



DAVID Y. IGE
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TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Wednesday, February 4, 2015
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 673 – RELATING TO FERTILITY RIGHTS OF
CANCER PATIENTS.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),
testifying on behalf of the Department of Commerce and Consumer Affairs
(“Department”). The Department takes no position on this bill, and submits the following
comments on this bill.

The purpose of this bill is to add a new mandated health insurance benefit
requiring health insurers, mutual benefit societies, and health maintenance
organizations to provide fertility preservation procedures for people diagnosed with
cancer who have not started cancer treatment.

Additionally, the addition of a new mandated coverage may trigger section
1311(d)(3) of federal Patient Protection and Affordable Care Act which requires states
to defray the additional cost of any benefits in excess of the essential health benefits of
the state’s qualified health plan.

Any proposed mandated health insurance coverage requires the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed mandate, pursuant to Hawaii Revised Statutes § 23-51.

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



ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY



3 February 2015

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 673.

We all know someone who has been diagnosed with and treated for cancer. Likewise, we all know someone who is now a cancer survivor. What many do not realize is that these patients are now suffering with another treatable diagnosis –Infertility.

Fortunately, cancer treatment has progressed to a point where often patients are cured of their disease. For the reproductive age patient, this then creates a dilemma –living without the ability to procreate. For many people diagnosed with cancer, the dream of having a family will never be realized. With today's technology, cancer survivors do NOT need to have a childless survival.

Science has provided hope for cancer patients. Prior to cancer treatments, patients can preserve their fertility so that once cured they can do what many take for granted -start a family.

There are many fertility preservation options available for cancer patient.

1. Males can freeze sperm. When thawed and used, frozen sperm has the same reproductive fidelity as fresh sperm. Frozen sperm has been utilized as a fertility treatment for decades without any adverse findings on offspring.
2. Male and/or Females have been able to freeze embryos using In Vitro Fertilization for years. Eggs can be harvested, fertilized with sperm, and the resulting embryos can be cryopreserved indefinitely. Over the last 30+ years, more than a million children have been born from frozen-thawed embryos. No detriment to the offspring has been seen.
3. More recently, females now have the ability to freeze eggs utilizing In Vitro Fertilization. Within the past 5-years, the ability to vitrify (very rapidly freeze) eggs has revolutionized fertility preservation. We can now freeze eggs with the same reproductive success that has been realized for decades using frozen sperm and/or embryos.

As a fertility specialist, I counsel cancer patients (males and females) routinely on their options for fertility preservation. I see the hope that this option brings to the patient with newly diagnosed cancer. This HOPE of future fertility and family is helpful in allowing patients to proceed through the arduous cancer treatment successfully.

I fully and enthusiastically support HB 673. Without it, many of our friends and families who survive cancer will not be able to experience the privilege of having a family –a privilege that many take for granted.

Sincerely and Mahalo,

John L. Frattarelli, M.D.

Laboratory, Practice, & Medical Director

Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.

&

Fertility Institute of Hawaii

1401 South Beretania Street, Ste 250, Honolulu HI 96814

www.IVFcenterHawaii.com



Chamber of Commerce HAWAII
The Voice of Business

**Testimony to the House Committee on Health
Wednesday, February 4, 2015 at 9:00 A.M.
Conference Room 329, State Capitol**

**RE: HOUSE BILL 673 RELATING TO FERTILITY RIGHTS OF CANCER
PATIENTS**

Chair Belatti, Vice Chair Creagan, and Members of the Committee:

The Chamber of Commerce of Hawaii ("The Chamber") **opposes** HB 673, which requires insurance coverage for embryo, oocyte, and sperm cryopreservation procedures to preserve the fertility of adults diagnosed with cancer who have not yet started cancer treatment.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

While we understand that persons may need additional health care services, we do not believe that business should be the group responsible for paying for this mandated benefit. Ninety percent of the cost of an employee's health care premium is paid for by the employer. Most employers would be unable to pass this new cost onto the consumer. Please keep in mind that this would be in addition to the already annual increase in health care premiums of 7-10% each year.

Thank you for the opportunity to testify.

February 4, 2015

The Honorable Della Au Belatti, Chair
The Honorable Richard P. Creagan, Vice Chair
House Committee on Health

Re: HB 673 – Relating to Fertility Rights of Cancer Patients

Dear Chair Belatti, Vice Chair Creagan and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to comment on HB 673 which would require health insurance coverage for fertility preservation procedures for persons diagnosed with cancer.

We certainly are aware and empathetic to the situations under which the procedures would be conducted. While we believe the Bill should be amended to specify that the reproductive age be designated as 18 years of age, there are many other issues with the measure that need to be clarified.

- (1) Are plans only responsible for harvesting, fertilizing, and freezing the embryos, or are the plans also responsible to cover the cost of implantation? (We are advised that a global IVF fee costs about \$16,000 per case. And, the required drugs run approximately \$8,000 per case.)
- (2) After the retrieval and preservation procedures are performed, who pays the fees for maintaining the frozen sperm or embryo and for how long a period? (We also are advised that cryopreservation may cost between \$600 and \$800 per month.)
- (3) If the member loses coverage, who is responsible for the cryopreservation costs?
- (4) If the woman is unmarried, who is responsible for the donor sperm? There are a significant number of women who will not be able to become pregnant because of their underlying cancer diagnosis and its potential progression. What happens to the embryos?
- (5) If the procedure is performed under coverage by one plan and the member transfers to another plan, which plan is responsible for covering the maintenance cost?
- (6) If a donor passes away, is the plan responsible to continue covering the maintenance costs?

Thank you for allowing us to comment on HB 673. We truly believe this legislation merits serious consideration and appreciate your vetting the pending issues which may help the legislation's success. .

Sincerely,



Jennifer Diesman
Vice President, Government Relations

February 3, 2015

Dear Honorable Committee Chair and Committee Members:

This testimony is in SUPPORT for HB673 and SB781.

As cancer survival has increased, difficulties with reproduction from the cancer itself or, more commonly, its treatment have become problematic. Cancer patients are often forced to deal with a new diagnosis of cancer and the possibility of infertility at the same time, greatly increasing their psychological burden. Knowing that fertility preservation treatments are available, can be reassuring, but realizing they are unattainable for financial reasons can add to the devastation already felt by patients.

Fertility preservation in 2015 is highly successful. Semen cryopreservation, oocyte cryopreservation and embryo cryopreservation in experienced hands result in an excellent chance of healthy childbirth(s) in the future. Unfortunately, at this time, any fertility preservation treatment in Hawaii can be beyond the financial means of many cancer patients who are also facing high bills from cancer treatment. These patients are forced to make an immediate decision regarding their fertility. They cannot save money and then choose to have the appropriate treatment.

In Hawaii, we are fortunate to have mandated coverage for in-vitro fertilization (IVF). However, the criteria to qualify for IVF are very restrictive and most cancer patients do not meet these criteria. Many of the cancer patients have not started trying to conceive, much less tried the 5 years mandated by the current law (if no other qualifying diagnosis is found.) Thus, the cancer patient, who is already suffering, cannot receive the same fertility options through her insurance that is afforded to her cancer free counterpart who has endometriosis, or tubal disease.

In summary, I strongly support HB 2105. I feel this bill will fill a needed gap in health care for a group of people who are suffering and should not have to choose between treating their cancer and having children in the future.

Sincerely,

LeighAnn Frattarelli, MD, MPH

Advanced Reproductive Medicine and Gynecology of Hawaii, Inc

Fertility Institute of Hawaii



THE QUEEN'S MEDICAL CENTER

Queen's Comprehensive Genetics Center • 1329 Lusitana St. #B-6 (POBII) • Honolulu, HI 96813 • Ph (808) 691-7633 Fax (808) 691-5096

House Committee on Consumer Protection and Commerce

HB ~~763~~ 673 *W.*

RELATING TO FERTILITY RIGHTS OF CANCER PATIENTS

Wednesday, February 4th, 2015
9:00am

To the Honorable Chair Della Au Belatti, Vice Chair Richard P. Cresgan, and Members of the House Committee on Health:

I am in strong support of HB 763 relating to fertility rights of cancer patients.

I am a Cancer Genetic Counselor who has been working in the State of Hawaii for over twelve years. Much of my patient population is made up of young patients with cancer. The issue of fertility preservation is incredibly important, and often overlooked and underrecognized. I am in strong support of this vital service being covered for these patients.

Thank you for the opportunity to provide written testimony in support of HB 763.

Allison Taylor Shykowski, MS, CGC

Allison Taylor Shykowski, MS, CGC
Certified Genetic Counselor
The Queen's Comprehensive Genetics Center
Honolulu, HI

January 29, 2014

I fully **SUPPORT** HB 2061 (Now HB 673)

You always picture the day you'll graduate from college, the day you get married and the day you will have a child to be one the biggest days of your life. These are the days that you perceive to be the most unforgettable, the days you dream of as a little girl. The ones you just can't wait to happen. Yet, you come to find that it's the normal days that turn into the ones you won't ever forget, the ones that hit you unexpected that cancel out the days you thought would be the biggest. It could be a day you wake up and get ready for school, a day you just plan to run some errands or a day you go to the doctor for a checkup. Those are the days that turn into the biggest days of your life. They are the ones you won't forget, the ones you don't see coming, the ones that were not supposed to be the biggest days of your life.

Being diagnosed with cancer as a young girl is the not the news you hoped for, dreamed of or thought would be one of the biggest days of your life. Yet, for some it is, at least for me it was. In July of 2012, being twenty one years old, I received devastating news, I heard the three words that nobody wants to hear, the words "you have cancer". I was diagnosed with stage III Squamous Cell Carcinoma cancer of the vulva. I was told I would undergo numerous surgeries, chemotherapy and radiation. Not only would the treatment be aggressive and I would have to fight through my sickness, the radiation would destroy my fertility. That day, that normal day, was not supposed to be the biggest day of my life. Being told you have cancer turns your world upside down, not knowing if you will survive. Yet, if you do make it will those biggest days still happen, the days that are supposed to be the most unforgettable, the days you dream of as a little girl? Well in my case, they weren't.

The day you will have a child is a picture, a dream, an expectation that is held in most girls' hearts. Cancer took that away from me and has taken that away from many other girls. I was sent to a Fertility Institute that gave me the hope that one of the biggest days that I had dreamed of, the day of having a child would still happen. Yet, to find my insurance company would not cover the cost. I began to search the internet for any organization that would help me with the expenses, since being only a college student could not afford it. I was fortunate to have received some financial aid from the Live strong organization through a program called Fertile Hope. Yet, I was still down six thousand dollars, with nowhere to turn. After applying for various loans and getting turned down. Fortunately, I was accepted by one and took out the loan to pay off the remainder of the costs. .

Unlike me, many girls do not have the support system to obtain a loan or reach out for financial assistance. Not only am I swarmed with medical bills and am in debt from student loans, I am currently paying for my six thousand dollar loan with money I earn from a part time job near my university. The side effects of my cancer treatment were beyond my control. My IVF egg harvesting should have been covered by my insurance company. A young girl being told "you have cancer" does not expect that day to be one of the biggest days of her life. Nonetheless, does she expect one of the biggest days, the day she would have a child to be no longer possible. I, Jesslyn Lousie Bogard, patient of Dr. John Frattarelli at the Fertility Institute of Hawaii strongly support House Bill 2061 (now HB 673). Insurance companies should not make one of the biggest days, the day of having a child impossible for any girl who has cancer. Insurance company's should cover the costs of IVF egg harvesting and make one of the biggest days of a girl's life still happen, the day she will have a child.

Mahalo for your support of this bill,

Jesslyn Lousie Bogard

creagan3 - Karina

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 3:07 PM
To: HLTtestimony
Cc: tparks@kings.edu
Subject: Submitted testimony for HB673 on Feb 4, 2015 09:00AM

HB673

Submitted on: 2/3/2015

Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Tricia Parks	Individual	Support	No

Comments: I am writing to support this bill. I currently work in a fertility clinic. I have patients that come in with a recent diagnosis of cancer. They deserve to be able to have their fertility preserved. When being diagnosed with cancer the last thing patients should have to worry about is if they have the money in order to be able to freeze eggs for later use. This process should be easy and free of stress for patients. Our healthcare has come so far in treatments for cancer. These people can be treated but may never have a chance to have children because they did not have the money to preserve their fertility. What if it were your daughter, niece, friend...

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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LATE TESTIMONY
CLAYTON D.K. CHONG, M.D.

INTERNAL MEDICINE/MEDICAL ONCOLOGY
DIPLOMATE AMERICAN BOARD OF
INTERNAL MEDICINE/MEDICAL ONCOLOGY

The Queen's POB I
1380 Lusitana St., Suite 608
Honolulu, Hawaii 96817
Phone: (808) 532-0315
Fax: (808) 532-0319

Queen's Cancer Center
1301 Punchbowl Street
Honolulu, Hawaii 96813
Phone: (808) 691-8777
Fax: (808) 691-8780

2/3/2015

HB673

To Whom It May Concern,

I am writing in support of this very important bill. As an Oncologist I can personally testify to the need for insurance support for fertility preservation in reproductive capable cancer patients. With the advancement in cancer therapies and increased curability offered, many survivors in the past did not have the opportunities offered with today's technology. Today, the ability to survive cancer, raise a family and lead a healthy productive life, is a real and obtainable goal.

Three important cancer facts exist:

- 1) More cancer survivors are likely to be younger patients often in their reproductive years
- 2) Early Detection and Cancer Screening Programs are detecting earlier stage cancers which have higher curability
- 3) Modern cancer technology is increasing cancer survivorship

It no longer is just the technology and toxicities of cancer therapies which prevent fertility, but also the cost. Too often a patient will lose the opportunity to have a child due to the high cost of fertility preservation and not just the sequela of infertility due to cancer treatments. Insured coverage exist for many complication of cancer therapy, as it should for infertility. Without going on any further, I ask you to strongly support this bill. Whether you believe it or not, sometime in your life you will be touched by someone with cancer.

Sincerely,



Clayton D.K. Chong, M.D.



**American Cancer Society
Cancer Action Network**
2370 Nuʻuanu Avenue
Honolulu, Hawaiʻi 96817
808.432.9149
www.acscan.org

House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

HB 673 – RELATING TO FERTILITY RIGHTS OF CANCER PATIENTS
Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of HB 673, which requires insurance coverage for embryo, oocyte, and sperm cryopreservation procedures for adults diagnosed with cancer who have not started cancer treatment.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Cancer can be a physical, emotional, and financial challenge for a person fighting the disease. Losing the ability to bear offspring can be another devastating result in the fight against cancer. Allowing cancer patients the chance to preserve fertility through artificial means would help the patient move past cancer by starting a family and living a normal life.

Thank you for the opportunity to provide testimony on this matter.

House Bill 673: Relating to Fertility Rights of Cancer Patients
House of Representatives Committee on Health
February 3, 2015

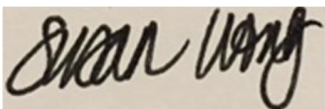
Dear Chair Belatti, Vice Chair Creagan and Members of the Committee:

I am writing in support of Bill HB 673 relating to fertility rights of cancer patients. As a 33-year-old cancer survivor, I have first hand experience with the challenges and the financial burden involved with cancer treatment and cryopreservation. When I first received the devastating cancer diagnosis, I did not meet the criteria for infertility—as I was not married and not actively trying to become pregnant. Faced with the dreaded possibility of having the radiation therapy affecting my future ability to bear children, I sought advice from a reproductive endocrinologist regarding my diagnosis. With her recommendation, I decided to pursue embryo cryopreservation before my radiation treatment.

The cost of therapy totaled to about \$20,000. Without having a payment plan option, I had to resort to using multiple credit cards to make the full payment prior to the in vitro fertilization and cryopreservation procedures. The cost of the procedure would have been insurmountable, without the generous support of my family—who helped fund my fertility treatment procedures. I can empathize with the financial struggles that other cancer patients go through when having to deal with the overwhelming costs of cryopreservation along with the expenses that come with cancer treatment. After successful fertility and radiation therapy, I now look forward to the day where I am financially able to have children.

I hope my story inspires you to continue with the efforts to mandate health insurance coverage of fertility preservation for patients diagnosed with cancer.

Very Respectfully,

A handwritten signature in black ink on a light-colored rectangular background. The signature is cursive and appears to read "Susan Wong".

Susan Wong

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 11:55 PM
To: HLTtestimony
Cc: teresa.parsons@hawaii.edu
Subject: *Submitted testimony for HB673 on Feb 4, 2015 09:00AM*

HB673

Submitted on: 2/3/2015

Testimony for HLT on Feb 4, 2015 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 3, 2015

House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

Re: HB 673 – Relating to Fertility Rights of Cancer Patients

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

Thank you for the opportunity to testify in support of HB 673, which would require health plans to provide coverage for embryo, oocyte, and sperm cryopreservation procedures for adults diagnosed with cancer.

As an oncology nurse, I have taken care of young adult patients who are faced with the devastating diagnosis of cancer and who are at risk for permanent infertility as a result of cancer treatment. The expensive out-of-pocket cost of fertility preservation is the most frequently reported barrier preventing patients from undergoing fertility preserving measures prior to the start of cancer treatment. Assisted reproductive medicine and Hawaii's existing law mandating insurance coverage for IVF procedures has provided many infertile couples with opportunity of having a family. Unfortunately, a person diagnosed with cancer is not eligible for benefits under this law because he/she does not meet the criteria of infertility prior to starting cancer treatment; HB 673 addresses this coverage gap.

The greatest opposition to this reintroduced measure has come from the insurance companies and organizations representing businesses. Concerns that insurers highlighted in written testimonies for HB 2061 (2014 legislative session) and HB 2105 (2012 legislative session) were primarily related to costs: 1) who is responsible for paying storage costs and for what period of time; 2) who is responsible for paying maintenance costs if the donor passes away; 3) what part of the procedure would be covered and whether costs of implantation would be covered; 4) who is responsible for cryopreservation costs if the member loses coverage; and 5) which plan is responsible for maintenance costs if the member transfers from one plan to another. House Bill 673 addresses these concerns in its criteria and limitations of usage, in that the adult insured has to be diagnosed with cancer and has not started cancer treatment; expenses for embryo, oocyte, and sperm cryopreservation including evaluations, labs, medications, treatments associated with the procedure, and cryopreservation costs are covered; and storage fees, as well as subsequent medical costs from utilizing cryopreserved embryo, oocyte, and sperm to attempt a pregnancy, are excluded.

In Report No. 12-09, published by the State Auditor in 2012, the proposed mandatory health insurance for fertility preservation procedures was assessed and it determined that expanding existing coverage for IVF would increase premiums and administrative costs. HMSA estimated an increase in costs of \$6.6 million. This is more than the estimate of \$6.5 million provided by the California Health Benefits Review Program (CHBRP) 2011 independent analyses of the

impacts of a proposed health insurance mandate covering fertility preservation, similar to HB 2061. CHBRP's cost analysis determined that their mandate would increase insurance premiums at most by \$0.03 per month, based on the 21.9 million people enrolled in California health plans and with consideration of the number of individuals enrolled in those plans that would utilize the benefit. Compare that to the total population of 1.36 million people in the State of Hawaii according to the 2010 Census. It leads one to question whether, in Hawaii, it would truly increase health care costs by \$6.6 million, as estimated by HMSA, for insurance to cover fertility preservation for the approximately 731 men and women, between 18 through 45 years of age, who are diagnosed with cancer each year, according to the Hawaii Tumor Registry. Of these 731 individuals, not all would be candidates for fertility preservation procedures due to progressed cancer disease and/or poor prognosis, contraindicating medical conditions, or the necessity to start cancer treatment immediately.

HB 673 also addresses the other issues that are brought up in the Report, including providing coverage only for standard fertility preservation methods of embryo, oocyte, and sperm cryopreservation, thus excluding experimental assisted reproductive methods. Concerns raised by insurers and ethical implications with respect to posthumous reproduction and the disposition of preserved gametes and embryo after the donor is deceased, are currently addressed by individual fertility clinics which have policies and procedures in place for IVF and could be dealt with in the same manner.

HB 673 is a comprehensive measure that addresses the concerns that have been raised by insurers and the State Auditor's Report. If passed, Hawaii would set a precedent by being the first state in the nation to address the reproductive rights of cancer patients, allowing many of our family and friends, who survive cancer, to realize their dream of having a family in the future.

Mahalo for your support.

Sincerely,

A handwritten signature in black ink, appearing to read "Ally Andres", with a stylized flourish at the end.

Ally Andres, RN