

Chair Patterson, Committee members – I thank you for the opportunity to testify here today in support of SB 168. For the record, my name is Stacy Ochoa.

I want you to take a moment, and imagine yourself in the same situation that over 110,000 Oregonians are faced with daily when trying to start or build upon their family: a life where every month is a cycle of hope for a positive outcome, grief when again you're met with failure, and then finding acceptance so that you can pick yourself up and do it all over again the very next month. This is life with infertility. Compound this emotional toll with the physical toll of treatment – constant Dr. visits, poking and prodding. And then imagine that on top of all of this, you have to find a way to pay out of pocket because this has been deemed elective to have your body work at it's most basic function for reproduction. Not knowing how you will afford any of it you push on, taking out credit cards, borrowing money from family, or selling larger assets like vehicles, to fund your treatment because it's the only way you can get care for a disease that is not covered by your insurance plan, that you pay premiums for. This has been my life with infertility for the last 9 years. Considering this, it may not surprise you to hear that research has shown that women dealing with *infertility* have *depression* and anxiety levels similar to those with *cancer*.

My husband and I didn't get a diagnosis for close to 4 years when trying to build our family and when we did, we tried every avenue available to us, within the limits of our insurance and our budgetary constraints. Having myself worked in non-profits for over a decade at that point and my husband in IT for local government, our funds for treatment were simply not that deep. This pushed treatment like IVF – that may have very well worked for us early on, further and further out because we didn't want to take on significant debt. Our diagnosis of male factor infertility led us to discover a rare situation with my husband having a cyst on his prostate. He was referred for surgery because this was a basic health issue. We got pre-approved by our insurance for the procedure, paid our out of pocket cost up front, only to be slapped with a bill for the entire amount of the surgery after the fact, because he has also a diagnosis of infertility. Once you've been given this diagnosis, it tends to mean that anything that can possibly be considered infertility or related to it – regardless of it being a general health issue, will be coded as such. It took us over a year of battling with insurance – what seemed like a new full time job in addition to the efforts to treat our infertility - to get coverage for a procedure that was pre-approved. We still had to move to IVF, and being that our care came at the expense of several years of time to save money, our case is now more difficult to treat due to lost time. We are now over \$30,000 into treatment and medication. We still haven't found success and options for further treatment remain limited by the burden of the high cost. I am extremely lucky that we managed to fund our first rounds of care with our good credit, a car to sale, and money borrowed from family, but I can't for the life of me understand why a disease that we are afflicted with, is not covered by insurance. Our conversations about how we will continue care include: “should we move out of Oregon to a state with coverage?”, “should we do treatment abroad in other countries where the cost is far less prohibitive?”, “should we refinance our home or cash out my husband's 401K plan?”

As law makers, I hope you can appreciate that these are poor options to have to select from – taking money out of our state economy to other states or countries due to lack of options, or risking more financial insecurity to pay for treatments. There are so many stories of how trying to overcome infertility can become financially catastrophic for families, and I hope you're really listening to these brave people sharing these vulnerable stories. These are not decisions that Oregonians should have to make. Growing families are good for Oregon's economy and it in the best interest of the state to support those that wish to build families here. In 2020 Colorado became the 19th state to pass a fertility coverage mandate – even in the midst of the pandemic and economic turmoil. In signing Colorado's bill, Governor Polis said "The bill will help families have children in the wake of COVID-19 and is important for our state's future economic success." I hope Oregon is listening carefully to those words.

The World Health Organization and the American Medical Association classify infertility as a disease. In a summary of their decision in 2017, the AMA stated their hope that the new designation would remove some of the stigmas and importantly, “promote insurance coverage and payment.” The fact is, fertility care IS health care and Oregon is behind the curve. 19 other states have some variation of a mandate for coverage. Oregonians deserve equitable access to treatment and cost should not be a barrier to treatment of any disease. In a state that

prides itself on access to reproductive health care, we're discriminating against those who need treatment to reproduce. It is simply wrong.

In a study From FertilityIQ (Cycles Per Patient & Affordability), it was reported that **“it is common for patients to spend upwards of \$50,000 out of pocket on treatment, which roughly equates to the annual US household income of \$51,000 (US Census data).”** That is a staggering amount of money. You will hear from others today providing testimony that when covered by insurance, treatment comes at a surprisingly limited cost - often less than a \$1 per premium period - and can in fact save billions of dollars when access to treatment helps avoid riskier choices that result in high risk pregnancies, multiple births and long NICU stays. If insurance is meant to cover people in the unfortunate situation of a state of disease, why are we allowing the ability of picking and choosing WHAT diseases are worthy of treatment? **If it is the goal of the Health Care Committee to ensure equitable access to care exists in Oregon, then it should be clear that we need change in Oregon, and the time for it is now.**

I urge you to vote in favor of this pro-family bill, and pass SB 168 out of the health care committee. I am happy to answer any questions and thank you for your time.