

Re: Public Hearing on SB 168, 3/17/2021

Chair Patterson, Vice Chair Knopp, and members of the Committee on Health Care,

My name is Amanda Clark, and I live in Beaverton. I write to you today on behalf of myself and my husband, Adam Clark. As a life-long Oregonian who is now suffering from the grief and pain of infertility, I strongly support Senate Bill 168, which requires the insurance coverage of reproductive endocrinology services.

I will never forget the moment a fertility specialist told my husband and me that our chance of conceiving on our own was less than 1%. We had been trying for a baby for a year at that point. It's hard for me to describe how it felt to hear those words. I felt ashamed, like a failure, like we were broken. It was a loss. It was a loss not only of the future baby we longed to hold, but it was a loss of health. Of the way our bodies are supposed to function.

Because, as we found out, my husband has almost no sperm. The medical term for this is Oligozoospermia. A reproductive urologist diagnosed him with a hormone condition that results in a lack of sperm production. This irreversible condition is *not* caused by lifestyle factors such as smoking, drinking, or recreational drugs. It is not a factor of age; my husband is 34. It is a random malfunctioning of his endocrine system. It is a health problem, and overcoming it requires health care. Reproductive endocrinology *is* health care. And yet, not one single test or treatment we need to conceive has been covered under either of our health insurance plans.

The reason most often given for this is that infertility treatment is "elective." Honestly, that confuses me, because fertile couples elect to have children. Not out of medical necessity, but because they want to continue their family line. They want to have a baby with daddy's nose and mommy's eyes. They want to have a child they can love and raise to share their values. They make that choice. And yet prenatal, delivery, and postpartum care are covered under health insurance. So I am left with the question: why is my fertility care considered elective, but theirs is not?

To date, my husband and I have paid over \$31,000 for testing and treatment. That's more than I make in a year. That money was not easy for us to come by, but we are so fortunate and privileged that we could pay it. I can only imagine how many people can't. I can only imagine the systemic inequalities that are being perpetuated by requiring couples with medical conditions to effectively purchase a pregnancy.

Opponents of this bill speak of the cost to health insurance providers. I would ask you to consider what percentage of revenue those costs represent to these companies, versus the percentage of their annual income that hardworking Oregon couples are burdened with paying in order to access reproductive health care. When examining that ratio, I think you will find that prioritizing the financial needs of health care conglomerates does not further this Committee's goal of serving the health needs of your constituents.

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That's why I ask this Committee to support Senate Bill 168, and give Oregonians like my husband and myself equitable access to the standard of care for the disease of infertility. Thank you.

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