

Connecticut Commission on
Women, Children *and* Seniors



Testimony of the
Commission on Women, Children and Seniors
Submitted to the
Insurance and Real Estate Committee
February 7, 2017

Re: S.B. 21, AAC Health Insurance Coverage of Orally and Intravenously Administered Medications & H.B. 5968, AA Requiring Health Insurance Coverage for Fertility Preservation for Insureds Diagnosed With Cancer, and H.B. 6175, AAC a Strategic Plan to Ensure Continued Access to Affordable and Comprehensive Healthcare Coverage.

Senators Larson and Kelly and Representative Scanlon, and distinguished members of the Insurance and Real Estate Committee, thank you for the opportunity to provide testimony on behalf of the Commission on Women, Children and Seniors (CWCS) on the above referenced bills.

S.B. 21, AAC Health Insurance Coverage of Orally and Intravenously Administered Medications

S.B. 21 would require insurance companies who already provide coverage for intravenously administered medications to also cover the same medications if they are available to be administered orally. Thanks to advancements in modern medicine some medications, including some forms of chemotherapy, can now be taken in the form of a pill or liquid, instead of solely through an IV.

This bill would aid all cancer patients to treat their illnesses but is particularly significant to women because:

- Connecticut has the second highest rate of breast cancer in the country.ⁱ
- Breast cancer is diagnosed more often than any other cancer and is the second leading cause of cancer-related death in Connecticut women.ⁱⁱ
- The most common cause of cancer death in CT women is lung cancer (25%) followed by breast cancer (15%) and colon cancer (10%).ⁱⁱⁱ

While it is up to a doctor and patient to decide whether intravenous or oral medications make the most sense, there are benefits to being able to take medication by mouth. Those benefits include (1) the ability to be in the comforts of one's home instead of sitting in a hospital for hours at a time connected to an IV and (2) the avoidance of more invasive medical interventions such as chemotherapy ports. Providing doctors and patients with more options for treatment benefits all Connecticut women – those soon to be diagnosed with cancer and those in the future.

H.B. 5968, AA Requiring Health Insurance Coverage for Fertility Preservation for Insureds Diagnosed With Cancer

Cancer is an unfortunate reality for many of Connecticut's women, at every age and stage of their lives. For those who plan to have children, a cancer diagnosis brings the additional pain of facing the very real possibility that you may no longer be able to bear children. As an agency that supports the entirety of women's reproductive health choices, the CWCS urges passage of H.B. 5968 which takes an affirmative step toward ensuring that when a woman is diagnosed with cancer, her ability to have a biological child is still made available to her.

H.B. 5968 requires health insurance coverage for fertility preservation for a woman who has been diagnosed with cancer but has not started cancer treatment. Lifesaving cancer treatments may reduce fertility by destroying eggs and sperm - eggs do not regenerate; their loss is permanent and premature menopause may occur as a result.^{iv} In the United States there are approximately 800,000 reproductive-aged men and women who have cancer, many of whom have concerns about their fertility.^v H.B. 5968 will allow a woman who has been diagnosed with cancer to preserve her ability to have children in the future.

According to the American Society for Reproductive Medicine (ASRM),^{vi} a lack of money is the biggest barrier preventing women with cancer who have received counseling on fertility preservation from following through with it. Women reporting to a reproductive health clinic for fertility preservation (FP) counseling were surveyed before and after their new patient consultations, again at the time they made their decisions about FP and then, six to eight months later. Of those surveyed at the third time point (decision-making), 90% identified cost and lack of insurance coverage as their reasons for not undergoing fertility preservation.

The cost for embryo preservation is significant. ASRM conducted a survey, with 48 clinics responding, and found that the average costs for FP was between \$6,608 to \$8,285 for embryo preservation and \$244 to \$381 for sperm preservation.^{vii} Providing insurance coverage for FP will substantially increase the opportunity for those affected to preserve their fertility.

We thank the committee for your thoughtful consideration of these issues and urge your support.

HB 6175, AAC a Strategic Plan to Ensure Continued Access to Affordable and Comprehensive Healthcare Coverage

The Affordable Care Act (ACA), currently at risk of being repealed, contains several provisions protecting a woman's healthcare across the spectrum of health issues, including reproductive healthcare, cancer screenings and preventive care.

The CWCS supports **HB 6175, AAC a Strategic Plan to Ensure Continued Access to Affordable and Comprehensive Healthcare Coverage** because it offers protections – especially to women – in light of the proposed repeal of the ACA. It is of paramount importance to women's safety that such services not be interrupted while a replacement plan is being formed.

The CWCS does not want to see our state return to the days when women had to pay out-of-pocket for basic preventive care such as life-saving cancer screening and PAP tests.

Additionally, with the implementation of the ACA, women no longer had to pay out-of-pocket for birth control, whose costs account for a significant portion of a woman's healthcare expenses, estimated at between 30% and 44%.^{viii} Because the ACA requires health insurance plans to cover all FDA-approved contraceptives without any cost to the patient, women will soon be held liable once again for these onerous costs.

Thank you for your time and attention to these critical protections for women.

ⁱ Komen CT (2011). CT Has the Second Highest Incidence of Breast in the U.S..

ⁱⁱ CT Department of Public Health (2011). Breast Cancer in Connecticut.

ⁱⁱⁱ Ibid.

^{iv} American Society for Reproductive Medicine (January 2004). Patient's Fact Sheet: Cancer and Fertility Preservation. Retrieved from <www.arasm.org>.

^v Ibid.

^{vi} American Society for Reproductive Medicine (October 23, 2001). *Fertility* Preservation for Cancer Patients: Demographic Disparities in Counseling and Financial Concerns Are Barriers to Utilization. Retrieved from <http://www.sart.org/Fertility_Preservation_for_Cancer_Patients_Demographic_Disparities_in_Counseling_and_Financial_Concerns_Are_Barriers_to_Utilization>.

^{vii} Ibid.

^{viii} <https://www.plannedparenthoodaction.org/issues/health-care-equity/affordable-care-act-aca>