



Connecticut State Medical Society and Connecticut Urology Society

Testimony In support

**House Bill 5245 An Act Requiring Health Insurance Coverage for Fertility Preservation
For Cancer Patients.**

Presented to the Insurance and Real Estate Committee

March 6, 2014

Senator Crisco, Representative Megna and other distinguished members of the Insurance and Real Estate Committee, my name is Milton Armm, MD, and I am a board certified urologist practicing in Bridgeport. I am here today on behalf of the Connecticut Urology Society (CUS), an organization that represents over 90% of practicing urologists in our state, and the physicians and physicians in training of the Connecticut State Medical Society (CSMS) with the support of the organizations listed above.. Thank you for the opportunity to provide this testimony to you today in support of the concept of House Bill 5245 An Act Concerning Fertility Preservation For Cancer Patients. CSMS and CUS welcomes the opportunity to engage in continued dialog and hopefully provide some insight and medical knowledge that would influence any legislation requiring health insurance coverage of fertility preservation for insured's facing likely infertility as a result of a necessary medical procedure for insured with cancer and other medical conditions.

CSMS and CUS fully believe that every Connecticut resident should have the ability to experience a quality of life that today's medical science can provide for those who have been diagnosed with life threatening conditions, including cancer. This positive quality of life includes the ability to experience the joy of having children. However, increasingly, patients who have been diagnosed early in their lives with certain kinds of cancers question the lifelong and life altering impact of medically necessary surgical or medical treatment, such as the loss of the ability to have children of their own naturally. In fact, there are some examples of individuals delaying or even forgoing medically necessary treatment, because of the fear of not being able to have children later in life. A delay or even worse, a rejection of treatment, could lead to more significant impact, including death, tied to what today is more often than not treatable cancer, if diagnosed early and treated immediately.

What is more, some patients, when informed of the possibility of being sterile, having reduced sperm count or loss of fertility, and provided with education on options to preserve an ability to have children later in life by their treating physicians, often find that their health insurance does not cover this component of treatment- the preservation of the ability to have biological children later in life. The costs do differ by gender, with women often experiencing much more significant costs than men, tied to extraction, storage and maintenance and could result in as much as a few thousands of dollars of patient expense. This expense is often too great for many individuals, especially women, and they often forgo the maintenance procedure of extraction and some delay actual clinical treatment of the underlying medical condition in an attempt to get

pregnant (or get their spouse pregnant). Conversely, the 2013 *Review and Evaluation of Certain Mandated Health Benefits* provided to the Connecticut Insurance Department (CID) by the University of Connecticut Center for Public Health and Health Policy revealed that the project cost for required coverage would be less than one dollar per member per month in both individual and group plans. Additionally, any delay in treatment and even the pregnancy may cause additional complications in medical treatment, potentially threatening both the patient and

the fetus, and almost always medical treatment cannot be initiated until the patient has finished the pregnancy.

House Bill 5245 would require that in those rare situations in which men and women who have been diagnosed and are facing infertility as the result of medically necessary and possibly life threatening procedures have the opportunity to ensure that later in life, when they are ready, they can attempt to have children of their own.

Please support the concepts surrounding HB 5245 so that medically necessary treatment can be provided without the fear of loss of the ability to have children later in life.