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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Commerce and Consumer Protection
Tuesday, April 7, 2026
9:25 a.m.
State Capitol, Room 229 and via Videoconference**

**On the following measure:
H.B. 1864, H.D. 2, S.D. 1, RELATING TO INSURANCE**

WRITTEN TESTIMONY ONLY

Chair Keohokalole, Vice Chair Fukunaga, 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.

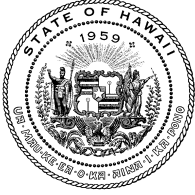
Additionally, the Department notes the requirements set forth in Hawaii Revised Statutes (HRS) section 23-51. This statute mandates that "[b]efore any legislative measure that mandates health insurance coverage for specific health services... can be considered, there shall be concurrent resolutions passed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

LATE

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

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April 6, 2026

TO: SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, 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-SD1 -- RELATING TO INSURANCE

HEARING: Tuesday, April 7, 2026 @ 09:25 am; Conference Room 229

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 1864-HD2-SD1, with comments.

This bill provides fertility preservation service for all women of childbearing age undergoing cancer or other medical treatment that may cause 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 HB 1864-HD2-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



April 3, 2026

Senator Jarrett Keohokalole, Chair
Senate Committee on Commerce and Consumer Protection
Room 205, Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Chair Keohokalole and Members of the Senate Committee on Commerce and Consumer Protection,

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.

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 Keohokalole and members of the Senate Commerce & Consumer Protections Committee

From: Oncology Nursing Society

Date: April 3, 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

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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.



April 3, 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 Keohokalole, Vice Chair Fukunaga, 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 to be childless. 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



Facing Hereditary Cancer EMPOWERED

April 3, 2026

Re: In strong support of HB 1864

Dear Chair Keohokalole and Vice-Chair Fukunaga and Esteemed Members of the House Commerce and Consumer Protection 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).

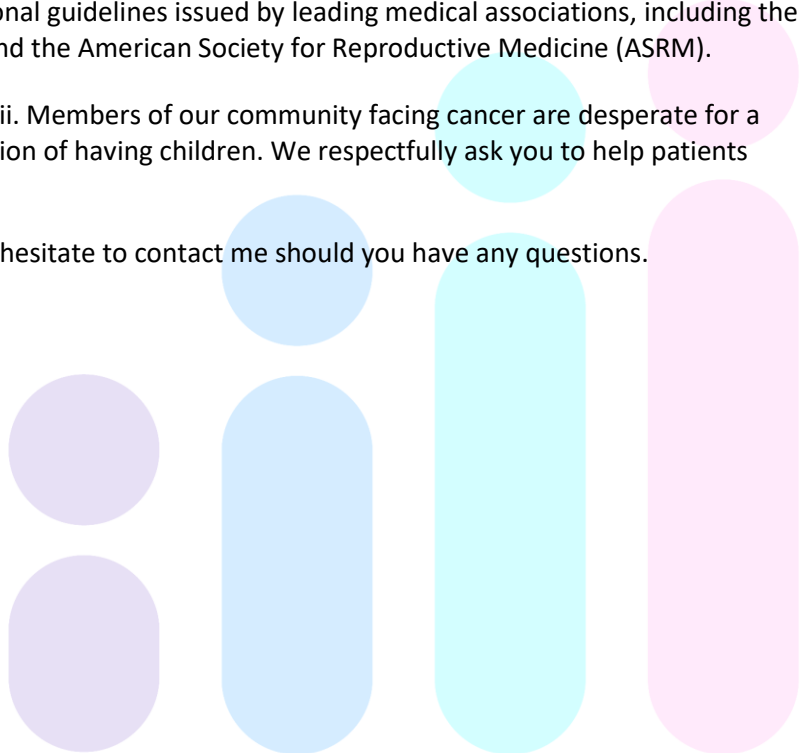
FORCE has a strong presence throughout Hawaii. Members of our community facing cancer are desperate for a glimmer of hope to help them preserve the option of having children. We respectfully ask you to help patients facing infertility by supporting HB 1864.

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





Senate Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Hearing Date: Tuesday, April 7, 2026

ACS CAN SUPPORTS HB 1864 SD1 – 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 SD1: 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 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/>



Alliance for
Fertility Preservation

April 4, 2026

The Honorable Jarrett Keohokalole
Chair
Senate Committee on Commerce and Consumer Protection
Hawaii Senate
Honolulu, HI 96813

RE: Strong support for HB 1864

Dear Chair Keohokalole:

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



March 7, 2026

The Honorable Jarret Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

Senate Committee on Commerce and Consumer Protection

Re: HB 1864 HD2 SD1 - RELATING TO INSURANCE

Dear Chair Keohokalole, Vice Chair Fukunaga and Members of the Committee

Hawaii Medical Service Association (HMSA) supports HB1864 HD2 SD1, which requires policies, contracts, plans, and agreements issued or renewed after 12/31/2026, requires 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.

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

April 7, 2026

To: Chair Keohokalole, Vice Chair Fukunaga, and Members of the Senate Committee on Commerce and Consumer Protection (CPN)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: Apr. 7, 2026; 9:25 a.m./Conference Room 229 & Videoconference

Re: Testimony in support of HB 1864 HD2 SD1– Relating to Standard Fertility Preservation

The Hawaii Association of Health Plans (HAHP) supports HB 1864 HD2 SD1. 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 SD1.

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members



April 5, 2026

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair
Committee on Commerce and Consumer Protection

Re: H.B. 1864 HD2 SD1, Relating to Insurance

Hearing: Tuesday, April 7, 2026, 9:25 AM, Conference Room 229 & Videoconference

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee on Commerce and Consumer Protection:

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 SD1, which seeks to require all health insurance policies, contracts, plans, and agreements issued or renewed after December 31, 2026 to provide 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 SD1 and respectfully request that the Committee pass this measure.

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

April 6, 2026

TO: Hawai'i Senate 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.



**Testimony to the Senate Committee on Commerce and Consumer Protection
Tuesday, April 7, 2026; 9:25 a.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: HOUSE BILL NO. 1864, HOUSE DRAFT 2, SENATE DRAFT 1, RELATING TO INSURANCE.

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Joint 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, Senate Draft 1, RELATING TO HEALTH.

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:

- (1) Provide immunity from malpractice liability under State law for any professional organization or association, health care provider, or health care organization for providing clinical preventative services;
- (2) Require insurers, mutual benefit societies, and health maintenance organizations to provide coverage for clinical preventative services recommended by the Hawaii State Department of Health (DOH);
- (3) Prohibit insurers, mutual benefit societies, and health maintenance organizations from levying any deductible, copayment, coinsurance, or other cost-sharing requirements for clinical preventative services recommended by the DOH; and
- (4) Exempt this measure from the requirements of Sections 23-51 and 23-52, Hawaii Revised Statutes.

Testimony on House Bill No. 1898, House Draft 2, Senate Draft 1
Tuesday, April 7, 2026; 9:25 a.m.
Page 2

This bill would take effect on January 1, 2050.

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).

At the outset, while this bill would apply to accident and sickness policies and coverages applicable to private insurers, mutual benefit societies, and health maintenance organizations, it is unclear how this requirement would apply to public insurers, namely Medicaid and Medicare. Since any benefit provided under either program requires consent by the federal Centers for Medicare and Medicaid Services, it is questionable whether any such requirement under State law could be enforced for either program. But even if such a requirement could be applied to health care providers treating Medicare or Medicaid patients in the State of Hawaii, would such a requirement demand that the Hawaii State Department of Human Services cover the cost of these services using General Funds alone?

With that said, 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 Commissioner, 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?

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.

Lastly, with regard to the dispute between the federal and state governments on immunization recommendations, the HPCA strongly supports the use of prevailing medical standards when it comes to childhood immunizations. We agree with the bill's findings that the public good is achieved when citizens have access to science-based, clinical preventative services. Yet, because we represent federally qualified health centers, the services that our members provide must be in accordance with **BOTH** the federal and state governments. It is our hope that a solution can be reached that will allow for a unified approach on the provision of essential services for our people. No one wants a situation where different levels of service are provided based on whether those services are covered by public or private insurance. And, unfortunately, that appears to be the direction we are headed for with this bill.

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@hawaiiipca.net.

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

Anissa LeeHang
IVF Coordinator
Fertility Institute of Hawaii
April 3, 2026

Dear Chair Keohokalole, Vice Chair Fukunaga, and Honorable Committee Members:

My name is Anissa LeeHang, and I am an IVF Coordinator at Fertility Institute of Hawaii. I am testifying today in strong support of **Bill HB1864**, which addresses iatrogenic infertility and mandatory insurance coverage. The importance of this bill cannot be overstated—it is truly beyond words. The ability to provide equitable access to fertility treatments is not just a matter of healthcare; it is a matter of hope, of opportunity, and of giving families a chance at the future they deserve. This bill has the power to transform lives, and its significance goes far beyond any written explanation

As a healthcare professional who works directly with individuals and couples navigating fertility treatments, I witness daily the physical, emotional, and financial challenges they face. Many patients come to us after years of trying to conceive naturally, often experiencing heartbreak and frustration. Iatrogenic infertility is 100% preventable- with the proper protocols in place, individuals learning of their cancer diagnosis can make the decision before it is too late to preserve their fertility and ensure that a biological family in the future is still available.

Bill HB1864 is critical because it would not only mandate insurance coverage but also can provide hope to patients who have already experienced so much loss. The support from this bill would directly impact thousands of families who are struggling to make the medical advances of IVF more accessible. Without this support, many are forced to make difficult decisions regarding their healthcare options due to prohibitive costs or insufficient insurance coverage.

It is clear that the government has a responsibility to support individuals and families who need access to fertility services. Providing support for IVF treatments is not only an investment in healthcare but in the future of families. Many patients who undergo IVF go on to become parents, contributing to the community in meaningful ways. Ensuring that they have access to the services they need without financial burden is an essential step toward promoting equal access to healthcare for all.

I urge the committee to consider the profound and lasting impact this bill will have on countless families and communities. This legislation will provide much-needed relief, giving hope to those who are struggling with infertility and offering them the chance to build the family they've always dreamed of.

Thank you for your time and consideration in supporting Bill HB1864. I wholeheartedly encourage you to move this important bill forward, as it represents a critical step in ensuring equitable access to fertility care for all.

Sincerely and Much Aloha,

A handwritten signature in black ink, appearing to read "Anissa LeeHang". The signature is fluid and cursive, with a large loop at the end.

Anissa LeeHang
IVF Coordinator
Fertility Institute of Hawaii
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Honolulu, HI 96814