**TESTIMONY OF**
**THE DEPARTMENT OF THE ATTORNEY GENERAL**
**TWENTY-NINTH LEGISLATURE, 2018**

**ON THE FOLLOWING MEASURE:**
H.B. NO. 2524, RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE.

**BEFORE THE:**
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

**DATE:** Friday, February 2, 2018 **TIME:** 8:30 a.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Russell A. Suzuki, First Deputy Attorney General, or
Daniel K. Jacob, Deputy Attorney General

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Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments:

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

Section 1311(d)(3)(B) of the Affordable Care Act allows a state to require Qualified Health Plans to add benefits as long as the state defrays the cost of the additional benefits. A federal regulation, 45 CFR 155.170, provides that unless the enactment is directly attributable to State compliance with Federal requirements, a benefit is in addition to the Essential Health Benefits if the benefit was required by a state after December 31, 2011, and it directly applies to Qualified Health Plans.

This bill would require Qualified Health Plans to include equal access to in vitro fertilization for all couples, including same-sex couples, and for women regardless of their marital status by including additional services covering oocyte donors and surrogates. Because coverage for oocyte donors and surrogacy was not mandated by state law prior to December 31, 2011, it may be considered an additional mandate that the State would be required to defray the cost.

In the event a state mandates a benefit in addition to the essential health benefits, 45 CFR 155.170(c)(2)(iii) requires Qualified Health Plan issuers to quantify the cost attributable to each additional state-required benefit and report their calculations to the state. States are then required to defray the cost by either making the payment to

an individual enrolled in a qualified health plan offered in the state, or on behalf of an individual enrolled in a Qualified Health Plan directly to the Qualified Health Plan in which such individual is enrolled. At this time, our department is unaware of a state that has been subjected to the obligation to pay for a benefit in addition to the Essential Health Benefits. Therefore, there are no prior examples of how the State would meet its obligation and what specific procedures would be necessary to fulfill the obligation. Our office believes, however, that after the Qualified Health Plan issuer submits the issuer's costs attributable to the additional mandate, the Legislature would need to appropriate the money during the following legislative session and propose a mechanism in order to distribute the money.

Thank you for the opportunity to provide testimony.

KAISER PERMANENTE®

Testimony of
John M. Kirimitsu
Legal & Government Relations Consultant

Before:
House Committee on Health & Human Services
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

February 2, 2018
8:30 am
Conference Room 329

**Re: HB 2524 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 to allow this benefit to apply equally to individual females. That being said, Kaiser Permanente does not participate in any in vitro fertilization procedures involving third party-assisted reproduction methods (for either men or women equally), including oocyte donor and/or surrogates and gestational carriers, because of the inherent medical risks and complex legal issues surrounding third party participants, which is especially problematic if these third party participants are not a Kaiser Permanente insured. See Medical Risks and Legal Rights, discussed below.

Since Kaiser Permanente does not cover oocyte donor or surrogacy for any of its members, regardless of sex, sexual orientation or marital status, Kaiser Permanente requests that this bill be amended by deleting all references to "oocyte donor" and "surrogate." See Page 3, Line 2 and Page 5, Line 16.

**Medical Risks To Third Party Donors And Surrogates**

During the egg donor and surrogate procedures, both the oocyte 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

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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 oocyte donor, these risks 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 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.

By passing this bill to include oocyte donor and surrogacy services, health insurers will be responsible and potentially liable for all the risks and consequences relating to medical treatment provided to the third party oocyte 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 oocyte 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 oocyte 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.

In essence, what this bill is attempting to do is just provide outright coverage of the oocyte donor and surrogate process in lieu of a formal legal agreement, which could have serious legal ramifications and potential legal liability against the insurer and/or provider. This inclusion of coverage for oocyte 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 will leave the parties without any legal protections.

Of significance is that the newly introduced surrogacy agreement bill, HB 1857, was just deferred by this Committee, and therefore, it appears premature at this time to move forward with any surrogacy coverage issue (in this bill) until the legislature enacts surrogacy laws and legal protections to regulate the surrogacy industry, including establishing the legal rights between the surrogate and the intended parents (which was the subject of deferred HB 1857). These surrogacy laws will also be necessary to prevent illegal commercial surrogacy which has been problematic in other states.

**A State Audit Is Statutorily Required For New Mandated Benefits**

Additionally, if this bill does expand the in vitro mandate to include these additional services of oocyte donor and surrogacy, a state audit is statutorily required to assess the cost of these new mandated benefits and the potential rise in the cost of delivering health care and resulting higher premiums. Under Hawaii law, any new mandated service is subject to an impact assessment report, as required pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes, to assess among other things:

a) The extent to which this mandated insurance coverage would be reasonably expected to increase the insurance premium and administrative expenses of policy holders;

b) The level of public demand for the treatment or service;

c) The extent to which the proposed coverage might increase the use of the treatment or service; and

d) The impact of this mandated coverage on the total cost of health care.

Furthermore, any addition of a new mandated coverage may trigger section 1311(d)(3) of the federal Patient Protection and Affordable Care Act, which requires states to defray the additional cost of any benefits enacted after December 31, 2011, in excess of the State's essential health benefits.

Thank you for the opportunity to comment.

An Independent Licensee of the Blue Cross and Blue Shield Association

February 2, 2018

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

Re: HB 2524– Relating to In Vitro Fertilization Insurance Coverage

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on HB 2524, which would amend the requirements for mandatory insurance coverage of in vitro fertilization (IVF).

We are 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.

The Bill as drafted will require plans to expand coverage for IVF-related services to oocyte (egg) donors or surrogates of any covered member; this would be an expansion of the current benefit under §432:1-604. While we understand the IVF-service itself is not changing, *who* that service/benefit applies to would change. Covering services for an individual who is not a member's spouse or a third party is a significant difference. HMSA's current IVF policy does not cover surrogacy or donors in any form regardless of sex, sexual orientation, or marital status.

We respectfully call the Committee's attention to the State Attorney General's (AG) report to the legislature that resulted from HCR 56 (2017): Report on Surrogacy and Gestational Carrier Agreements. The report recommends updating the Uniform Parentage Act to address the issue of surrogacy and convening a two-year working group to do so.

Finally, changing the amount of time a member must demonstrate a history of infertility from five years to 12 months is a concern with regard to the necessary time within which OB/GYNs and fertility specialists would need to accurately diagnose infertility.

Thank you for allowing us to share our concerns on HB 2524.

Sincerely,

Pono Chong
Vice President, Government Relations

January 31, 2018

House Committee on Health and Human Services
Hawaii State Capitol
Honolulu, HI 96813

Re: HB 2524 - SUPPORT

Dear Members of the Health Committee:

I am the President/CEO of RESOLVE: The National Infertility Association, representing the 7.3 million American men and women – and more than 28,000 Hawaii citizens -- who are trying to overcome the disease of infertility and have children. We at RESOLVE strongly support HB 2524 and urge the Health Committee to pass this bill, which updates 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.

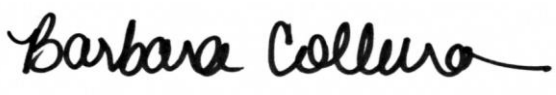
2. **Eliminating the requirement that only the spouse's sperm may be used.** It makes sense medically to cast off this requirement because more than a third

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 bill 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 2524.

On behalf of people with infertility who are trying to build families, we support this legislation and urge you to pass it. We are happy to provide you additional information on this issue as RESOLVE has been providing support, information, and advocacy for the infertility community since 1974. I can be reached at bcollura@resolve.org and our website is www.resolve.org.

Respectfully submitted,



Barbara Collura
President & CEO

ADVANCED REPRODUCTIVE MEDICINE & GYNECOLOGY

FERTILITY INSTITUTE OF HAWAII

31 January 2018

Dear Honorable Committee Chair and Committee Members:

This letter is in **SUPPORT** of HB 2524.

Approximately 15% of the US population has difficulty conceiving and are given the diagnosis of infertility. For many people with infertility, the dream of having a family will never be realized. The 85% of the US population without infertility are indeed very blessed but often do not realize how blessed they truly are.

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. Over 7- million babies have been conceived using In Vitro Fertilization and many more millions of babies have been born using other infertility treatments.

There are many etiologies for infertility. Some are easily diagnosed and treated and others require more advanced technologies. I have been lucky enough to practice in two other states with mandated infertility coverage (Maryland and New Jersey). In those states, patients are able to progress from lesser infertility treatments such as ovulation induction and artificial insemination to In Vitro Fertilization. As an infertility provider, I have seen first hand that the type of coverage that is outlined in HB2524 offers patients the greatest chance to achieve their dream of having a family.

Not everyone has success with infertility treatments but for those who are successful –This is truly a gift of life! Thanks to infertility treatment I am a proud parent of 2 boys and 1 girl. My wife and I underwent multiple infertility treatment cycles prior to doing In Vitro Fertilization (IVF). Our first two IVF cycles were unsuccessful and it was not until the third cycle that we had success. We were lucky! Not only because we were successful but because we had the ability to continue to attempt treatments until we were able to conceive. Every day I look at my children and I am thankful to all of those healthcare providers who helped make our dreams come true.

As an infertility provider, I see myself in my patients. I understand their hopes and dreams. I understand their despair when not successful. Through my many years of training and practicing, I also understand that many of my patients would achieve their dream of having family if they were allowed to continue treatment.

The current mandate is outdated and does not represent the current diagnoses and treatments for fertility. As such, enthusiastically support revising the current mandate.

1. The fire-year waiting period is arbitrary and not supported by the medical literature. It is not reasonable to require someone to wait five-years when the definition for infertility is six to twelve months depending on patient age.
2. I would also recommend removing the DES diagnosis clause since DES has not been used for 50+ years.
3. 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 2524 to allow for expanded applicability for fertility services.** Without it, many of our friends and families will not be able to experience the privilege of having a family –a privilege that many without infertility take for granted.

Sincerely and Mahalo,

John L. Frattarelli, M.D., HCLD
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Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
&
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February 1, 2018

Honorable John M. Mizuno
Chair, House Health Committee
Hawaii State Capitol, Room 439

Dear Chairman Mizuno and Members of the Health & Human Services 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 HB 2524 and HB 2669.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to family building and the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists and mental health and allied professionals. 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, ethical and professional standards for ART. SART works with the ASRM to create practice guidelines and set the standards of care.

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 nearly one in six couples. Due to the many causes of infertility, the significant 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 to 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 was first made in 1989. HB 2524 and HB 2669 together would correct shortcomings in the existing statute. Nevertheless, there are additional changes we would recommend:

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 medical consideration. In addition, severe injury to the male reproductive system can result in the absence of sperm. Sadly, these types of injuries have become all too common in wounded soldiers due to the type of warfare used in our recent military conflicts. It is important to recognize that 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 successfully. 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 to consider this situation as well: The existing statute does not afford same sex married couples diagnosed with infertility access to the IVF benefit. HB 2524 recognizes the discriminatory nature of the statute and allows for insurance coverage of IVF for these couples, as well as single women. We applaud introduction of HB 2524.

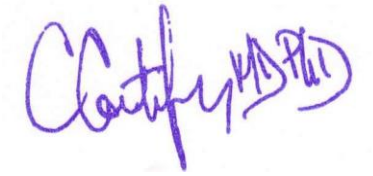
The existing statute also requires infertile patients to wait four years longer than is medically recommended before they can seek reimbursable treatment of infertility. ASRM defines infertility as the failure to achieve a successful pregnancy after twelve months or more of regular unprotected intercourse. 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. HB 2524 removes the five-year wait requirement to reflect the medical definition of infertility (at least in part).

HB 2669 would require insurance coverage for fertility preservation services for those diagnosed with cancer. We support the intent of this bill and applauded passage of similar legislation in Rhode Island and Connecticut this past year. The good news is that with advances in medical treatment, many diseases once thought fatal or chronic, such as cancer, are now treated and cured more than 85% of the time. However, the very treatment that saves lives also routinely costs both young men and women the potential of having their own biological children. For a person in their childbearing years, particularly those who have not already had children, however grateful one is for their life, they are also devastated by the death of this dream of a family. HB 2669 preserves fertility options for those likely to face

infertility due to their medical diagnosis. We would recommend however, that the bill include coverage for all those who face the risk of iatrogenic infertility due to treatments that are likely to affect the reproductive organs or processes and not only cancer patients. We would also recommend that the bill allow coverage not only for adults, but also for those who have reached puberty.

ASRM urges the members of the House Health & Human Services Committee to pass HB 2524 and HB 2669 with amendments to reflect our recommendations.

Sincerely,



Christos Coutifaris MD, PhD
President ASRM

David Seifer, MD
President SART

# ACADEMY OF ADOPTION & ASSISTED REPRODUCTION ATTORNEYS



**WASHINGTON, D.C.**
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February 1, 2018

House Committee on Health and Human Services
Hawaii State Capitol
Honolulu, Hawaii 96813

Re: Support for HB 2524

Dear Members of the House Committee on Health and Human Services:

On behalf of the Academy of Adoption and Assisted Reproduction Attorneys ("AAAA") we are writing to state our support for HB 2524.

AAAA is a credentialed, nonprofit organization of attorneys, judges and law professors throughout the United States, Canada and abroad all of whom are distinguished in the legal fields of adoption and assisted reproductive technology. Specifically, as pertains to the matters addressed in the Bill, we support and advocate for the rights of families and work to insure appropriate consideration of all parties' interests, including children, in assisted reproductive technology matters. Our Fellows are committed to the ethical practice of adoption and assisted reproductive technology law.

Infertility is a condition that affects a significant number of persons: reliable statistics indicate that about one in six couples in the U.S. experience infertility. Fortunately, medical science has developed and improved methods of fertility treatment, and most of these treatments are widely available. However, the cost of the procedures can be prohibitive, meaning that access to those treatments can be quite limited. The importance of effective and timely diagnosis and treatment was first recognized by Hawaii in 1989, when mandated insurance coverage for infertility, including IVF treatment, was enacted. But, the insurance coverage remains limited to heterosexual, married couples, and does not cover treatments when they involve donor sperm. HB 2524 would update the current statute to extend coverage to same sex couples and single women, and would include costs for infertility treatments when donor sperm is involved. This revision of the statue corrects its discriminatory language, and improves access to care for all Hawaiians.

For all of the reasons outlined, we strongly support HB 2524, and urge you to support its passage. Thank you.

Sincerely,

Margaret E. Swain, R.N., J.D.
Director of ART
Academy of Adoption & Assisted
Reproduction Attorneys

Kurt Hughes, Chair
ART Legislative Committee
Academy of Adoption & Assisted
Reproduction Attorneys

ACADEMY OF ADOPTION
&
ASSISTED REPRODUCTION ATTORNEYS

LGBT CAUCUS
FORMED IN 2001


THE FIRST CAUCUS OF THE
DEMOCRATIC PARTY
OF HAWAI'I

February 1, 2018

Senate's Committee on Health and Human Services
Hawai'i State Capitol
415 South Beretania Street, Room 329
Honolulu, HI 96813

Hearing: Friday, February 2, 2018 – 8:30 a.m.

RE: **STRONG SUPPORT for House Bill 2524** – RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE

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

I am writing in STRONG SUPPORT to House Bill 2524 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. SB 502 removes 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 asks for the passage of an inclusive bill just like HB 2524.

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

**HB-2524**
Submitted on: 2/1/2018 5:00:46 PM
Testimony for HHS on 2/2/2018 8:30:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| Melodie Aduja | OCC Legislative Priorities | Support | No |

Comments:

**PRESENTATION OF THE**

**OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES**

**DEMOCRATIC PARTY OF HAWAII**

TO THE COMMITTEE ON HEALTH AND HUMAN SERVICES

HOUSE OF REPRESENTATIVES

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Friday, February 2, 2018

8:30 a.m.

Hawaii State Capitol, Conference Room 329

RE: **Testimony in Support** of HB 2524, RELATING TO IN VITRO FERTILIZATION INSURANCE COVERAGE

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice Chair, and Members of the Committee on Health and Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on House Bill No. 2524, relating to in vitro fertilization and insurance coverage. The OCC Legislative Priorities Committee is in favor of House Bill No. 2524 and support its passage.

House Bill No. 2524, is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it removes 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.

Specifically, the DPH Platform states, "[t]he inherent dignity and equal and inalienable rights of all human beings are the foundations of freedom, justice, and peace. We support affirmative action, the full implementation of the Civil Rights Acts of 1964 and 1990 and the Americans with Disabilities Act of 1990.

We believe that the concept of "Family" includes people regardless of sexual orientation, blood relation, marital status, or gender, gender identity or gender expression who choose to join together to offer one another moral, spiritual and economic support.

We support full equality and nondiscriminatory with respect to duties, benefits, and responsibilities regardless of actual or perceived sexual orientation, gender identity and gender expression.

. . . We support the rights of the Lesbian, Gay, Bisexual, Transgender and Intersex community to full equality before the law, including but not limited to, Marriage Equality both at the State and Federal level. We oppose discriminatory federal and state constitutional amendments and other attempts to deny equal protection of the laws to committed same-sex couples who seek the same respect and responsibilities as other married couples. We celebrate the overturning of the Defense of Marriage Act and support the passage of the Respect for Marriage Act with its current language as of May 2016." (Platform of the DPH, P. 3, Lines 158-166, P. 4, Lines 167-168, 174-179 (2016)).

Given that House Bill No. 2524 removes 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, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

*/s/* **Melodie Aduja**

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativeprorities@gmail.com, Tel.: (808) 258-8889

LATE

**HB-2524**
Submitted on: 2/1/2018 8:04:14 PM
Testimony for HHS on 2/2/2018 8:30:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| Ann S Freed | Hawaii Women's Coalition | Support | No |

Comments:

Aloha Chair Mizuno and members,

Although this bill was not in our main package this year, it was last year. We applaud your efforts to keep this issue alive.

We do support the removal of insurance company's discriminatory requirements for coverage of IVF for single parents and LGTB people and hope that you are able to pass this out of committee.

Mahalo, Ann S. Freed Co-Chair, Hawaii Women's Coalition

LATE

**HB-2524**
Submitted on: 2/1/2018 9:52:29 PM
Testimony for HHS on 2/2/2018 8:30:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| Sean Smith | | Support | No |

Comments:

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

I write in strong support of H.B. 2524, which amends the IVF insurance mandate to ensure equal coverage for same sex couples and unmarried women.

My husband and I had a son last year using IVF and a surrogate. We had wanted a child for a long time, and as a same-sex male 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 totalling up all expenses, including donor fees, IVF costs, legal fees, surrogate fees and agency fees, we estimate that we spent over $80,000.

If we had been an opposite sex-couple, similarly unable to have a biological child without the assistance of IVF, the IVF procedures would have been covered by our HMSA insurance policy.

H.B. 2524 is about extending equal insurance benefits to same-sex couples and single women. It does not expand the IVF mandate- the same procedures (egg retrieval, fertilization, embryo transfer) will be covered. It just amends it in a commonsense way so that it does not discriminate on the basis of or sex, sexual orientation, or marital status.

Last year, the House and Senate had multiple hearings on a similar bill- SB 502. The final draft of that bill (HD1) is identical to this bill. Each body passed SB 502 through 3rd reading with the only difference being the effective date, but then the bill was deferred in conference committee.

I believe there may have been some concern about the lack of statuory law regarding surrogacy in Hawaii. If that is a concern, please take up H.B. 2646 re surrogacy and pass that as well. Both bills are important to families like mine.

In any event, I urge this committee to pass H.B. 2524 out of committee and work with the Senate to resolve any differences.

Thank you,

Sean Smith

LATE

**HB-2524**
Submitted on: 2/2/2018 12:22:26 AM
Testimony for HHS on 2/2/2018 8:30:00 AM

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---|---|---|---|
| Carol E. Lockwood | | Support | No |

Comments:

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

I write in strong support of H.B. 2524, which would amend the IVF insurance mandate to require that coverage currently available to married, heterosexual couples would also be available to same-sex couples and single women.

I write in both my personal capacity, as the single mother of two sons, and my professional capacity, as an attorney privileged to practice in the area of assisted reproductive technology law. I also write at the urging of my older son, Nicholas Lockwood, a Punahou School 6th grader who has testified in support of similar bills on multiple occasions. Nicholas had every intention of testifying again today – until he realized it was a direct conflict with Punahou Carnival (a terrible dilemma for a 12-year old boy). I assured him that I would submit written testimony and that he could testify in the future, if necessary.

On a personal level, H.B. 2524 is important to me because I am the single mother of two amazing young men, Nicholas and his younger brother Ethan (9). I was extremely fortunate, in that I was able to have both children through intrauterine insemination, and therefore did not have to resort to IVF in order to conceive. Had IVF been my only option, the uninsured cost of the treatments would have been prohibitive for me, and neither of my two beautiful boys would exist today – an unthinkable result for anyone who knows them. I am aware that some of the strongest voices in opposition to H.B. 2524 and predecessor bills requiring non-discrimination in IVF coverage are local health insurance providers. I would note in this regard that, for most of my children's lives, I have paid for health insurance as the single parent of two children at the same family rate applicable to two-parent families with several children (and, in many instances higher, because our is a small firm and therefore pays higher rates across the board). Thus, the same insurance companies that would have denied me IVF coverage – and, consequently, my sons – because I am single, have benefited financially by charging me family rate premiums which subsidized the costs of larger, two-parent families in Hawaii. Although the discriminatory effect of policies that cover IVF treatment only for married, heterosexual couples is, in and of itself, ample reason to pass H.B. 2524, the inequity inherent a system that determines coverage – but not necessarily premiums – based on marital status and sexual orientation is an important further consideration.

On a professional level, H.B. 2524 is important to me because I am daily witness to the fact that the structure and composition of a family does not determine its character, value or validity. In my assisted reproductive technology law practice, I have had the privilege of playing a small role in the formation of many different kinds of families, married and single, heterosexual and same-sex, first-time parents and second-chance families, most of whom have overcome obstacles such as infertility, discrimination, the death of one or more children, and/or immense financial costs on the road to parenthood. At the same time, in my work as a pro bono divorce mediator for the Mediation Center of the Pacific, I have worked with many (mostly, in fact) “traditional,” heterosexual couples who are struggling to keep their families intact or to peacefully reach agreement on terms for their dissolution – often without success, sometimes with significant dysfunction. I have learned, therefore, that there is no perfect formula for a healthy, stable family – and, thus, no justification for discrimination by insurance companies based upon a single, preferred model.

In light of the foregoing, I urge the committee to pass H.B. 2524 out of committee and work with the Senate to resolve any differences.

Aloha,

Carol Lockwood