

Mikala Bousquet
Topsham

Testimony of Mikala Bousquet, LCSW, State Lead Ambassador of the American Cancer Society Cancer Action Network Maine

Resident of Topsham, ME

In Support of LD 1539 “An Act To Provide Access to Fertility Care” and LD 922 “An Act To Help Cancer Patients with Fertility Preservation”

May 5, 2021

Good morning, Senator Sanborn, Representative Tepler, and members of the Health Coverage, Insurance and Financial Services Committee. My name is Mikala Bousquet of Topsham and I am the State Lead Ambassador for the American Cancer Society Cancer Action Network (ACS CAN) in Maine. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. Additionally, I am a Licensed Clinical Social Worker primarily working with adults who have been diagnosed with cancer and requiring acute inpatient care.

I would like to thank you for the opportunity to submit the following testimony in support of LD 1539 and LD 922.

When patients see me at the hospital, fertility is generally not at the forefront of their mind. My patients have often only recently heard the words “you have cancer” and are processing all of the different things that that means for themselves, their families, their jobs, and the person that they were before hearing those words. I help with discharge planning and navigating a complicated health care system but rather than focusing on the care that they need, many of my patients and providers are in positions where they need to ask about insurance coverage or what this diagnosis and treatment plan means for their overall financial wellness.

While any cancer diagnosis at any age is heartbreaking and comes with its own set of challenges, Adolescent and Young Adult (AYA) cancer patients are often faced with another immense decision before initiating treatment; fertility preservation. These cancers or cancer treatments that can save their lives can also damage their reproductive organs or affect their hormones affecting their fertility. Even if the treatment itself does not lead to infertility, having to delay family planning until later ages post treatment and recovery can also pose significant risks.

Fertility services are an important part of holistic and patient centered care however these services are often so incredibly out of financial reach for so many people. If my patients are “lucky” enough to have insurance coverage for diagnostic testing that is often where their coverage will stop. But how does knowing that something is wrong help if your insurance provider will not cover the necessary services for intervention?

Hearing the words “you have cancer” is frightening enough. Needing to simultaneously consider and act on family planning or fertility preservation should be considered a standard of care and covered by health insurance because it is the right thing to do.

For these reasons, we ask you to vote “ought to pass” on LD 1539 “An Act To Provide Access to Fertility Care” and LD 922 “An Act To Help Cancer Patients with Fertility Preservation”. I thank you for your thoughtful consideration and would be happy to answer any questions you have about this testimony.