



**Testimony of Hilary Schneider, Regional Government Relations Director, Atlantic/Northeast States
American Cancer Society Cancer Action Network**

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

May 5, 2021

Good morning, Senator Sanborn, Representative Tepler, and members of the Health Coverage, Insurance and Financial Services Committee. My name is Hilary Schneider and I am the Regional Government Relations Director for the Atlantic/Northeast States for the American Cancer Society Cancer Action Network (ACS CAN). 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. As the nation’s leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

On behalf of ACS CAN, I would like to thank you for the opportunity to submit the following testimony in support of LDs 922 and 1539.

In 2021, an estimated 10,500 children (ages 0 to 14 years) and 5,090 adolescents (ages 15-19 years) will be diagnosed with cancer in the United States.¹ About 80,000 young adults aged 20 to 39 are diagnosed with cancer each year in the United States.² Maine’s childhood cancer incidence rate is 21.3 per 100,000, compared with a national rate of 18.5.³ The incidence rate of childhood cancer in Maine has been rising over the past 10 years. The treatments for many of these children and younger adults may directly impact their ability to produce children. Children and teenagers who have cancer are often of special concern. This is because they might have surgery or get treatments that can damage their growing and maturing organs, and some can affect their hormone and sexual development. Having these things happen in their younger years can affect fertility later in life.⁴ Young adults with cancer may also experience issues with fertility related to their cancer and cancer treatment. The problems might be caused by:

- A tumor directly damaging an organ or its surrounding tissue
- Removing cancerous organs that normally would be needed to have a child (for example, cancer surgery might be needed to remove all or part of the testicles, penis, ovaries, uterus, or cervix.)

¹ American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021

² See <https://www.cancer.org/cancer/cancer-in-young-adults/key-statistics.html>

³ National Cancer Institute, State Cancer Profiles, <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statername=maine#t=2>.

⁴ American Cancer Society, How Cancer and Cancer Treatment Can Affect Fertility, <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fertility-and-sexual-side-effects/how-cancer-treatment-affects-fertility.html>

- Certain treatments for cancer that can change hormone levels, put a woman into early menopause, damage nerves, or make certain sex organs stop working properly
- Psychological or emotional responses, such as stress and anxiety.⁵

For some cancer survivors, fertility is not affected by cancer treatment, but by age. This is because there is a risk of birth defects when a woman becomes pregnant while getting or after receiving some types of chemotherapy, radiation therapy, and hormone therapy. In some cases, the risk can last for a long time, making getting pregnant a concern even years after treatment ends. In general, women are usually advised to not to get pregnant during treatment and may be told it's best not to get pregnant afterwards, depending on the treatment and situation. The risk for male cancer survivors who father a child is not as clear, and many doctors will advise against fathering a child during active treatment just in case.⁶

For these reasons, fertility services become an important medical question for many young cancer patients. After reviewing options for fertility treatment and services, most people will ask themselves if they can even afford any of these options. Many of the tests that diagnose fertility are covered by insurance, but treatment costs are often not covered.

Cancer is a scary experience full of anxiety and fear. While we are always mindful that any new patient protections may have a fiscal impact on the state, coverage of fertility services not only provides options to be able to have children even after treatment has resulted in temporary or permanent infertility, but also comfort that such a basic human need can be fulfilled, allowing all those impacted by cancer to focus their efforts where they belong—on getting better.

For these reasons, we ask you to vote “ought to pass” on LDs 922 and 1539. I would be happy to answer any questions you have about this testimony.

⁵ Ibid.

⁶ Ibid.