

Imagine being diagnosed with cancer but denied treatment for it. It sounds inhumane and impossible.

Now imagine that the reason for this denial is that you can't afford the treatment and insurance won't cover it because treating the cancer is your choice. You don't have to do treatment, and if you want to, that's your choice, but it's unfair to make other insurance policyholders pay for cancer treatment that YOU are choosing.

It's asinine to even imagine. After all, that's the whole point of insurance. Yet for most of the 7 million Americans who have been diagnosed with the disease – yes, disease – of infertility, this is the devastating reality: limited or no insurance coverage for the treatment of our disease. Furthermore, two years ago at the last North Dakota legislative session, one reason for the denial of the bill for fertility coverage was that having a child was a personal choice, and it was therefore unfair to other policyholders to pay for this coverage.

This, from the state that prides itself on being pro-life.

Let me be clear. I did not **choose** to get diagnosed with breast cancer 16 days after my husband and I were married. I did not **choose** to be infertile as a result of the treatments that saved my life. No one who desires to have children would **choose** fertility treatments over getting pregnant on their own.

Insurance denied our claim for embryo preservation before beginning chemo, despite the fact that I had fertility benefits through my employer, claiming it was “medically unnecessary” because I did not meet their criteria of trying to conceive unsuccessfully for two years in order to be considered infertile. Any oncologist will affirm that infertility or fertility complications are a frequent result of cancer treatments. Insurance is defined as “a thing providing protection against a possible eventuality.” What else is infertility as a result of cancer treatments if not a

possible eventuality of those treatments? Where is the protection provided to cancer patients for this possible eventuality?

Fortunately, my husband and I were able to do embryo preservation before I began chemotherapy, but *only* because family, friends, acquaintances, and even complete strangers rallied together on GoFundMe and in less than 24 hours raised enough money and more. Not everyone is as fortunate. Crowdfunding should not be the expected or accepted financial plan for any medical expense, infertility included. Fertility preservation must be honored in the same regard as any other part of cancer care and insurance coverage must be standard.

With two embryos preserved before my treatments, we were able to become parents to our daughter, Lola, who is now almost four years old and the center of our universe. It's impossible to imagine our life without her, but I cannot forget that she would not be here without the fertility preservation that happened just two days before I had my first chemotherapy infusion and that we couldn't afford on our own right after paying for a wedding with only days to come up with the money so I could begin chemo.

Costs for fertility preservation and fertility treatments just add a cruel and unnecessary burden to a cancer diagnosis, which is mentally, emotionally, and physically exhausting enough. We have spent over \$11,000 out of pocket for fertility treatments and thousands on the medications that are required. We have maxed out the \$ 20,000-lifetime maximum benefit that kicked in only **after** my cancer treatment when I was in fact infertile. This is in addition to over \$22,000 for out-of-pocket medical expenses related to cancer.

While the concerns about increased healthcare costs are valid, they are also disputed. RESOLVE, The National Infertility Association found that, "according to a 2021 employer survey conducted by consulting firm Mercer, and commissioned by RESOLVE: 97% of

respondents offering infertility treatment have **not** experienced an increase in their medical costs as a result of providing this coverage.”

Fertility preservation matters. Insurance coverage of fertility preservation matters. Fertility preservation provides hope and insurance before, during, and after cancer. There is so much at stake for a cancer patient who hasn't started a family before cancer strikes. A cancer diagnosis is devastating enough. Knowing that the treatment might leave you infertile is heartbreaking. Not being able to do fertility preservation before beginning cancer treatment because it is not covered by insurance and too expensive simply should not happen to anyone. Fertility preservation must no longer be viewed as elective. It is medically necessary.

I urge you to think of, acknowledge, and support North Dakotans struggling to build families and vote yes for HB 1146.

Tiffany Olsen
District 16