



# AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

Administrative Office  
1209 Montgomery Highway  
Birmingham, Alabama 35216-2809  
Tel 205/978-5000 • Fax 205/978-5005  
Email: [asrm@asrm.org](mailto:asrm@asrm.org) • Web Sites: [www.asrm.org](http://www.asrm.org)  
[www.reproductivefacts.org](http://www.reproductivefacts.org)  
[www.asrmanualmeeting.org](http://www.asrmanualmeeting.org)

J. Benjamin Younger  
Office of Public Affairs  
409 12th Street S.W., Suite 602  
Washington, D.C. 20024-2155  
Tel 202/863-4985 • Fax 202/484-4039

March 1, 2016

#### OFFICERS

OWEN K. DAVIS, M.D.  
*President*  
RICHARD J. PAULSON, M.D.  
*President-Elect*  
CHRISTOS COUTIFARIS, M.D., PH.D.  
*Vice President*  
REBECCA Z. SOKOL, M.D., M.P.H.  
*Immediate Past President*  
CATHERINE RACOWSKY, PH.D., H.C.L.D.  
*Secretary*  
GEORGE A. HILL, M.D.  
*Treasurer*

#### DIRECTORS

PAULA AMATO, M.D.  
MARIA BUSTILLO, M.D.  
DAVID A. GRAINGER, M.D., M.P.H.  
JULIA V. JOHNSON, M.D.  
ROBERT D. OATES, M.D.  
MARK SIGMAN, M.D.

#### AFFILIATED SOCIETIES

BRADLEY J. VAN VOORHIS, M.D.  
*President, SART*  
DOUGLAS T. CARRELL, PH.D.  
*President, SMRU*  
WILLIAM E. ROUDEBUSH, PH.D., H.C.L.D./E.L.D.  
*President, SRBT*  
VALERIE L. BAKER, M.D.  
*President, SREI*  
PETER CHAN, M.D.  
*President, SRS*

#### ADMINISTRATION

RICHARD H. REINDOLLAR, M.D.  
*Chief Executive Officer*  
ANDREW R. LA BARBERA, PH.D., H.C.L.D.  
*Chief Scientific Officer*  
SEAN TIPTON, M.A.  
*Chief Advocacy, Policy and Development Officer*  
DAN CARRE, C.P.A.  
*Chief Financial Officer*  
VICKIE GAMBLE, M.P.P.M.  
*Chief Operations Officer*  
KEVIN D. AXE, B.S.E.E.  
*Chief Information Officer*  
CRAIG S. NIEDERBERGER, M.D.  
ANTONIO PELLICER, M.D.  
*Co-Editors, Fertility and Sterility*  
DAVID F. ALBERTINI, PH.D.  
*Editor, Journal of Assisted Reproduction and Genetics*

House Committee on Insurance and Real Estate  
Connecticut General Assembly

Dear Committee Members:

On behalf of the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART), we are writing to express support for HB 5230.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others. SART is an organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and minimum standards of care. SART is also actively involved in the collection of data outcomes from its member programs.

HB 5230 would require insurance coverage for fertility preservation services for cancer patients due to the fact that their medical treatment for cancer could harm their future fertility. Dozens of other side effects from cancer treatment are covered benefits. Science has advanced faster than the law with regards to fertility preservation, and HB 5230 would close the gap.

With advances in medical treatment, many diseases once thought fatal or chronic, such as cancer, are now treated and cured more than 85% of the time. However, the very treatment that saves lives also routinely costs both men and women the potential of biological children.

For some, this is more devastating than the cancer diagnosis. Surveys and anecdotal information from treating physicians suggest one-third

of patients, if not able to obtain fertility preservation services, choose less effective medical care in an attempt to protect their fertility. This results in worse outcomes, resulting in more expensive treatment.

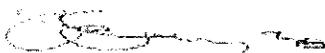
Insurance coverage for foreseeable iatrogenic harm from cancer treatment is not new. This is precisely why decades ago the decision was made to cover reconstructive surgery after mastectomy, following reports which showed women chose less effective breast-sparing surgery instead of mastectomy when reconstruction was not available. These women also faced worse outcomes and more expensive treatment in the long run.

Virtually all other side effects of cancer treatment are covered, including wigs, but not the one that might make the most difference to a young person, being able to have a biological family after their cancer is cured. For a person in their childbearing years, particularly those who have not already had children, however grateful one is for their life; they are also devastated by the price of their life being the death of this dream. Patients without the option for fertility preservation score significantly worse on life regret scales than those who had the option, even if they chose not to exercise it.

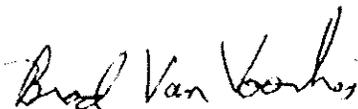
As the medical professionals that treat patients with infertility, we know how devastating this diagnosis is for most. HB 5230 preserves fertility options for those likely to face infertility due to their cancer diagnosis and we urge you to give those patients that opportunity. We share with you the guidelines our medical profession has established for fertility preservation and urge you to reference these guidelines in your legislation.

We encourage you to pass this bill.

Sincerely,



Owen K. Davis, MD  
President, ASRM



Bradley J. Van Voorhis, MD  
President, SART