# SB 615
# SD 1

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TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Tuesday, March 1, 2011
9:20 a.m.

**WRITTEN TESTIMONY ONLY**

**TESTIMONY ON SENATE BILL NO. 615, S.D. 1 – RELATING TO INFERTILITY PROCEDURES.**

TO THE HONORABLE DAVID Y. IGE, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this bill which updates the in vitro fertilization mandated benefit. The changes contemplated by this bill involve medical issues that are outside the expertise of the Insurance Division.

We thank this Committee for the opportunity to present testimony on this matter.

Testimony of the

American Society for Reproductive Medicine

Submitted to the Ways and Means Committee of the Hawaii State Senate

February 28, 2011

We are writing on behalf of the American Society for Reproductive Medicine in support of legislation (HB 940/SB 615) to improve current law with respect to treatment for infertility. ASRM is a multidisciplinary organization dedicated to the advancement of the art, science, and practice of reproductive medicine. ASRM represents approximately 8,000 medical professionals across the country including obstetrician/gynecologists, urologists, reproductive endocrinologists, embryologists and others.

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. This equates to 1 in 8 couples, which is a significant number. For many of these couples, treatment lies in conventional medical therapy, such as drug treatment or surgery to repair reproductive organs. Since 1978, assisted reproductive technology (ART), and most commonly in vitro fertilization, or IVF, has provided another solution for many would-be parents. Since 1987, Hawaii has recognized the importance of requiring insurance coverage for the treatment of this disease and we applaud lawmakers in Hawaii for their commitment to the needs of the infertile community.

However, the current law in Hawaii has a number of shortcomings. First, it requires couples 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. HB 940 and SB 615 would amend Hawaii's insurance requirement to include ASRM's medical definition of the disease and therefore is an approach we fully endorse.

Current law also only covers one form of assisted reproductive technologies, that being in vitro fertilization (IVF). While IVF is the only appropriate medical treatment for some patients, it is not the only appropriate treatment for others, and not the appropriate treatment at all for others yet. HB 940 and SB 615 recognize the importance that patients have available to them treatment options appropriate for their specific infertility diagnosis. In addition, HB 940 and SB 615 strike

the current law's narrow restrictions on infertility diagnoses under which insurance must reimburse for treatment. There are a host of reasons an individual may experience infertility, and to limit insurance reimbursement to the four conditions enumerated in current law is unjust.

Another important and necessary change, is that HB 940 and SB 615 allow for no fewer than four attempts to achieve a successful pregnancy outcome. In human reproduction, even as undertaken without medical assistance, fewer than 20 percent of fertilized eggs implant in the uterus. On average, 30 percent of in vitro procedures result in a live birth. The success of any given infertility treatment is influenced by a number of factors and therefore it is important that patients be given the opportunity to maximize their chances of a successful treatment outcome. If the goal of the insurance requirement is to help individuals address their infertility and welcome a baby, then it is imperative that patients be allowed a reasonable number of treatment protocols. Many patients that do not conceive in the first cycle, go on to conceive and carry pregnancies to term in a subsequent cycle.

Finally, the proposed amendments to current law remove the requirement that an infertility patient be married. Today's society has come to not only accept, but embrace the fact that not all parents are married. ASRM does not believe that treatments for infertility should be restricted to married individuals.

HB 940 and SB 615 seek to extend the benefits of Hawaii's existing insurance coverage requirements to patient populations that were unfortunately left out when the original law was enacted and to eliminate inequities in the law. We hope the Hawaii State Legislature will take this opportunity to help to remove barriers to all individuals who need assisted reproductive technologies to build their families.

HMSA

Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

March 1, 2011

The Honorable David Ige, Chair
The Honorable Michelle Kidani, Vice Chair
Senate Committee on Ways and Means

**Re: SB 615 SD1 – Relating to Infertility Procedures**

Dear Chair Ige, Vice Chair Kidani, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 615 SD1 which would require health plans expand the coverage for certain types of infertility services. As a general rule HMSA always opposes unfunded mandated benefits.

With the passage of the federal health care reform known as the Affordable Care Act (ACA), there are some additional issues which should be taken into consideration when discussing state mandated benefits. There is a possibility that the suite of services outlined in this measure could potentially not be included within the federal government's definition of what will be considered an "essential health benefit". Essential health benefits will be offered by qualified health plans operating within the state insurance Exchange. For services which exceed those included in the essential benefits package, states will assume financial liability for the cost of these services or not provide them. States need to consider that additions to, or expansions of, mandated benefits could put the state at an unknown financial risk.

To give the Committee perspective on how costly this mandate might end up being, we performed a high level overview of the cost of an In Vitro Fertilization (IVF) attempt. The fee paid by HMSA for one IVF attempt is about $7,000. This fee does not include any prescription medications associated with the IVF attempt but does include all medical services. For one attempted cycle of IVF, the prescription medications involved averages about $6,000. In 2009, HMSA provided coverage for 407 IVF attempts. This means that the cost for one IVF attempt plus the medications involved during the process is about $13,000 for one attempt and $52,000 for four attempts. If IVF attempts are mandated by the state but end up not being included in the ACA's essential health benefits, the financial risk to the state annually, assuming 407 IVF attempts would be $5.3 million.

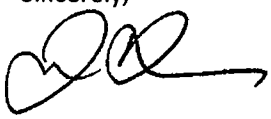
We would also point out that there are some important issues with the language in the measure which includes the use of the terminology "fresh cycle" and seems to exclude frozen embryos. Given this, the measure would seemingly allow a woman to receive any number of frozen transfers but only four fresh transfers.

Additionally, there are services in the measure which we do not currently cover today, aside from the IVF treatments themselves. Another additional cost which is associated with IVF treatments are multiple births resulting in premature babies. While it is difficult to discern from our data how many infants born prematurely are the result of IVF, one premature infant can easily cost $750,000.

We would suggest that the Legislature request the Hawaii State Auditor perform a study to determine the social and financial impacts of passing the expanded set of infertility coverage as required under HRS 23-51.

With the ACA requirements in flux, and the financial liability to the state difficult to project accurately, we would respectfully request that the Committee see fit to hold this measure today.

Sincerely,



Jennifer Diesman
Vice President
Government Relations

Senator David Ige, Chair

Senator Michelle Kidani, Vice Chair

Senate Ways and Means Committee

Health Insurance; Infertility Treatments

Support for SB No 615, Relating to Infertility Procedures

Thank you very much for your consideration of Senate Bill 615. Hawaii was one of the first states to lead the country in legislation for infertility treatment, and we are reconsidering the legislation 24 years later after continued improvement in the treatment of infertility. Hawaii is a very family friendly place. I see it every weekend when my wife and I go to Ala Moana Beach Park and see the bouncy houses, barbeques going, and kids playing in the water. Now that legislation is coming up, my wife and I may have the opportunity to join them. To be able to take our own family to the beach is something that we both look forward to.

Parents will make many, many decisions in the lives of their children. Shouldn't parents-to-be in Hawaii have access to treatments that will allow the first decisions they ever make for their future children, to be based on good medicine, instead of money? Hawaii's moms and babies deserve to have their health considered paramount.

Hawaii is a pro-family state. Providing comprehensive treatment for the diagnosis and treatment of this disease is absolutely the right thing to do. Without providing comprehensive treatment, people gravitate towards more risky, bad medical choices based on income.

Insurance companies argue that mandated coverage for infertility treatments increase the care costs and health insurance premiums. In defense of the current legislation as written, evidence does show that this belief is unfounded, and can be overcome. Massachusetts currently has the most comprehensive infertility treatment mandates, and they found that the cost of providing such coverage was $.26, which was less than a .1% increase in a typical family's premiums (Martha Griffin & William F. Panak, *The Economic Cost of Infertility-Related Services: An Examination of the Massachusetts Infertility Insurance Mandate*, 70 FERTILITY & STERILITY 22, 22–23 (1998). A Mercer study even found that 91% of companies did not even feel that impact. They actually felt that morale was boosted in the office and were perceived as being family friendly companies.

States with infertility mandates can actually reduce overall health care costs through heightened disease management and eliminating unnecessary, outdated procedures *The Hidden Costs of Infertility Treatment in Employee Health Benefits (Blackwell, R., et al., April 2000).* One example would be tubal litigation surgery which is currently covered in Hawaii. This may or may not affect the mother's chance of having a child, but as it is a covered procedure it is frequently done to see if it could help with pregnancy. Tubal surgeries require a hospital stay of three to five

days, compared to assisted reproductive techniques which are an outpatient procedure. The cost per delivery for assisted reproductive techniques is $37,028, while tubal surgery costs approximately $76,000 per delivery. Bradley J. Van Voorhis et al., *Cost-Effectiveness of Infertility Treatments: A Cohort Study, 67 FERTILITY & STERILITY 830, 832 tbl.1 (1997).* The decline in the use of high-cost procedures like tubal surgery would likely offset the cost to include IVF as a benefit and provide improved health outcomes.

My final argument on how this would actually decrease costs has to do with higher order pregnancies. Infertile patients who pay out-of-pocket for these treatments have a financial incentive to achieve pregnancy with their first attempt, and they are often willing to accept the risks associated with a multiple birth in order to maximize their chances of pregnancy. This includes transferring multiple embryos, performing Intrauterine Insemination with higher numbers of eggs, etc... all of which lead to higher chance of multiple birth rates. A study published in the New England Journal of Medicine found that when insurance carriers covered the costs of IVF treatment the number of embryos transferred was actually lower, which led to a lower number of multiple births. Also, insurance carriers would likely increase pressure on doctors and clinics to try and lower the number of multiple births. Insurance covers the cost of the pregnancy, and all its attendant costs, as well as the cost of some or all of those high-order multiple birth children. The cost of a high-risk pregnancy plus the related costs of birthing multiple children is what makes high-order multiples so expensive to insurers now.

The other two aspects of the bill have to do with the spouse's sperm and the waiting period. Current legislation states that the spouse's sperm must be used. This portion of the bill stands for change just due to the hints of discrimination. By eliminating this portion, and going with the wording in the proposed bill, all of Hawaii's people will be able to benefit from the insurance coverage that they already pay for. If you have the same premiums, you should have the same coverage.

The final portion is in regards to the waiting period. Current Hawaii law requires a waiting period of 5 years. By reducing that waiting period to 6 months for women over the age of 35 and 1 year for women under the age of 35 you are greatly increasing the chance of a healthy pregnancy. The chance of success drastically decreases as women age and by requiring them to wait 5 years is basically the same as not providing them the best possible health care.

Once again, I truly appreciate your time and consideration.

David Hood

# Facts Supporting Fertility Health Care Benefits

## Quick Facts on Infertility

**What is Infertility?**

- Infertility is the result of a disease – an interruption, cessation, or disorder of body functions, systems, or organs – of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery.
- In most instances, providers do not evaluate couples or individuals for infertility until the couple has been unsuccessful at conceiving a child for about 12 months. There are, however, some instances where an evaluation may be undertaken sooner.
- Infertility affects men and women equally.
- Most infertility cases, about 85 to 90 percent, are treated with conventional medical therapies, such as medication or surgery.
- In vitro fertilization and other similar treatments account for less than 3 percent of infertility services and about 0.07 percent of all U.S. health care costs.

Source: American Society for Reproductive Medicine, www.asrm.com

## Insurance Coverage Saves Money

**Insurance Premiums Don't Go Up**

- Comprehensive infertility coverage may actually reduce premium expense by as much as $1 per member/ per month. Mercer, et al. found unnecessary procedures such as tubal surgery could be eliminated and improved quality controls could reduce higher order multiple births and their accompanying costs. Study by Richard E. Blackwell and the Mercer Actuarial Team (American Journal of Obstetrics and Gynecology, Vol. 182, No. 4, April 2000).
- The cost of infertility services as a percent of the total health care premiums went down after the 1987 Massachusetts mandate, with total infertility costs making up only 0.41% of the premium. Study by Griffin & Panak (Fertility & Sterility, 1998).
- 900 companies were surveyed in a 2006 employer survey conducted by consulting firm William M. Mercer. Of those that offered infertility coverage, 91% said they had *no increase* in healthcare costs as a result of adding this benefit.

**Unnecessary Medical Procedures Avoided**

- "The decline in use of high-cost procedures like tubal surgery would likely offset the cost to include IVF as a benefit and provide improved health outcomes." William M. Mercer, Infertility as a Covered Benefit, 1997.
- Often patients select treatment based on what is covered by their insurance plan rather than what is the most appropriate treatment. For example, many reproductive surgeries such as tubal surgery are more expensive than assisted reproductive treatment ($10,000 to $15,000 for tubal surgery, $8,000 to $13,000 for assisted reproductive treatment).

**High Order Multiples Reduced**

- Insurance coverage avoids high-cost multiple births. In states with mandated infertility insurance, the rate of multiple births is lower than in states that deny coverage. Jain, et al., "Insurance Coverage and Outcomes of In Vitro Fertilization," New England Journal of Medicine, August 2002. (Note: this study included researchers at Brigham and Women's Hospital.)
-
- These findings have been replicated many times in U.S. and international studies.
    - Reynolds MA, Schieve LA, Jeng G, Peterson HB. Does insurance coverage decrease the risk for multiple births associated with assisted reproductive technology? *Fertility and Sterility* 2008 2003 Jul;80(1):16-23. CONCLUSION(S): Insurance appears to affect embryo transfer practices.

      Henne MB, Bundorf MK. Insurance mandates and trends in infertility treatments. *Fertility and Sterility* Jan;89(1):66-73. Epub 2007 May 7. CONCLUSION(S): Comprehensive insurance mandates are associated with greater utilization of ART and lower rates of births per cycle and multiple births per ART birth.

      American Society for Reproductive Medicine. 2007 SART Data Posted; Triplet and Higher Order Multiples from ART Are Below Two Percent. www.asrm.org. October 15, 2009.

- McCaughey septuplets and other high-order multiples are *not* from in vitro fertilization (IVF) treatment, but from lower-cost procedures that patients choose when they cannot afford IVF.

**Dangers Associated with No Insurance Coverage**

- Without a mandate none of the medical costs related to infertility are covered, including office visits and diagnosis.

- Without insurance coverage, couples make medical decisions based primarily on financial considerations rather than medical necessity, which often result in multiple births and a high rate of complications during and post-pregnancy. (Jain, et al., New England Journal of Medicine). Both mothers' health and babies' health suffer.

**What are the Cost Savings?**

- Average costs per delivery are lower with accelerated treatment of infertility, as opposed to conventional treatment. There is an incremental savings of $2,624 per couple and 0.06 percent more deliveries. Reindollar RH, et al., *A randomized clinical trial to evaluate optimal treatment for unexplained infertility: the fast track and standard treatment (FASTT) trial,* Fertility & Sterility (Aug., 2010).

- Several studies suggest that women experiencing infertility tend to suffer from a greater need for mental health services, which also add costs to the health care system. *See, e.g.*, Domar AD, et al., *The prevalence and predictability of depression in infertile women.* Fertil Steril. 1992 Dec;58(6):1158-63. Greater access to infertility benefits may lower these costs

**Reduction in Mental Health benefits**

Chen TH, Chang SP, Tsai CF, Juang KD. Prevalence of depressive and anxiety disorders in an assisted reproductive technique clinic. Hum Reprod. 2004 Oct;19(10):2313-8. Epub 2004 Jul 8. CONCLUSIONS: Depressive and anxiety disorders were highly prevalent among women who visited an assisted reproduction clinic for a new course of the treatment. Demographic features and a history of previous assisted reproduction treatment were not risk factors for these psychiatric morbidities in the assisted reproduction clinic.

Domar AD, Zuttermeister PC, Friedman R. The psychological impact of infertility: a comparison with patients with other medical conditions. **J Psychosom Obstet Gynaecol.**1993;14 Suppl:45-52. The results suggest that the psychological symptoms associated with infertility are similar to those associated with other serious medical conditions.

Domar AD, Broome A, Zuttermeister PC, Seibel M, Friedman R. The prevalence and predictability of depression in infertile women. **Fertil Steril.** 1992 Dec;58(6):1158-63. CONCLUSIONS: Depressive symptoms are common in infertile women. Psychological interventions aimed at reducing depressive symptoms need to be implemented, especially for women with a definitive diagnosis and for those with durations of 2 to 3 years of infertility.

**Reduced higher order multiples in states that mandate infertility insurance**

Jain T, Harlow BL, Hornstein MD. Insurance coverage and outcomes of in vitro fertilization.*N Engl J Med* 2002;**347(9):**661–666). CONCLUSIONS: State-mandated insurance coverage for in vitro fertilization services is associated with increased utilization of these services but with decreases in the number of embryos transferred per cycle, the percentage of cycles resulting in pregnancy, and the percentage of pregnancies with three or more fetuses.

Reynolds MA, Schieve LA, Jeng G, Peterson HB. Does insurance coverage decrease the risk for multiple births associated with assisted reproductive technology? *Fertility and Sterility* 2008 2003 Jul;80(1):16-23. CONCLUSION(S): Insurance appears to affect embryo transfer practices.

Henne MB, Bundorf MK. Insurance mandates and trends in infertility treatments. *Fertility and Sterility* Jan;89(1):66-73. Epub 2007 May 7. CONCLUSION(S): Comprehensive insurance mandates are associated with greater utilization of ART and lower rates of births per cycle and multiple births per ART birth.

American Society of Reproductive Medicine. 2007 SART Data Posted; Triplet and Higher Order Multiples from ART Are Below Two Percent. www.asrm.org. October 15, 2009.

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Celia Dominguez Co-Director
Thomas Huang, PhD Laboratory Director

March 1, 2011

To: Senator David Y. Ige, Chair- Committee on Ways and Means; Senator Michele Kidani, Vice Chair; and members of the committee

From: Philip I. McNamee, M.D. – Practice Director, Pacific In Vitro Fertilization Institute

Re: SB 615 S.D.1– Relating to Infertility Procedures

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I am Dr. Philip McNamee, practice director of the Pacific In Vitro Fertilization Institute. I am offering testimony in support of SB 615, S.D.1 *Relating to Infertility Procedures*. This bill amends Acts 431 and 432 regarding insurance coverage of in vitro fertilization treatments. Twenty-four years ago the legislature passed a bill authorizing the costs of In Vitro Fertilization (IVF) to be covered by insurance companies in Hawaii on a one-time basis. I want to thank the legislature for passing this forward thinking legislation. Hawaii was the second state to do so and many others have followed. As a result, 3,500 babies have been born from our institute alone - babies that would otherwise not have seen the light of day.

Over the past 24 years, many improvements have been made in the IVF process and the pregnancy rates have continued to go up year after year. However, still today, nationally and in Hawaii, many couples remain childless after only one IVF attempt. This bill, which you are considering today, will enable many more childless couples to have a successful IVF attempt.

Also during the past 24 years, the Society for Assisted Reproductive Technology (SART) was created. SART sets standards for IVF procedures in the United States. SART requires all members to abide by them. This bill requires all organizations that perform IVF services to be members of SART.

**An important correction needs to be made to the language of this bill.** The committee report from the Health and Judiciary and Labor committees correctly states on page 2, "Your committee has amended this measure by: (1) Requiring covered in vitro fertilization procedures to be performed at medical facilities that are members of the Society for Assisted Reproductive Technologies to ensure...quality facilities that abide by established standards of care..."

The Society for Assisted Reproductive Technologies oversees **only** in vitro fertilization services. The language in the bill by not adding "in vitro fertilization" to the word "procedures" does not represent that fact. Organizations or Doctors that do not perform in vitro fertilization cannot become members of SART.

Therefore this bill should be corrected in three places. Page 1, line 16 should read, "(3) The **in vitro fertilization procedures** are performed..." Page 4 line 18 should read, "(3) The **in vitro fertilization procedures** are performed..." Page 8 line 5 should read, "(3) The **in vitro fertilization procedures** are performed..."These corrections will carry out the intent of the committee report of the Health and Judiciary and Labor committees.

Australia, where the government covers IVF costs, keeps a registry of the IVF babies born. Studies based on this registry have shown that IVF children are better socialized and do better in school than other children. They do not have a higher IQ, rather these children benefit from having very strong parental support.

We learn a lot from the first IVF attempt. For example, sometimes the process fails because not enough good quality eggs (oocytes) are produced in the first IVF attempt. We then modify the amount of medication to increase the production of oocytes in the potential mother. Other modifications can also be made as a result of information collected from the first IVF cycle. The result is that the second IVF cycle can be more successful than the first. Data has shown that this increase in "cumulate pregnancy rates" does not significantly improve after the 4$^{th}$ IVF attempt. Other states that require IVF insurance coverage have commonly limited coverage to 4 attempts.

I have served on the board of directors of SART for 13 years and served as President in 2000-2001. I feel very strongly that all organizations performing IVF should be a member of SART to insure quality control of this special field of medicine.

Thank you for the opportunity to testify. I encourage the passage of SB 615 S.D.1.

**From:** mailinglist@capitol.hawaii.gov
**Sent:** Monday, February 28, 2011 8:02 AM
**To:** WAM Testimony
**Cc:** LCFratt@gmail.com
**Subject:** Testimony for SB615 on 3/1/2011 9:20:00 AM
**Attachments:** Infertility testimony 2-28-11.doc

**Categories:** Green Category

Testimony for WAM 3/1/2011 9:20:00 AM SB615

Conference room: 211
Testifier position: support
Testifier will be present: No
Submitted by: LeighAnn C Frattarelli, MD, MPH
Organization: Individual
Address:
Phone:
E-mail: LCFratt@gmail.com
Submitted on: 2/28/2011

Comments:
Attached is my testimony. Although I am submitting as an individual, I would like to document support for this bill from Advanced Reproductive Medicine and Gynecology, Inc.
Thank you

# Senate Bill 615 Testimony

As citizens of the state of Hawaii, we are fortunate to be part of one of the most progressive health care system in the country. A leader in health care, we consistently rank number one or number two in lowest percent of the population without health insurance. We legalized abortion 2 years before Roe vs. Wade and have consistently supported the right for all to access health care including family planning services.

Hawaii was the 2nd state in the country to mandate In-vitro Fertilization (IVF) benefits. Thousands of happy families in Hawaii today would be childless couples if it weren't for this mandate. This one chance at pregnancy is many couples only chance to have the family they so desire.

Since the Hawaii IVF mandate, significant advances have been made in infertility evaluation and treatment. Success rates have increased with IVF partially due to added technologies such as Intracytoplasmic sperm injection (ICSI), where one sperm is injected into one egg in the lab during an IVF cycle. These new technologies are not always covered under the current IVF mandate.

Acknowledging the burden of patients with infertility as a health problem, many other states have now developed mandates requiring insurance coverage of evaluation and treatment of infertility. Despite the great benefits of our original mandate, we have now fallen behind, and are no longer a leader in providing care for this portion of our population. The original mandate is extremely limited and although much better than no mandate, does not protect and allow access to affordable care for many of our infertility patients.

During the same time that our success rates for infertility treatment have increased, the number of people that desire to start a family but are unable to do so have increased. With 15% of couples experiencing infertility, infertility has become a public health problem. This is a public health issue that we have the ability to address and treat, but without insurance coverage even for a basic work up, for many patients there is no access to care. We have developed a population whose medical problem is ignored by insurances and in many cases these patients are unable to afford an adequate evaluation and treatment without insurance coverage.

As a gynecologist who works in an infertility office, I have to keep the Kleenex close at all times. The burden of infertility is heavy. It is natural for people to desire to have children. The added burden of deciding between treatment for infertility and paying the rent that month and the next is unfair and discriminatory. Patients with medical insurance do not have to decide between treatment for their diabetes and buying their groceries. They don't have to decide between an evaluation for erectile dysfunction and paying Hawaii Electric Co, and they do not have to decide between getting an abortion and feeding their other children. Why are our insurances allowed to discriminate? How can this

population be completely ignored and unable even to get a medical evaluation with insurance coverage unless they meet the very strict criteria provided in the previous mandate?

As the mother of twin boys, my life, my identity, my heart and soul is my family. I am so gratefully that I had the ability to undergo an infertility evaluation and receive treatment. Under the current Hawaii mandate, I would not have been able to receive the care I needed through my insurance at the time (HMSA PPO.) It took me three cycles of IVF to have my wonderful boys. I can't help but wonder if I would have been able to pay for the last two cycles of IVF that it took for me to conceive or what sacrifices I would have had to make. I am truly blessed to have had such wonderful care for my infertility and to have had the ability to continue care until my dream of having a family was achieved.

Many of my professional colleagues have also found the current mandate discriminatory. More and more women delay their childbearing to establish themselves in a career and find and strengthen the right relationship. Their values are strong, they want to be able to provide financially for a child and give the child a loving family. They want to "do it right." Unfortunately, when they experience infertility that does not meet one of the strict medical criteria listed under the current mandate, they are denied insurance coverage for IVF until they have "tried" to conceive for 5 years. A 38 year old infertility patient who is not allowed to try IVF for 5 years will have a < 1% chance of having a child, but if she undergoes IVF once her diagnosis is established, she will have a 25- 30% chance that one cycle of getting pregnant and having a live birth.

As mentioned above, I am personally thankful for my ability to continue care. The current IVF mandate only allows for one cycle of IVF. Allowing only one cycle of IVF, unfortunately puts patients in a position of gambling by choosing how many embryos to put back (under the guidance of a physician). If the doctor puts back 3 embryos versus 1 embryo, the patient has a significantly higher chance of getting pregnant, but also has a higher chance of triplets which means a high risk pregnancy and higher costs. Society for Assisted Reproductive Technologies now recommends placing only one embryo in many situations, but in Hawaii, where the patient only has one chance, that never happens. Even though IVF has a higher chance of pregnancy than any other option, the odds of taking home a baby when you only have one chance are not favorable enough.

I'm confident the committee will look at the studies provided by Resolve regarding the cost of comprehensive infertility care. Another cost savings I see specific to Hawaii is by providing IVF services where it can best be utilized for the best outcomes. The current IVF mandate does not have an upper age limit. Many 44 and 45 year olds attempt IVF under the current mandate. These patients use significantly more medications (which are the largest cost in IVF) than 35 year olds, and have almost a 0 chance of pregnancy. By providing care at a younger age, putting an upper age limit on IVF, we are providing care to patients when the care costs less and is more likely to be successful

In summary, I strongly support Senate Bill 615. Professionally and personally I know the burden of infertility. I see inadequate evaluation and treatment of infertility patients as discriminating against a needy population and strongly believe this bill would once again put Hawaii as a leader in mandating access to quality health care while not excessively burdening the community with costs.

Thank you,

LeighAnn C. Frattarelli, MD, MPH

Advanced Reproductive Medicine and Gynecology, Inc.