A STUDY OF NEW JERSEY SENATE BILL 2133 (1R)

MANDATED HEALTH BENEFITS COVERAGE FOR FERTILITY PRESERVATION SERVICES UNDER CERTAIN HEALTH INSURANCE PLANS

New Jersey Mandated Health Benefits Advisory Commission

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Table of Contents

INTRODUCTION

The Mandated Health Benefits Advisory Commission (MHBAC) has been asked to review S-2133 (1R), as amended by the Senate Commerce Committee (see Appendix V). This bill requires certain health insurers to provide health benefits coverage for standard fertility preservation services when a medically-necessary treatment may directly or indirectly cause iatrogenic infertility. The bill applies to hospital, medical and health service corporations, commercial group insurers and health maintenance organizations that provide benefits to groups of more than 50 persons. The bill also applies to health benefits plans issued pursuant to the State Health Benefits Program and the School Employees' Health Benefits Program.

S-2133 (1R) supplements various parts of statutory law by mandating coverage for fertility preservation services under certain health insurance plans. The bill specifies that certain payers "shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility."

The bill defines "standard fertility preservation services" as "procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, The American Society of Clinical Oncology, or as defined by the New Jersey Department of Health, but does not include the storage of sperm or oocytes. Iatrogenic infertility is defined as an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes." [e.g., see section 1a of the bill.]

The bill requires insurance coverage in the relevant markets for fertility preservation services in cases where medically necessary treatments might cause iatrogenic infertility. The medical literature indicates that roughly 90% of iatrogenic infertility results from cancer treatments.[i] The data on fertility preservation services, therefore, focus almost exclusively on iatrogenic infertility resulting from cancer treatments. Consequently, this report and its Financial Impact analysis are limited to the costs associated with fertility preservation services for cancer patients experiencing iatrogenic infertility. It should be kept in mind, however, that cancer treatment is not the sole cause of iatrogenic infertility.

The Mandated Health Benefits Advisory Commission Act (N.J.S.A. 17B:27D-1 *et seq.*) tasks the Commission with providing an independent analysis of the social, medical, and financial impact of proposed legislation referred to it for review. The Act does not ask the Commission to recommend whether to enact the legislation, and the Commission does not do so here.[ii] The MHBAC prepared this report using its own resources, including staff from the New Jersey Department of Banking and Insurance. Commission members contributed their professional expertise, on a voluntary basis, in helping to shape the presentation of this report, analyzing published research, and drafting and editing its various sections. The MHBAC has sought to

include information from a number of reputable sources that it found credible, but recognizes that opinions and analysis may differ.

LEGISLATIVE HISTORY

The Senate bill was heard by the Senate Commerce Committee on December 3, 2018, which reported the bill out of committee with amendments. The amendments did the following:

1. Provided that the bill applies to hospital, medical and health service corporations, commercial group insurers and health maintenance organizations that provide benefits to groups of more than 50 persons;

2. Defined "may directly or indirectly cause" to mean a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health;

3. Defined "standard fertility preservation services" to mean procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health; and

4. Provided that standard fertility preservation services do not include the storage of sperm or oocytes.[iii]

The bill as amended in Senate Commerce was then considered by the Senate Budget and Appropriations Committee on June 17, 2019 and reported out of that committee. The Senate version of the bill, S-2133 (1R), passed in the Senate by a vote of 31-4 on June 20, 2019 and was referred to the Assembly Women and Children Committee that same day.

On May 31, 2019, a fiscal note on S-2133 (1R) was issued. The estimate included the following impact to the State Health Benefits Program and the School Employees' Health Benefits Program.

Office of Legislative Services Estimate*

Fiscal Impact**	Year 1	Year 2	Year 3
State Cost	$317,456	$356,503	$400,353
Local Government Cost	$166,253	$186,702	$209,666
Local Education Cost	$215,412	$241,908	$271,663
Total Cost	$699,121	$785,113	$881,682

These estimates are limited to the impact on these two public employee programs, which do not cover all public employees, nor does it apply to the commercial large group market.[iv]

The Assembly version has been introduced and referred to the Assembly Women and Children Committee, where S-2133 (1R) is also currently pending, but has not yet been considered. The Commission has been asked to the consider the bill as amended in the Senate.

SOCIAL IMPACT

This section examines the social impact of requiring certain health insurers to provide health benefits coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility. Among the social consequences the MHBAC is asked to address under its enabling statute is *the extent to which insurance coverage for the proposed mandated health benefit already exists or, if no coverage exists, the extent to which the lack of coverage results in inadequate health care or financial hardship for the affected population of New Jersey*.

Existing coverage requirements for fertility services dates back to the passage of P.L. 2001, c. 236. That law required coverage, in the large group market, for expenses incurred in the diagnosis and treatment of infertility. Coverage under that law included: diagnosis and diagnostic tests; medications; surgery; in vitro fertilization; embryo transfer; artificial insemination; gamete intra fallopian transfer; zygote intra fallopian transfer; intracytoplasmic sperm injection; and four completed egg retrievals per lifetime of the covered person. The law allowed for certain limitations in coverage for certain procedures, including requirements that the covered person: a. has used all reasonable, less expensive and medically appropriate treatments

and is still unable to become pregnant or carry a pregnancy; b. has not reached the limit of four completed egg retrievals; and c. is 45 years of age or younger. The Act requires that the mandated benefits be provided to the same extent as for other pregnancy-related procedures under the contract, except that infertility services are required to be performed at facilities that conform to standards established by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. The Act further provides that the same copayments, deductibles and benefit limits be applied to infertility benefits as to other medical or surgical benefits under the contract. The Act also permits religious employers to exclude certain coverage if it is contrary to the religious employer's bona fide religious tenets.

Pursuant to Bulletin No. 14-09, DOBI notified stakeholders that the Centers for Medicare and Medicaid Services (CMS) as well as the United States Department of Labor (DOL) advised DOBI that the limit of four completed egg retrievals per lifetime as set forth in the state law of the covered person functions as an impermissible preexisting condition exclusion under HIPAA, and required removal of the limitation thus expanding coverage further than the state law.

Then, in 2017, pursuant to P.L.2017, c. 48, New Jersey modified its existing law to do the following:

- changed the definition of "infertility" to include certain women who may not be qualified to receive coverage for infertility-related health benefits – specifically, because the definition of infertility had required the female partner to have unprotected intercourse, certain females, such as lesbians, women without partners, or women with partners who have protected intercourse, may not be qualified to receive coverage for these benefits. The modified law defines "infertility" as: (1) the disease or condition that results in the abnormal function of the reproductive system such that a person is not able to impregnate another person or conceive; or (2) a determination of infertility by a physician licensed to practice medicine and surgery in this State.
- included application of the mandated benefit to the State Health Benefits Plan and the School Employees' Health Benefits Plan; and
- clarified that infertility resulting from voluntary sterilization procedures would be excluded under the required contract coverage.

This evolution and expansion of coverage since the passage of fertility benefits back in 2001 has not addressed the issue of iatrogenic infertility. While the State public employee programs have not covered iatrogenic infertility, some large group carriers have reported that they do provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

The MHBAC enabling statute also requires an analysis of "the demand for the proposed mandated health benefit from the public and the source and extent of opposition to mandating the health benefit." Public support for the legislation has come from a number of organizations as testimony on S-2133 (1R) was heard in the Senate Committees; there were no groups that

testified orally in opposition to the legislation. Stakeholders' positions of opposition or support for S-2133, as expressed through legislative slips, are presented in Table 1.

Table 1. Stakeholders' Positions on S-2133

Opposing S-2133	**Supporting S-2133**
New Jersey Business and Industry Association	Academy of Adoption & Assisted Reproduction Attorneys
League of American Families	Saint Barnabas Medical Center
	Ferring Pharmaceuticals
	Alliance for Fertility Preservation
	New Jersey Association of Health Plans
	New Jersey Policy Perspective
	Planned Parenthood Action Fund of New Jersey
	Universal Unitarian Action Fund of New Jersey
	New Jersey Section, American College of Obstetricians and Gynecologists
	National Organization for Women of New Jersey
	Aetna Inc.
	Nemours Children's Hospital
	New Jersey State Bar Association

Source: Witness slips and testimony submitted to the Senate Commerce Committee at its meeting on December 3, 2018.

With respect to the potential demand for the proposed mandated health benefit, the upper limit on the potential demand by females for the proposed fertility preservation services under the mandate can be captured in a couple of population-based estimates. The medical literature reports that approximately 10% of all cancer cases affect women under the age of 45.[v] As a result, roughly 6% of women of reproductive age have survived cancer.[vi] It is also necessary to consider that not all of these cancer survivors would have received treatments that engendered the risk of iatrogenic infertility. Furthermore, not all patients receiving a cancer diagnosis will opt for fertility preservation treatment, even if such treatment is offered and covered by insurance, as envisioned in the mandate.

MEDICAL EVIDENCE

With recent advancements in medicine and treatment, many young patients diagnosed with cancer or other conditions will become long-term survivors. However, in some cases, necessary treatments pose a threat to fertility in young patients or patients in their reproductive years. The bill that is the subject of this report defines "Iatrogenic infertility" as "an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes." [Section 1a, S-2133 (1R).] Iatrogenic infertility has given rise to a demand for fertility preservation services, which allow patients the opportunity to have biologically-related children at some time in the future.

The pathways to iatrogenic infertility are straightforward. "Surgical treatment for gynaelogical cancers may require partial or complete removal of the reproductive organs, thus reducing or eliminating a woman's ability to conceive and carry biological children." Exposure to chemotherapy and radiation treatments "can result in higher risks of infertility, including diminished natural ovarian reserve, early onset of menopause, increased rate of uterine dysfunction and acute ovarian failure." Finally, "treatments for some hormone-receptive cancers may require prolonged endocrine therapy and a delay in pregnancy, further limiting a woman's reproductive capacity due to natural follicle depletion in the ovarian reserve with age."[vii]

S-2133 (1R) ties standard preservation services to "procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine (ASRM), the American Society of Clinical Oncology (ASCO)," or as defined by the Department of Health presumably through future regulatory guidance.

ASRM, for example, states that "established methods of fertility preservation include sperm cryopreservation in men and embryo and oocyte cryopreservation in women." ASRM further explains that other types of procedures are experimental, including "cryopreservation of ovarian tissue in girls and women and testicular tissue in prepubescent males…."[viii]

ASCO, similarly, states that the most effective fertility preservation method for males is sperm cryopreservation, whereas females have multiple options, depending on various factors including age, type of treatment, diagnosis, whether she has a partner, the time available before cancer treatment commences, and the potential that cancer has metastasized to the patient's ovaries. The most common and effective preservation methods for females are embryo cryopreservation and oocyte cryopreservation.

The legislation specifically provides that "[s]tandard fertility preservation services shall not include the storage of sperm or oocytes." As a result, this report does not examine storage or coverage for storage.

OTHER STATES

To date, seven states have passed laws mandating or expanding insurance coverage to include medically-necessary fertility preservation treatments (see Table 2).

Table 2. States with Medically-Necessary Fertility Preservation Laws

State	Effective Date	Limitations	How Are Storage Costs Covered?
Connecticut	January 2018	Covers an insured at least 18 years of age who has not started cancer treatment	Does not cover storage costs
Delaware	June 2018		Covers storage of oocytes, sperm, embryos, and tissue
Illinois	January 2019		Unspecified
Maryland	January 2019		Does not cover storage costs
New Hampshire	January 2020		Covers storage for the duration of the insurance policy. Long-term storage costs are borne by the patient
New York	January 2020		Unspecified
Rhode Island	July 2017	Covers fertility preservation for women ages 25-42 years only	Unspecified

Source: Alliance for Fertility Preservation, https://www.allianceforfertilitypreservation.org/advocacy/state-legislation

Most of the state laws define "Standard fertility preservation services" with language such as, "procedures based upon current evidence-based standards of care established by the American Society for Reproductive Medicine or the American Society of Clinical Oncology".[ix] Such fertility preservation services include "expenses for evaluations, laboratory assessments, medications and treatments associated with the embryo, oocyte and sperm cryopreservation procedures."[x] States have chosen different paths in terms of requiring insurance coverage for or

not requiring coverage for the costs of storing reproductive materials after cryopreservation (see Table 2).

At the Federal level, there was also legislation proposed to address fertility preservation coverage. In May 2018, the *Access to Infertility Treatment and Care Act* was introduced (H.R. 5965 and S. 2920). These bills, which would apply to patients covered in group and individual market plans, would require coverage of fertility preservation services for patients undergoing medically-necessary procedures that could result in infertility.[xi] Neither bill advanced.

DISCUSSION

More patients are surviving cancer treatment, and modalities for treating infertility have steadily improved. As a result, the feasibility of addressing iatrogenic infertility has increased. The possibility of having children may be reasonably construed to contribute to the quality of life for cancer survivors.

Medical clinicians haven't been fully effective in keeping their patients informed of the fertility preservation options available before cancer treatment begins. A somewhat dated study found that while 60% of oncologists surveyed were aware of ASCO's guidelines for fertility preservation, less than 25% of the respondents reported following those guidelines consistently, providing educational materials to their patients, or referring patients for fertility preservation discussions with other reproductive or fertility specialists.[xii] A recent study of male cancer patients, similarly, reported that only 29% of patients received fertility preservation counseling and 11% attempted sperm banking.[xiii]

There might be salutary quality of life effects if the mandate becomes law. The most favorable fertility outcomes result when a patient diagnosed with cancer undergoes the fertility preservation procedure(s) before beginning surgical, chemotherapy, or radiation treatment. For males, the cost of sperm cryopreservation can amount to hundreds of dollars. For females, the full set of procedures resulting in egg or embryo cryopreservation can run more than $10,000. For a woman who has just received a cancer diagnosis requiring treatments that could cause iatrogenic infertility, her best chance of having a biological child after treatment must be the result of a decision made under the stress of the cancer diagnosis and the potential liability for significant medical care costs. That decision usually needs to be made quickly, as well.[xiv] Making the potentially prohibitive medical costs of fertility preservation part of routine insurance coverage could relieve a patient of some of the stress of a very difficult time.

Making fertility preservation coverage part of routine insurance coverage might also facilitate more fertility counseling of cancer patients by their healthcare clinicians. Researchers have identified a number of "communication barriers" that interfere with fertility preservation discussions between patients and their medical caregivers. These include a concern that medical

specialists will overwhelm patients with information if they mix fertility preservation details with other aspects of their cancer treatment discussions, especially immediately after a cancer diagnosis. Some medical specialists have also reported not discussing fertility preservation options with patients because the costs of treatment were perceived to be out of reach of the patients. The clinician did not want to introduce another stressful decision to the patient if the clinician believed that the patient would not to be able to afford the costs of fertility preservation treatments.[xv,xvi]

Reducing economic barriers by including fertility preservation treatment as part of insurance coverage, therefore, has the potential to facilitate more effective counseling, better fertility outcomes, and fewer patient regrets that fertility preservation options were never explored with reproductive or fertility specialists. A review of the literature for cancer patients found that receiving fertility preservation counseling and actually undergoing fertility preservation treatment was associated with greater physical quality of life and also less strongly associated with improved psychological quality of life.[xvii]

New Jersey Health Markets and Systems Affected by S-2133 (1R)

S-2133 (1R) requires health coverage in specific market segments to include standard fertility preservation services when a medically-necessary treatment may directly or indirectly cause iatrogenic infertility. This mandate applies to the following insurance markets covering more than 50 persons:

- hospital/medical/health service corporation contracts,
- health maintenance organization contracts,
- mid to large group health insurance policies,
- State Health Benefits Program, and
- School Employees' Health Benefits Program.

New Jersey's affected commercial health insurance markets, comprised of mid- and large-employer insured markets, include approximately 815,000 New Jersey covered lives.[xviii] New Jersey's State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) are funded by the state and provide health benefits to New Jersey's state and school employees, retirees, and their dependents. The number of active covered lives, defined as currently employed/not retired workers, insured by the State's health plans is approximately 364,000 as of 2018.[xix] The total number of covered lives affected by the proposed fertility preservation mandate, therefore, is approximately 1,179,000.

Financial Impact of S-2133 (1R)

It is estimated that S-2133 (1R) will cost $400,000 to $900,000 the first year after its passage for the affected New Jersey health markets and systems. The table below provides the details used to develop the cost estimate. Measures presented in the table are defined and developed in detail in the sections below.

Table 3. Summary Data Used and Cost Estimates of the Fertility Preservation Mandate

Summary Data Measure/Cost Estimate	**Females Age 15 to 44**	**Males Age 15 to 44**
Enrollees age 15 to 44 in New Jersey health markets and systems	219,000	219,000
Cancer incidence rates per 100,000	76.1	39.8
Take-up rates	25% to 33%	25% to 33%
Expected number of fertility preservation services/procedures per year	42 to 55	22 to 29
Cost of fertility preservation services per person	$10,000 to $15,000	$500 to $1000
Total cost	$420,000 to $824,000	$11,000 to $29,000
Combined cost per member per month	$0.03 to $0.06	

The estimated per member per month cost for S-2133 (1R) is $.03 to $0.06.[xx] Similar studies for the state of Maryland and Connecticut estimated per member per month costs of $0.29 and $0.00 to $0.05, respectively.[xxi]

Several estimates and assumptions were used in assessing the financial impact of S-2133 (1R). The key estimates and assumptions are the following:

- number of male and females age 15 to 44 in the affected New Jersey health markets and systems,
- cancer incidence rates for enrollees of the New Jersey health markets and systems,
- take-up rates for the mandated fertility preservation services in the New Jersey health markets and systems, and
- costs of mandated male and female fertility preservation services in the New Jersey health markets and systems.

These assumptions are discussed in detail below.

Number of Males and Females Age 15 to 44

Since S-2133 (1R) requires health coverage to include standard fertility preservation services, the analysis focuses on those enrollees who are in their reproductive years and are most likely to use the mandated services, in order to estimate utilization of fertility preservation services. For the purposes of the cost analysis, it is assumed that a person's reproductive years are between the ages of 15 and 44 years. Other studies analyzing the impact of similar legislation in other states use approximately similar age ranges.[xxii]

The number of males and females age 15 to 44 is estimated using health plan enrollment information from the Department of Banking and Insurance (DOBI)[xxiii] and SHBP and SEHBP rate renewal reports for plan year 2019 from the Division of Pensions and Benefits.[xxiv] Age distribution information was obtained from recent rate filings submitted by a major carrier to DOBI and state pension funding reports found on the Division of Pensions and Benefits website.[xxv]

The number of males and females age 15 to 44 in the affected New Jersey health markets and systems is approximately 438,000 with half or 219,000 representing male age 15 to 44 enrollment and the remaining half representing female age 15 to 44 enrollment. The enrollment breakdown by market/system is presented in the table below.

Table 4. New Jersey Enrollments of Females and Males of Reproductive Age, by Market

New Jersey Market/System	**Number of Females Age 15 to 44**	**Number of Males Age 15 to 44**
Mid to large group	164,000	164,000
SHBP	38,000	38,000
SEHBP	17,000	17,000
Total	219,000	219,000

Cancer Incidence Rates

Cancer incidence rates broken down by age groups and gender were needed to generate estimates of the number of New Jersey covered lives in reproductive ages that were likely to face a cancer diagnosis, and hence the potential need for fertility preservation services. Finding data presented exactly this way proved a minor challenge. A more significant challenge was identifying cancer incidence rates specifically for New Jersey for the list of cancer types needed for a complete cost analysis.

To identify the list of cancer types most relevant to this cost analysis, the authors utilized the list of cancers used by state of Connecticut in its study of the estimated costs of its fertility preservation bill. This list focused on those cancers that are treated primarily with surgery, radiation, and chemotherapy, treatments that can cause iatrogenic infertility.[xxvi] The analysis for the current report expands the Connecticut study list to include prostate and testicular cancers, giving a more comprehensive cost estimate for New Jersey, especially of the estimated costs of treating male iatrogenic infertility.

New Jersey cancer incidence rates for the full list of relevant cancer types, broken down by age groups and gender, were not available. Cancer incidence rates can vary significantly by region of the country, as demonstrated by Centers for Disease Control data.[xxvii] Nevertheless, a reasonable proxy was identified and used. The data were obtained from the New York State website and are based on State of New York cancer data. This data set comprehensively covered the range of relevant cancer types and presented the data broken down by relevant age groups and gender. These individual cancer rates were used to create the overall cancer incidence rates per 100,000 used in the cost analysis. The table below shows incidence rates for various cancer types for the relevant age range and gender.

Table 5. Cancer Incidence Rates per 100,000 for Males and Females of Reproductive Age, by Type of Cancer (New York data)

Type of Cancer	**Incidence Rate per 100,000 for Female Age 15 to 44**	**Incidence Rate per 100,000 for Male Age 15 to 44**
Brain	2.7	3.8
Breast	39.3	Data Not Available
Cervix	6.4	Not Applicable
Colorectal	6.7	7.2
Leukemia	2.6	4.4
Hodgkin Lymphoma	4.4	4.4
Non-Hodgkin Lymphoma	4.5	6.5
Ovarian	4.3	Not Applicable
Prostate	Not Applicable	2.7
Uterine	5.2	Not Applicable
Testicular	Not Applicable	10.8
Total incidence rate	76.1	39.8

Source: https://www.health.ny.gov/statistics/cancer/registry

Take-up Rates and Cost of Fertility Preservation Services

In this cost analysis, the take-up rate is defined as the percentage of cancer patients who elect to undergo fertility preservation treatment once they are made aware that they are eligible for insurance coverage of fertility preservation services under the mandate. Since fertility preservation services are a relatively recent state health mandate limited to seven states, there are few data sources measuring actual take-up rates. To account for the dearth of data, this cost analysis assumes that the take-up rate for males and females ranges from 25% to 33%. The 25% take-up rate is based on a California Health Benefits Review Program analysis[xxviii] and the 33% take-up rate based on a study by the National Center for Biotechnology Information.[xxix]

The costs of fertility preservation treatments were obtained from the Alliance for Fertility Preservation website and are shown in the table below.

Table 6. Costs of Fertility Preservation Treatments, by Female and Male Options

Female Options	**Service Cost Range**
Egg freezing	$10,000 to $15,000
Embryo freezing	$11,000 to $15,000
Ovarian tissue freezing	$10,000 to $12,000
Male Options	
Sperm banking	$500 to $1,000

Source: https://www.allianceforfertilitypreservation.org/costs/paying-for-treatments

S-2133 (1R) mandates the health coverage for affected insurance markets provides for standard fertility preservation services, meaning procedures consistent with established medical practices and professional guidelines published by the American Society of Clinical Oncology, or as defined by the New Jersey Department of Health. It is assumed that only egg, embryo and ovarian tissue freezing for females, and sperm banking for males are standard fertility preservation services and only those services are included in the cost estimates.

CONCLUSION: Balancing Social Impact, Medical Evidence, and Financial Impact

The mandated fertility preservation benefit embodied in S-2133 (1R) can be seen as an extension of the existing mandate covering fertility services for insured people with demonstrated infertility. S-2133 (1R) expands the covered insured population to include patients who are

likely to experience infertility as a result of surgical, radiation or chemotherapy treatment. While this report focuses on iatrogenic infertility caused by cancer treatments -- both because that is the predominant cause and because cancer patients are the source of the overwhelming amount of data on iatrogenic infertility and fertility preservation services -- other medically necessary treatments, including some unforeseen, will also contribute to iatrogenic infertility and fall under the scope of this bill. There is minimal political opposition to the fertility preservation mandate, while it enjoys a significant amount of support, including that of the insurance carriers, patient advocates, and the medical caregiver community.

Seven states have already passed laws mandating the coverage of fertility preservation services for patients likely to suffer iatrogenic infertility. While this is a relatively recent mandate, dating back to 2017 at the earliest, the Mandated Health Benefits Advisory Commission found no evidence that insurance carriers, businesses, or consumers in these states on balance have been harmed by this mandate expansion. The financial impact estimates for New Jersey contained in this analysis do not find the costs to be prohibitive or burdensome, whether measured as overall costs or as a cost per member per month.

The medical literature indicates that there are significant quality of life benefits for cancer survivors who received fertility preservation counseling, whether or not the patients availed themselves of those services. The research indicates that clinicians' perceptions of the patient's ability to pay for fertility preservation services can be a significant barrier to even broaching the topic of fertility preservation options. Such discussions can be viewed as introducing even more stress, in the form of more medical interventions with substantial financial implications, to the lives of patients already dealing with a recent cancer diagnosis and difficult treatment decisions.

Removing a substantial part of the financial burden by expanding the mandate to include fertility preservation services for patients facing iatrogenic infertility can be expected to result in more frequent and higher quality fertility preservation counseling. The societal benefit of covering fertility treatment for people suffering with infertility was recognized in the original infertility mandate and outweighed the significant cost of infertility services for purchasers in the large-group market. Expanding that mandate to markets and systems with more than 50 covered lives, to include insurance coverage for fertility preservation for iatrogenic infertility, extends that societal benefit to more people in their reproductive years who survive cancer treatments with fertility options available to them.

Endnotes/References

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[ii] In this respect, the MHBAC is different than the Pension and Health Benefits Review Commission, which does make recommendations with respect to enactment of legislation regarding health benefits mandates.

[iii] Senate Commerce Committee Statement to the Senate, No. 2133**.** (https://www.njleg.state.nj.us/2018/Bills/S2500/2133_S1.HTM)

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[viii] Ethics Committee of the American Society for Reproductive Medicine, "Fertility Preservation and Reproduction in Patients Facing Gonadotoxic Therapies: An Ethics Committee Opinion," Fertility and Sterility, August 2018, Vol. 110(3): 380-386. (https://www.fertstert.org/article/S0015-0282(18)30435-7/pdf)

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[xiii] Ibid.

[xiv] Reinecke, Joyce, "States Add Coverage Mandates to Cover Infertility Treatment following Cancer Treatments," National Academy for State Health Policy, State Health Policy Blog, November 20, 2018. (https://nashp.org/states-add-coverage-mandates-to-cover-infertility-treatment-following-cancer-treatments/)

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[xvii] Deshpande, Neha A., IM Braun, and FL Meyer, "Impact of Fertility Preservation Counseling and Treatment on Psychological Outcomes among Women with Cancer: A Systematic Review," Cancer, August 11, 2015, Vol. 121 (22). (https://onlinelibrary.wiley.com/doi/full/10.1002/cncr.29637)

[xviii] Mid- to large-employer enrolled covered lives was 815,000 as of September 30, 2018. This enrollment was developed from the Joint Provider Negotiation quarterly enrollment report (https://www.state.nj.us/dobi/lifehealthactuarial/18health3rdqtr.pdf) and the IHC and SEH enrollment reports found on the DOBI website (https://www.state.nj.us/dobi/division_insurance/ihcseh/ihcsehenroll.html).

[xix] SHBP and SEHBP active enrollment is 364,269 as of September 2018. This estimate of covered lives is based on the number of contracts information from the rate renewal reports for SHBP and SEHBP dated September 2018 and located on website https://www.state.nj.us/treasury/pensions/rate-renewal.shtml.

[xx] The per member per month cost is calculated by taking the slightly expanded annual estimated cost of $400,000/$900,000 and dividing by the affected membership (1,179,000), and further dividing by 12 to convert to a monthly cost per covered member.

[xxi] "Annual Mandate Report: Coverage for Fertility Preservation for Iatrogenic Infertility," Prepared by NovaRest for the Maryland Health Care Commission, November 16, 2017 (https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/NovaRest_Evaluation_of_%20Proposed_Mandated_Services_Iatrogenic_Infertility_FINAL_11-20-17.pdf) and "Actuarial Report for the State of CT: On 2014 Health Insurance Mandates," Prepared by Optum, pp. 127-196, contained within a broader Connecticut study of several health insurance mandates. (https://portal.ct.gov/-/media/CID/2013HealthBenefitMadatesReviewpdf.pdf?la=en)

[xxii] Ibid.

[xxiii] http://www.nj.gov/dobi/division_insurance/ihcseh/ihcsehenroll.html

[xxiv] https://www.state.nj.us/treasury/pensions/rate-renewal.shtml.

[xxv] https://www.state.nj.us/treasury/pensions/documents/financial/gasb/gasb75-state-2017.pdf

[xxvi] The cancer types were considered in "Actuarial Report for the State of CT: On 2014 Health Insurance Mandates," Prepared by Optum, p. 40. The Optum report is contained in a broader Connecticut study of several proposed health insurance mandates. https://portal.ct.gov/-/media/CID/2013HealthBenefitMadatesReviewpdf.pdf?la=en

[xxvii] New Jersey breast and prostate cancer incidence rates are at least 10% greater than the average for the country based on CDC data. (https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=newjersey)

[xxviii] California Health Benefits Review Program, "Analysis of California Senate Bill 172 Fertility Preservation, A Report to the 2017-2018 California State Legislature," April 13, 2017. (https://www.researchgate.net/publication/334812267_California_Health_Benefits_Review_Program_Analysis_of_California_Senate_Bill_172_Fertility_Preservation)

[xxix] Bann, Carla M., K Treiman, L Squiers, J Tzeng, S Nutt, S Arvey, D McGoldrick, and R Rechis, "Cancer Survivors' Use of Fertility Preservation," Journal of Women's Health, December 14, 2015, Vol. 24(12). (https://www.liebertpub.com/doi/abs/10.1089/jwh.2014.5160#)

[First Reprint]

SENATE, No. 2133

STATE OF NEW JERSEY

218th LEGISLATURE

INTRODUCED MARCH 5, 2018

Sponsored by:
Senator NILSA CRUZ-PEREZ
District 5 (Camden and Gloucester)
Senator M. TERESA RUIZ
District 29 (Essex)

Co-Sponsored by:
Senators Beach, Greenstein and Pou

SYNOPSIS

Mandates health benefits coverage for fertility preservation services under certain health insurance plans.

CURRENT VERSION OF TEXT

As reported by the Senate Commerce Committee on December 3, 2018, with amendments.

AN ACT concerning health benefits coverage for fertility preservation services under certain health insurance plans and supplementing various parts of statutory law.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. a. A hospital service corporation contract which provides hospital or medical expense benefits for groups with [1]more than[1] 50 [1][or more][1] persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition] as defined by the New Jersey Department of Health[1]. [1]"Standard fertility preservation services" shall not include the storage of sperm or oocytes.[1]

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A hospital service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

c. This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

2. a. A medical service corporation contract which provides hospital or medical expense benefits for groups with [1]more than[1] 50 [1][or more][1] persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition] as defined by the New Jersey Department of Health[1]. [1]"Standard fertility preservation services" shall not include the storage of sperm or oocytes.[1]

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A medical service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

c. This section shall apply to those medical service corporation contracts in which the medical service corporation has reserved the right to change the premium.

3. a. A health service corporation contract which provides hospital or medical expense benefits for groups with [1]more than[1] 50 [1][or more][1] persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition] as defined by the New Jersey

Department of Health[1]. [1]"Standard fertility preservation services" shall not include the storage of sperm or oocytes.[1]

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A health service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

c. This section shall apply to those health service corporation contracts in which the health service corporation has reserved the right to change the premium.

4. a. A group health insurance policy which provides hospital or medical expense benefits for groups with [1]more than[1] 50 [1][or more][1] persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a

patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition] as defined by the New Jersey Department of Health[1]. [1]"Standard fertility preservation services" shall not include the storage of sperm or oocytes.[1]

The benefits shall be provided to the same extent as for any other medical condition under the policy. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the policy.

b. An insurer providing coverage under this section shall not determine the provision of standard fertility preservation services based on an insured's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

c. This section shall apply to those group health insurance policies in which the insurer has reserved the right to change the premium.

5. a. A health maintenance organization contract that provides hospital or medical expense benefits for groups with [1]more than[1] 50 [1][[or more]][1] persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][[other reputable professional organization]] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for

Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition] as defined by the New Jersey Department of Health[1]. [1]"Standard fertility preservation services" shall not include the storage of sperm or oocytes.[1]

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A health maintenance organization providing coverage under this section shall not determine the provision of standard fertility preservation services based on an enrollee's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

c. This section shall apply to those health maintenance organization contracts in which the health maintenance organization has reserved the right to change the premium.

6. a. The State Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for

Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition] as defined by the New Jersey Department of Health[1]. [1]"Standard fertility preservation services" shall not include the storage of sperm or oocytes.[1]

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. The State Health Benefits Commission shall not purchase a contract that determines the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

7. a. The School Employees' Health Benefits Commission shall ensure that every contract purchased by the commission on or after the effective date of this act that provides hospital or medical expense benefits shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.

For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization] as defined by the New Jersey Department of Health[1].

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for

Reproductive Medicine, the American Society of Clinical Oncology, or [1][other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition]1 as defined by the New Jersey Department of Health1. 1"Standard fertility preservation services" shall not include the storage of sperm or oocytes.1

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. The School Employees' Health Benefits Program shall not purchase a contract that determines the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

8. This act shall take effect on the 90th day after enactment.

Appendix II.

New Jersey Association of Health Plans • 50 West State Street • Suite 1012 • Trenton, New Jersey 08608 • tel: 609.581.8237 • fax: 609.278.4496

Wardell Sanders
President

Sarah Lynn Geiger
Vice President

Testimony of the
New Jersey Association of Health Plans
for the
Senate Commerce Committee
December 3, 2018

BILL: S2133
POSITION: **SUPPORTIVE OF AMENDMENTS**

The New Jersey Association of Health Plans ("NJAHP") is a non-profit association representing leading health care plans in the state, which cover nearly seven million New Jersey residents. Our members include Aetna, AmeriGroup, AmeriHealth, Brighton Health Plan Solutions, Cigna, Horizon Blue Cross Blue Shield of New Jersey, Oscar, UnitedHealthcare, and WellCare. Thank you for the opportunity to comment on S2133, a bill that mandates health benefits coverage for fertility preservation services under certain health insurance plans.

Many health plans in the commercial market already cover the benefits laid out in the bill. NJAHP is supportive of updating New Jersey's infertility treatment mandate to increase access to patients that may experience iatrogenic infertility as a result of a medically necessary service, such as cancer treatments and non-elective surgery. We want to thank the sponsors of the legislation for bringing together various stakeholders in order to achieve consensus around the language of the bill in order to have greater clarity regarding the application of the legislation for the health plans.

To that end, NJAHP supports the following amendments to the bill:

> 1. a. A hospital service corporation contract which provides hospital or medical expense benefits for groups with[50 or more]**more than 50** persons and is delivered, issued, executed or renewed in this State, or approved for issuance or renewal in this State by the Commissioner of Banking and Insurance, on or after the effective date of this act, shall provide coverage for standard fertility preservation services when a medically necessary treatment may directly or indirectly cause iatrogenic infertility.
>
> For the purposes of this section:

"Iatrogenic infertility" means an impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

"May directly or indirectly cause" means a medical treatment with a likely side effect of iatrogenic infertility as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [other reputable professional organization] **as defined by the New Jersey Department of Health**.

"Standard fertility preservation services" means procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or [other reputable professional organization that save or protect the oocytes, sperm, or reproductive tissue of a patient, including, but not limited to: embryo cryopreservation, oocyte and sperm cryopreservation, gonadal shielding, and ovarian transposition]**as defined by the New Jersey Department of Health**.

"Standard fertility preservation services" does not include the storage of sperm or oocytes.

The benefits shall be provided to the same extent as for any other medical condition under the contract. The same copayments, deductibles, and benefit limits shall apply to the provision of standard fertility preservation services pursuant to this section as those applied to other medical or surgical benefits under the contract.

b. A hospital service corporation providing coverage under this section shall not determine the provision of standard fertility preservation services based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status, or gender identity.

c. This section shall apply to those hospital service corporation contracts in which the hospital service corporation has reserved the right to change the premium.

Appendix III.

859 Riverside Drive, #11
Greenwood, IN 46142
(317) 407-8422
adoptionART.org

TESTIMONY:
DEBRA E. GUSTON, Immediate Past President, December 3, 2018

Chairwoman Pou, members of the Committee, my name is Debra E. Guston. Thank you for the opportunity to address you today.

I am an attorney from Bergen County, a Teaneck resident and the Immediate Past President of the Academy of Adoption and Assisted Reproduction Attorneys an organization of nearly 500 highly vetted attorneys dedicated to the competent and ethical practice of adoption and assisted reproduction law. I come here today to speak in favor of S2133.

AAAA has been working hard over the past several years, along with our partners at the American Society for Reproductive Medicine and Resolve, the National Infertility Association and others, to expand the opportunities for infertile people to build their families through assisted reproduction. AAAA attorneys recognize that medical technology and the legal requirements that often accompany that process have often meant that only the wealthy have been able to access the miracle of assisted reproduction or those with limited means have often had to limit their dreams of having children to one child due to their economic circumstances. We have been actively involved in expanding fertility coverage opportunities to our nation's veterans; to expanding IVF coverage – an area in which New Jersey has set an example for the nation in 2017 with the expansion of our IVF coverage mandates and now with S2133, we have another such opportunity.

The threat that serious illness or chronic health conditions might rob a young person of the opportunity to have a child genetically linked to them in the future because they do not have sufficient funds in the moment to retrieve and preserve their gametes or have the luxury of time to raise those funds, is a concern that I and others in the family formation community hear about often. This is especially true for young women, for whom the costs of egg retrieval and cryopreservation far exceed the costs for men.

AAAA
Academy of Adoption & Assisted Reproduction Attorneys
GUIDE ADVOCATE PROTECT

S2133 will give many New Jersey citizens the options to face serious illness head on without the additional stress of worrying about their fertility. For those covered by the policies under S2133, they will be able to have the insurance assistance needed to make immediate decisions about fertility preservation without economic stress and move promptly to the treatment recommendations made by their doctors. As a lawyer, I get these emotionally charged calls asking me if there is anything I can do to compel coverage of the preservation costs from a client who is desperate not to delay treatment, but needs time to raise the money to accomplish the preservation process. I know Dr. Chen and other doctors get these calls. S2133 can go a long way to cutting down on the desperation we see.

I urge the passage of S2133. Collectively, we all have an interest in building healthy families and with advances in medical technology, serious or chronic illness early in life that used to render people infertile no longer means that they cannot have a genetically related child. This technology should be available to all New Jersey citizens, regardless of their incomes or assets and S2133 will expand the number of people with that access.

Thank you for your consideration.

Sincerely,

Debra E. Guston

Immediate Past President
Academy of Adoption & Assisted
Reproduction Attorneys

Appendix IV.

Testimony of Joyce Reinecke
Executive Director, Alliance for Fertility Preservation
New Jersey Senate Commerce Committee
Hearing on SB 2133
December 5, 2018

Good Afternoon.

Thank you Chairwoman Pou and honorable Committee Members for allowing me to speak to you today on behalf of young cancer patients in New Jersey who will be able to have a family if S2133 is enacted into law. This bill is deeply personal to me.

As the Executive Director of the Alliance for Fertility Preservation, a national non-profit organization dedicated to helping cancer patients cope with the reproductive consequences of their treatment, I also come to this hearing as a cancer survivor.

When I was 29, I was diagnosed with a rare cancer – leiomyosarcoma. The diagnosis was sudden and terrifying . . . and came just as I was starting my life as a young attorney – and as a wife. I suffered two blows: the first, that my cancer threatened my life, the second, that life-saving treatment would probably destroy my ability to one day become a mom.

But I was very fortunate. I got great medical care, and my oncology team told me about the threats to my fertility and recommended that I preserve embryos. Because it wasn't covered by insurance, my husband and had to raid our savings to come up with nearly $10,000 to cover the costs.

Beyond the financial toll, fertility preservation wasn't an easy process. There were daily appointments, blood draws, ultrasounds. And shots – a lot of shots – before I had even started cancer treatment. But as difficult as this process was, it was also really positive. All of those appointments, all of those needles were about the future, about surviving, about a vision of my life – our life – AFTER cancer. It gave me hope.

Today, I am a 20-year cancer survivor. And a few months ago . . . my 18 year-old twin daughters left for college. Daughters that I have because of fertility

preservation. And while teenage girls can be a challenge, I cannot imagine my life without them.

My experience completely redirected my professional life, and for the past 15 years, I have devoted my life to raising awareness about the reproductive side effects of cancer treatment for young adults. Through my work at the Alliance for Fertility Preservation, I speak almost daily with young cancer patients, survivors, and their family members. I listen to their fears about their cancer and their distress about infertility. the pain of cancer and the horror of infertility.

It is common knowledge today that most cancer treatments will cause hair loss. But hair grows back. Once fertility is destroyed, it can never be repaired. As you have heard today, the technology for protecting sperm, eggs, and embryos has advanced tremendously over the past decade. These procedures are recognized as the standard of care by all of the leading cancer and reproductive societies. The barrier to parenthood for these patients is insurance coverage that precludes preservation. Insurers have long avoided covering fertility preservation because it has been viewed as something elective, something "extra." But it is forcing cancer patients to choose between life-saving treatments and having biological children.

I would respectfully ask that you join neighboring states like Maryland and Delaware, as well as Connecticut, Rhode Island, and Illinois and give young cancer survivors the ability to have a family.

Thank you, Senators, for your consideration.

Appendix V.

NEW JERSEY GENERAL ASSEMBLY

GABRIELA M. MOSQUERA
ASSEMBLYWOMAN, 4TH DISTRICT
CHEWS LANDING COMMONS
1379 CHEWS LANDING ROAD
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COMMITTEES
CHAIR - WOMEN AND CHILDREN
APPROPRIATIONS
HIGHER EDUCATION

July 30, 2019

New Jersey Mandated Health Benefits Advisory Commission
P.O. Box 325
Trenton, NJ 08625

Dear Members of the Commission,

I am following up about a request for a written report of A-3150 sponsored by Assemblywoman Lampitt. The bill's counterpart, S-2133 sponsored by Senator Cruz-Perez, was amended in the Senate Commerce committee on December 3, 2018. It is the sponsor's intention to amend A-3150 to be identical to S-2133. Therefore, I am requesting that the New Jersey Mandated Health Benefits Advisory Commission review the legislation with the pending changes.

If you have any questions, please do not hesitate to contact, Nicole Sutterley, Assembly Women and Children Committee Aide, at (856) 847-3500. Thank you for your immediate attention to this matter.

Sincerely,

Gabriela M. Mosquera

Gabriela M. Mosquera
Assemblywoman, 4th District

CC: Hon. Pamela R. Lampitt
Nicole Sutterley, Committee Aide