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Memo in Support of S.3148 (Savino)/ A.2646 (Simotas)

As the Executive Director of the Cancer Institute and SVP of the Cancer Service Line I am writing this letter to put forth that Northwell Health strongly supports S.3148 (Savino)/ A.2646 (Simotas) as a needed and appropriate step in ensuring that New Yorkers have access to effective fertility preservation and treatment for infertility for patients who have or had cancer. But most importantly as a breast medical oncologist who sits knee to knee with patients, I also state my strong personal support to ensure that young cancer patients have access to fertility preservation and infertility treatments.

This legislation would require underwriters of large group health insurance in New York State to offer coverage of in-vitro fertilization (IVF) and fertility preservation for families who struggle with infertility or face a risk of infertility in the future. This includes young women diagnosed with cancer that would benefit from fertility preservation prior to receiving gonadotoxic therapy as well as those who later pursue family-building after successfully completing treatment. Survivors of childhood cancer similarly experience fertility problems in later life and would benefit from IVF services.

The need for fertility preservation is growing. Each year, there are 70,000 new diagnoses of adolescent and young adult cancers in the United States and currently over 400,000 young adult female survivors, many of whom would benefit from fertility services covered as a part of this bill. Cancer treatments can cause infertility, making oocyte cryopreservation the only effective option for conceiving. With treatments now available for many forms of cancer and infertility, women no longer need to choose between living and having a child. The state of commercial insurance coverage in New York should not force such a choice.

Clinical practice guidelines stipulate that all cancer patients of reproductive age (and parents/guardians of children) should be made aware of fertility risks and fertility preservation options including: American Society of Clinical Oncology, National Comprehensive Cancer Network, and the American Academy of Pediatrics. For many patients, however, the cost of fertility preservation services is a significant barrier. States such as Massachusetts, Texas and Connecticut have mandated coverage options for IVF. As New York is considered a leader in the development of new and effective ways of treating infertility, New York

should take a position of leadership in this important area of health policy and patient care as these other states have done. IVF is the most successful treatment for infertility. And though current state law requires large group insurers cover some forms of infertility treatment, IVF is not among them. Oocyte cryopreservation, the most effective and widely practiced technique to preserve fertility, also achieves the same high success rates and it, too, is not one of the treatments currently mandated for insurance coverage under existing state laws. Without mandated coverage, therapies are cost-prohibitive for the average New Yorker without access to commercial insurance coverage.

This legislation would rightly place infertility alongside the many other diseases suffered by New Yorkers for which insurers are required to cover the most effective treatments. We urge the legislature to assert New York State's leadership in this important area of patient care by passing this bill.

I implore you to consider improving coverage for fertility preservation. As more and more young women are successfully treated for their disease, they deserve the chance to create a family, similar to their unaffected peers. As always, we must try place ourselves (or our family members) in the position of those we serve and care for to understand how important an issue this remains.

If you should have any questions, please contact me at 516-734-8805 as I am happy to provide further information and support as needed.

Sincerely,



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