



March 20, 2024

The Honorable Melissa Wiklund
Chair, Senate Health and Human Services Committee
2107 Minnesota Senate Bldg.
St. Paul, MN 55155

Re: Support for Senate File 1704

Dear Chair Wiklund and members of the Committee:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to comment on SF 1704, which requires coverage for infertility treatment, including fertility preservation procedures for cancer patients. We thank Senator Maye Quade for her leadership on this issue.

LLS views SF 1704 as a medically responsible and compassionate opportunity to help young blood cancer survivors more fully preserve their parenting options. LLS supports this legislation and urges its passage to protect fertility options for as many Minnesotans as possible, as thoroughly as possible.

The mission of LLS is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and improve the quality of life of people living with blood cancer, and their families. Blood cancers are among the most common types of cancer diagnosed in children and young adults. Leukemia alone accounts for nearly a quarter of all cancers diagnosed in people under age 20.ⁱ

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. The good news is that advancements in research and treatment of these conditions have led to significant improvements in survival rates for pediatric cancer patients.

However, fertility preservation is an essential consideration for pediatric and young adult blood cancer survivors. Blood cancers and their treatments, particularly cell transplants, carry a significant risk of infertility.ⁱⁱ 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.

Even with comprehensive insurance coverage, blood cancer patients can face significant treatment costs, particularly in the twelve months following diagnosis.ⁱⁱⁱ No patient, or parents of a young patient,

should be put into a position where they must weigh the costs of fertility preservation services – needed only because of their cancer treatment – against the costs of the treatment itself.

Cancer treatment is stressful enough without being compounded by the pain and regret of lost fertility. LLS hopes your committee will support access to affordable fertility preservation and coverage services in SF 1704 as part of a suite of essential patient care. Thank you for considering our views.

Sincerely,



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ⁱ “Childhood Blood Cancer Facts and Statistics.” The Leukemia & Lymphoma Society. Available at: <https://www.lls.org/facts-and-statistics/overview/childhood-blood-cancer-facts-and-statistics>

ⁱⁱ Loren, Alison W., and S. Senapati, “Fertility preservation in patients with hematologic malignancies and recipients of hematopoietic cell transplants.” *Blood*, 2019. Available at: <https://ashpublications.org/blood/article/134/9/746/260765/Fertility-preservation-in-patients-with>.

ⁱⁱⁱ “The Cost Burden of Blood Cancer Care.” Milliman Inc. for The Leukemia & Lymphoma Society. October 2018. Available at: <https://www.lls.org/sites/default/files/Milliman%20study%20cost%20burden%20of%20blood%20cancer%20care.pdf>