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**Testimony of
The Permanent Commission on the Status of Women
Submitted to the
Insurance and Real Estate Committee
February 17, 2015**

Re: H.B. 5500, AA Requiring Health Insurance Coverage for Fertility Preservation for Insureds Diagnosed with Cancer

Senators Crisco and Kelly, Representatives Megna and Sampson, and distinguished members of the Insurance committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) in support of **H.B. 5500, AA Requiring Health Insurance Coverage for Fertility Preservation for Insureds Diagnosed with Cancer.**

As an agency that supports women's reproductive health choices, the PCSW urges passage of H.B. 5500. This bill takes an affirmative step toward ensuring that when a woman with cancer does, in fact, choose to start a family, the ability to have a biological child is still available to her.

H.B. 5500 would require health insurance coverage for fertility preservation for an insured who has been diagnosed with cancer but has not started cancer treatment. These individuals may become infertile as a result of conducting a necessary medical procedure related to cancer and other conditions, and would like to preserve their ability to have children in the future.

In the United States there are approximately 800,000 reproductive-aged men and women who have cancer, many of whom have concerns about their fertility.ⁱ Lifesaving cancer treatments may reduce fertility by destroying eggs and sperm - eggs do not regenerate; their loss is permanent and premature menopause may occur as a result.ⁱⁱ

According to the American Society for Reproductive Medicine (ASRM),ⁱⁱⁱ a lack of money is the biggest barrier preventing women with cancer who have received counseling on fertility preservation from following through with it. Women reporting to a reproductive health clinic for fertility preservation (FP) counseling were surveyed before and after their new patient consultations, again at the time they made their decisions about FP and then, six to eight months later. Of those surveyed at the third time point (decision-making), 90% identified cost and lack of insurance coverage as their reasons for not undergoing fertility preservation.

The cost for embryo preservation is significant. ASRM conducted a survey, with 48 clinics responding, and found that the average costs for FP was between \$6,608 to \$8,285 for embryo preservation and \$244 to \$381 for sperm preservation.¹ Providing insurance coverage for FP will substantially increase the opportunity for those affected to preserve their fertility.

We thank the committee for your thoughtful consideration of this issue and urge your support.

ⁱ American Society for Reproductive Medicine (January 2004). Patient's Fact Sheet: Cancer and Fertility Preservation. Retrieved from <www.arasm.org>.

ⁱⁱ Ibid.

ⁱⁱⁱ American Society for Reproductive Medicine (October 23, 2001). *Fertility* Preservation for Cancer Patients: Demographic Disparities in Counseling and Financial Concerns Are Barriers to Utilization. Retrieved from <http://www.sart.org/Fertility_Preservation_for_Cancer_Patients_Demographic_Disparities_in_Counseling_and_Financial_Concerns_Are_Barriers_to_Utilization>.

¹ Ibid.