

March 19, 2024

Chair Wiklund, Vice Chair Mann, Ranking Member Utke, and members of the committee:

On behalf of the patients, family members, bone marrow donors, volunteers, and health care providers represented by NMDP (formerly National Marrow Donor Program), thank you for the opportunity to submit written testimony in support of S.F. 1704, which requires coverage of fertility preservation and reproductive services by health plans.

As a nonprofit leader in cell therapy, NMDP creates essential connections between researchers and supporters to inspire action and accelerate innovation to find life-saving cures for blood cancers and disorders. Entrusted by Congress to operate the national registry of the world's most diverse bone marrow donors and with an extensive network of transplant centers, physicians, and caregivers, NMDP is expanding access to treatment so that every patient can receive their life-saving transplant.

Treatment received by patients during transplant can often cause reduced or loss of fertility. The treatments that blood cancer and disorder patients, including those with sickle cell disease (SCD), receive, like certain chemotherapies, radiation, and hematopoietic cell transplantation (HCT), can cause reduced or loss of reproductive function in both men and women.

Yet, standard fertility preservation services are not always covered by insurance. Because of this lack of coverage, the use of fertility preservation and services is very low among all transplant patients with cancer and chronic disease. In 2022, approximately 26% of Minnesota transplant patients were under 40 years old, within reproductive age, and potentially in need of fertility preservation before undergoing treatment for their disease. This bill would remove a major barrier to patients accessing fertility preservation services.

**Covering out-of-pocket costs for standard fertility preservation treatment can be a significant burden on patients, who are also shouldering out-of-pocket costs for their life-saving treatments, including transplant.** Patients need both fertility preservation prior to beginning treatment, and reproductive services after they've completed treatment to assist in having biological children. Standard acceptable fertility preservation options for transplant patients, as recommended by the National Institutes of Health (NIH), are in vitro fertilization (IVF) and embryo cryopreservation, oocyte cryopreservation, and ovarian tissue banking as well as sperm banking for adult men/pubertal males. S.F. 1704 would provide access to the necessary and recommended treatments for fertility preservation and reproductive services and improve the quality of life for patients with serious and chronic diseases.

Our top priority is getting patients who have blood cancers and disorders the treatment they need. Ensuring access to fertility treatment increases the likelihood that a patient



follows through with a life-saving transplant, with piece-of-mind that they won't lose the ability to have biological children.

**S.F. 1704 will allow more transplant patients to have access to fertility preservation and reproductive services.** Please support S.F. 1704, to increase access to fertility preservation and reproductive services for Minnesotans, especially those needing a life-saving transplant.

Thank you for your consideration.

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NMDP