

Submitter: Adam Zarrin
On Behalf Of: Leukemia and Lymphoma Society
Committee: Senate Committee On Health Care
Measure: SB491

Good afternoon, Chair and members of the Committee.

I am Adam Zarrin, the Director of State Government Affairs for the Leukemia & Lymphoma Society. Our organization's mission is to cure blood cancers and improve the quality of life of patients and their families.

On behalf of blood cancer patients and their families, we testify in support of SB 491 relating to infertility.

When first diagnosed with blood cancer, a patient's primary concern will be their upcoming treatment and long-term survival.

They may not be thinking about whether they can or want to have children in the future—or how their treatment could impact their chances of conception.

However, chemotherapy and radiation can cause "late" side effects that may appear months or years after treatment.

One of those possible late effects is infertility, the inability to conceive a child without medical intervention.

And infertility after treatment can impact both male and female patients of all ages.

Treatment must begin quickly, which leaves patients with a difficult choice and little time to appeal to insurers for coverage after a denial of coverage.

And regardless of coverage, fertility treatments are expensive.

Current costs of fertility treatments and egg and sperm annual storage can add up to tens of thousands of dollars, making it very challenging for patients to afford these out of pockets costs, especially on top of their other cancer treatment bills.

Cancer treatment is stressful enough.

We can make it easier for cancer patients with the passage of SB 491.

Failure to preserve fertility is a common regret that may affect survivors' quality of life.

And patients deserve the opportunity to access affordable fertility preservation services. It should meet their individual experience and set them up to make the best choice for their and their family's future.

Again, we thank the sponsors and appreciate the Committee's time and consideration of this critical patient concern.

Thank you.