



***Written Testimony Supporting HB 1284
Submitted to the House of Human Services
January 29, 2025
By Susan G. Komen***

Chairman Ruby and Members of the Committee, thank you for the opportunity to provide testimony in support of HB 1284 which relates to fertility preservation. My name is Lauren Marquette and I am the Senior Regional Manager of State Policy and Advocacy at Susan G. Komen®.

Susan G. Komen is the world's leading non-profit breast cancer organization representing the millions of women and men who have been diagnosed with breast cancer. We have a comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen advocates for all women to have access to the tools and resources necessary to save their lives. We believe strongly that women should be able to make treatment decisions without fear of impacting their ability to have children in the future. Chemotherapy, hormone therapy and some surgeries can have devastating effects on a woman's reproductive system and cancer treatment can often lead to infertility. This can shorten the window of time to have children.

An estimated 4 percent of all breast cancers diagnosed in the U.S. occur in women under 40 and breast cancer is the most common cancer among women under age 50. Breast cancer in younger women is more likely to be fast growing, higher grade, more aggressive and more likely to need chemotherapy.

Certain cancer treatments can directly or indirectly cause medically induced infertility. Chemotherapy, radiation and surgery can cause permanent damage to gametes (eggs and sperm), reproductive organs and/or endocrine functioning. In breast cancer specifically, both chemotherapy and hormone therapy can cause irregular periods or stop periods altogether and tend to bring on natural menopause earlier than normal. For women with hormone receptor-positive breast cancer, the recommendation of five to ten years of endocrine therapy can push many women past reproductive age, limiting time for pregnancy and childbirth. Quality of life is hampered in young women by side effects such as premature menopause and infertility and these outcomes can impact treatment decisions.

Unfortunately, we often receive calls and emails from women that fertility concerns are a factor influencing their treatment decisions. We also hear from women that are unable to afford the out-of-pocket costs for their fertility services as expenses can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking. Patients often have a short window of time to obtain the financial resources necessary to preserve fertility before starting potentially sterilizing cancer treatment. Often, without some assistance, many of these women will simply delay or forego their opportunity to have children.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have access to standard fertility preservation procedures to ensure they are able to make the best treatment decisions possible. As such, we support HB 1284 and urge you to pass this critical legislation.

Thank you for your consideration.

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