LEUKEMIA & LYMPHOMA SOCIETY® is now

Blood Cancer United

March 5, 2026

The Honorable Matt Klein
Chair, Senate Commerce and Consumer Protection Committee
2105 Minnesota Senate Bldg.
St. Paul, MN 55155

Re: Support for Senate File 1961

Dear Chair Klein and members of the Committee:

Blood Cancer United, formerly known as The Leukemia & Lymphoma Society, appreciates the opportunity to comment on SF 1961. We thank Senator Maye Quade for her leadership on this issue.

Blood Cancer United views SF 1961 as a medically responsible and compassionate opportunity to help young blood cancer survivors more fully preserve their parenting options. We support this legislation and urge its passage to protect fertility options for as many Minnesotans as possible, as thoroughly as possible.

The mission of Blood Cancer United is to cure blood cancer and improve the quality of life of all patients 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. Blood Cancer United hopes your committee will support coverage for fertility preservation and treatment services in SF 1961 as part of a suite of essential patient care. Thank you for considering our views.

Sincerely,



Dana Bacon
Senior Director, State Government Affairs
Blood Cancer United

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[i] "Childhood and Adolescent Blood Cancer Facts and Statistics." Blood Cancer United. Available at: https://bloodcancerunited.org/childhood-and-adolescent-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 Blood Cancer United. October 2018. Available at: https://bloodcancerunited.org/sites/default/files/Milliman%20study%20cost%20burden%20of%20blood%20cancer%20care.pdf