same-sex couples, including same-sex male couples, and women regardless of marital status ; and finally be it

Ordered, That copies of this resolution be transmitted to the Governor of the State of Hawai'i, the Lt. Governor of the State of Hawai'i, and all members of the Hawai'i State Legislatures who are members of the Democratic Party of Hawai'i.

Passed by the Democratic Party of Hawai'i on January 18, 2017



January 31, 2017

House's Committee on Health
Hawaii State Capitol
415 South Beretania Street, Room 329
Honolulu, HI 96813

Hearing: Thursday, February 2, 2017 – 9:30 a.m.

RE: **STRONG SUPPORT for House Bill 664** – RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE

Aloha Chairperson Belatti, Vice Chair Kobayashi and fellow committee members,

I am writing in STRONG SUPPORT to House Bill 664 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. HB 664 will remove discriminatory requirements for mandatory insurance coverage of in vitro fertilization procedures to create parity of coverage for same-sex couples, unmarried women, and male-female couples for whom male infertility is the relevant factor.

The LGBT Caucus views this bill as a necessity for equality as this bill takes care of some gross inequality in the current insurance coverage with regards to IVF.

This bill is a priority for the LGBT Caucus of the DPH as well as the Democratic Party of Hawai'i. The Caucus was proud to introduce the recently passed DPH resolution "Resolution Urging Amendment of Hawaii's IVF Insurance Statutes to Provide Equal Access to IVF Coverage" that ask for the passage of an inclusive bill just like HB 644.

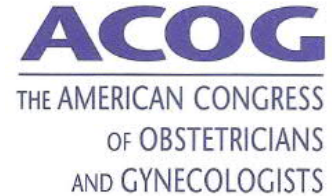
We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
LGBT Caucus for the DPH

**American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section**

Greigh Hirata, MD, FACOG, Chair
94-235 Hanawai Circle, #1B
Waipahu, Hawaii 96797



To: Hawaii State House. Coommittee on Health
Representative Della Au Bellati, Chair

DATE: Thursday, Feb 2, 2017

TIME: 9:30 A.M.

PLACE: Conference Room 329

FROM: Hawaii Section, ACOG
Dr. Greigh Hirata, MD, FACOG, Chair
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chai
Lauren Zirbel, Community and Government Relations

Re: HB664 Relating to In Vitro Fertilization Insurance Coverage

Position: Support

Dear Chair Belatti and Members of the Committee,

The American Congress of Obstetricians and Gynecologist, Hawaii Section writes in support of H.B. 664, which seeks to amend Hawaii's IVF law to eliminate sex, sexual orientation, and marital status discrimination in insurance coverage.

H.B. 664 is a reproductive justice measure in that it seeks to address the lack of access and/or unequal access to infertility treatment. In this case, insurance coverage discriminates against and essentially restricts a person's reproduction based on their sex, sexual orientation and/or marital status. This kind of discrimination simply has no place in Hawaii law.

Thank you for this opportunity to testify in support of H.B. 664.



Hawaii Women's Coalition

COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Bertrand Kobayashi, Vice Chair

DATE: Thursday, February 2, 2017

TIME: 9:30 AM

PLACE: Conference Room 329

STRONG SUPPORT FOR HB664

Aloha Chair Belatti and Members of the Committee,

The Coalition is in strong support of this bill that seeks to amend Hawaii's IVF law to eliminate sex, sexual orientation, and marital status discrimination in insurance coverage.

Hawaii's insurance companies fail to cover this benefit for any except married women with opposite sex husbands. With modern IVF technology available to loving people who want to be parents but otherwise could not, it seems unjust to allow this discriminatory practice to continue. Modern families require modern insurance coverage and deserve nothing less. Please pass this important bill out of committee.

Mahalo for the opportunity to testify,
Ann S. Freed Co-Chair, Hawai'i Women's Coalition
Contact: annsreed@gmail.com Phone: 808-623-5676



Committee: Committee on Health
Hearing Date/Time: Thursday, February 2, 2017, 9:30 a.m.
Place: Room 329
Re: *Testimony of the ACLU of Hawaii in **Strong Support** of H.B. 664, Relating to Insurance Coverage for In Vitro Fertilization*

Dear Chair Belatti and Committee Members:

The American Civil Liberties Union of Hawaii (“ACLU of Hawaii”) strongly supports H.B. 664, which eliminates discriminatory provisions in current state law and requires the equal coverage of in vitro fertilization (“IVF”) without regard to sex, sexual orientation, or marital status.

Current Hawaii law discriminates against LGBTQ couples and unmarried women

Hawaii’s current law, HRS §§ 431:10A-116.5 and 432:1-604, requires health insurance providers to cover one round of IVF only when “the patient’s oocytes are fertilized with the patient’s spouse’s sperm.” While perhaps unintentional, this language necessarily excludes same-sex couples and unmarried women who wish to start a family. This discriminatory treatment may violate state nondiscrimination laws as well as the Hawaii State Constitution. H.B. 664 remedies this by removing language in the statute that requires the use of a spouse’s sperm, adding language clarifying that same-sex married couples qualify for coverage, and adding language clarifying that IVF procedures using donor materials and surrogates will be covered.

Denying health insurance coverage for IVF creates an unfair financial burden

IVF can cost upward of \$20,000 per cycle. While opposite-sex married couples are guaranteed a process to alleviate the majority of the procedure’s cost, same-sex married couples and unmarried women may be forced to shoulder the financial burden alone. Although some health insurance plans in Hawaii may cover same-sex female couples and unmarried women, this is not guaranteed by law and many couples and individuals are unaware they are not covered until they are already planning for their family. No insurance plans currently cover male couples who can only conceive using IVF along with the services of a surrogate.

H.B. 664 is in line with state policy

State law prohibits discrimination on the basis of sexual orientation and gender identity in the areas of housing, employment, education, and public accommodations. This measure would be consistent with existing public policy, as well as recommendations made by the medical community regarding equal access to fertility services for LGBTQ couples and unmarried

persons.¹ Finally, this measure does not require health insurance providers to cover any procedures that are not already covered. It merely strengthens current law to provide equal access to reproductive services and better reflect Hawaii's core value of equality.

For these reasons, the ACLU urges the Committee to support H.B. 664.

Thank you for this opportunity to testify.



Mandy Finlay
Advocacy Coordinator
ACLU of Hawaii

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for 50 years.

¹ The Ethics Committee of the American Society for Reproductive Medicine, *Access to fertility treatment by gays, lesbians, and unmarried persons: a committee opinion*, (published 2013) available here: https://www.asrm.org/uploadedFiles/ASRM_Content/News_and_Publications/Ethics_Committee_Reports_and_Statements/fertility_gaylesunmarried.pdf.



February 2, 2017

To: House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Bertrand Kobayashi, Vice Chair

From: Beth Giesting, Hawai'i Association of Health Plans

**Re: Concerns about HB 664, RELATING TO IN VITRO FERTILIZATION
INSURANCE COVERAGE**

The Hawai'i Association of Health Plans (HAHP) thanks you for the opportunity to share concerns about House Bill 664, which would expand eligibility for covered *in vitro* fertilization services.

HAHP stands firmly with the Legislature in rejecting discrimination based on gender or sexual orientation. Our concerns are as follows:

- While health plans currently cover *in vitro* fertilization and pregnancy benefits for their members, covering services that have so many long-term health, legal, and cost implications for a surrogate – a third-party - who is not otherwise a beneficiary is problematic.
- The demand and related costs for expanded services as described in this bill are unknown. Insurers would have to assess the impact and build the added costs into employer premiums, which would be done gingerly as we seek to balance essential benefits with the burden to employers.
- Reducing the waiting time from five years to 12 months could encourage a couple to bypass stepped services that are often effective as well as being less risky, invasive, and. Expert opinion should be surveyed to help law-makers and plans arrive at the optimal waiting time.

We appreciate the intent of this bill and look forward to working with lawmakers to ensure that Hawai'i residents continue to have the health benefits they need and that coverage for them is affordable.



Hawai'i LGBT Legal Association

February 2, 2017

TO: House Committee on Health

FROM: Hawai'i LGBT Legal Association

RE: **Support for HB 664**

Chair Belatti, Vice Chair Kobayashi, and members of the committee:

The Hawai'i LGBT Legal Association ("HLLA") is a voluntary professional organization of Hawai'i lawyers, legal workers and law students dedicated to the fair and just treatment of the LGBT community. **HLLA strongly supports HB 664.**

HLLA attorneys have worked collaboratively with the Hawaii Women's Coalition on the language of this bill. The purpose of the bill is to amend Hawaii's in vitro fertilization (IVF) insurance mandate to require equal coverage for same sex couples and unmarried women.

Currently, the IVF mandate only benefits women with opposite sex spouses. Some Hawai'i insurers independently offer policies that cover female couples or women without male partners, but these policies are not guaranteed by law and not all cover single women. Further, no policies cover male couples; rather, they exclude procedures involving donor eggs and surrogates, which male couples require. While likely not intentional when it was enacted, the effect of the mandate is discriminatory, and it unfairly burdens same sex couples and unmarried women who may pay up to \$20,000 out of pocket for one IVF cycle.

HB 664 ensures equal coverage for unmarried women and same sex couples by:

- Removing language in the statute that requires the involvement of a spouse;
- Adding language to clarify that members of same sex married couples qualify for coverage; and
- Adding additional language to clarify that procedures involving egg donors and surrogates (i.e. procedures required by male couples) will be covered.

The bill also reduces the "wait-period" for establishing infertility from 5 years to 1 year, consistent with the American Society of Reproductive Medicine's definition of "infertility."

HB 664 is not about expanding the IVF mandate. The same types of procedures that were previously covered—i.e. egg retrieval, fertilization, and embryo transfer—will be covered. Rather, the bill simply corrects outdated, and yes, now discriminatory, sex and marital-status based limitations in the existing mandate to ensure equal access and coverage for same sex couples and unmarried women.

To be clear, this bill will not require insurers will to cover new procedures that they do not already cover, such as collection and processing of semen, cryopreservation of eggs, semen or embryos, genetic testing of embryos, etc. Insurers will not have to cover the costs of donor eggs or semen. And insurers will still only be required to provide a one-time benefit consistent with the existing mandate.

Simply put, HB 664 is about equality and economic justice. It is important to a number of couples in the LGBT community who are now legally married and interested in having children. This bill will establish a clear public policy that their families are to be valued and supported in the same manner as families of opposite sex couples. We urge you to support this bill and pass it out of committee.

Thank you for the opportunity to testify on this bill.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nick Kacprowski', with a long horizontal flourish extending to the right.

Nick Kacprowski , Co-President
Kaliko'onalani Fernandes, Co-President
Hawai'i LGBT Legal Association

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President, SMRU

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David Albertini, Ph.D.
*Editor, Journal of Assisted
Reproduction and Genetics*

February 2, 2017

Honorable Della Au Belatti
Chair, House Health Committee
Hawaii State Capitol, Room 402

Dear Chairwoman Belatti and Members of the Health Committee:

On behalf of the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART), we are writing to express support for the intent of HB 664 and HB 677.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others. SART is an organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and minimum standards of care. SART is also actively involved in the collection of data outcomes from its member programs.

Infertility is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children. In the United States, infertility affects about 7.3 million women and their partners, or about 12 percent of the reproductive-age population. Due to the myriad of causes of infertility, the numerous implications of the disease, and the devastating effect of the diagnosis, it is vitally important that policymakers work to make combating infertility a priority. As the medical specialists who present treatment options for patients and perform procedures during what is often an emotional time for them, ASRM recognizes how important a means to addressing their medical condition can be for those hoping to build their families.

The State of Hawaii has also recognized the importance of requiring insurance coverage for the treatment of this disease, that recognition first made in 1989. HB 664 and HB 677 together would correct shortcomings in the existing statute. We are pleased, Chairwoman Belatti, that you have introduced these bills and we applaud your leadership on this issue.

LATE

Hawaii's insurance code requires that certain health plans cover the cost of IVF, but historically this has been available only to married couples and has excluded coverage when donor sperm is necessary. This has closed the door on IVF coverage when the infertility diagnosis is due to a severe male factor problem. When the husband has no sperm, or a very poor semen analysis, or when there is a genetic problem which could be inherited from the male, donor sperm is a valid consideration. Severe injury to the male reproductive system can result in the absence of sperm. Sadly, these types of injuries became all too common in wounded soldiers due to the type of warfare used in our recent military conflicts.

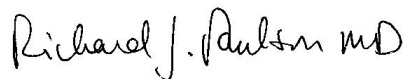
Approximately 10% to 15% of men of reproductive age cannot produce sperm. This may be due to a multitude of causes that prevent sperm from reaching the place it needs to go for reproduction to occur. In certain male factor diagnoses, the couple must be informed of the potential associated genetic abnormalities in the sperm and counseled about the option of donor sperm. To be counseled, but not be permitted to select donor sperm as a family building option, is inappropriate. For these medical reasons, it is important that the use of donor sperm be permitted under the Hawaii insurance code.

For equity reasons, it is important, as well. The existing statute does not afford same sex married couples diagnosed with infertility access to the IVF benefit. HR 664 recognizes the discriminatory nature of the statute and allows the use of donor sperm by these couples.

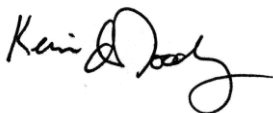
Finally, the existing statute requires infertile patients to wait four years longer than is medically recommended before they can seek reimbursable treatment of infertility. ASRM defines infertility as the failure to achieve a successful pregnancy after twelve months or more of regular unprotected intercourse. Earlier evaluation and treatment may be justified based on medical history or physical findings and is warranted after six months for women over the age of 35. Because fertility declines with age, the chance for success of IVF is largely dependent on the age of the female patient. These bills remove the five year wait requirement to reflect the medical definition of infertility

ASRM urges the members of the House Health Committee to pass HB 664 and HB 677.

Sincerely,



Richard Paulson, MD
President, ASRM



Kevin Doody, MD
President, SART



February 1, 2017

LATE

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 664.

We live in a more tolerant and inclusive world. As such our legislation should conform to today's world. Everyone should have equal access to fertility services.

Infertility treatments are no longer experimental or taboo. Infertility treatments are no longer kept secret from friends and family. These treatments are the Standard of Care for treating infertility regardless of relationship status, gender, or sexual orientation. Over 7- million babies have been conceived using In Vitro Fertilization and many more millions of babies have been born using other infertility treatments.

Having a child and building a family is a fundamental desire and right for all people regardless of relationship status, gender, or sexual orientation.

I fully and enthusiastically support HB 664 to remove discriminatory requirements and create parity for ALL patients seeking fertility services.

Sincerely and Mahalo,

John L. Frattarelli, M.D., HCLD
Reproductive Endocrinology and Infertility
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
&
Fertility Institute of Hawaii
1401 South Beretania Street, Ste 250, Honolulu HI 96814
www.IVFCenterHawaii.com

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February 2, 2017

The Honorable Della Au Belatti
Chair, House Health Committee
Hawaii State Capitol, Room 402
Honolulu, HI 96813

Re: HB 664 and HB 677

Dear Chairwoman Belatti and Members of the Health Committee:

As the President & CEO of RESOLVE: The National Infertility Association, a nonprofit that represents men and women all over the country who face fertility problems, we support HB 664 and HB 677.

On behalf of the over 28,000 Hawaiians who are trying to overcome the disease of infertility and have children, we urge the Health Committee to pass these bills, which update Hawaii's law providing coverage for in vitro fertilization (IVF).

The updates are discussed below:

1. **Removing the five-year waiting period.** The American Society for Reproductive Medicine (ASRM), which is the professional society in this field, defines infertility as the failure to conceive after one year (12 months) of intercourse; earlier evaluation may be justified after six months for women over the age of 35. Hawaii's old requirement of five years is obviously much longer. Waiting five years, however, can materially hurt a woman's chance of conceiving with IVF, because female fertility is time sensitive and beginning around age 32-35, declines quickly.

Hawaii's five-year waiting period is by far the longest waiting period in any of the laws mandating infertility insurance in this country. This bill will bring Hawaii's law in step with other states. And, it will help infertility patients obtain needed treatment on a timely basis.

2. **Eliminating the requirement that only the spouse's sperm may be used.** It makes sense medically to cast off this requirement because more than a third of infertility is caused by "male factor," that is, a problem with the man's sperm. Some husbands may also be carriers of a sex-linked disease. If pregnancy can't be achieved with a husband's sperm, then patients should be able to use sperm from a donor. Also, same-sex couples and unmarried women may need donor sperm to have a family. The proposed change in the bills will help Hawaiian citizens in these circumstances, too.

The updates are straightforward: they will help bring Hawaii's law in step with current practice; they improve the quality of care; their goal is equality and non-discrimination; and they are pro-family. We hope you will vote to pass HB 664 and HB 677.

On behalf of people with infertility who are trying to build families, we support this legislation and urge you to pass it.

Respectfully submitted,

A handwritten signature in black ink that reads "Barbara Collura". The signature is written in a cursive, flowing style with a long, sweeping tail on the letter "a" at the end.

Barbara Collura
President & CEO



LATE

February 2, 2017

To: Representative Della Au Belatti, Chair
Representative Bertrand Kobayashi, Vice Chair and
Members of the Committee on Health

From: Jeanne Y. Ohta, Co-Chair

RE: HB 664 Relating to In Vitro Fertilization Insurance Coverage
Hearing: Thursday, February 2, 2016, 9:30 a.m., Room 329

POSITION: Support

The Hawai'i State Democratic Women's Caucus writes in support of HB 664 which seeks to amend Hawaii's IVF law to eliminate sex, sexual orientation, and marital status discrimination in insurance coverage.

HB 664 is a reproductive justice measure in that it seeks to address insurance coverage which currently discriminates against and essentially restricts a person's reproductive options based on their sex, sexual orientation and/or marital status. This kind of discrimination simply has no place in Hawaii law.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls.

We ask the committee to pass this measure and thank the committee for the opportunity to provide testimony.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 1:52 AM
To: HLTtestimony
Cc: kale489@yahoo.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kale Taylor	Individual	Support	Yes

Comments: write in strong support of H.B. 664, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. H.B. 664 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support H.B. 664, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
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To: HLTtestimony
Cc: simashang@yahoo.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sean Smith	Individual	Support	Yes

Comments: I write in strong support of H.B. 664, which seeks to amend the IVF insurance mandate to ensure equal coverage for same sex couples and unmarried women. My husband Kale and I recently had a baby boy using IVF. His name is Charlie. We have wanted a child for a long time, and as a same-sex couple, this was the only option available for us to have a biological child. The cost was substantial. IVF alone cost about \$17,000 for the first cycle. And totaling up all expenses, including donor fees, legal fees, surrogate fees and agency fees, we estimate that we spent over \$80,000 on our little angel. We willingly bore the cost but it has not been easy. Our parents contributed funds and we took out a second mortgage on our home. It is frustrating to know that opposite sex couples can alleviate some of the burden through insurance but we could not. It is also sad to think that for many same sex couples the cost will just be too great and they will never even try to have kids of their own. H.B. 664, simply put, is about supporting same sex couples and single mothers in their efforts to have families. Kale and I are a committed as a couple and committed to being good parents. I expect anyone who would go through this long and expensive process would be. The State has already recognized our right to be married and to raise kids. Now it is time to fix the IIVF insurance mandate so families like ours are valued and supported in the same manner as families of opposite sex couples. Kale and I urge you to pass this bill. Little Charlie urges you to pass this bill. Mahalo, Sean Smith

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 31, 2017 10:16 PM
To: HLTtestimony
Cc: ariannafeinberg@gmail.com
Subject: *Submitted testimony for HB664 on Feb 2, 2017 09:30AM*

HB664

Submitted on: 1/31/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Arianna Feinberg	Individual	Support	No

Comments:

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Individual Testimony of Nicholas J. Lockwood
5th Grade, Punahou School
Re: HB 664
Relating to In Vitro Fertilization Insurance Coverage
Thursday, February 2, 2017, 9:30 a.m.
Conference Room 329, State Capitol

Madam Chairwoman, and members of the Committee:

My name is Nicholas Lockwood. I am 11 years old, and I am in the fifth grade at Punahou School. This is my second time testifying at the Legislature: I spoke in favor of a similar bill, SB 768 at the House Committee on Finance on April 8, 2015, when I was 9 years old. I was very disappointed to learn that bill had not become law. I was even more disappointed to learn that my district's representative was the only member of the Committee to vote against it. I asked my mother to e-mail him to ask why, but he never responded. I confess, when we saw him waving at the side of the road last Fall, I did not wave back. That's because this issue is very personal to me. It's about my family.

Like last time, I know you will hear a lot from other adults about the legal side of this bill. I'm here to talk to you about something even more important: the families affected by the bill. Families like mine.

My mom is a single mother. (She says "Mr. Right" apparently missed his bus.) But she wanted to be a mother more than anything. She was lucky, because she was able to have me and my 8-year old brother through donor insemination. If she had not been so lucky, neither of us would be here, because IVF was too expensive and was not covered by her insurance. I know some people aren't sympathetic because they don't think single women should have children. I know that some of those same people don't think same-sex couples should have children. They would tell you not to help any of them. I disagree.

I want to tell you what I have learned about families: I have friends with all different types of families. Some have two parents; some have only one. Some have parents with different genders; some have same-sex parents. Some of the parents are married; some aren't. Some live far apart – sometimes one is even on the mainland. And some friends are not even being raised by their parents, but by their grandparents, aunts or uncles. And what I've learned is this: It's not how many parents you have, or their genders, or if they're married to each other that matters. What matters is how they love and support you. I have all the love and support from my single mom and my extended family than I could ever wish for – more, even, than some of my friends probably get from their two, married, parents.

The main thing my friends' families have in common, is that they're all unique, they're not bound by stereotypes, and they're all filled with love. And I know from growing up in Hawaii, that this is our tradition: 'ohana are formed in many different ways with many different combinations of people, but we value and validate them equally. So I believe the only right decision on HB 664 is one that supports all 'ohana. As I can attest, any parent willing to work so hard to have children, will make sure they're nurtured, supported and surrounded by love.

Thank you for your time. If you have any questions for me, I'd be glad to answer them.

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 31, 2017 8:45 PM
To: HLTtestimony
Cc: kaulanad@gmail.com
Subject: *Submitted testimony for HB664 on Feb 2, 2017 09:30AM*

HB664

Submitted on: 1/31/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kaulana Dameg	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 6:18 AM
To: HLTtestimony
Cc: miriahholden10@hotmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Miriah Holden	Individual	Support	No

Comments: I write in strong support of H.B. 664, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. H.B. 664 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support H.B. 664, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 8:10 AM
To: HLTtestimony
Cc: ashley.decoligny@gmail.com
Subject: *Submitted testimony for HB664 on Feb 2, 2017 09:30AM*

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley de Coligny	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 8:01 AM
To: HLTtestimony
Cc: maliaslday@gmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Malia Day	Individual	Support	No

Comments: I write in strong support of H.B. 664, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. H.B. 664 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and Aloha. I support H.B. 664, and respectfully ask that the Committee approve this measure.

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From: mailinglist@capitol.hawaii.gov
To: [HLTtestimony](#)
Cc: mikegolojuch808@gmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM
Date: Tuesday, January 31, 2017 5:06:57 PM

HB664

Submitted on: 1/31/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Golojuch	Individual	Support	No

Comments: I strongly support HB664. Although I am speaking as an individual, as a member of State Central Committee of the Democratic Party, this bill conforms with previous resolutions passed by the Democratic Party and is in keeping with our Platform. It provides equality for all couples.

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Sent: Wednesday, February 1, 2017 9:38 AM
To: HLTtestimony
Cc: allegrag@hotmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Allegra Giacchino	Individual	Support	No

Comments: Please support HB664. Discrimination is unacceptable, especially regarding something so fundamental as the opportunity to conceive a child. Thank you.

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 4:03 PM
To: HLTtestimony
Cc: jfrattarelli@armghawaii.com
Subject: *Submitted testimony for HB664 on Feb 2, 2017 09:30AM*

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
John L Frattarelli, M.D., HCLD	Individual	Support	No

Comments:

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Sent: Wednesday, February 1, 2017 9:34 PM
To: HLTtestimony
Cc: jtwrenn@gmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Wrenn	Individual	Support	No

Comments: I write in strong support of H.B. 664, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. H.B. 664 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support H.B. 664, and respectfully ask that the Committee approve this measure.

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I support HB 664

Despite the advances in reproductive research and technology as well as changing social mores over the past three decades, the current law relating to insurance coverage for IVF has not been updated since it was passed in 1989. In fact, the law omits the most common cause of female infertility, Polycystic Ovarian Syndrome (PCOS). Additionally, the mandatory five-year wait from the initial diagnosis of infertility can reduce the effectiveness of IVF and increase the risk factors of a successful pregnancy due to increased maternal age. A 32-year-old woman has a much greater chance of successful IVF, and a less risky pregnancy, than a 37-year-old woman. Because the law only provides for heterosexual married couples, same-sex or unmarried couples and single women are unable to receive any coverage from their insurance company.

My personal journey with infertility began when I stopped taking oral birth control in January of 2013. By April, I was experiencing amenorrhea because I was not ovulating. It took two years before I was able to find an OB-GYN who ordered testing to confirm a diagnosis of PCOS, the most common cause of female infertility. The first recommended treatment was clomiphene, an oral medication to encourage ovulation. Since clomiphene was prescribed for infertility, my insurance company did not cover the medication or the monthly blood tests that were required to make sure that the prescribed dosage was working. After six-months of clomiphene without a pregnancy, my OB-GYN referred me to a Reproductive Endocrinologist (RE) at a fertility clinic on Oahu. Before seeing my RE, my fallopian tubes were tested for blockage, a medical condition that would have been met the requirements for IVF coverage if discovered. My tubes were open and again, with an existing infertility diagnosis, my insurance company did not provide coverage for the procedure. I began seeing my RE once a month when she visited patients in Kona. I had further testing, was assigned an IFV coordinator in July 2016, and scheduled a date to begin the IVF process. Then, my insurance company rejected the authorization to begin my treatment. Despite the fact I had been trying to fall pregnant for nearly four years, I had only been diagnosed with PCOS and infertility for 18 months. I will not meet the current criteria for IVF coverage until April, 2020. I will be 36 years old, considered advanced maternal age, and much less likely to have successful IVF. I have already paid over \$3,000 for infertility testing and treatment not covered by my insurance. Current coverage for IVF authorized by my insurance coverage would cover roughly 75% of the procedure, but I would still have to pay at least \$5,000 out of pocket.

The insurance companies only cover the initial recovery of eggs, the creation of embryos, and one attempt at implantation and every company only allows one process a lifetime. If multiple embryos are created, the insurance companies do not cover freezing those embryo's for future transfer, which is an additional \$1,600 out of pocket fee for the patient. Freezing additional embryos gives patients another chance if the initial transfer fails. Genetic testing of embryos is not covered by the insurance companies, which is an additional \$6,800 out of pocket fee for the patient. Genetic testing of embryos ensures that the most viable embryos are used in transfer which increases success rates. Frozen embryo transfers are not covered by the insurance companies, which is an additional \$4,400 out of pocket fee. Again, the frozen embryo transfer gives patients another opportunity if the initial transfer fails or if they wish to have more children in the future.

Many people feel that infertility coverage is not essential healthcare. This ignores the underlying medical causes of infertility and the mental health effects of an infertility diagnosis, which can be as severe as the mental health effects of a cancer diagnosis. No other disease that I know of is singled out of insurance coverage and rejected the way infertility is. Infertility impacts 1 in 8 couples. Much could be done to improve access and insurance coverage of IVF. Passing HB664 would be a good start.

Mahalo,

Abigail Au
82-6065 Mamalahoa Hwy. B-302
Captain Cook, HI 96704

LATE

kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 1, 2017 8:11 PM
To: HLTtestimony
Cc: eryl.fujita@gmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Eryn Fujita	Individual	Support	No

Comments: I support this bill as it is much more inclusive and removes the discriminatory requirements for mandatory insurance coverage of in vitro fertilization procedures.

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Sent: Wednesday, February 1, 2017 9:35 PM
To: HLTtestimony
Cc: jtwrenn@gmail.com
Subject: Submitted testimony for HB664 on Feb 2, 2017 09:30AM

HB664

Submitted on: 2/1/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Donna Wrenn	Individual	Support	No

Comments: I write in strong support of H.B. 664, which seeks to eliminate discrimination in health insurance coverage for in vitro fertilization (IVF) on the basis of sex, sexual orientation, and marital status. For many individuals and couples, IVF is their only hope when it comes to having children. Unfortunately, the procedure can be extremely expensive — up to \$20,000 per cycle. Current Hawaii law requires insurance providers to cover expenses relating to IVF procedures for heterosexual married couples only, leaving unmarried women and LGBT couples at a significant disadvantage when planning their families. H.B. 664 remedies this unfair — and potentially unlawful — discrimination by requiring IVF coverage on an equal basis without regard to sex, sexual orientation, or marital status. There is no legitimate reason for this discrimination. Denying insurance coverage for what is an increasingly common and necessary fertility procedure contradicts Hawaii’s core values of equality and aloha. I support H.B. 664, and respectfully ask that the Committee approve this measure.

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kobayashi2 - Jessi

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 2, 2017 3:01 AM
To: HLTtestimony
Cc: andresyg@hawaii.edu
Subject: *Submitted testimony for HB664 on Feb 2, 2017 09:30AM*

LATE

HB664

Submitted on: 2/2/2017

Testimony for HLT on Feb 2, 2017 09:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Andres Gonzalez	Individual	Support	No

Comments:

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