Protect Parenthood After Cancer By Supporting HB 293/SB 93

The Medically Necessary Fertility Preservation Act gives young adult cancer patients in Texas hope by providing access to treatments that will protect their ability to have biological children in the future.



Even during the COVID-19 pandemic, the Texas Cancer Registry estimates

7,676

adolescent and young adult Texans between the ages of 15-39 will be diagnosed with cancer this year.



The Need

Some cancer treatments can directly or indirectly cause medically-induced infertility.

Chemotherapy, radiation and surgery can damage gametes (eggs and sperm), reproductive organs, and/or endocrine functioning; they may also impact the ability to carry a pregnancy.

Because the damage is caused by treatments and not the disease, it can affect patients with patients. many types of cancer.

Infertility is not merely a medical complication; it permanently affects reproduction and parenthood – fundamental life functions worthy of the highest levels of protection.

The Challenge

Patients facing infertility have recognized, effective options for preserving fertility, but the high cost is often a barrier.

Expenses can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking.

Without insurance coverage, these standard treatments are unaffordable for many

Patients often have a short window of time to standard procedures consistent with obtain the resources necessary to preserve fertility before starting potentially-sterilizing cancer treatment.

The Solution

HB 293 (Representative Nicole Collier) SB 93 (Senator José Menéndez)

Requires state regulated individual and group health benefit plans to cover fertility preservation services for a patient who will receive a medically necessary treatment, including surgery, chemotherapy, and radiation that may directly or indirectly cause impaired fertility.

Fertility preservation services must be established medical practices or professional guidelines published by the American Society of Clinical Oncology (ASCO) or the American Society for Reproductive Medicine (ASRM).

