



March 25, 2022

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: HCR 28 – Requesting the Auditor to assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for certain persons who have been diagnosed with cancer and whose cancer or cancer treatment may adversely affect their fertility.

Dear Chair Yamane, Vice Chair Tam, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the intent of HCR 28 to request that the State Auditor conduct an impact study on the social and financial effects of mandating health insurance coverage. We would like to respectfully offer the following amendments that we believe will assist the Auditor's office to further refine their study.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact assessment report a survey of other states in the U.S. which have implemented a mandate for cryopreservation benefits for those diagnosed with cancer to examine what the social and financial impact has been in these states; and

BE IT FURTHER RESOLVED that the Auditor is requested to research if the proposed cryopreservation coverage for those diagnosed with cancer constitutes benefits that are in excess of the essential health benefits, thus requiring the state to defray such costs; and

BE IT FURTHER RESOLVED that the Auditor is requested to research what is being used as the standard medical definition of "reproductive age" that is best suited for the proposed cryopreservation procedures for those diagnosed with cancer, and examine the success rates for the different age groups to determine coverage benefit limitations for this covered benefit. This research should examine whether different standards of infertility treatments are applied to different age groups for those diagnosed with cancer; and

BE IT FURTHER RESOLVED that the Auditor is requested to research public (including but not limited to, Medicare and Medicaid) and private entities that provide the proposed

coverage for cryopreservation procedures for those diagnosed with cancer to determine what is currently being used as a standard for coverage, and what, if any, cost limitations are placed on this coverage benefit; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine current medically necessary standards of care used to determine what types of infertility treatment options are available, at a more cost-effective savings than the proposed cryopreservation procedures, which may be best suited for those individuals diagnosed with cancer. An examination of the existing technology in in infertility procedures and possible future technology should be examined; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine current scientific studies and current medical literature relating to the efficacy of the proposed cryopreservation procedures for those diagnosed with cancer; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine that the scope of coverage for those "diagnosed with a cancer that may or whose treatment may adversely affect the fertility of the insured" is limited to medically necessary fertility preservation treatments for "iatrogenic infertility." "Iatrogenic infertility" means an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes; and

BE IT FURTHER RESOLVED that the Auditor is requested to research the ethical and legal issues surrounding the rights and entitlements with respect to the cryopreserved material, as well as the legal rights of offspring conceived posthumously, including contract remedies, i.e., cryobank agreement, to address the storage and disposition of the cryopreserved material. Some questions that should be considered are:

- o How long will the cryopreserved material be preserved?
- o When and how will the cryopreserved material be destroyed?
- o Upon the donor's death, who has ownership rights of the cryopreserved material? At the time of donor's death, who pays for the storage of the cryopreserved



material? If the donor is married at the time, can the spouse use the cryopreserved material to have a baby after the donor's death?

- o What will happen to the cryopreserved material if the donor and the spouse separate?
- o Can others, i.e. spouse, use the cryopreserved material posthumously? Who has legal decision making authority as to the storage or disposal of the cryopreserved material posthumously?

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew W. Sasaki', is written in a cursive style.

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

Testimony of
John Kirimitsu
Legal and Government Relations Consultant

Before:
House Committee on Health, Human Services, & Homelessness
The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair

March 29, 2022
10:00 am
Videoconference & Conference Room 229

HCR 28 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVATION PROCEDURES FOR CERTAIN PERSONS WHO HAVE BEEN DIAGNOSED WITH CANCER AND WHOSE CANCER TREATMENTS MAY ADVERSELY AFFECT THEIR FERTILITY.

Chair Yamane, Vice-Chair Tam, and committee members; thank you for this opportunity to provide testimony on this resolution requesting a study by the legislative auditor of mandating health insurance coverage for cryopreservation procedures for those diagnosed with cancer.

Kaiser Permanente Hawaii supports this resolution.

We support asking the legislative auditor to study the social and financial impacts of this proposed expansion of in vitro fertilization benefits for those diagnosed with cancer. We offer for your consideration a few additional clauses that may make the auditor's study more useful.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact assessment report a survey of other states in the U.S. which have implemented a mandate for cryopreservation benefits for those diagnosed with cancer to examine what the social and financial impact has been in these states; and

BE IT FURTHER RESOLVED that the Auditor is requested to research if the proposed cryopreservation coverage for those diagnosed with cancer constitutes benefits that are in excess of the essential health benefits, thus requiring the state to defray such costs; and

BE IT FURTHER RESOLVED that the Auditor is requested to research what is being used as the standard medical definition of “reproductive age” that is best suited for the proposed cryopreservation procedures for those diagnosed with cancer, and examine the success rates for the different age groups to determine coverage benefit limitations for this covered benefit. This research should examine whether different standards of infertility treatments are applied to different age groups for those diagnosed with cancer; and

BE IT FURTHER RESOLVED that the Auditor is requested to research public (including but not limited to, Medicare and Medicaid) and private entities that provide the proposed coverage for cryopreservation procedures for those diagnosed with cancer to determine what is currently being used as a standard for coverage, and what, if any, cost limitations are placed on this coverage benefit.

BE IT FURTHER RESOLVED that the Auditor is requested to examine current medically necessary standards of care used to determine what types of infertility treatment options are available, at a more cost-effective savings than the proposed cryopreservation procedures, which may be best suited for those individuals diagnosed with cancer. An examination of the existing technology in in infertility procedures and possible future technology should be examined; and

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BE IT FURTHER RESOLVED that the Auditor is requested to examine that the scope of coverage for those “diagnosed with a cancer that may or whose treatment may adversely affect the fertility of the insured” is limited to medically necessary fertility preservation treatments for “iatrogenic infertility.” “Iatrogenic infertility” means an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

BE IT FURTHER RESOLVED that the Auditor is requested to research the ethical and legal issues surrounding the rights and entitlements with respect to the cryopreserved material, as well as the legal rights of offspring conceived posthumously, including contract remedies, i.e., cryobank agreement, to address the storage and disposition of the cryopreserved material. Some questions that should be considered are:

- How long will the cryopreserved material be preserved?
- When and how will the cryopreserved material be destroyed?
- Upon the donor’s death, who has ownership rights of the cryopreserved material? At the time of donor’s death, who pays for the storage of the cryopreserved material? If the donor is married at the time, can the spouse use the cryopreserved material to have a baby after the donor’s death?
- What will happen to the cryopreserved material if the donor and the spouse separate?
- Can others, i.e. spouse, use the cryopreserved material posthumously? Who has legal decision making authority as to the storage or disposal of the cryopreserved material posthumously?

Thank you for your consideration.



March 29, 2022

The Honorable Ryan Yamane, Chair, House Committee on Health, Human Services, and Homelessness
Hawaii State Capitol
415 South Beretania St.
Room 329
Honolulu, HI 96813

Dear Chair Yamane and Members of the Committee,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **House Concurrent Resolution 28: Requesting the auditor assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for certain persons who have been diagnosed with cancer and whose cancer or cancer treatment may adversely affect their fertility.** This resolution calls for Hawaii to update an auditor report with newer information, which would pave the way for the state to provide coverage for fertility preservation services for patients with cancer when necessary medical treatments may cause infertility. Committee passage of HCR 28 would be a crucial step in helping to make Hawaii the 11th state to provide this important protection for 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 a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

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

We encourage providers to advise patients regarding potential threats to fertility as early as possible in the treatment process to allow for the widest array of options for fertility preservation. HSCO and ASCO strongly support HCR 28 and encourage the committee to pass it in order to update the auditor report. If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Blake Oshiro at blake.oshiro@gmail.com representing HSCO or Aaron Segel at ASCO at aaron.segel@asco.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Burriss III". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael Carney, MD
President
Hawaii Society of Clinical Oncology

Howard Burriss III, MD, FACP, FASCO
Chair of the Board
Association for Clinical Oncology

HCR-28

Submitted on: 3/24/2022 9:25:08 PM

Testimony for HHH on 3/29/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

This is against our Constitution!!



March 29, 2022

BOARD OF DIRECTORS:
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Joyce Reinecke, JD

Representative Ryan Yamane, Chair
Committee on Health, Human Services, and Homelessness
Hawaii State House of Representatives
Conference Room 329
State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Support for HRC 28

Dear Chairman Kobayashi and Members of the Committee:

On behalf of the Alliance for Fertility Preservation (the AFP), we are writing to express our support for House Concurrent Resolution 28 which would request the Auditor update its Report No. 12-09. This report will assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for cancer patients who need these services prior to receiving cancer treatments that might cause sterility or leave them with infertility.

We are a national 501(c)(3) organization dedicated to expanding fertility resources for cancer patients and survivors. We have deep professional experience with this patient need, and we know that due to advances in reproductive technology, cancer need not preclude parenthood. Offering techniques to preserve fertility is now recognized by all relevant medical societies as a standard part of cancer care, but access remains a challenge.

Based cancer incidence rates for Hawaii from the NIH/CDC state profile, each year approximately 530 Hawaiians are diagnosed with cancer while still in their reproductive years (under age 45). Despite the high likelihood (better than 85%) that they will survive their cancer, these patients may involuntarily lose an important part of life after cancer – their ability to one day have their own biologic children.

HRC 28 requires an update to the Auditor's Report No. 12-09. The primary conclusion of that report was that the social and financial impacts of covering fertility preservation could not, at that time, be properly assessed, due to a dearth of data about such coverage. Since that report was written (2012), however, eleven states have passed fertility preservation bills that would provide this type of coverage. Several states have undertaken rigorous analyses estimating the expected costs and benefits of this coverage, so far more data exists for the Auditor to review. Report No. 12-09 also raised additional, ethical concerns that lawmakers would have to confront if they enacted such coverage. Many of these issues about the experimental nature of these technologies or how to properly assent minors for these procedures have been resolved. The available procedures have been expanded and experimental techniques such as egg freezing and ovarian tissue cryopreservation have been recognized as standard. The ethical concern that now remains is the inequitable access that currently exists due to a lack of insurance coverage. This means that only patients with sufficient financial means can access what are now

considered standard procedures to address a well-recognized side effect of cancer treatment – damage to reproductive capacity. Insurance coverage for these services would substantially enhance patients’ subsequent quality of life.

For these reasons, we respectfully ask that you revisit the 2012 Auditor’s Report No. 12-09 to analyze the social and financial effects of fertility preservation coverage as they exist in 2022.

Sincerely,



Joyce Reinecke,
Executive Director



March 25, 2022

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

HCR 28 – Requesting the Auditor to assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for certain persons who have been diagnosed with cancer and whose cancer or cancer treatment may adversely affect their fertility.

Dear Chair Yamane, Vice Chair Tam, and Committee Members:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify with **comments** on HCR 28. HAHP is a statewide partnership of Hawaii’s health plans and affiliated organizations to improve the health of Hawaii’s communities together. The vast majority of Hawaii residents receive their health coverage through a health plan associated with one of our organizations.

HAHP supports the intent of this resolution to request that the State Auditor study the social and financial impacts of these proposed mandates to health insurance coverage. We respectfully request the following amendments as we believe they may be helpful to further refine the Auditor’s study.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact assessment report a survey of other states in the U.S. which have implemented a mandate for cryopreservation benefits for those diagnosed with cancer to examine what the social and financial impact has been in these states; and

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hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org



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- What will happen to the cryopreserved material if the donor and the spouse separate?
- Can others, i.e., spouse, use the cryopreserved material posthumously? Who has legal decision making authority as to the storage or disposal of the cryopreserved material posthumously?

Thank you for the opportunity to provide comments on HCR 28.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

hahp.org | 818 Keeaumoku St., Honolulu, HI 96814 | info@hahp.org

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan |
UHA Health Insurance | UnitedHealthcare

March 28, 2022

Representative Ryan I. Yamane
415 S Beretania St.
Honolulu, HI 96813

Dear Representative Yamane,

My name is Anna Ung and I am a medical student at the John A. Burns School of Medicine, as well as a resident of O'ahu.

I wanted to provide my strong support for the HCR28 bill, which will call for the assessment of the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for individuals who have been diagnosed with cancer. Through this auditor request, I hope that strong evidence supporting the benefits of fertility preservation efforts for those adversely affected by malignancy can come to light.

Through my experiences shadowing at a local fertility clinic for over two years, I have built a strong passion for patient support and advocacy in the face of the many challenges of infertility. For many families, the difficulties of infertility go beyond the medical aspects of struggling to conceive. In addition, couples face significant social and financial stressors associated with infertility. Socially, cultural beliefs may result in negative stigma related to infertility, which can be a source of added stress on top of the expectations of parents wanting grandchildren or partners wanting children. Financially, it is inarguable that assisted reproductive technologies (ART) such as IUI or IVF are significantly costly and thus are not accessible to many. However, I have seen many couples who have been able to pursue ART thanks to their insurance coverage, which often have been the determining factor of whether or not they would be able to have children, an option I believe that everyone should have.

For individuals with cancer, the struggles of infertility are heavily exacerbated. These patients are forced to sacrifice their ability to conceive and start a family in order to survive their condition. However, with fertility preservation procedures, these patients can still have hope. With mandatory health insurance coverage for these procedures, we can ease the already-massive financial toll of surviving cancer while also preserving their basic human right to have a family of their own. I am confident that should this bill pass, effects of mandatory coverage will be found to be greatly beneficial. Even if the opposite were to be true, I believe that it is still worth learning more about this important and challenging clinical situation in hopes to improve the quality of life of individuals affected by cancer as much as possible.

Thank you for taking the time to read this letter and I hope it can be taken into consideration as support for this important bill.

With best regards,



Anna Ung