



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Health and Human Services  
Wednesday, March 18, 2026  
1:00 p.m.  
State Capitol, Room 225 and via Videoconference**

**On the following measure:  
H.B. 1864, H.D. 2, RELATING TO INSURANCE**

Chair San Buenaventura, Vice Chair McKelvey, 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.

The defrayal risk of these mandates is enhanced by the United States Department of Health and Human Services' Proposed Rule for 2027. Under this proposal, the Center for Medicare and Medicaid Services (CMS) intends to broaden the criteria for what constitutes a state-mandated benefit that requires state funding. Specifically, any benefit required by state action after December 31, 2011, that is not otherwise mandated by federal law would be considered "in addition to" the federal EHB requirements. If this rule is finalized, it would be applied retroactively, and the State would be required to pay the costs for these benefits for exchange enrollees, even if the benefit is already embedded in the State's existing EHB-benchmark plan.

The National Association of Insurance Commissioners (NAIC) recognizes that in particular, the retroactive nature of the proposed rule will have a harsh impact on states. NAIC has therefore submitted testimony to, among other things, propose that the rule apply prospectively. The comment period ended on March 13, 2026, and it is unclear if CMS will amend the rule as well as the timeline for approval, if any.

The Department will continue to monitor the status of the proposed federal rule and mitigate its impact on Hawaii. Please note that defrayment principles exist in the existing ACA law. However, the current federal administration seems intent on rigorously implementing and enforcing them.

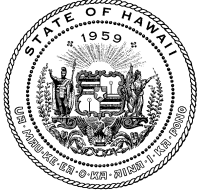
Additionally, the Department notes the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed 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 "2018 update to the 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

1177 Alakea Street, #402, Honolulu, HI 96813

Phone: 587-0788 Fax: 587-0783 [www.shpda.org](http://www.shpda.org)

March 16, 2026

**TO:** SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, 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-HD2 -- RELATING TO INSURANCE**

**HEARING:** Wednesday, March 18, 2026 @ 1:00 pm; Conference Room 225

**POSITION:** SUPPORT with COMMENTS

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Testimony:

SHPDA strongly supports HB1864-HD2, with comments.

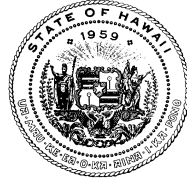
This bill provides fertility preservation service for persons under 26 who are undergoing cancer or other medical treatment that may cause iatrogenic infertility. SHPDA believes this protection should be available to ALL woman of childbearing age at risk of iatrogenic infertility.

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. Hawaii patients should have similar protection offered.

Thank you for hearing HB1864-HD2.

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

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

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

SENATOR JARRETT KEOHOKALOOLE, CHAIR  
SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

SENATOR JOY A. SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date: March 18, 2026

Room Number: 229

1 **Department Testimony:** The Department of Health (DOH) supports the intent of HB1864 HD2  
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

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

10 Medically necessary treatments such as chemotherapy, radiation, and certain surgeries can  
11 permanently impair fertility. Leading medical organizations recommend that fertility

1 preservation options be discussed and made available to patients prior to treatment when  
2 clinically appropriate. However, the lack of insurance coverage for fertility preservation services  
3 often creates a substantial financial barrier, particularly during an already stressful and time-  
4 sensitive period.

5

6 HB1864 HD2 helps address this gap by ensuring access to standard fertility preservation services  
7 and by prohibiting discriminatory coverage practices based on fertility history, disability, life  
8 expectancy, or perceived quality of life. These provisions promote health equity and align with  
9 evidence-based clinical standards.

10

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

15

16 Thank you for the opportunity to provide testimony.

17

March 18, 2026

**To: Chair San Buenaventura, Vice Chair McKelvey, and Members of the Senate Committee on Health and Human Services (HHS)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Mar. 18, 2026; 1:00 p.m./Conference Room 225 & Videoconference

**Re: Testimony in support of HB 1864 HD2 – Relating to Standard Fertility Preservation**

The Hawaii Association of Health Plans (HAHP) supports HB 1864 HD2. 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 HD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



March 18, 2026

The Honorable Joy A. San Buenaventura, Chair  
The Honorable Angus L.K. McKelvey, Vice Chair

Senate Committee on Health and Human Services

**Re: HB 1864 HD2 – RELATING TO INSURANCE**

Dear Chair San Buenaventura, Vice Chair McKelvey and Members of the Committees

Hawaii Medical Service Association (HMSA) supports HB1864 HD2, 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



**Testimony to the Senate Committee on Health and Human Services  
Wednesday, March 18, 2026; 1:00 p.m.  
State Capitol, Conference Room 225  
Via Videoconference**

**RE: HOUSE BILL NO. 1864, HOUSE DRAFT 2, RELATING TO INSURANCE.**

Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA offers **COMMENTS** on House Bill No. 1864, House Draft 2, RELATING TO INSURANCE.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would 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.

This bill would take effect on July 1, 3000.

The HPCA has grave concerns that the enactment of this bill, as presently drafted, might result in serious, unintended consequences to Hawaii's Prepaid Health Care Act, Chapter 393, Hawaii Revised Statutes (HRS).

**Testimony on House Bill No. 1864, House Draft 2**  
**Wednesday, March 18, 2026; 1:00 p.m.**  
**Page 2**

Hawaii is the only state that requires employers to provide health insurance to employees. Hawaii is able to enforce this requirement because the Congress passed legislation exempting Hawaii's 1974 law from certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In part because the Prepaid Health Care Act took effect before ERISA was enacted, Hawaii is the only state with such an exemption. This exemption, however, has frozen the Prepaid Health Care Act in its original form.

The ERISA exemption is limited to Hawaii's Prepaid Health Care Act as it was passed in 1974. As such, the State cannot amend the Act unless specific legislation is passed by the Congress. [See, Testimony by the United States General Accounting Office to the United States Senate Committee on Finance dated September 9, 1992, entitled, State Health Care Reform: Federal Requirements Influence State Reforms, p. 6; <https://www.gao.gov/assets/t-hrd-92-55.pdf>]

The State cannot modify the mandated benefit package for employer-provided insurance, require coverage for dependents, or change the cost-sharing formula for premiums. [See, Ibid, p.6]

The Prepaid Health Care Act requires health plans to offer minimum benefits that include hospital, surgical, medical, diagnosis, and maternity coverage but does not specifically mandate the provision of continuous glucose monitors. [See, Section 393-7, HRS.]

Although this bill seeks to establish mandatory employer-sponsored health insurance coverages with changes to the Insurance Code, one could argue that the practical effect of this approach would be to expand the minimum coverages specified under the Prepaid Health Care Act.

Seeking advice from the Attorney General, Insurance Commission, and the Department of Labor and Industrial Relations would seem prudent. However, ultimately it would be left to the courts to determine the final outcome.

If this Committee wishes to proceed with this measure, the HPCA strongly recommends that it seek a legal opinion from the Employee Benefits Security Administration of the United States Department of Labor, the federal agency that administers ERISA. Specifically, we ask that you request advice on the following questions:

- (1) Would the exemption from federal ERISA preemption afforded to Hawaii's Prepaid Health Care Act remain valid if this bill was enacted?; and
- (2) Would the enactment of this bill be preempted under ERISA?

**Testimony on House Bill No. 1864, House Draft 2**  
**Wednesday, March 18, 2026; 1:00 p.m.**  
**Page 3**

As an organization, the HPCA believes that the Hawaii Prepaid Health Care Act is the main pillar for the entire health care system in Hawaii. Any proposal that might possibly jeopardize its continuation must be taken very seriously. Should employer-mandated health insurance coverage end, the number of uninsured in this State will explode. This would put an enormous strain on Medicaid and FQHCs, threaten the general welfare of citizens, and ultimately denigrate health care outcomes of patients.

**Accordingly, we respectfully ask that you proceed cautiously.**

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiipca.net](mailto:eabe@hawaiipca.net).

**March 16, 2026**

**TO: Hawai'i Senate Committee on Health and Human Services**

**RE: House Bill 1864, Relating to Insurance - SUPPORT**

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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.



March 16, 2026

Senator Joy San Buenaventura, Chair  
Senate Committee on Health and Human Services  
Room 213, Hawaii State Capitol  
415 South Beretania St.  
Honolulu, HI 96813

Dear Chair San Buenaventura and Members of the Senate Committee on Health and Human Services,

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](mailto: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.*

# Protect Parenthood for Cancer Survivors

Give hope to young adult Hawaiian cancer patients by providing access to treatments that preserve their ability to have biological children in the future.



Patients under 45 have an **85+% survival rate**



The National Cancer Institute estimates **561 Hawaiians under 45 will be diagnosed with cancer this year.**



**21 states** insure some form of fertility preservation coverage

## The Impact

Some cancer treatments can directly or indirectly cause medically-induced infertility.

Chemotherapy, radiation and surgery can damage gametes (eggs and sperm), reproductive organs, and/or endocrine functioning; they may also impact the ability to carry a pregnancy.

Because the damage is generally caused by treatments and not the disease, it can affect patients with many types of cancer.

Infertility is not merely a medical complication; it permanently affects reproduction and parenthood – fundamental life functions worthy of the highest levels of protection.

## The Challenge

There are recognized and effective options for preserving fertility, but the high cost is often a barrier.

Expenses can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking.

Without insurance coverage, these standard treatments are unaffordable for many.

Patients often have a short window of time to obtain the resources necessary to preserve fertility before starting potentially sterilizing cancer treatment.

Infertility treatment and IVF are already essential health benefits for Hawaiians who can prove a 5-year history of infertility. Newly diagnosed cancer patients cannot possibly meet this requirement.

## The Legislative Solution

HB 1864/SB 2899 require individual and group health insurance policies to cover fertility preservation services for a patient who will receive a medically necessary treatment, including surgery, chemotherapy or radiation that may directly or indirectly cause iatrogenic infertility.

Fertility preservation services must be standard procedures consistent with professional guidelines established by the American Society of Clinical Oncology.

Hawaii State Audit Report 23-11 found that “it is unlikely that premiums would increase beyond a minimal amount” since such a limited number would qualify for coverage.

Infertility treatment is already included in Hawaii’s EHB, so this bill won’t require ACA defrayal costs or jeopardize the Prepaid Health Care Act.

# Faces of Fertility Preservation in Hawaii

Fertility Preservation isn't just about "sperm" and "eggs" – it's about people – patients and survivors and their desire to one day build a family, despite having cancer.

"I was a 24-year-old medical student when I got the call that I had breast cancer. That night, I laid in bed overwhelmed. What truly broke me was the possibility that I might never have biological children. I chose to undergo fertility preservation, but it was not easy. Insurance didn't cover it. I was lucky enough to have the resources and support, but many others do not. Coverage should be guaranteed, not a privilege based on what you can afford."



**Lauren A.**  
Hawaii

"As a fertility specialist, I routinely counsel male and female patients on their options for fertility preservation. I see the hope this option brings . . . but unfortunately many cannot afford the costs. Without this bill, many who survive will not be able to experience the privilege of having a family – a freedom many take for granted."



**Dr. John Frattarelli**  
CEO, Fertility Institute of Hawaii, Honolulu

"At age 31, I was diagnosed with breast cancer during nursing school. I knew right away I would need to preserve my eggs, but the cost would all be out of pocket and I had less than 3 weeks before my first treatment. I was lucky to get a nonprofit to help with medication costs, use my nursing school savings and my family helped cover the rest. I hope that lawmakers can put themselves into our shoes and pass this bill."



**Christel T.**  
The Big Island

"As an oncologist, it is incredibly important to talk to patients about possible infertility before cancer treatment begins. Patients often have a narrow window for a successful outcome, and too many patients must make this life-changing decision without reliable fertility preservation coverage. In some cases, patients may only have days to conjure up thousands of dollars on top of what is already a stressful time before treatment."



**Dr. Charles Miller**  
Moanalua Medical Center  
Honolulu





**To:** Chair Buenaventura and members of the Senate Health and Human Services Committee

**From:** Oncology Nursing Society

**Date:** March 16, 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](mailto: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.*



March 14, 2026

Senator Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Committee on Health and Human Services

**Re: H.B. 1864 HD2, Relating to Insurance**

**Hearing: Tuesday, March 18, 2026, 1:00 PM, Conference Room 225 & Videoconference**

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee on Health and Human Services:

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 HD2**, 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 HD2 and respectfully request that the Committee pass this measure.**

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



Facing Hereditary Cancer EMPOWERED

March 17, 2026

Re: In strong support of HB 1864

Dear Chair San Buenaventura, Vice-Chair McKelvey and Esteemed Members of the Senate Health and Human Services 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.

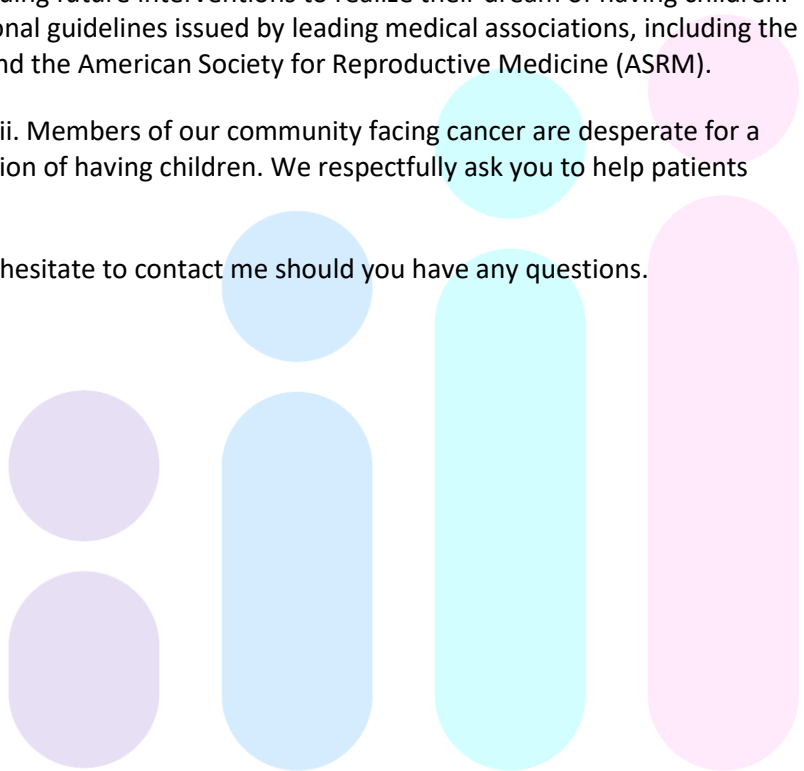
Fortunately, this legislation would give most Hawaiians options for those confronting this dilemma by ensuring that they have insurance coverage for effective, evidence-based options for preserving their fertility before their surgery or initiation of cancer therapy and pursuing future interventions 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,

Lisa Peabody  
Advocacy Manager  
202-381-1357



March 16, 2026

The Honorable Joy A. San Buenaventura, Chair  
Senator Angus L.K. McKelvey, Vice Chair  
Senate Committee on Health and Human Services  
Hawaii State Senate  
Honolulu, HI 96813

**RE: HB 1864 – Support**

Dear Chair Buenaventura, Vice Chair McKelvey and the members of the Senate Committee on Health and Human Services,

In October of 2022, I never imagined I would experience infertility. My husband and I got married during the pandemic and were just a couple of months into trying to conceive. I was healthy, fit and making great strides in my career.

My life came to a screeching halt when after a routine mammogram, I was diagnosed with an aggressive type of breast cancer at the age of 33. Cancer treatment, including chemotherapy, radiation and long-term medication, can endanger one's fertility, especially as many treatments induce medical menopause. For the first time in my life, my fertility was put at high risk. We immediately raced to a fertility clinic in hopes of preserving my eggs before proceeding with surgery and treatment.

There were many things I wasn't prepared for when I was diagnosed with cancer, from having to take extended leave from work to becoming severely immunocompromised, from the intense side effects to not recognizing myself in the mirror. But losing my fertility, by far, has been most devastating. My dream of becoming a mother was suddenly put on hold as I faced treatment yet meanwhile, my biological clock continued to tick on.

Cancer is incredibly expensive, from medical bills to the supportive treatments that many of us patients need to heal, including acupuncture, supplements and nutritious foods. Over the years, I've paid tens of thousands of dollars in out-of-pocket costs, on top of taking leave from work and losing a chunk of my annual salary.

When you add on fertility preservation treatment and storage, the financial impact can be overwhelming, on top of the incredible amount of stress cancer causes. In fact, when you add in factors such as age or risk of cancer recurrence, some cancer survivors are not even able to carry a frozen embryo after treatment is complete and have to instead explore options such as surrogacy, which can cost hundreds of thousands of dollars.

As a patient advocate, I host recurring meetups throughout the year for local young adult cancer patients. Time and time again, I hear survivors and thrivers grieve the loss of their fertility and financial stability. I continue to be completely appalled and disappointed by how much is not covered by insurance for cancer patients. With the increasingly high cost of living in Hawaii, treatments such as fertility preservation services must be covered.

For these reasons, and so many more, I humbly urge you to support HB 1864, which would require individual and group health insurance policies to cover standard fertility preservation services for cancer patients like me who receive a medically necessary treatment, including surgery, chemotherapy or radiation that may directly or indirectly cause impaired fertility. Not only would such a bill lighten the heavy financial weight on cancer patients – but it would also provide comfort during a difficult and troublesome time.

Mahalo for your service and consideration,

*Andrea Oto*  
Andrea Oto

Breast Cancer Survivor and Patient Advocate

**HB-1864-HD-2**

Submitted on: 3/16/2026 11:12:54 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

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

Comments:

Testimony – Sasha Dimond

**In Strong Support of HB 1864, HD 2**

Before the Committee on Health and Human Services

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

My name is Sasha Dimond. I wish I could be there in person today to share my story, but I am at work and unable to attend. Even so, I felt it was important to submit testimony because this bill directly affects patients like me and will hopefully others in the near future.

**I am in strong support of this bill.**

Last year, I was diagnosed with cancer, and my world changed overnight. In the middle of trying to understand my diagnosis and prepare for treatment, I also had to confront the possibility that chemotherapy could leave me permanently infertile. My doctors urged me to undergo IVF immediately to preserve my fertility. What they couldn't help with was the cost. Because my insurance did not cover fertility preservation, I had to scramble to come up with thousands of dollars on top of ongoing medical bills.

I was fortunate enough to complete IVF, but only because I had to take out a loan. No one should have to choose between protecting their fertility and starting lifesaving treatment.

As technology advances, fertility preservation is becoming even more intertwined with modern cancer care. Today, genetic testing can help identify inherited cancer risks and guide treatment decisions. These same technologies can also help patients understand how their treatment may affect their reproductive future. The ability to analyze genetic information quickly and accurately is a powerful tool — but it only matters if patients can act on that information. Without insurance coverage for fertility preservation, the benefits of these technological advances are out of reach for many.

Fertility preservation for cancer patients is not elective. It is standard medical care supported by established clinical guidelines. This bill ensures that insurers follow those guidelines and do not discriminate based on diagnosis or prognosis. It gives patients facing the hardest moment of their lives a measure of control, dignity, and hope.

Cancer already takes so much. This bill protects the possibility of life and hope after cancer — the chance to build a family when treatment is done.

I respectfully urge you to pass this measure.

Mahalo for your consideration.

-Sasha