

Written Testimony

March 2, 2016

For the Insurance and Real Estate Committee on

HB 5230 AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVATION FOR INSURED DIAGNOSED WITH CANCER.

On Behalf of over 1000 physicians in Urology, Otolaryngology, Ophthalmology and Dermatology, I am Jared Bieniek, M.D. a urologist practicing in Hartford CT and I am here to offer testimony in support of **HB5230 AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR FERTILITY PRESERVATION FOR INSURED
DIAGNOSED WITH CANCER.**

On behalf of the over 1000 physicians in these specialties, we welcome the opportunity to engage in continued dialogue and hopefully provide some insight and medical knowledge that would influence any legislation requiring health insurance coverage of fertility preservation for insured patients facing potential infertility as a result of medically necessary procedures for cancer and other medical conditions.

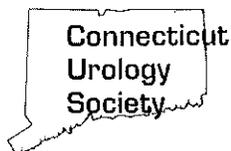
We understand the difficult charge this committee has balancing the testimony supporting this bill and the opposing testimony from insurers who are stating that these "mandates" are driving healthcare costs up and would welcome the opportunity to work on a task force to examine Connecticut's health care costs if one is created.

CSMS and CUS fully believe that every Connecticut resident should be able to realize the benefits that today's medical technologies can provide without limiting the hopes and dreams of having a family for those diagnosed with life threatening conditions, including cancer. Unfortunately, an increasing number of young patients are diagnosed early in their lives with certain cancers that jeopardize their ability to conceive. Currently in the United States, approximately 800,000 reproductive-aged men and women have cancer according to the American Society of Reproductive Medicine. When faced with potential lifelong alterations in their fertility potential, necessary surgical or medical treatments may be delayed by these patients while dealing with the emotional, logistical, and financial burdens of their care.

As part of the discussion regarding treatment options for patients newly diagnosed with cancer, the American Society of Clinical Oncology recommends that providers review both the potential impact of treatment on fertility status and pretreatment options for fertility preservation. In men, this often entails a semen analysis with sperm cryopreservation. Women must go through a more time- and cost-intensive regimen of egg stimulation and retrieval before their reproductive cells can be frozen for future use. When informed of these options, however, patients often find that their futures are limited by their health insurer and that their policy does not cover this important component of treatment - the preservation of their ability to have biological children.

When faced with the difficult challenges of being diagnosed with cancer, the least we can do is help reduce the financial burden associated with planning future fertility. Imagine a young man who lost a testicle as a young child and was just diagnosed with a large mass in his solitary testis. He is single but very much looking forward to starting a family some day. He needs to have his testicle removed but cannot afford any additional treatment. I saw this patient my first week in Hartford.

P.O. Box 854, Litchfield, CT 06759 * Tel. 860-567-3787 * Fax 860-567-3591



It is a fact that the costs do differ by gender, with women often experiencing much more significant costs than men. Costs are tied to extraction, storage, and maintenance of the sperm or egg and could result in as much as a few thousands of dollars of patient expense. Often this expense is too great for many individuals to bear and they may reluctantly forgo the pretreatment fertility preservation because of this. Some even delay actual clinical treatment of the underlying medical condition in an attempt to get pregnant before undergoing treatment for their disease. Of course this delay and a possible pregnancy may further complicate treatment, potentially threatening both the patient and the fetus. House Bill 5230 is a significant piece of legislation that would require, in those rare situations in which men and women diagnosed with cancer who are facing infertility as the result of necessary treatment have the opportunity to ensure that later in life, when they are ready, they can exercise their reproductive rights.

We urge you to support HB 5230 and the American Society of Clinical Oncology guidelines so that medically necessary treatments can be provided to these patients without the fear of loss of their ability to have children later in life.