Testimony in Support of SB 168
Presented by Betsy Campbell on 03/17/21
On Behalf of RESOLVE: The National Infertility Association

RESOLVE: The National Infertility Association represents the millions of women and men in the U.S. with the disease of infertility and the more than 116,000 Oregon residents who struggle to build a family in the state. We are pleased to support SB 168 and urge this Committee to favorably pass this bill. SB 168 updates existing law to improve access to the standard of care for patients with infertility and those diagnosed with cancer or other conditions that may cause infertility.

For many families, an infertility diagnosis is not the largest barrier to becoming a parent. Sadly, it's the cost of treatment. Cost is the number one barrier to care. The average cost of an IVF cycle in the United States is $15,000. A recent survey found that women of reproductive age accrued $30,000 of debt on average after undergoing fertility treatment. Such costs put fertility treatment out of reach for far too many. In fact, only 1 in 4 people get the treatment needed to overcome infertility.

At RESOLVE, we work with countless men and women who have been forced to sell their homes, go into credit card debt or bankruptcy, or perhaps most tragic of all, abandon their hopes of becoming parents due to the cost of fertility treatments.

By passing insurance coverage for fertility, Oregon will join 19 other states across the nation that help hardworking families get access to medically necessary treatments. Oregon already covers a range of reproductive health services, and infertility should be on this list. The American Medical Association, the American Congress of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the World Health Organization all recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

This legislation does that, reducing the financial strain on families while only minimally impacting insurance premiums if at all. Comprehensive reviews from Connecticut,

Maryland, Massachusetts, and Rhode Island, which have mandated infertility benefits since the 1980s, show that the cost of infertility coverage is less than 1% of the total premium cost. This translates to about a dollar or less per member per month. A 2016 study of the Massachusetts mandate, which is one of the most comprehensive laws in the country, estimated that the law increases premiums by as little as 0.12 percent to 0.96 percent. In 2019, New York updated its insurance law to cover IVF and fertility preservation, and the New York State Department of Financial Services estimated that premiums would increase 0.5% to 1.1% for IVF coverage, and 0.02% for fertility preservation.

Also, it is important to note that long-term health care costs are estimated to decrease because of healthier outcomes. As reported in the New England Journal of Medicine, states with IVF insurance have lower rates of multiple births than states without IVF coverage.

A 2014 study estimated that the national savings from fewer multiple births would be over $6 billion a year, making it likely that insurers could potentially save tens, if not hundreds, of millions of dollars a year by providing IVF coverage since patients paying out of pocket will no longer be forced to use medical options that are riskier.

Multiple pregnancies cost about $4.2 billion more than singleton pregnancies in pre-term care. Pregnancies with the delivery of twins cost approximately 5 times as much than a single child and pregnancies with triplets or more cost nearly 20 times as much. And these costs do not include the long-term care costs often associated with multiple pregnancies and premature births.

I would also like to point out that self-insured employers, who are not covered by state law, are leading the way in providing this coverage. They are not just doing this out of the goodness of their hearts, they are doing this because it's good for business. In fact, a national survey of employers is about to be released that found virtually all employers covering infertility treatment have NOT experienced increases in their medical costs.

I respectfully request that you consider this real-world data instead of the scary projections provided by insurers*. The proposed legislation will reduce the financial strain on Oregon families while only minimally impacting insurance premiums, if at all,

while at the same time generating significant savings from a reduction in multiple births that also results in healthier outcomes for babies and moms.

SB 168 is an important step forward for the patients testifying today and for so many hopeful future parents throughout the state. Thank you and I'm happy to answer any questions and can be reached at bcampbell@resolve.org.

Respectfully submitted,
Betsy Campbell
Chief Engagement Officer
RESOLVE: The National Infertility Association

*I would like to address the testimony provided by America's Health Insurance Plans (AHIP) and Moda Health.

Re: AHIP, the California bill they referenced as similar to the Oregon bill included planned egg freezing related to reproductive aging: women who choose to preserve their eggs to have available when they are ready to get pregnant at a later age. This is very different than the coverage in the Oregon bill, namely, fertility preservation for those at risk of infertility from cancer and medical treatments that cause infertility. This is an exponentially smaller patient population than age-related fertility preservation. And please note that California's infertility population is more than 10 times larger than Oregon's.

Re: Moda, treatment for infertility is considered "expensive" because patients are paying out of pocket for it; for insurers and self-insured employers, the expense is practically negligible. As the VP of Benefits at Black & Decker said, "… in perspective of how much we spend on MRIs and CT scans, for example, the cost of the fertility benefit isn't even a rounding error." Oregonians are paying monthly premiums for insurance coverage, yet they are unable to access the standard of care for infertility and cancer during their reproductive years. And insurers are already paying the price for multiple pregnancies and births resulting from patients paying out of pocket for more aggressive or riskier treatments.

Re: Essential Health Benefits (EHBs), the determination of when a new coverage mandate would trigger a defrayal requirement is entirely up to each state, and publicly available information suggests that no state has been required to make defrayal payments on new mandates passed since 2011. Maternity care and rehabilitative and habilitative services are already considered EHBs, and infertility treatment falls within these categories. Furthermore, SB 168 is merely an amendment to existing state law and should not trigger a defrayal requirement.

It is important to note that six states have amended their infertility insurance laws since 2015 and 10 states have passed new fertility preservation laws since 2017, and none have been required to defray the cost.

I am happy to share the studies I have cited throughout my testimony and urge the Committee to keep in mind what Colorado Governor Polis said in his signing statement for the Colorado Building Families Act: “The bill will help families have children in the wake of COVID-19 and is important for our state's future economic success.”