

HOUSE COMMITTEE ON HEALTH
The Honorable Gregg Takayama, Chair
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

H.B. NO. 1864, RELATING TO INSURANCE

Hearing: Wednesday, February 18, 2026, 10:00 a.m.

The Office of the Auditor offers comments on H.B. No. 1864, which 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.

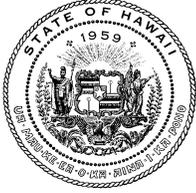
We assessed the social and financial impacts of a very similar health insurance mandate introduced in the 2023 legislative session as S.B. No. 1446 and reported ambiguities in the bill that required us to make certain assumptions about the proposed mandatory coverage. See Report No. 23-11, *Study of Proposed Mandatory Health Insurance Coverage for Standard Fertility Preservation Services*, which can be accessed through our website at <https://files.hawaii.gov/auditor/Reports/2023/23-11.pdf>.

This bill addresses several of the ambiguities that we highlighted in our 2023 report on S.B. No. 1446, but some ambiguities remain:

- The bill defines “standard fertility preservation services” to exclude “third-party assisted reproduction technology procedures, including donor egg or surrogates and gestational carriers” and “any services relating to cryopreservation storage” (page 3, lines 17-20). It is not explicit whether this language also excludes coverage for sperm retrieval.
- The proposed section 432:1-__, subsection (b) (page 4, line 13 through page 5, line 2) states that contracts providing coverage for standard fertility preservation services cannot use prior diagnoses, prior fertility, or health conditions such as life expectancy or disability as a basis for restricting coverage. However, subsection (c) (page 5, lines 3-9) states that “[a]ny limitations imposed by a policy shall be based on the covered individual’s medical history and clinical guidelines adopted by the insurer.” These two subsections appear to hold inconsistent requirements regarding the use of a covered individual’s medical history.

The committee may wish to clarify these items within the bill. Additionally, while it may be the Legislature’s intent, we note that the proposed coverage for fertility preservation services does not include a policyholder’s spouse insured under the policy if the spouse is aged 26 or older.

Lastly, because of the similarities between the *current* form of H.B. No. 1864, and the bill that we reviewed in 2023, we do not anticipate any change to our assessment of the social and financial impacts that we determined in Report No. 23-11. For that reason, we do *not* believe that the Legislature must refer the proposed health insurance mandate to us under Section 23-51, Hawai‘i Revised Statutes.



**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'OKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 18, 2026

TO: HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Loy, 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 -- RELATING TO INSURANCE

HEARING: Wednesday, February 18, 2026 @ 10:00 am; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

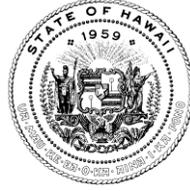
SHPDA strongly supports HB1864 with comments.

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

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

Mahalo for the opportunity to testify.

■ -- Jack Lewin MD, Administrator, SHPDA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health
Wednesday, February 18, 2026
10:00 am**

State Capitol, Conference Room 329 and via Videoconference

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

Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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 offers comments on this bill.

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

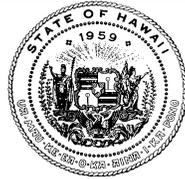
benefits. This means the State would be responsible for paying the additional premium costs for those benefits for all individuals enrolled in qualified health plans on the exchange.

Additionally, the Department notes that the Auditor completed report No. 23-11, which studied Senate Bill 1446 (2023), an earlier version of this bill. In its report, the Auditor identified an ambiguity between subsections (b) and (c) of the bill, noting the two subsections are "seemingly inconsistent requirements regarding the use of a covered individual's medical history." Subsection (b)(1) states that a policy shall not "use any prior diagnosis or prior fertility treatment as a basis for excluding, limiting, or otherwise restricting" coverage. Subsection (c) states that any limitations imposed by a policy shall be based on the "insured's medical history and clinical guidelines". These seemingly conflicting requirements could create difficulty in enforcement by the Department and compliance by insurers.

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.

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



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

**STATE OF HAWAII
DEPARTMENT OF HEALTH**

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

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

REP. GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 11, 2026

Room Number: 225

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

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

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

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

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

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

11 Thank you for the opportunity to provide testimony.

12



February 13, 2026

Representative Gregg Takayama, Chair
House Committee on Health
Room 404, Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

Dear Chair Takayama and Members of the House Committee on Health,

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.



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE
O F H A W A I I

02/13/2026

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

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

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

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

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

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

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

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

Sincerely,
Chelsey Keola, PA-C
Physician Assistant

Fertility Institute of Hawaii & Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
1585 Kapiolani Blvd, STE 1800, Honolulu, HI 96814
www.IVFcenterHawaii.com



February 13, 2026

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

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

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

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

Fortunately, medical treatment for many diagnoses, including cancer, has progressed to a point where patients are often cured of their disease. However, this creates a dilemma for the reproductive-age patient living without the ability to procreate. For many people with these diagnoses, the dream of having a family will never be realized. However, with today's technology, survivors do NOT need a childless survival. Many patients can preserve their fertility so that once cured, they can do what many take for granted and start a family.

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

1. **Males can freeze sperm.** When thawed and used, frozen sperm has the same reproductive fidelity as fresh sperm. Frozen sperm has been utilized as a fertility treatment for decades without any adverse findings on offspring.
2. **Males and Females have been able to freeze embryos using In Vitro Fertilization (IVF) for years.** Eggs can be harvested and fertilized with sperm. The resulting embryos can be cryopreserved indefinitely. Over the last 40+ years, over 11 million children have been born using IVF procedures.
3. **Females can now freeze eggs** utilizing In Vitro Fertilization with the same reproductive success realized for decades using frozen sperm and embryos.

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

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

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

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

Sincerely and Mahalo,

A handwritten signature in black ink, appearing to read 'John L. Frattarelli', written in a cursive style.

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



Facing Hereditary Cancer EMPOWERED

February 14, 2026

Re: In strong support of HB 1864

Dear Chair Takayama, Vice-Chair Keohokapu-Lee Loy and Esteemed Members of the House Committee on Health,

On behalf of FORCE (Facing Our Risk of Cancer Empowered), a leading nonprofit for people at risk for hereditary cancer, providing 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).

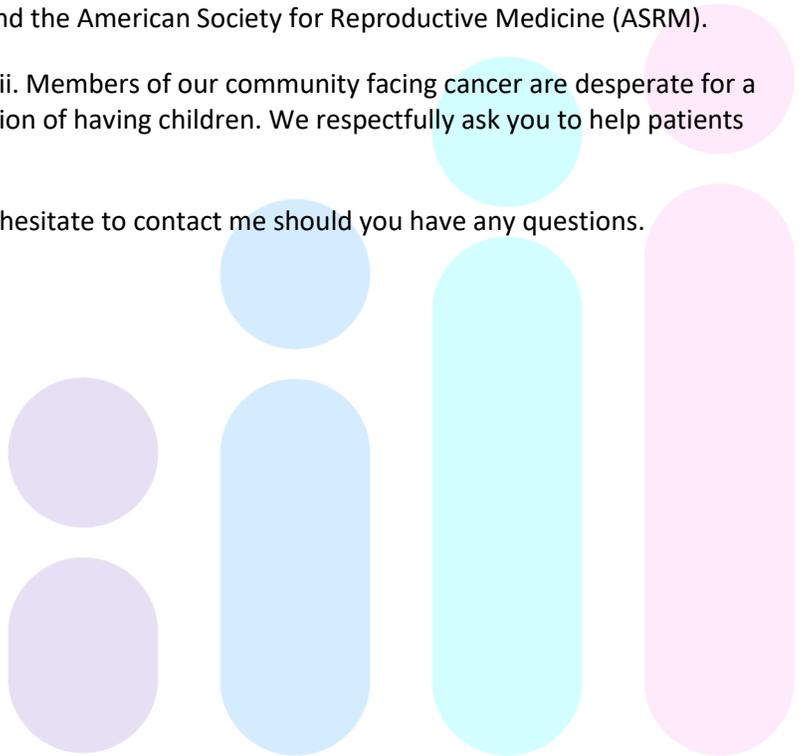
FORCE has a strong presence throughout Hawaii. Members of our community facing cancer are desperate for a glimmer of hope to help them preserve the option of having children. We respectfully ask you to help patients facing infertility by supporting HB 1864.

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





Subject: This letter is in SUPPORT of **HB1864** as a request for Mandatory Health Insurance Coverage for Fertility Preservation Procedures in Patients experiencing Iatrogenic Infertility

Dear Legislative committee,

I am writing to support the legislative bill HB1864 which would require insurance companies to cover fertility preservation for patients with a diagnosis or treatment that can cause iatrogenic infertility. At 30 years old, my dear friend of mine was diagnosed with stage 3B breast cancer in summer of 2025. Immediately upon her diagnosis she was inundated with upcoming exams, treatments, and the recommendation to cryopreserve her eggs if she desired a future family. She was required to pay \$15,000 to freeze her eggs prior to starting her chemotherapy, double mastectomy and future radiation. This money was due within weeks, and for many sometimes just days after a diagnosis like hers. She continues to pay out of pocket each time she goes to a chemotherapy appointment and every other medical appointment.

The cost of freezing eggs for women is the largest barrier to preserving their future fertility and family building goals. Iatrogenic infertility secondary to medical treatments is **preventable** with use of cryopreservation of eggs and sperm, however, for women, this is often not a feasible option. Infertility has a profound association with mental health causing anxiety, depression and stress in people. Iatrogenic infertility will have long term negative impacts on a person's health after they have been treated and likely cured of their primary diagnosis.

These patients require a multifunctional team of providers to approach their treatment to ensure that their care encompasses current and future effects of the treatment. Fertility preservation is a vital component of this treatment if a patient will have a true chance at building a family post-therapy. The technology and treatment is here for these patients, but it's not accessible for most due to costs. Without insurance to cover fertility preservation we are not properly treating a patient with what should be the standard of care.

Sincerely,

Kaitlin Corbett, PA-C

Kaitlin Corbett, PA-C

Fertility Institute of Hawaii &
Advanced Reproductive Medicine & Gynecology of Hawaii, Inc.
1585 Kapiolani Blvd, Suite 1800, Honolulu HI, 96814
www.IVCenterhawaii.com

Testimony in Support of Bill HB1864

Anissa LeeHang

IVF Coordinator

Fertility Institute of Hawaii

February 16, 2026

Chairperson and Members of the Committee,

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 of the last name.

Anissa LeeHang

IVF Coordinator

Fertility Institute of Hawaii

1585 Kapiolani Blvd Ste 1800

Honolulu, HI 96814



ADVANCED REPRODUCTIVE
MEDICINE & GYNECOLOGY



FERTILITY INSTITUTE
OF HAWAII

Feb 16, 2026

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

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

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

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

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

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

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

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

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

Mahalo for your time and consideration.

Tiare Brown
Director of 3rd Party Services
Fertility Institute of Hawaii
1585 Kapiolani Blvd., Suite 1800, Honolulu HI, 96814



House Committee on Health
Rep. Gregg Takayama, Chair
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Hearing Date: Wednesday, February 18, 2026

ACS CAN SUPPORTS HB 1864 – 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: Relating to Insurance. The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer.

ACS CAN supports requiring insurance plans to cover standard fertility preservation services for cancer patients and survivors. Cancer is a scary experience. Coverage of fertility services provides options for cancer survivors to have biological children even after treatment has resulted in temporary or permanent infertility, allowing those impacted by cancer to focus their efforts where they belong—on getting better. All individuals should have equitable access to quality cancer care and an equal opportunity to live a full life.

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

In 2026, an estimated 9,680 children (ages 0 to 14 years) and 5,660 adolescents (ages 15-19 years) will be diagnosed with cancer in the United States.ⁱ About 80,000 young adults aged 20 to 39 are diagnosed with cancer each year in the United States.ⁱⁱ The incidence rate of childhood cancer in Hawaii has been rising over the past ten years. The treatments received by many of these children and young adults may directly impact their ability to produce children. Children and teenagers who have cancer may have surgery or get treatments that can damage their growing and maturing organs, and some can affect their hormone and sexual development. Cancer treatments in their younger years can affect fertility later in life.ⁱⁱⁱ Young adults with cancer may

also experience issues with fertility related to their cancer and cancer treatment. The problems might be caused by:

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

For some cancer survivors, fertility is not affected by cancer treatment, but by age. There is a risk of birth defects when a woman becomes pregnant while getting or after receiving some types of chemotherapy, radiation therapy, and hormone therapy. In some cases, the risk can last for a long time, making getting pregnant a concern even years after treatment ends. Women are typically advised to not to get pregnant during treatment and may be told to avoid getting pregnant afterwards, depending on the treatment and situation. The risk for male cancer survivors who father a child is not as clear, and many doctors will advise against fathering a child during active treatment.^v

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

Thank you again for the opportunity to provide comments. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or Cynthia.Au@Cancer.org.

ⁱ American Cancer Society. Cancer Facts & Figures 2026. Atlanta: American Cancer Society; 2026

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

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

^{iv} Ibid.

^v Ibid.

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



February 18, 2026

The Honorable Gregg Takayama, Chair
The Honorable Sue Keohokapu-Loy, Vice Chair

House Committee on Health

Re: HB 1864 – RELATING TO INSURANCE

Dear Chair Takayama, Vice Chair Sue Keohokapu-Loy, and Members of the Committee:

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

We understand that infertility is a complex and deeply personal challenge and have always aimed to provide fertility access that meets and/or exceeds 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 effort of the committee and key stakeholders to craft a path forward that ensures Hawaii residents have access to medically necessary fertility treatments. We support ensuring that individuals who are undergoing and/or will have to face medically intense treatments that could risk future fertility can focus on strengthening their health and well-being can still have the opportunity to also remain ready for fertility treatment.

Thank you for the opportunity to testify on this measure.

Sincerely,

Walden Au
Director of Government Relations



February 16, 2026

Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Committee on Health

Re: H.B. 1864, Relating to Insurance

**Hearing: Wednesday, February 18, 2026, 10:00 AM, Conference Room 329
& Videoconference**

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and the Members of the Committee on Health:

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, 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 and respectfully request that the Committee pass this measure.

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

P.O. Box 2072 • Honolulu, Hawaii 96805
Email: hawaiiwomenlawyers@gmail.com

#2255685v.1

HB-1864

Submitted on: 2/17/2026 9:14:25 AM

Testimony for HLT on 2/18/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Megan Scherer	Worth the Wait	Support	Written Testimony Only

Comments:

My name is Megan Scherer and I am the founder of Worth the Wait, a national nonprofit dedicated to ensuring that young adult cancer patients have access to fertility preservation and family-building support. I am writing in strong support of House Bill 1864 because it addresses a critical, urgent, and often overlooked need: protecting the future parenthood options of young adults diagnosed with cancer.

Adolescents and young adults with cancer face a unique and devastating intersection of challenges when cancer enters their lives. They are often early in their careers, building families, or planning for them. They are financially vulnerable, frequently uninsured or underinsured, and navigating a healthcare system that was not designed with their life stage in mind. For this population, cancer is not only a medical crisis—it is a financial and reproductive crisis.

The financial burden of cancer for young adults is staggering. Nationally, young adult cancer patients experience some of the highest rates of medical debt of any age group. Many are forced to pause their education or leave the workforce during treatment, losing income at the exact moment their expenses skyrocket. Even with insurance, deductibles, copays, and out-of-pocket maximums accumulate rapidly. For many, the cost of staying alive becomes a long-term financial wound.

Layered on top of this is the cost of fertility preservation—an essential, time-sensitive medical intervention for anyone whose treatment threatens their ability to have biological children. Chemotherapy, radiation, and surgeries can cause permanent infertility. When fertility preservation is not covered by insurance, young adults have to come up with thousands of dollars within days of diagnosis. For patients in Hawaii, where the cost of living is already among the highest in the nation, this burden is even heavier.

At Worth the Wait, we hear from young adults across the country who describe the same heartbreaking dilemma: “I can fight for my life, or I can fight for my future family—but I can’t afford both.” No patient should ever have to make that choice. And yet, without legislation like HB 1864, many do.

This bill would ensure that fertility preservation is recognized as the medically necessary component of cancer care that it is. It would give young adults in Hawaii the chance to survive cancer without losing the possibility of parenthood. It would prevent financial devastation at a

moment when patients are already stretched beyond their limits. And it would bring Hawaii in line with the growing number of states that have enacted similar protections.

Young adult cancer survivors consistently tell us that infertility is one of the most painful and long-lasting side effects of their treatment. HB 1864 offers a compassionate, practical, and forward-thinking solution—one that honors the full humanity of patients and supports their ability to build the futures they imagined before cancer.

I urge you to pass this bill and give young adults in Hawaii the chance not only to survive cancer, but to thrive beyond it.

February 18, 2026

To: Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the House Committee on Health

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 18, 2026; 10:00 am/Conference Room 329 & Videoconference

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

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

Sincerely,

HAHP Public Policy Committee
cc: HAHP Board Members



To: Chair Takayama and members of the House Health Committee
From: Oncology Nursing Society
Date: February 17, 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.



LATE

Alliance for
Fertility Preservation

February 16, 2026

The Honorable Gregg Takayama
Chair
House Committee on Health
Hawaii House of Representatives
Honolulu, HI 96813

RE: Strong support for HB 1864

Dear Chair Takayama:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our support for HB 1864 and to respectfully request the House Health Committee 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,



Joyce Reinecke
Executive Director

HB-1864

Submitted on: 2/16/2026 7:40:15 AM

Testimony for HLT on 2/18/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Chelsea Marie Nakaoka	Individual	Support	Written Testimony Only

Comments:

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

Iatrogenic infertility is preventable, and fertility preservation is critical for patients undergoing cancer treatments or other medical procedures that can affect fertility. We urge you to support HB1864, which would mandate health insurance coverage for fertility preservation, including sperm, egg, and embryo cryopreservation, for patients whose diagnosis or treatment may lead to infertility.

Chemotherapy, radiation, and other medical treatments often result in permanent infertility, causing significant emotional and physical burdens for patients and their families. Fortunately, many patients can preserve their fertility before treatment, allowing them the chance to start a family after recovery. With advancements in medical technology, options like sperm and egg freezing, as well as embryo cryopreservation, provide hope for these individuals.

Unfortunately, the high cost of fertility preservation is often prohibitive, leaving many patients without the ability to preserve their fertility. Insurance coverage for these procedures is essential to ensure access and alleviate the financial strain on families facing already difficult health challenges.

Numerous states have enacted similar legislation, and by supporting HB1864, you would be helping to provide crucial support for your constituents facing iatrogenic infertility. We urge you to champion this bill to ensure that individuals who survive cancer and other life-threatening diagnoses are not denied the right to have a family due to financial barriers.

Thank you for your time and consideration.

Sincerely,
Chelsea Marie Nakaoka

HB-1864

Submitted on: 2/16/2026 9:19:35 PM

Testimony for HLT on 2/18/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sasha Dimond	Individual	Support	In Person

Comments:

Aloha Chair Takayama and Committee Members,

My name is Sasha Dimond, and I am writing in strong support of HB1864. While this bill represents a vital step forward for reproductive healthcare in Hawaii, I urge you to broaden its scope to ensure it truly protects the future of all Hawaii families.

At age 32, I was blindsided by a diagnosis of very aggressive breast cancer. Amidst the shock of that diagnosis, I was met with another reality: my oncologist recommended immediate IVF because chemotherapy often causes irreversible damage to a woman’s reproductive health.

Initially, I hesitated—not because I didn't want a family, but because I feared the financial ruin it might cause me. I've been saving for a down-payment for my own but my direction quickly pivoted otherwise.

I have already spent over \$20,000 out-of-pocket, in addition to my standard medical deductibles. To this day, I continue to pay ongoing storage fees in hopes that I can start my family when I'm healthy and ready.

No Hawaii resident should be forced to choose between their life savings and the chance to have their own child one day.

To ensure this bill is equitable and effective, I propose two critical amendments:

- **Remove the Age 26 Limit:** Section 1(a) currently restricts coverage to those under 26. This is an arbitrary barrier that ignores medical and social reality. Many women, particularly those facing medical crises like cancer later in life, safely and successfully build families well into their 40s. A woman’s dream of motherhood should be based on medical viability, not a date on a calendar.
- **Include Preimplantation Genetic Testing (PGT):** Screening for debilitating genetic conditions is a form of preventive medicine. Including PGT in "standard services" reduces the rate of miscarriages, prevents the transmission of genetic diseases, and ultimately saves the healthcare system millions in long-term costs.

HB1864 is a significant start for patients like me, but we must not leave others behind. I took a massive financial risk because I refused to let cancer take away my future family. Please amend

this bill to include all residents struggling with infertility or facing medical-induced infertility, regardless of their age.

Mahalo for your time and for your commitment to supporting Hawaii's future families.

Sincerely,

Sasha Dimond