MAR 1 1 2022

SENATE CONCURRENT RESOLUTION

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

WHEREAS, certain cancers and cancer treatments or procedures may affect a person's ability to procreate by damaging the person's reproductive organs or otherwise reducing 4- fertility; and

WHEREAS, due to the high costs of fertility preservation procedures and the narrow window to obtain services, the procedure is unattainable for many people; and

WHEREAS, mandated health care coverage for fertility preservation procedures would allow persons who are diagnosed 12 with cancer, and who will undergo treatment that may affect their fertility, to have the opportunity to have a child in the future; and

WHEREAS, the Legislature adopted House Concurrent Resolution No. 9, S.D. 1, Regular Session of 2012, requesting the Auditor to assess the social and financial effects of mandating health insurance coverage for fertility preservation procedures for persons of reproductive age who have been diagnosed with cancer and will undergo treatment that may adversely affect fertility as further described by House Bill No. 2105 (Regular Session of 2012); and

WHEREAS, in October 2012, the Auditor issued its Report No. 12-09, entitled "Mandatory Health Insurance Coverage for Fertility Preservation Procedures for People of Reproductive Age 27 Diagnosed with Cancer"; and

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WHEREAS, at the time the report was written, no state required insurance coverage for infertility treatments for people who may become infertile as a result of cancer treatments; further, the Auditor found that insurance coverage for the two fertility preservation procedures proposed in H.B. No. 2105, was not generally available in Hawaii or in other states; and

WHEREAS, the report found that "there is insufficient data to assess the social and financial impacts of mandating insurance coverage. Individuals diagnosed with cancer, who may want to preserve their reproductive ability, must seek the service on their own and bear the full costs, which could be upwards of \$10,000. . . [B]ut we conclude that the number of people generally utilizing the procedures is unknown and the level of public demand is low"; and

WHEREAS, since that time, more fertility preservation options have been developed and improved and are now recognized as part of the standard of care in oncology treatment; and

WHEREAS, due to significant advances in cancer treatment over the past generation, cancer patients eligible for these treatments, meaning patients ages zero to forty-five, have extremely good chances of survival, often above eighty percent, and therefore deserve mitigation of side effects such as infertility that will adversely impact their subsequent quality of life; and

WHEREAS, in the past four years, eleven states have recognized the need for this coverage and have therefore enacted laws mandating insurance coverage for fertility preservation procedures for cancer patients and others facing potential infertility as result of medical treatment: California, Colorado, Connecticut, Delaware, Illinois, Maryland, New Hampshire, New Jersey, New York, Rhode Island, and Utah; and

WHEREAS, now, with experience in other states of various size, geography, and demographics; published, detailed reports from California and Connecticut; and potentially more fertility preservation options available now than were available ten years

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ago, this body finds that the Auditor should be able to evaluate additional experiential data and better assess the social and financial impacts of mandating insurance coverage for fertility preservation procedures for those who have been diagnosed with 5 cancer and whose cancer or cancer treatment may adversely affect their fertility; and

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WHEREAS, House Bill No. 2242 and Senate Bill No. 3308, introduced during the Regular Session of 2022, require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for fertility preservation procedures for those who have been diagnosed with cancer or other medical condition or disease and whose cancer or cancer treatment may adversely affect their fertility; and

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WHEREAS, pursuant to section 23-51, Hawaii Revised Statutes, before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, concurrent resolutions shall be passed that designate a specific legislative bill for the Auditor to review and prepare a report for submission to the Legislature that assesses both the social and financial effects of the proposed mandated coverage under that legislative bill; and

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WHEREAS, section 23-52, Hawaii Revised Statutes, further specifies the minimum information required for assessing the social and financial impact of the proposed health coverage mandate in the State Auditor's report; now, therefore,

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BE IT RESOLVED by the Senate of the Thirty-first Legislature of the State of Hawaii, Regular Session of 2022, the House of Representatives concurring, that the Auditor is requested to assess, in accordance with sections 23-51 and 23-52, Hawaii Revised Statutes, the social and financial effects of mandating health insurance coverage for fertility preservation procedures for certain persons who have been diagnosed with cancer and whose cancer or cancer treatment may adversely affect the person's fertility, as provided in House Bill No. 2242 and Senate Bill No. 3308, Regular Session of 2022; and

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BE IT FURTHER RESOLVED that the Auditor is requested to submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2023; and

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BE IT FURTHER RESOLVED that certified copies of this 8 Concurrent Resolution be transmitted to the Auditor and 9 Insurance Commissioner who, in turn, is requested to transmit copies to each organization that issues health insurance policies in the State that may be affected by this Concurrent Resolution.

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OFFERED BY: Roraly H Bak

