



SENATE COMMITTEE ON GOVERNMENT OPERATIONS
The Honorable Sharon Y. Moriwaki, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair

**S.C.R. NO. 142, REQUESTING THE AUDITOR TO UPDATE ITS REPORT NO. 12-09,
WHICH ASSESSES THE SOCIAL AND FINANCIAL EFFECTS OF MANDATORY
HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVATION
PROCEDURES FOR PERSONS OF REPRODUCTIVE AGE WHO HAVE BEEN
DIAGNOSED WITH CANCER**

Hearing: Tuesday, March 23, 2021, 9:30 a.m.

The Office of the Auditor appreciates the opportunity to testify on S.C.R. No. 142, requesting the auditor update Report No. 12-09, and offers the following comments.

The concurrent resolution does not designate a “specific legislative bill that . . . [h]as been introduced in the Legislature,” as Section 23-51, HRS, requires. Our assessments of proposed mandatory health insurance coverage are based upon specific legislative proposals that, pursuant to Section 23-51, HRS, identify, at a minimum, the specific health service, disease, or provider that would be covered; the extent of coverage; target groups; limits on utilization; or standards of care associated with the proposed coverage.

Without specific information about the proposed mandatory health insurance coverage, our assessment will be based on numerous assumptions, some of which may not be relevant to the coverage that the Legislature may be considering. More importantly, without any information about the mandatory coverage being considered, we will not be able to meaningfully address and satisfy the requirements of Section 23-52, HRS, which include assessing the social and financial impacts.

Thank you for considering our testimony related to S.C.R. No. 142.



March 21, 2021

The Honorable Sharon Moriwaki, Chair
Senate Committee on Government Operations
The Honorable Rosalyn Baker, Chair
Senate Committee on Commerce and Consumer Protection
Hawaii State Capitol
415 South Beretania St.
Room 016
Honolulu, HI 96813

Dear Chairs Moriwaki and Baker and Members of the Joint Committee,

The Hawaii Society of Clinical Oncology (HSCO) and the Association for Clinical Oncology (ASCO) are pleased to support **Senate Concurrent Resolution 142: Requesting the auditor to update its report no. 12-09, which assesses the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for persons of reproductive age who have been diagnosed with cancer.** This resolution calls for Hawaii to update an auditor report with newer information, which would pave the way for the state to provide coverage for fertility preservation services for patients with cancer when necessary medical treatments may cause infertility. Committee passage of SCR 142 would be a crucial step in helping to make Hawaii the 11th state to provide this important protection for patients with cancer.

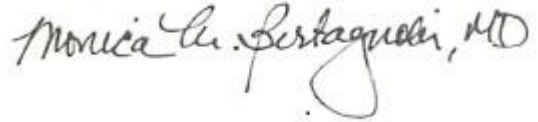
HSCO is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is a national organization representing physicians who care for people with cancer. With nearly 45,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

HSCO and ASCO believe that as part of education and informed consent before cancer therapy, health care providers should address the possibility of infertility with both male and female patients treated during their reproductive years. Providers should also be prepared to discuss fertility preservation options and/or refer all potential patients to appropriate reproductive specialists. As such, HSCO and ASCO advocate for coverage of embryo, oocyte and sperm cryopreservation procedures for an insured patient who is at least eighteen 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.

We encourage providers to advise patients regarding potential threats to fertility as early as possible in the treatment process to allow for the widest array of options for fertility preservation. HSCO and ASCO strongly support SCR 142 and encourage the committee to pass it in order to update the auditor report. If

you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Blake Oshiro at blake.oshiro@gmail.com representing HSCO or Aaron Segel at ASCO at aaron.segel@asco.org.

Sincerely,

A handwritten signature in black ink that reads "Monica L. Bertagnolli, MD". The signature is written in a cursive style with a large, looping initial 'M'.

Michael Carney, MD
President
Hawaii Society of Clinical Oncology

Monica Bertagnolli, MD, FACS, FASCO
President
Association for Clinical Oncology



March 22, 2021

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The Honorable Sharon Moriwaki, Chair
Government Operations Committee
The Honorable Rosalyn H. Baker, Chair
Commerce and Consumer Protection Committee
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Support for SCR 142

Dear Chairs Moriwaki and Baker, and Members of the Committees:

On behalf of the Alliance for Fertility Preservation (the AFP), we are writing to express our support for Senate Concurrent Resolution 142 which would request the Auditor conduct a much needed update to its Report No. 12-09. This report will assess the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for cancer patients who need these services prior to receiving cancer treatments that might cause sterility or leave them with infertility.

We are a national 501(c)(3) organization dedicated to expanding fertility resources for cancer patients and survivors. We have deep professional experience with this patient need, and we know that due to advances in reproductive technology, a cancer diagnosis should not preclude parenthood. Offering techniques to preserve fertility is now recognized by all relevant medical societies as a standard part of cancer care, but patient access remains a challenge.

Based on cancer incidence rates for Hawaii from the NIH/CDC state profile, each year approximately 530 Hawaiians are diagnosed with cancer while still in their reproductive years (under age 45). Despite the high likelihood (better than 85%) that they will survive their cancer, these patients may involuntarily lose an important part of life after cancer – their ability to one day have their own biological children.

SCR 142 requires an update to the Auditor's Report No. 12-09. The primary conclusion of that report was that the social and financial impacts of covering fertility preservation could not, at that time, be properly assessed, due to a dearth of data about such coverage. Since that report was written (2012), however, eleven states have passed fertility preservation bills that would provide this type of coverage. Several states have undertaken rigorous analyses estimating the expected costs and benefits of this coverage, so far more data exists for the Auditor to review. Report No. 12-09 also raised additional, ethical concerns that lawmakers would have to confront if they enacted such coverage. Many of these issues about the experimental nature of these technologies or how to properly assent minors for these procedures have been resolved. The available procedures have been expanded and experimental techniques such as egg freezing and ovarian tissue cryopreservation have now been recognized as standard. The ethical concern that now remains is the inequitable access that currently exists due to a lack of insurance coverage. This means that only patients with sufficient financial means can access what are now

considered standard procedures to address a well-recognized side effect of cancer treatment – damage to reproductive capacity. Insurance coverage for these services would substantially enhance patients’ subsequent quality of life.

For these reasons, we respectfully ask that you revisit the 2012 Auditor’s Report No. 12-09 to analyze the social and financial effects of fertility preservation coverage as they exist in 2021.

Sincerely,



Joyce Reinecke,
Executive Director



March 23, 2021

The Honorable Sharon Y. Moriwaki, Chair
The Honorable Donovan M. Dela Cruz, Vice Chair
Senate Committee on Government Operations

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: SCR142 – Requesting the Auditor update its report No. 12-09, which assesses the social and financial effects of mandatory health insurance coverage for fertility preservation procedures for persons of reproductive age who have been diagnosed with cancer.

Dear Chair Moriwaki, Chair Baker, Vice Chair Dela Cruz, Vice Chair Chang, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SCR142.

HMSA appreciates the intent of this measure, but believes clarifying language is necessary to ensure that medical necessity is taken into account. The intent of the study is to evaluate the financial effects of mandating fertility preservation procedures for persons diagnosed with cancer that are also of reproductive age. We believe that the broad language in this resolution is concerning due to the language not defining reproductive age and absence of medical necessity.

We respectfully ask that if this measure moves forward that the mandate element be removed and replaced with language based on medical necessity.

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

Sincerely,

Matthew W. Sasaki
Director, Government Relations