

January 29, 2025

The Honorable Matthew Ruby Chair, North Dakota House Human Services Committee State Capitol 600 East Boulevard Avenue Bismarck, ND 58505

Re: Support for House Bills 1282 and 1284

Dear Chair Ruby and members of the Committee:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to comment on HB 1282 and HB 1284, which establish fertility preservation and treatment coverage for state employees. We thank Representative Brandenburg for his leadership on this issue and appreciate you hearing these bills.

LLS views HB 1282 and HB 1284 as medically responsible and compassionate opportunities to help young blood cancer survivors more fully preserve their parenting options. LLS supports both bills and urges your committee to pass them to protect fertility options for North Dakota state employees.

The mission of LLS is to cure blood cancer and improve the quality of life of people living with blood cancer, and their families. Blood cancers are among the most common types of cancer diagnosed in children and young adults. Leukemia alone accounts for nearly a quarter of all cancers diagnosed in people under age 20.ⁱ

When first diagnosed with blood cancer, a patient's primary concern will be their upcoming treatment and long-term survival. They may not be thinking about whether they can or want to have children in the future — or how their treatment could impact their chances of conception. The good news is that advancements in research and treatment of these conditions have led to significant improvements in survival rates for pediatric cancer patients.

However, fertility preservation is an essential consideration for pediatric and young adult blood cancer survivors. Blood cancers and their treatments, particularly cell transplants, carry a significant risk of infertility. Treatment must begin quickly, which leaves patients with a difficult choice and little time to appeal to insurers for coverage after a denial of coverage.

Even with comprehensive insurance coverage, blood cancer patients can face significant treatment costs, particularly in the twelve months following diagnosis.ⁱⁱⁱ No patient, or parents of a young patient,

should be put into a position where they must weigh the costs of fertility preservation services – needed only because of their cancer treatment – against the costs of the treatment itself.

Cancer treatment is stressful enough without being compounded by the pain and regret of lost fertility. LLS hopes your committee will support these bills to improve access to affordable fertility preservation and coverage services; we also encourage you to seek future opportunities to ensure these benefits for as many North Dakotans as possible. Thank you for considering our views.

Sincerely,

Dana Bacon

Senior Director, State Government Affairs

The Leukemia & Lymphoma Society

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i "Childhood Blood Cancer Facts and Statistics." The Leukemia & Lymphoma Society. Available at: https://www.lls.org/facts-and-statistics/overview/childhood-blood-cancer-facts-and-statistics

ⁱⁱ Loren, Alison W., and S. Senapati, "Fertility preservation in patients with hematologic malignancies and recipients of hematopoietic cell transplants." *Blood*, 2019. Available at:

https://ashpublications.org/blood/article/134/9/746/260765/Fertility-preservation-in-patients-with.

[&]quot;"The Cost Burden of Blood Cancer Care." Milliman Inc. for The Leukemia & Lymphoma Society. October 2018. Available at: https://www.lls.org/sites/default/files/Milliman%20study%20cost%20burden%20of%20blood%20cancer%20care.pdf