**Interview 1**

**October 23, 2017**

How are you how are you doing?

I am great. Thank you so much for agreeing to talk to me.

Absolutely! Why wouldn’t I agree to talk to you?

Oh I don't know, I'm sure you could find a reason.

Well you hang out with your mom which, you know, gets you up10 notches, and you’re going for your MSW which gets you up another 10 notches, and then all this other stuff so…

Perfect.

What can I do to help?

Um, I have five questions that I would love to ask you that are just kind of open-ended, um, just want to hear your experience on this issue, um…and then I'm going to kind of consolidate that at the end and just look for themes in, um, in all the data about, um, about all of you who have kind of some skin in the game on this issue and just see what I find.

You still there?

Yes. Can you hear me?

Yeah my Bluetooth just connected.

Oh, great, okay.

So, yeah, I’m happy to answer your five questions.

Wonderful. Okay, so I don't take up a ton of your time I’ll just launch right in. So my first question is, uh, how did you get involved with onfertility advocacy?

You know, that’s a good question—it was about, uh, twelve years ago and, um, I’m pretty sure it was a cancer survivor brought the issue to my attention.

Mm-hm.

Um, and then I happened to know some of the fertility doctors for USC and, you know, talking to the survivor and talking to the doctors, um, I just thought it was the right thing to do.

Okay.

That was about twelve years ago and I think when I put the first bill in I think that was the first time any state legislature had introduced a bill to make it a covered expense.

And what was, uh, that bill labeled?

I don’t remember the number but it was an assembly bill to ask insurers to cover it. Now the other interesting thing at the time is I called all the insurance companies into my room and I said, “Listen, I don’t want to do a bill on this. You guys have the ability as insurers to just cover this.” And I said, “Just do the right thing.” And of course, you know, many of them didn’t and that’s why we ended up introducing the bill.

Okay. Um, so I guess that leads into my next question which is: why is oncofertiltiy coverage important?

Well, you know, as a dad, as a you know, somebody who you know, loves my daughters and you know, in a large district I encounter lots of you know, people who come down with cancer, you know, want to have families, you know. The fact that mandates-the insurance mandates- were written into law at a time when we didn’t have the advances in fertility that we have today…to me it’s an egregious omission that needs to be rectified.

Great. Um, so if you achieved all of your advocacy goals how would the policy landscape differ on this specific issue?

Well, I think, um, it should be a covered expense. It should be, you know, no different than the other consequences of chemotherapy. Uh, you know, we cover laxatives, we cover reconstructive surgery…it, you know, the oncologists I think that’s another piece of it—the oncologists [inaudible] aware not just of the cancer treatment but of the, the, the family planning of the patient would, would move to the, the front end of the conversation if, uh, if we had the ability to uh, to, to do this.

So is there a state that you consider to be a model on this issue?

I don't know if any other state has done it—I when we did it twelve years ago we were the first, uh…now again it hasn’t passed in California you know, you know that.

Right.

So I don't know if there's another state that’s been successful.

Um…yes—I recently in my research have come across, um, Rhode Island and Connecticut recently passed legislation but they’re, they’re the only two.

You’re up, you’re more up to speed than I am.

Um, so what would access look like across different types of insurance? If there was a mandate?

Well, I think—well, I think the major point of it is that, you know, oncologists and healthcare professionals would be able to counsel their patients and say, you know, “Prior to chemo, do you want to, you know, store your eggs and sperm? I mean, do you want to take a moment to do that?” Um, and, you know I think that’s, you know, that’s what it looks like: the ability of a patient to store their eggs and sperm.

And would that vary based upon whether, uh, a patient has an individual insurance plan or Medicaid?

So my, my hope would be that it would be an across the board—you know, I think in a perfect scenario it’s across the board.

Okay. Um, and so from your understanding who are the main stakeholders in this issue, in this debate, and- and how are they impacted by it?

I think the primary stakeholder is the patient.

Right.

And I think the impact is that patients would focus on being cured quicker by knowing their fertility was preserved versus women who delay treatment and try to have their child before treatment. You know, I think you- you have a, a—I don’t want to use the word ‘happier’ patient, but you have a more amicable patient who, who gets cured quicker. And I believe the insurance companies actually will save money in the long run because when women delay treatment or use less serious treatment, uh, they have more complications which end up costing the insurance companies more money in the long run, so you know, I believe it’s it’s really and totally in the economic interest of the insurance company as well as the human component or the humane component.

Right. Um, so what role do you think that health professionals play in the debate?

Well, I think the health professionals, again, you know, healers want their patients to be healed. And—you still there?

Yes.

You know there’s two pieces of that. There’s the, you know, treating the- the cancer, but then there’s the holistic psyche of the patient. And I think healthcare professionals, you knoe, have the ability to uh, to treat the whole patient, as well as eradicate the cancer.

Right. I know I’ve asked you more than five questions…

That’s okay.

But I guess my last uh, my last question for you would be, um, do you consider this a social justice issue? And if so, why?

I think it’s a- I think it’s a social justice issue, um, I think it’s a social justice issue but I think it’s just- it’s also just a basic healthcare issue as well. You know, it’s common sense, it’s social justice, it’s basic healthcare…um, it’s- it’s also um science-based in that the mandates were written at a time when, you know, science was not where we’re at right now. You know, I think what’s also important is updating the law to match the science.

Okay. Um, any- is there anything else that you feel is really vital to understand about your experience navigating and advocating for this issue?

I think another piece is that this is not just a women’s issue.

Right.

Um, it’s a- it’s it affects all genders. When I first [inaudible] I had a mom call me and say, “My fifteen year old son came down with leukemia and I [inaudible].” You know, it affects everybody and you know, [inaudible] interest of the patient.

Right.

Alright?

Yes. Um, well thank you very much for-

No, I’m happy to help.

-answering my questions. Um, yeah and I would love to uh, to hear about further, further progress if any is made and-

Well, we’re gonna, we’re gonna keep—I don’t know if I’ll get it this year but we’ll get it next year. You know, we’re we’re still- I’m still committed to the issue, so…

Great.

Don’t, don’t uh…we’re not giving up.

Alright, well thank you sir.

Alright my friend. You take care. Good luck—I hope it comes out all good.

All right, thank you.

Bye-bye.