



COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

April 24, 2023

415 South Beretania St., Room 225

Honolulu, HI 96813

Chair San Buenaventura, Vice-Chair Aquino, and members of the committees:

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to **support** House Concurrent Resolution HCR96: 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. This resolution would be a crucial step in helping to make Hawaii the 13th 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, equitable 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 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.

The ability to start a family is part of survivorship and looking ahead toward life after cancer treatment. Patients often have a narrow window to begin treatment and have a successful outcome, while also having to consider decisions that will impact the rest of their life like the

chance to one day start a family of their own. We hope studying the impact of extending fertility preservation coverage to the spouse or partner of an insured person will find more local families will have the ability to grow their ohana after cancer treatment.

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 HCR96 and encourage the Committee to pass it to update the auditor's report. Please note, this resolution has been presented to the auditor prior to introduction for comments and was modified based on their response to remedy scope concerns.

If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Emmanuel Zibakalam at emmanuel@pacificadvocates.com representing HSCO or Aaron Segel at ASCO at aaron.segel@asco.org.

Sincerely,



Michael Carney, MD
President
Hawaii Society of Clinical Oncology



Lori J. Pierce, MD, FASTRO, FASCO
Chair of the Board
Association for Clinical Oncology



American Cancer Society
Cancer Action Network
2370 Nu'uau Avenue
Honolulu, HI 96817
808.460.6109
www.fightcancer.org

Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

Hearing Date: Monday, April 24, 2023

ACS CAN SUPPORTS HCR 96 – 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.

Cynthia Au, Government Relations Director – Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to **SUPPORT** HCR 96 – which requests 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.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies that reduce death and suffering from cancer. 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.

In 2023, an estimated 9,910 children (ages 0 to 14 years) and 5,280 adolescents (ages 15-19 years) will be diagnosed with cancer in the United States.ⁱ About 80,000 young adults aged 20 to 39 are diagnosed with cancer each year in the United States.ⁱⁱ Hawaii's childhood cancer incidence rate is 26.8 per 100,000, compared with a national rate of 19 for those less than 20 years of age.ⁱⁱⁱ The incidence rate of childhood cancer in Hawaii has been rising over the past 10 years. The treatments for many of these children and younger adults may directly impact their ability to produce children. Children and teenagers who have cancer are often of special concern. This is because they might have surgery or get treatments that can damage their growing and maturing organs, and some can affect their hormone and sexual development. Having these things happen in their younger years can affect fertility later in life.^{iv} Young adults with cancer may also experience issues with fertility related to their cancer and cancer treatment. The problems might be caused by:

- A tumor directly damaging an organ or its surrounding tissue

- Removing cancerous organs that normally would be needed to have a child (for example, cancer surgery might be needed to remove all or part of the testicles, penis, ovaries, uterus, or cervix.)
- Certain treatments for cancer that can change hormone levels, put a woman into early menopause, damage nerves, or make certain sex organs stop working properly
- Psychological or emotional responses, such as stress and anxiety.^v

For some cancer survivors, fertility is not affected by cancer treatment, but by age. This is because there is a risk of birth defects when a woman becomes pregnant while getting or after receiving some types of chemotherapy, radiation therapy, and hormone therapy. In some cases, the risk can last for a long time, making getting pregnant a concern even years after treatment ends. In general, women are usually advised to not to get pregnant during treatment and may be told it's best not to get pregnant afterwards, depending on the treatment and situation. The risk for male cancer survivors who father a child is not as clear, and many doctors will advise against fathering a child during active treatment just in case.^{vi}

For these reasons, fertility services become an important medical question for many young cancer patients. After reviewing options for fertility treatment and services, most people will ask themselves if they can even afford any of these options. Many of the tests that diagnose fertility are covered by insurance, but treatment costs are often not covered.

Cancer is a scary experience full of anxiety and fear. While we are always mindful that any new patient protections may have a fiscal impact on the state, coverage of fertility services not only provides options to be able to have children even after treatment has resulted in temporary or permanent infertility, but also comfort that such a basic human need can be fulfilled, allowing all those impacted by cancer to focus their efforts where they belong—on getting better. All individuals should have equitable access to quality cancer care and an equal opportunity to live a full life.

Thank you again for the opportunity to provide testimony in SUPPORT on this important matter. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.

ⁱ American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023

ⁱⁱ See <https://www.cancer.org/cancer/cancer-in-young-adults/key-statistics.html>

ⁱⁱⁱ National Cancer Institute, State Cancer Profiles, <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?tabSelected=2&statename=hawaii>

^{iv} American Cancer Society, How Cancer and Cancer Treatment Can Affect Fertility, <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-sideeffects/how-cancer-treatment-affects-fertility.html>

^v Ibid.

^{vi} Ibid.

LATE

April 21, 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: HCR 96 – 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.

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the intent of HCR 96 to request that the State Auditor conduct an impact study on 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 their fertility.

We would like to respectfully offer the following amendments that we believe will assist the Auditor's office to further refine their study.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact assessment report a survey of other states in the U.S. which have implemented a mandate for cryopreservation benefits for those diagnosed with cancer to examine what the social and financial impact has been in these states; and

BE IT FURTHER RESOLVED that the Auditor is requested to research if the proposed cryopreservation coverage for those diagnosed with cancer constitutes benefits that are in excess of the essential health benefits, thus requiring the state to defray such costs; and

BE IT FURTHER RESOLVED that the Auditor is requested to research what is being used as the standard medical definition of "reproductive age" that is best suited for the proposed cryopreservation procedures for those diagnosed with cancer, and examine the success rates for the different age groups to determine coverage benefit limitations for this covered benefit. This research should examine whether different standards of infertility treatments are applied to different age groups for those diagnosed with cancer; and

BE IT FURTHER RESOLVED that the Auditor is requested to research public (including but not limited to, Medicare and Medicaid) and private entities that provide the proposed coverage for cryopreservation procedures for those diagnosed with cancer to determine what is currently being used as a standard for coverage, and what, if any, cost limitations are placed on this coverage benefit; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine current medically necessary standards of care used to determine what types of infertility treatment options are available, at a more cost-effective savings than the proposed cryopreservation procedures, which may be best suited for those individuals diagnosed with cancer. An examination of the existing technology in in infertility procedures and possible future technology should be examined; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine current scientific studies and current medical literature relating to the efficacy of the proposed cryopreservation procedures for those diagnosed with cancer; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine that the scope of coverage for those "diagnosed with a cancer that may or whose treatment may adversely affect the fertility of the insured" is limited to medically necessary fertility preservation treatments for "iatrogenic infertility." "Iatrogenic infertility" means an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes; and

BE IT FURTHER RESOLVED that the Auditor is requested to research the ethical and legal issues surrounding the rights and entitlements with respect to the cryopreserved material, as well as the legal rights of offspring conceived posthumously, including contract remedies, i.e., cryobank agreement, to address the storage and disposition of the cryopreserved material. Some questions that should be considered are:

- o How long will the cryopreserved material be preserved?
- o When and how will the cryopreserved material be destroyed?



- o Upon the donor's death, who has ownership rights of the cryopreserved material? At the time of donor's death, who pays for the storage of the cryopreserved material? If the donor is married at the time, can the spouse use the cryopreserved material to have a baby after the donor's death?
- o What will happen to the cryopreserved material if the donor and the spouse separate?
- o Can others, i.e. spouse, use the cryopreserved material posthumously? Who has legal decision making authority as to the storage or disposal of the cryopreserved material posthumously?

Thank you for the opportunity to testify on this measure. Your consideration of our comments is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to be 'Dawn Kurisu', with a long horizontal flourish extending to the right.

Dawn Kurisu
Assistant Vice President
Community and Government Relations



LATE

April 24, 2023

Subject: This letter is in **SUPPORT of HRC 96** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Cancer Patients

Dear Honorable Committee Members:

As a fertility clinic that treats cancer patients utilizing fertility preservation therapies, we believe fertility preservation is critical to cancer care. Therefore, we request your support for a bill that would mandate health insurance coverage for fertility preservation procedures for certain persons diagnosed with cancer whose cancer or cancer treatment may adversely affect their fertility.

Cancer treatments such as chemotherapy and radiation can significantly damage reproductive tissues and affect fertility in both men and women. As a result, patients undergoing these treatments often face the heartbreaking reality that their cancer treatment may cause them to become infertile. This can have significant long-term mental, emotional, and physical impacts on patients, their partners, and their families.

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

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

There are many fertility preservation options available for cancer patients.

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. Males and Females have been able to freeze embryos using In Vitro Fertilization for years. Eggs can be harvested and fertilized with sperm. The resulting embryos can be cryopreserved indefinitely. Over the last 30+ years, over 9 million children have been born using IVF procedures.
3. Females can now freeze eggs utilizing In Vitro Fertilization with the same reproductive success realized for decades using frozen sperm and embryos.

Fertility preservation techniques such as sperm and egg cryopreservation, embryo freezing, and ovarian tissue freezing can offer a chance for cancer patients to maintain their fertility options so they can start a family after their cancer treatment.

As a fertility specialist, I counsel cancer patients (males and females) routinely on their options for fertility preservation.

I see the hope that option brings to the patient with newly diagnosed cancer. This hope of future fertility and family helps us successfully proceed through the arduous cancer treatment. Unfortunately, many cancer patients cannot afford the costs of fertility preservation therapies. For many patients, the financial burden of fertility preservation can be as devastating as the cancer diagnosis itself, leaving them unable to preserve their fertility.

Therefore, we urge you to support a bill that would mandate health insurance coverage for fertility preservation procedures for certain persons diagnosed with cancer whose cancer or cancer treatment may adversely affect their fertility. This bill would ensure that cancer patients with fertility preservation coverage would not have to bear the financial burden of the treatment. Without it, many of our friends and families who survive cancer will not be able to experience the privilege of having a family –a freedom many take for granted.

We hope that you will consider our request and show your support for cancer patients and fertility preservation. Your support makes make a significant difference for cancer patients struggling with infertility's emotional and financial consequences.

Thank you for taking the time to consider this critical issue.

Sincerely and Mahalo,

A handwritten signature in black ink, appearing to read 'John L. Frattarelli', with a large, sweeping flourish at the end.

John L. Frattarelli, M.D., HCLD
CEO, Laboratory, Practice, & Medical Director
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HCR-96

Submitted on: 4/24/2023 5:22:04 AM

Testimony for HHS on 4/24/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
LeighAnn Frattarelli, MD, MPH	Individual	Support	Written Testimony Only

Comments:

To: Senate Committee on Health and Human Services

From: LeighAnn Frattarelli, MD, MPH, FACOG

Re: HCR 96

Position: Strongly Support

April 24, 2023



The diagnosis of cancer is terrifying. Unfortunately, due to the uncertainty of treatments and even life or death situations, it is completely normal for patients and their families to be overwhelmed. But over the last 20 years, modern medicine has made significant progress in cancer treatment and patients with cancer are now living longer lives cancer free.

We must all value the lives these patients with cancer diagnoses will live and the contributions they will make to our society in the future. One way to support them prior to and during treatment, is to offer them the appropriate use of delayed future fertility through oocyte or sperm cryopreservation. Knowing fertility is possible in the future despite their current cancer and treatments can relieve one of many worries cancer patients encounter. Unfortunately, due to the high cost of these procedures, this type of fertility preservation can be unattainable for many.

17 states have passed similar bills requiring insurances companies to cover this service, and 12 more are evaluating the possibilities of having insurance coverage for these important scientific techniques that can help cancer patients see a future with a family.

Please support the appointment of an auditor to evaluate the financial costs of mandating our insurance companies to give the hope of a future family to vulnerable cancer patients. Support HCR 96.



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY
INSTITUTE
OF HAWAII

Cancer patient/fertility preservation

Fertility Institute of Hawaii

1401 South Beretania Street, Suite 250

Honolulu, HI 96818

LATE

Dear Legislative committee,

I am writing to support the legislative bill requiring insurance companies to cover fertility preservation for cancer patients. Specifically HCR 96 which would request the auditor to assess the social and financial effects of mandatory health insurance. We see a lot of cancer survivors that then want to build a family. Chemotherapy and radiation can be detrimental to fertility. This makes pregnancy after such treatment very difficult, if not impossible.

When we treat patients we need to treat every aspect of the disease. This includes adverse reactions to detrimental but necessary treatment. We have the technology to preserve fertility for these patients. It is unacceptable that there is not insurance coverage for this.

We are seeing far more cancer survivors, which is great! However, these patients are often left with the desire to have a family but are unable to. We need to help make this a covered benefit for our patients.

Thank you for your consideration,

Tricia Wahl, PA-C

Fertility Institute of Hawaii