



April 14, 2022

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

Dear Chair Yamane and Members of the Committee,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **Senate Concurrent Resolution 241: Requesting the auditor assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for certain persons who have been diagnosed with cancer and whose cancer or cancer treatment may adversely affect their fertility.** This resolution calls for Hawaii to update an auditor report with newer information, which would pave the way for the state to provide coverage for fertility preservation services for patients with cancer when necessary medical treatments may cause infertility. We are pleased to see SCR 241 passed the Senate and this committee's passage would be a crucial step in helping to make Hawaii the 11th state to provide this important protection for patients with cancer.

HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a passionate voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

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

We encourage providers to advise patients regarding potential threats to fertility as early as possible in the treatment process to allow for the widest array of options for fertility preservation. HSCO and ASCO strongly support SCR 241 and encourage the committee to pass it in order to update the auditor report. If you have questions or would like assistance on any issue involving the care of individuals with cancer,

please contact Blake Oshiro at blake.oshiro@gmail.com representing HSCO or Aaron Segel at ASCO at aaron.segel@asco.org.

Sincerely,

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

Michael Carney, MD
President
Hawaii Society of Clinical Oncology

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



April 12, 2022

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

RE: Support for SCR 241

On behalf of the Alliance for Fertility Preservation (the AFP), we are writing to express our support for Senate Concurrent Resolution 241 which would request the Auditor conduct a much needed update to its Report No. 12-09. This report will assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for cancer patients who need these services prior to receiving cancer treatments that might cause sterility or leave them with infertility.

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

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

SCR 241 requires an update to the Auditor's Report No. 12-09. The primary conclusion of that report was that the social and financial impacts of covering fertility preservation could not, at that time, be properly assessed, due to a dearth of data about such coverage. Since that report was written (2012), however, eleven states have passed fertility preservation bills that would provide this type of coverage. Several states have undertaken rigorous analyses estimating the expected costs and benefits of this coverage, so far more data exists for the Auditor to review. Report No. 12-09 also raised additional, ethical concerns that lawmakers would have to confront if they enacted such coverage. Many of these issues about the experimental nature of these technologies or how to properly assent minors for these procedures have been resolved. The available procedures have been expanded and experimental techniques such as egg freezing and ovarian tissue cryopreservation have now been recognized as standard. The ethical concern that now remains is the inequitable access that currently exists due to a lack of insurance coverage. This means that only patients with sufficient financial means can access what are now considered standard procedures to address a well-recognized side effect of cancer treatment – damage to reproductive capacity. Insurance coverage for these services would substantially enhance patients' subsequent quality of life.

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

Sincerely,

A handwritten signature in blue ink that reads "Joyce Reinecke". The signature is fluid and cursive, with a long horizontal flourish at the end.

Joyce Reinecke,
Executive Director