

It's surprising how much your arms can ache to hold your baby that doesn't even exist. It's torturous how infertility consumes you, on and off all day, every single day.

Not even two weeks after my husband and I got married, and at 32 years old, I was diagnosed with stage 2b triple-positive invasive ductal carcinoma. Instead of a honeymoon, we were looking at chemotherapy, surgery, radiation, and years of hormone-blocking therapy. Thus, the plans we had for our newlywed years, which was starting a family, were quickly replaced with the plan to simply stay alive.

Women under 40 can and do get breast cancer; chemo and radiation can and do cause damage to fertility. Modern medicine has made it possible for cancer survivors to go on to live long, healthy lives, but what happens when the life you are left with after cancer is nothing resembling the life you had planned? Survivorship is a necessary part of cancer care and fertility preservation before treatment needs to be at the forefront for patients who want a family.

Insurance denied our claim for embryo preservation before beginning treatment, 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?

Faced with the dilemma of coming up with the \$8000 for fertility preservation in a matter of days before I was supposed to start chemotherapy, we were advised by the financial counselor at the clinic to take out three or four low-interest credit cards to pay for it. This as we knew we

would be unavoidably facing impending medical costs for cancer treatment. Fertility preservation must be honored in the same regard as any other part of cancer care and insurance coverage must be standard.

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 expenses.

Two years after my diagnosis, my oncologist gave me her blessing to pause my hormone-blocking therapy to try and start our family and take part in a clinical trial that seeks to prove whether or not pausing hormone-blocking therapy to get pregnant increases a woman's risk of recurrence of hormone positive breast cancer. We tried to conceive with the help of fertility treatments and wait to use the two embryos we had. For over a year, I felt like more of a lab rat than I did throughout all of my cancer treatment. At every visit where we tried something new, I was met with the same apologetic expression of pity from my fertility doctor saying my body wasn't responding. My ovaries appeared atrophied, my uterine lining was too thin to support a pregnancy, and my menstrual cycles had completely stopped since starting chemo. Attempting everything possible to get your body to perform its most biological function after beating cancer is a real slap in the face of your survival. You don't feel like you have survived. You feel like you have died.

Finally, after getting a second opinion with a fertility specialist at Mayo Clinic, we tried a more aggressive plan and my body's response was sufficient for a transfer of one of our two embryos. Against all odds, it resulted in our perfect, strong, healthy daughter, Lola, who is now

21 months 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 egg retrieval 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 and facing cancer treatment bills.

Cancer patients and survivors will always have enough of a financial burden with the years of treatments, routine tests, medicines, therapies, and additional expenses. Costs for fertility preservation and fertility treatments just add a cruel and unnecessary burden. 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. This is in addition to over \$22,000 for out of pocket expenses for cancer treatment.

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.

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