

“If it wasn’t for the cost, then I’d say, yes, go for it!”

This is what our doctor told us when we first discussed effective treatment options.

“If it wasn’t for the cost...” Not, if it wasn’t for the impact it might have on your health. Not, if it wasn’t for the emotional toll. Not, if it wasn’t for these various medical reasons.

“If it wasn’t for the cost...”

And, indeed, the costs for treatment are high. I’ve often said that love makes a family, but in Oregon, it takes money to make a family.

My partner and I have an abundance of love to share with a child. We do not have an abundance of money. Hence my doctor saying, “If it weren’t for the cost...”

As a former foster youth and former live-in nanny, I know more than most potential parents what it takes to create and maintain a loving, stable, nurturing family. This is why my partner and I were so careful and intentional in deciding to wait before having children. We wanted to give our future child the best start possible-- with stable housing, a bit of savings, both of us in good health and with stable jobs.

But several years, one devastating miscarriage and 7 IUIs later, we are faced with this question: Do we sacrifice all of that preparation and intention in order to pay for the treatment it turns out we would need in order to have the child we spent so long getting ready for? Do we take out a loan against our home so we can pay for fertility treatment? Do I give up my job as an elementary school librarian so I can go work at Target because Target is one of few employers that provides health insurance with fertility benefits? Or do we continue to limit our family planning choices to what we can “afford”? And by “afford,” I mean options that only require we spend part of our savings, rather than treatment options that would require all of our savings plus additional loans plus help from family and friends.

Already we have delayed treatment because of the costs, but delaying treatment only decreases our chances of success.

No one should have to give up the opportunity to grow their family in the way that is best for them, simply because they can’t afford the medical care they need. Infertility is a medical condition. It impacts people of all races, ethnicities, sexual orientations, relationship statuses, and socio-economic standings. Treatment for it should be covered by health insurance.

If that were the case for me, I know exactly what treatment plan I’d go with.

Please say yes to SB 168, so that other families don’t have to face the decisions my partner and I are facing. Please say yes to SB 168 so that people don’t have to say no to their dreams of a family. Please say yes to SB 168 so that we can all say yes, love makes a family.

With gratitude for your support,

Lora Lyn Worden & Noah John Jenkins