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DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection & Commerce
Tuesday, March 3, 2026
2:00 p.m.
State Capitol, Room 329 and via Videoconference**

**On the following measure:
H.B. 1864, H.D. 1, RELATING TO INSURANCE**

Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

My name is Scott K. Saiki, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department supports this bill and offers comments.

The purpose of this bill is to, for policies, contracts, plans, and agreements issued or renewed after 12/31/2026, require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services for persons undergoing medically necessary treatment that may cause iatrogenic infertility.

The Department notes that it is unclear whether the amendments in sections 1 through 3 of this bill would trigger the defrayal requirements under 45 Code of Federal Regulations (CFR) § 155.170. Under the Affordable Care Act (ACA), if a state mandates benefits that are "in addition to" the essential health benefits (EHB) defined in the state's benchmark plan, the State is required to defray the cost of those additional benefits.

This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans sold on the exchange. In the United States Department of Health and Human Services' Notice of Benefit and Payment Parameters for 2027 Proposed Rule, the Center for Medicare and Medicaid Services (CMS) "proposes revisions to states' responsibilities when mandating benefits beyond the federally required EHB package. Beginning with plan year (PY) 2027, CMS proposes that any state-required benefit would be considered "in addition to EHB"—and thus not EHB—if it is required by state action after December 31, 2011, applies to the small group and/or individual markets, is specific to required care, treatment, or services, and is not mandated for compliance with federal requirements. Under this proposed policy, states would be required to defray the cost of these additional benefits for enrollees in QHPs offered through the Exchange, regardless of whether the benefit is embedded in the state's EHB-benchmark plan."

Additionally, the Department notes the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage."

The purpose of the auditor's report is twofold. First, the report determines the actual public demand for the service and whether its lack of coverage results in financial hardship or restricted access to care. Second, the report evaluates the potential financial impact of the new mandated benefit, including potential impacts to premiums, total cost of health care, and state defrayal. The completion of the report before the bill is enacted provides the Legislature with the objective data necessary to balance the benefits of the proposed coverage against its potential economic impact. Additionally, the auditor's report could be used in the Department's actuarial analysis in determining whether an issuer's proposed rates are justified.

Finally, HRS section 432E-1.4 sets forth standards for medical necessity and coverage of health interventions not specifically excluded. This bill proposes that any

limitations imposed by a plan shall be in accordance with a specific standard, the “most recent American Society of Clinical Oncology (ASCO) guidelines,” which differs from HRS section 432E-1.4. The Auditor’s report also highlighted that the ASCO Guidelines include an express disclaimer: “The information herein should not be relied upon as being complete or accurate, nor should it be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care.” The disclaimer further notes that, while scientific knowledge develops rapidly, the guidelines are “not continually updated and may not reflect the most recent evidence.”

Thank you for the opportunity to testify on this measure.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

March 2, 2026

TO: HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Representative Scot Z. Matayoshi, Chair
Representative Tina Nakada Grandinetti, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to
Governor Josh Green, MD on Healthcare Innovation

RE: HB 1864-HD1 -- RELATING TO INSURANCE

HEARING: Tuesday, March 3, 2026 @ 2:00 pm; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1864-HD1, with comments.

This bill provides fertility preservation service for persons under 26 who are undergoing cancer or other medical treatment that may cause iatrogenic infertility. SHPDA believes this protection should be available to ALL woman of childbearing age at risk of iatrogenic infertility.

These protections are routinely considered a standard of care for mainland patients at risk for infertility caused by medically necessary care, generally related to radiation treatment or chemotherapeutic treatments for cancer that result in infertility. Hawai`i patients should have similar protection offered.

Thank you for hearing HB 1864-HD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, M.D., M.G.A., M.P.H.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

LATE

**WRITTEN
TESTIMONY
ONLY**

**Testimony in SUPPORT of HB1864 HD1
RELATING TO INSURANCE.**

REP. SCOT Z. MATAYOSHI, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: March 3, 2026

Room Number: 329

1 **Department Testimony:** The Department of Health (DOH) supports the intent of HB1864 HD1
2 and defers to the Department of Commerce and Consumer Affairs on specific amendments to
3 chapter 431, Hawaii Revised Statutes, and to the State Health Planning and Development
4 Agency for chapter 323D, Hawaii Revised Statutes.

5 The Department recognizes that advances in medical treatment—particularly for cancer and
6 other serious conditions—have significantly improved survival rates. As more individuals
7 survive these conditions, long-term quality of life considerations, including the ability to build a
8 family, become increasingly important components of comprehensive health care.

9 Medically necessary treatments such as chemotherapy, radiation, and certain surgeries can
10 permanently impair fertility. Leading medical organizations recommend that fertility
11 preservation options be discussed and made available to patients prior to treatment when
12 clinically appropriate. However, the lack of insurance coverage for fertility preservation services

LATE

HB1864 HD1
Page 2 of 2

1 often creates a substantial financial barrier, particularly during an already stressful and time-
2 sensitive period.

3 HB1864 HD1 helps address this gap by ensuring access to standard fertility preservation services
4 and by prohibiting discriminatory coverage practices based on fertility history, disability, life
5 expectancy, or perceived quality of life. These provisions promote health equity and align with
6 evidence-based clinical standards.

7 From a public health perspective, supporting patients' reproductive autonomy and long-term
8 well-being contributes to improved mental, emotional, and social health outcomes. Providing
9 coverage for fertility preservation services is consistent with the Department's mission to protect
10 and promote the health of all people in Hawai'i across the lifespan.

11 Thank you for the opportunity to provide testimony.

12



Facing Hereditary Cancer EMPOWERED

February 28, 2026

Re: In strong support of HB 1864

Dear Chairman Matayoshi, Vice-Chairwoman Grandinetti and Esteemed Members of the House Consumer Protection & Commerce Committee,

On behalf of FORCE (Facing Our Risk of Cancer Empowered), a leading nonprofit for people at risk for hereditary cancer that provides trusted information, support, and advocacy, and our Hawaii constituents, I am writing to express strong support for HB 1864. This bill would facilitate fertility preservation services in Hawaii, including those dealing with a medical diagnosis or treatment that may impair their ability to have children.

Patients dealing with a frightening diagnosis, who are about to begin lifesaving, but potentially sterilizing treatments, have to make urgent, difficult decisions about their future hopes of becoming a parent. Similarly, women with an inherited genetic mutation predisposing them to ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. For these individuals, fertility preservation is the only means available to protect their reproductive capability and may be the only viable option to build a biological family. Without insurance coverage for fertility services, patients cannot afford these procedures and fees and will face permanent, involuntary infertility.

Fortunately, this legislation would give most Hawaiians options for those confronting this dilemma by ensuring that they have insurance coverage for effective, evidence-based options for preserving their fertility before their surgery or initiation of cancer therapy and pursuing future interventions to realize their dream of having children. These fertility services are consistent with national guidelines issued by leading medical associations, including the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM).

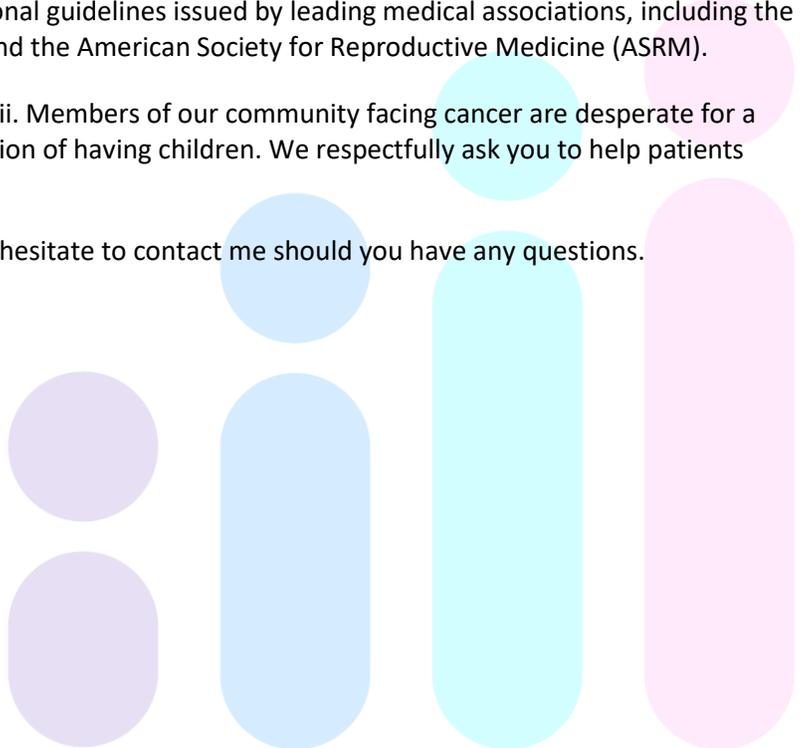
FORCE has a strong presence throughout Hawaii. Members of our community facing cancer are desperate for a glimmer of hope to help them preserve the option of having children. We respectfully ask you to help patients facing infertility by supporting HB 1864.

Thank you for your consideration. Please don't hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Lisa Peabody".

Lisa Peabody
Advocacy Manager
202-381-1357





March 1, 2026

Representative Scott Matayoshi, Chair
House Committee on Consumer Protection and Commerce
Room 433, Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Chair Matayoshi and Members of the House Committee on Consumer Protection and Commerce,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **HB 1864**, which would provide coverage of fertility preservation services for Hawaiians with cancer.

Failure to preserve fertility is a common regret that may affect survivors' well-being. Recognizing how important fertility preservation can be for survivorship, 21 states have passed some version of coverage to ensure patients have access to what would otherwise be, for most, a cost-prohibitive procedure. Covering fertility preservation would provide Hawaiians with cancer access to benefits that their peers in other states already have.

HSCO and ASCO believe that as part of education and informed consent before cancer therapy, health care providers should address the risk 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 18 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.

A 2023 report from the Auditor found that "it is unlikely that premiums would increase beyond a minimal amount" since such a limited number of patients would qualify for coverage. A "minimal amount" is a negligible price to pay so that patients without the financial means can make important family planning decisions before undergoing cancer treatment.

HSCO and ASCO strongly support HB 1864 and encourage the Committee to pass this bill as a key step to ensure coverage of fertility preservation services for patients with cancer. If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Sarah Lanford at ASCO at Sarah.Lanford@asco.org.

Sincerely,

Michael Carney, MD
President
Hawaii Society of Clinical Oncology

Lynn Schuchter, MD, FASCO
Chair of the Board
Association for Clinical Oncology

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 an organization representing physicians who care for people with cancer. With more than 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality cancer care.



March 1, 2026

Subject: This letter is in **SUPPORT of HB1864** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures for Patients undergoing Medical Treatment that may cause Iatrogenic Infertility

Dear Chair Matayoshi, Vice Chair Grandinetti, and Honorable Committee Members:

Iatrogenic infertility is preventable. As a fertility clinic that treats patients with Iatrogenic Infertility secondary to cancer and other diagnoses utilizing fertility preservation therapies, we see firsthand that fertility preservation is critical to the care of these patients. Therefore, we request your support for **HB1864**, which would mandate health insurance coverage for fertility preservation procedures for specific persons with cancer or other diagnoses whose diagnosis and treatment may adversely affect their fertility.

Many medical 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 or other diagnosis 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, medical treatment for many diagnoses, including cancer, 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 with these diagnoses, the dream of having a family will never be realized. However, with today's technology, survivors do NOT need a childless survival. Many patients can preserve their fertility so that once cured, they can do what many take for granted and start a family.

HB1864 is crucial legislation that aims to support individuals facing iatrogenic infertility by ensuring access to vital **fertility preservation techniques such as sperm, egg, and embryo cryopreservation**. These procedures offer hope to patients who wish to start a family after undergoing medical treatments that compromise their fertility.

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 (IVF) for years.** Eggs can be harvested and fertilized with sperm. The resulting embryos can be cryopreserved indefinitely. Over the last 40+ years, over 11 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.

As a fertility specialist, I routinely counsel both male and female patients on their options for fertility preservation. I see the hope that option brings to the newly diagnosed patient. This hope of future fertility and family helps us successfully proceed through the arduous treatment. Unfortunately, many patients cannot afford the costs of fertility preservation therapies. For many patients, the financial burden of fertility preservation can be as devastating as the new diagnosis itself, leaving them unable to preserve their fertility. I firmly believe that providing insurance coverage for fertility preservation procedures is essential to address the needs of our community.

Numerous states have already embraced and enacted similar legislation. **By supporting HB1864, you are championing the welfare of our 'ohana and showcasing your dedication to fulfilling the needs of your constituents.** Therefore, we urge you to support **HB1864**, which would mandate health insurance coverage for fertility preservation procedures for certain persons diagnosed with cancer or other conditions that would adversely affect their fertility. This bill would ensure that these patients would not bear the financial burden of fertility preservation treatment. Without it, many of our friends and families who survive these iatrogenic infertility-causing diagnoses will not be able to experience the privilege of having a family –a freedom many take for granted.

We hope that you will show your support for patients who must undergo iatrogenic infertility-causing treatment. Your support makes a significant difference for these patients and your constituents 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', written in a cursive style.

John L. Frattarelli, M.D., HCLD
Founder, CEO, & Director (Laboratory, Practice, & Medical)
Fertility Institute of Hawaii &
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
1585 Kapiolani Blvd, STE 1800, Honolulu, HI 96814
www.IVFCenterHawaii.com

March 2, 2026

TO: Hawai'i House Committee on Consumer Protection and Commerce

RE: House Bill 1864, Relating to Insurance - SUPPORT

Chair and members of the Committee.

I am Adam Zarrin, the Director of State Government Affairs for Blood Cancer United, formerly the Leukemia & Lymphoma Society. Our organization's mission is to cure blood cancers and improve the quality of life of patients and their families.

On behalf of blood cancer patients and their families, we urge your support of HB 1864, which would mandate coverage for fertility preservation services.

When first diagnosed with blood cancer, a patient's primary concern will be their upcoming treatment and long-term survival. They may not initially consider how their treatment could impact their ability to have children in the future. However, chemotherapy and radiation can cause "late" side effects that may appear months or years after treatment.

One of those possible late effects is infertility, the inability to conceive a child without medical intervention. Infertility after treatment can impact both male and female patients of all ages. Treatment must begin quickly, leaving patients with a difficult choice and little time to appeal to insurers after a denial. And regardless of coverage, fertility treatments are expensive. The cost of fertility treatments and annual egg or sperm storage can reach tens of thousands of dollars, making it very challenging for patients to afford these out-of-pocket costs, especially on top of their other cancer treatment bills.

Cancer treatment is stressful enough. Failure to preserve fertility is a common regret that may affect survivors' quality of life. Patients deserve access to affordable fertility preservation services tailored to their needs, empowering them to make the best decisions for themselves and their families. Again, we appreciate the committee's time and consideration of this critical patient concern.

Thank you.



House Committee on Consumer Protection & Commerce
Rep. Scot Matayoshi, Chair
Rep. Tina Grandinetti, Vice Chair

Hearing Date: Tuesday, March 3, 2026

ACS CAN SUPPORTS HB 1864 HD1 – RELATING TO INSURANCE

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

Thank you for the opportunity to **Support** HB 1864 HD1: Relating to Insurance. 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 supports requiring insurance plans to cover standard fertility preservation services for cancer patients and survivors. Cancer is a scary experience. Coverage of fertility services provides options for cancer survivors to have biological children even after treatment has resulted in temporary or permanent infertility, allowing 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.

For these reasons, fertility treatments become an important medical question for many young cancer patients. Costs for fertility treatment are a significant barrier for many patients and services are often not covered by insurance.

In 2026, an estimated 9,680 children (ages 0 to 14 years) and 5,660 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 The incidence rate of childhood cancer in Hawaii has been rising over the past ten years. The treatments received by many of these children and young adults may directly impact their ability to produce children. Children and teenagers who have cancer may have surgery or get treatments that can damage their growing and maturing organs, and some can affect their hormone and sexual development. Cancer treatments in their younger years can affect fertility later in life.ⁱⁱⁱ 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.^{iv}

For some cancer survivors, fertility is not affected by cancer treatment, but by age. 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. Women are typically advised to not to get pregnant during treatment and may be told to avoid getting 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.^v

Presently, 25 states require insurers to provide some form of coverage for diagnosis and treatment of infertility; of those, 21 require coverage of some fertility preservation services.^{vi}

Thank you again for the opportunity to provide comments. 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 2026. Atlanta: American Cancer Society; 2026

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

ⁱⁱⁱ 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>

^{iv} Ibid.

^v Ibid.

^{vi} <https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/>

March 3, 2026

To: Chair Matayoshi, Vice Chair Grandinetti, and Members of the House Committee on Consumer Protection & Commerce (CPC)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Mar. 3, 2026; 2:00 p.m./Conference Room 329 & Videoconference

Re: Testimony in support of HB 1864 HD1 – Relating to Standard Fertility Preservation

The Hawaii Association of Health Plans (HAHP) supports HB 1864 HD1. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

Access to fertility preservation is a crucial benefit for patients whose desire to have children might otherwise delay their decision to seek necessary medical treatment. Recognizing the importance of this issue, the member organizations of HAHP support lawmakers' efforts to ensure that standard fertility preservation services are accessible to individuals undergoing medically necessary treatments that may result in infertility, particularly due to cancer diagnosis and/or treatment.

Thank you for the opportunity to testify in support of HB 1864 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



March 3, 2026

The Honorable Scot Matayoshi, Chair
The Honorable Tina Nakada Grandinetti, Vice Chair

House Committee on Consumer Protection and Commerce

Re: HB 1864 HD1 – RELATING TO INSURANCE

Dear Chair Matayoshi, Vice Chair Grandinetti, and Members of the Committee:

Hawaii Medical Service Association (HMSA) supports HB1864 HD1, which requires insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility services for people undergoing medically necessary treatment that may cause iatrogenic infertility.

We understand that infertility is a complex and deeply personal issue and remains committed to ensuring access to fertility services that meets the needs of our community and members. HMSA takes a cautious look at health mandates due to the complex and evolving nature of medicine. We recognize that Auditor's study 23-11 looked to identify the impacts of this bill, which mirrors HB1624 HD1 SD1 (2024) that we worked collaboratively on with the advocates.

We appreciate the efforts of the committee and key stakeholders to craft a path forward that ensures Hawaii residents have access to medically necessary fertility treatments, while enabling individuals facing intense treatments to prioritize their health and well-being and maintain the opportunity for future fertility treatment.

Thank you for the opportunity to testify on this measure.

Sincerely,

Walden Au
Director of Government Relations



Alliance for
Fertility Preservation

February 28, 2026

The Honorable Scot Matayoshi
Chair
House Committee on Consumer Protection & Commerce
Hawaii House of Representatives
Honolulu, HI 96813

RE: Strong support for HB 1864

Dear Chair Matayoshi:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our support for HB 1864 and to respectfully request the House Committee on Consumer Protection & Commerce advance this bill.

The AFP is a national 501(c)(3) organization dedicated to expanding fertility preservation information and resources for patients facing potential infertility caused by cancer treatments. According to the National Cancer Institute, approximately 561 Hawaiians under the age of 45 will be diagnosed with cancer this year. Due to improvements in treatment, about 86% these patients will survive. Some cancer treatments including chemotherapy, radiation, and surgery can cause sterility or iatrogenic (medically-induced) infertility.

HB 1864 would require individual and group health insurance policies to cover standard fertility preservation services such as sperm, egg, and embryo banking for those at risk. Addressing iatrogenic infertility for age-eligible patients has been considered part of the standard of care by all of the leading clinical organizations for almost twenty years. Without insurance coverage, however, the high out-of-pocket costs for these standard treatments are unaffordable for many patients.

And while the costs faced by an individual patient are significant, the costs across a population of insureds are extremely low. In November 2023, the Hawaii State Auditor analyzed the fiscal impact of this legislation in Hawaii State Audit Report 23-11. The report found that “it is unlikely that premiums would increase beyond a minimal amount” due to the limited number of patients who would utilize the benefit.

Further, Hawaii’s Essential Health Benefits (EHB) plan already contains coverage for infertility treatment and in vitro fertilization (IVF). This benefit, however, requires a diagnosis of infertility, which takes five years to demonstrate. Because these patients are facing impending infertility but do not yet have an infertility diagnosis, they are precluded from utilizing this statutorily-granted cycle of IVF. HB 1864 would essentially allow them to bypass this clinically inapplicable five-year waiting period and access this benefit *before* they begin potentially sterilizing treatments. For this reason, HB 1864 should not require Hawaii to pay any defrayal costs. The medically necessary fertility preservation coverage required by HB 1864 should be viewed as an update to the eligibility requirement of the current infertility benefit in Hawaii’s EHB benchmark plan, rather than a newly-created benefit requiring defrayal.

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Joyce Reinecke, JD

Hawaii has considered this coverage several times starting in 2011 and the Hawaii State Auditor has issued three reports during that time. In the intervening 15 years, countless young Hawaiian cancer patients have undoubtedly lost their chance for parenthood due to an inability to afford fertility preservation services.

We urge Hawaii to join the twenty-one other states, the District of Columbia, the Federal Employees Health Benefit plan, and the Veterans Health Administration in enacting fertility preservation benefits in order to better protect future patients. We respectfully encourage you to support HB 1864.

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



**Oncology Nursing
Society**

Support. Synergy. Strength.

To: Chair Matayoshi and members of the House Consumer Protection and Commerce Committee

From: Oncology Nursing Society

Date: March 2, 2026

RE: Support HB 1864 – Ensure Cancer Patient Access to Fertility Care

On behalf of the Oncology Nursing Society (ONS) and the more than 200 oncology nurse members in the state of Hawaii, we would like to express our strong support for HB 1864, which would require state-regulated health plans to provide coverage for standard fertility preservation services for men and women undergoing cancer treatments, which may cause infertility. We believe this legislation is critical in ensuring that oncology patients are able to pursue reproductive care following their cancer treatment.

Oncology nurses witness firsthand the profound emotional, physical, and psychological toll that a cancer diagnosis and treatment can take on a person. In addition to the immediate focus to beat the disease, many patients face the daunting prospect of iatrogenic (treatment-related) infertility once their treatment is finished.

Iatrogenic infertility is infertility that results as a side effect of medical treatments, particularly those used in oncology. For patients undergoing chemotherapy or radiation therapy, particularly in the pelvic region, or for individuals undergoing surgery for certain cancers, these life-saving treatments can inadvertently damage the reproductive organs or alter hormone levels, leading to permanent infertility. In many cases, this infertility is a direct result of the very treatments intended to save lives, making it particularly tragic and avoidable with proper preventive measures.

The loss of fertility options can be as devastating as the cancer diagnosis itself for our patients, particularly for young adults and individuals of reproductive age who may have planned for families in the future. For those who survive cancer, the option of fertility preservation offers hope. By undergoing fertility preservation – such as egg, sperm, or embryo freezing – before beginning their cancer treatments, patients have an opportunity to preserve their ability to have biological children in the future.

Unfortunately, for many whose insurance does not cover these services, the high cost of fertility preservation can be an insurmountable barrier. This financial burden should not exist for patients who are already battling for their lives. HB 1864 would ensure that patients have the option to build their biological family in the future, without being burdened by costs that may otherwise be prohibitive.

We thank you for your attention to this important matter and encourage you to support for HB 1864. Should you require any further information or wish to discuss our support, please feel free to contact healthpolicy@ons.org

###

ONS is a professional association that represents the over 100,000 oncology nurses in the United States and is the professional home to more than 35,000 members. ONS is committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve the quality of life and outcomes for patients with cancer and their families.

LATE



March 1, 2026

Representative Scot Z. Matayoshi, Chair
Representative Tina Nakada Grandinetti, Vice Chair
Committee on Consumer Protection & Commerce

Re: H.B. 1864 HD1, Relating to Insurance

Hearing: Tuesday, March 3, 2026, 2:00 PM, Conference Room 329 & Videoconference

Dear Chair Matayoshi, Vice Chair Grandinetti, and the Members of the Committee on Consumer Protection & Commerce:

Hawaii Women Lawyers is a lawyer's trade organization that aims to improve the lives and careers of women in all aspects of the legal profession, influence the future of the legal profession, and enhance the status of women and promote equal opportunities for all.

Hawaii Women Lawyers submits testimony in support of H.B. 1864 HD1, which seeks to require all health insurance policies, contracts, plans, and agreements issued or renewed after December 31, 2026 to provide optional coverage for standard fertility preservation services for persons undergoing medically necessary treatment that may cause iatrogenic infertility.

For individuals undergoing treatments such as chemotherapy, radiation, or surgery for cancer and other life-threatening conditions, fertility preservation is not just a luxury – it is a necessary medical intervention. However, without insurance coverage, the high costs associated with procedures such as egg and sperm freezing place an often-insurmountable financial burden on patients, forcing many to forego fertility preservation altogether. If passed, this bill could ensure that patients are not forced to choose between their health in the immediate present and their future ability to have biological children.

We very much appreciate the Legislature's efforts to align policy with medical best practices and we applaud the Legislature's determination to protect the reproductive rights and future family-building options of countless individuals in the State of Hawaii.

For the above reasons, we support H.B. 1864 HD1 and respectfully request that the Committee pass this measure.

Thank you for the opportunity to testify in support of this measure.

RE: Support for HB 1864 HD1 - Relating to Health Insurance

Aloha Chair Matayoshi, Vice Chair Grandinetti, and members of the Committee,

I am writing in support of HB 1864 HD1. While this bill may not be a perfect solution or a total paradigm shift for fertility preservation coverage, it is a common-sense step toward protecting Hawaii residents who are facing iatrogenic infertility. I support this measure as a necessary incremental step for our community.

However, the primary purpose of my testimony is to address some perceived misdirection provided by the Insurance Commissioner regarding the financial impact of this bill. During the bill's prior hearing, the Commissioner's office noted in testimony that it is "unclear" whether this bill would trigger defrayal requirements under 45 CFR § 155.170.

This framing is a selective use of facts that potentially misleads the conversation, and is a tactic commonly used by the Commissioner's office (and certain large insurance carriers more often than not). To be clear, the federal defrayal requirement the Commissioner cited in his most recent testimony only applies to Qualified Health Plans (QHPs) within the individual and small group market segments (he did say this). This means the "defrayal" narrative **does not apply the vast majority of Hawaii's insured population** (he neglected this important detail):

- **Large Group Market:** These plans cover the bulk of Hawaii's workforce under the Prepaid Health Care Act and are entirely exempt from the federal defrayal rule
- **Self-Insured Plans:** Many large employers in Hawaii are self-insured and governed by federal ERISA law, meaning they are not subject to state-triggered ACA defrayal
- **Medicaid (QUEST):** The defrayal requirement does not apply to Medicaid, which is a massive portion of our local healthcare system
- **Grandmothered & Grandfathered Plans:** Even within the small group market, transitional or grandmothered plans are generally exempt from EHB requirements and thus do not trigger defrayal for new mandates

The Insurance Commissioner is potentially citing a rule that impacts a tiny sliver of the market to cloud a benefit that helps the entire state. If the Insurance Division/Commissioner were truly concerned about providing a transparent and complete picture, they would have noted that the defrayal requirement, if it even were to apply, would apply only for a minute portion of our insured population.

Furthermore, it is worth noting that Hawaii has passed several mandates since 2011 that theoretically should have triggered this same defrayal process for the tiny population covered under a QHP. However, there is no evidence that the Insurance Division has ever actually implemented a formal mechanism to track or pay these costs, largely because CMS has not historically enforced a collection process. For the Commissioner to cite this "paper tiger" as a potential concern without proper context is disingenuous.

I encourage this Committee to ask the Insurance Commissioner directly:

1. Is it true that defrayal only applies to the small fraction of the market comprised of Qualified Health Plans (QHPs) in the individual and small group segments? Can you please put that into perspective?
2. Does the Insurance Division even have a formal mechanism in place today to manage defrayal, and if not, why is it regularly used as a point to stall legislation?

Please support HB 1864 HD1 to ensure that a theoretical federal technicality does not dictate health policy for the people of Hawaii.

Mahalo. -Breanna Zoey (she/they)

HB-1864-HD-1

Submitted on: 2/28/2026 4:52:54 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
April Woofter	Individual	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi, Vice Chair Nakada Grandinetti, and Honorable Committee Members,

I am writing in strong support of HB1864, which would require health insurance coverage for fertility preservation for patients who must undergo medical treatment that may cause infertility.

Many life-saving treatments for cancer and other serious diseases, such as chemotherapy and radiation, can damage reproductive organs and result in permanent infertility. While these treatments help cure disease, they can also leave patients facing the additional emotional loss of not being able to have biological children in the future.

Fertility preservation procedures — such as sperm, egg, and embryo freezing — are safe, established medical technologies. These procedures have been successfully used for decades and have resulted in millions of healthy births worldwide.

Unfortunately, the cost of fertility preservation is often too high for many patients. Without insurance coverage, some patients must choose between treating their disease and preserving their ability to have a family later.

This bill helps ensure that patients facing serious illness are not forced to give up the chance to build a family because of cost. Supporting HB1864 promotes hope, survivorship, and long-term quality of life for patients in Hawai‘i.

I respectfully urge your support of HB1864. Your leadership on this issue will have a meaningful impact on patients facing the dual challenges of serious illness and infertility.

Thank you for your consideration.

Sincerely and Mahalo,
April Woofter, DNP, RN
Chief Operating Officer
Fertility Institute of Hawaii

1585 Kapiolani Blvd, Suite 1800
Honolulu HI 96817
Phone: 808-545-2800
Fax: 808-262-3744

March 2, 2026

Subject: This letter is in SUPPORT of HB1864 as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures for Patients undergoing Medical Treatment that may cause Iatrogenic Infertility

Dear Chair Matayoshi, Vice Chair Nakada Grandinetti, and Esteemed Committee Members:

I am writing to express my strong support for HB1864, which would require health insurance providers to cover fertility preservation procedures for individuals undergoing medical treatments that may lead to iatrogenic infertility.

As a physician working closely with patients affected by iatrogenic infertility, particularly those undergoing treatments such as chemotherapy or radiation for cancer or other conditions, I see firsthand the critical importance of fertility preservation. For many of these patients, the threat of infertility can add another layer of distress to an already challenging diagnosis.

Medical treatments like chemotherapy and radiation can cause significant damage to reproductive tissues, which can lead to infertility for both men and women. While advances in cancer treatment have allowed many patients to recover fully from their illness, they are often left facing the painful reality of being unable to have biological children. This can have profound emotional, mental, and physical effects on patients and their families.

Thanks to modern technologies, this need not be the case. Patients can preserve their fertility prior to undergoing treatments that pose a risk to their reproductive health, enabling them to pursue parenthood after treatment. These preservation methods—such as sperm freezing, egg freezing, and embryo cryopreservation—offer hope to those who otherwise might face permanent infertility.

Specifically:

1. **Sperm cryopreservation:** Stored sperm, when thawed, has been shown to have similar reproductive potential as fresh sperm, and has been used safely for decades.
2. **Embryo cryopreservation:** Eggs can be harvested, fertilized with sperm, and the embryos cryopreserved for future use. Over 11 million children have been born worldwide from embryos frozen through IVF.

3. **Egg cryopreservation:** Women can freeze their eggs through IVF, offering them the possibility to preserve their fertility and use their eggs for future reproduction.

As a fertility specialist, I see the immense relief and hope these options bring to patients who are suddenly faced with cancer or another serious condition. However, many patients are unable to afford these fertility preservation services, which often come with a substantial financial burden. For those already grappling with the costs of medical treatment, the additional expense of fertility preservation can be a significant barrier.

It is imperative that insurance coverage for these services be made available to all patients who need it. In many other states, similar legislation has already been implemented with great success. By supporting HB1864, you will be making a meaningful difference in the lives of individuals and families across our state, ensuring that they can preserve their fertility without facing financial hardship.

This bill is an essential step in protecting the well-being of patients affected by iatrogenic infertility. Without access to affordable fertility preservation, many people will never have the opportunity to build the families they desire.

I respectfully urge you to support HB1864 and help ensure that patients facing infertility due to medical treatment are not further burdened by the costs of preserving their fertility. Your support will have a lasting, positive impact on many lives.

Thank you for your time and attention to this important issue.

Sincerely,



Anatte Karmon, MD

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HB-1864-HD-1

Submitted on: 3/2/2026 8:57:20 AM

Testimony for CPC on 3/3/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lokelani North	Fertility Institute of Hawaii	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

I am writing in strong support of HD1, which would require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for standard fertility preservation services for individuals undergoing medically necessary treatment that may cause iatrogenic infertility.

This measure represents an important and compassionate step forward in protecting the long-term health and quality of life of patients facing serious medical conditions. Many life-saving treatments — including chemotherapy, radiation, and certain surgical interventions — carry a significant risk of infertility. For patients already confronting a life-altering diagnosis, the potential loss of future family-building options adds an additional and preventable emotional burden.

Fertility preservation services are not elective or cosmetic in this context; they are a medically appropriate safeguard against the unintended consequences of necessary treatment. Without insurance coverage, these services are often financially out of reach, creating inequitable access based solely on a patient's ability to pay. NO individual should be forced to choose between treating a serious illness and preserving the possibility of having biological children in the future.

Leading medical organizations recognize fertility preservation as an essential component of comprehensive cancer and serious disease treatment. By ensuring coverage, this bill promotes health equity, supports survivorship, and protects patients during some of the most vulnerable moments of their lives.

I respectfully urge you to SUPPORT HD1 and affirm the principle that protecting a patient's ability to build a family after surviving serious illness is not a luxury — it is a matter of fairness, dignity, and comprehensive health care.

Much Mahalo for your consideration and for your continued commitment to the well-being of our community.

Respectfully,

Lokelani North

Fertility Institute of Hawaii

Surrogacy Institute of Hawaii

Surrogacy Coordinator



02/13/2026

Subject: This letter is in **SUPPORT of HB1864** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures for Patients undergoing Medical Treatment that may cause Iatrogenic Infertility

Dear Chair Takayama, Vice Chair Keohokapu-lee Loy, and Honorable Committee Members:

A diagnosis such as cancer or another serious medical condition can be life-altering. While patients focus on surviving their illness, many must also confront the devastating reality that medically necessary treatments including chemotherapy, radiation, or surgery which can permanently compromise their ability to have biological children. For these individuals, fertility preservation is not elective or cosmetic care; it is a medically recognized standard of care prior to treatment.

HB1864 ensures that patients facing medically induced infertility have access to fertility preservation services such as egg, sperm, or embryo freezing. Without insurance coverage, these procedures can cost thousands, sometimes tens of thousands of dollars upfront, placing these services entirely out of reach for many families at a time when they are already facing emotional and financial strain.

This bill promotes fairness and equity in health care. Access to future family-building should not depend on income level or personal wealth. Standardizing coverage helps remove financial barriers and ensures that patients can make decisions about their long-term futures without being constrained by immediate cost concerns.

Additionally, HB1864 aligns insurance practices with modern medical standards and the recommendations of leading medical professionals who recognize fertility preservation as an essential part of comprehensive care for patients at risk of treatment-related infertility.

At its core, this bill is about hope. It allows individuals and families to preserve the possibility of life after illness. It provides dignity, choice, and peace of mind during some of the most difficult moments a person can face.

For these reasons, I respectfully urge you to support **HB1864**. Thank you for your consideration and your service.

Sincerely,
Chelsey Keola, PA-C
Physician Assistant

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ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE
OF HAWAII

Mar 2, 2026

RE: Testimony in **SUPPORT of HB 1864**

Subject: Strong Support for HB 1864 – Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients Experiencing Iatrogenic Infertility

Dear Chair Takayama, Vice Chair Keohokapu-lee Loy, and Honorable Committee Members:

I am writing in strong support of HB 1864, which would mandate health insurance coverage for fertility preservation procedures for individuals undergoing medical treatments that may cause iatrogenic infertility.

Iatrogenic infertility is a preventable consequence of necessary medical treatment. In my work at The Fertility Institute of Hawaii, I see firsthand the impact that cancer and other serious diagnoses have on patients of reproductive age. Life-saving treatments such as chemotherapy, radiation, and certain surgical interventions can permanently damage reproductive tissues in both men and women. While these treatments may cure disease, they often leave patients facing the devastating reality of infertility.

Fortunately, advances in reproductive medicine now make it possible for many of these patients to preserve their fertility prior to treatment. Established and widely utilized techniques: including sperm cryopreservation, egg freezing, and embryo cryopreservation, offer patients the opportunity to build families after they have survived their illness. These technologies are not experimental; they are evidence-based, routinely performed procedures that have resulted in millions of healthy births worldwide.

However, the cost of fertility preservation remains a significant barrier. Without mandated insurance coverage, patients are often forced to make impossible decisions at the most vulnerable time in their lives, either delay urgently needed medical treatment to secure funding or forgo fertility preservation entirely. No patient should have to choose between survival and the opportunity to have a biological family.

Concerns about financial impact have already been carefully evaluated. The Hawai'i State Auditor's November 2023 analysis (Report No. 23-11) determined that mandating insurance coverage for fertility preservation would have only a minimal impact on insurance premiums due to the limited number of individuals who qualify. When compared to the substantial costs of chemotherapy, radiation, and surgical care, the additional cost of fertility preservation coverage is negligible, yet its benefit to patients is immeasurable. No one should have to choose between life-saving care and the chance to have a family.

Hawai'i has always prioritized the well-being of our 'ohana. By passing HB 1864, you are not only supporting equitable access to essential healthcare, but also upholding our cultural values by ensuring that all patients, regardless of financial means, can preserve their reproductive potential. I urge your support for HB 1864 to protect the future fertility of patients facing life-saving medical treatments.

Mahalo for your time and consideration.

Tiare Brown
Director of 3rd Party Services
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HB-1864-HD-1

Submitted on: 3/2/2026 10:59:47 AM

Testimony for CPC on 3/3/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lisa Walter-McWilliams	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-lee Loy, and Honorable Committee Members,

As a fertility coordinator, I witness firsthand how medical treatments like chemotherapy and radiation can cause iatrogenic infertility. While medical progress allows many patients to survive their diagnoses, the resulting infertility often leaves them unable to start a family.

I am writing to show support for HB1864, which would mandate health insurance coverage for fertility preservation procedures. Today’s technology (including sperm, egg, and embryo cryopreservation) offers these survivors a path to parenthood. However, without insurance coverage, the financial burden remains a significant barrier for many in our community.

Providing access to these vital services offers patients hope and ensures that the dream of having a family is not lost to their diagnosis. By supporting HB1864, you are championing the welfare of our 'ohana and ensuring that survivors do not have to face a childless future due to financial constraints.

Thank you for your time and for considering this critical issue.

Sincerely,

Lisa Walter-McWilliams



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE
O F H A W A I I

March 2, 2026

Subject: This letter is in **SUPPORT of HB 1864** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients experiencing Iatrogenic Infertility

LATE

Dear Honorable Committee Members:

As a fertility doctor that treats patients with iatrogenic infertility secondary to cancer and other reasons utilizing fertility preservation therapies, I believe fertility preservation is critical to the care of these patients. Therefore, I urge you to support a bill that would mandate health insurance coverage for fertility preservation procedures for specific persons with cancer or other diagnoses whose diagnosis and treatment may adversely affect their fertility. For many patients, the financial burden of fertility preservation can be as devastating as the new diagnosis itself, leaving them unable to preserve their fertility.

A cancer diagnosis used to be a death sentence. It is wonderful that in 2026, many cancers diagnosed in the reproductive time span are survivable. Beating cancer no long means merely surviving, but also living out a normal life afterwards. This includes fulfilling the normal dreams and hopes of having children and growing a family. It is tragic and unfair that for so many individuals, their success at overcoming their cancer diagnosis is at the cost of treatments that render them sterile. For many patients, the financial burden of fertility preservation can be as devastating as the new diagnosis itself, leaving them unable to preserve their fertility.

We have the medical ability now to preserve their fertility. Discussions regarding fertility preservation are now considered part of the medical standard of care prior to cancer treatment. Unfortunately, too many individuals, although they desperately desire to proceed with fertility preservation treatments, are unable to do so because their health insurance does not cover this benefit. What is the point of health insurance if not to cover us for these unexpected tragic health events? **It is a basic human right to have children and a family.** It is unfortunate that very few insurance companies are interested in the long term quality of life after these individuals beat cancer. In fact, having children is very beneficial to our society and community, as every elderly parent eventually leans on their children for help and assistance. These childless cancer survivors will have no family safety net, becoming a burden on the tax-payers and state with time.

Therefore, I urge you to support a bill that would mandate health insurance coverage for fertility preservation procedures for certain persons diagnosed with cancer or other conditions that would adversely affect their fertility. This bill would ensure that these patients would not bear the financial burden of fertility preservation treatment. Without it, many of our friends and families who survive these iatrogenic infertility-causing diagnoses will not be able to experience the privilege of having a family—a freedom many take for granted.

I hope that you will consider our request and show your support for patients who must undergo iatrogenic infertility-causing treatment. Your support makes a significant difference for these patients struggling with infertility's emotional and financial consequences.

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

Sincerely and Mahalo,



Emily Goulet MD FACOG

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LATE

LATE

HB-1864-HD-1

Submitted on: 3/2/2026 8:44:59 PM

Testimony for CPC on 3/3/2026 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Sasha Dimond	Individual	Support	Written Testimony Only

Comments:

To: House Committee on Consumer Protection & Commerce (CPC)

From: Sasha Dimond

Date: March 2, 2026

Re: **STRONG SUPPORT for HB 1864** – Relating to Insurance

Hearing: Tuesday, March 3, 2:00 PM

Aloha e Chair Matayoshi, Vice Chair Grandinetti, and Committee Members,

I am a recent cancer survivor. A cancer diagnosis at age 32 was certainly not on my bingo card entering 2025. When I was diagnosed, my oncologist urged me to undergo IVF immediately to protect my future family before chemotherapy could cause permanent damage. For me, fertility preservation wasn't just a medical procedure—it was a vital source of hope and one less thing to worry about while fighting for my life.

My endocrinologist shared a story with me that stays in my mind. She had a patient who discovered she had a high egg count before her cancer treatment. Because of the cost, the woman had to decline IVF. After her treatment, she returned to find she was left with just a handful.

The medical science was there to save her future family, but the price tag stood in the way.

I could barely afford it myself; to this day, I am still paying off the loan I took out to save my chance at parenthood. No one should be forced to "gamble" on their future because they can't afford a loan. I hope this bill passes so the next generation of patients doesn't have to carry the same financial burden—or the same heartbreak—that I have seen.

I respectfully urge the committee to pass HB 1864. Thank you for your time.

Mahalo nui loa,

Sasha

LATE