



Testimony in Support of
In Vitro Fertilization Treatment Legislative Concept Discussion
Presented by Betsy Campbell on 02/02/22
On Behalf of RESOLVE: The National Infertility Association
and the Building Families Coalition

My name is Betsy Campbell and I'm Chief Engagement Officer for RESOLVE: The National Infertility Association. RESOLVE represents the millions of women and men in the U.S. with the disease of infertility and the more than 116,000 Oregon residents struggling to build a family. The legislation before you is intended to improve access to the standard of care for patients with infertility and those diagnosed with cancer or other conditions that may cause infertility.

As you've heard, an infertility diagnosis is not the largest barrier to becoming a parent. Sadly, the largest barrier is cost. An average in vitro fertilization (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 treatment. As such, 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 perhaps most tragic of all, abandon their hopes of becoming parents due to the cost of fertility treatments. And we know this disproportionately and unfairly impacts Blacks and other minorities. We also know that members of the LGBTQ+ community face additional obstacles in accessing the treatment they need to become parents.

By passing SB 1530, Oregon would help correct this inequity and join 19 other states that help hardworking families get access to medically necessary treatments. In the past 4 years alone, 5 states have passed new infertility laws, and since 2017, 11 states have passed fertility preservation laws to help cancer patients and others at risk of medically induced infertility. The American Medical Association and World Health Organization

recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Insurance coverage for infertility would reduce 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. In Oregon, our experts calculate that the cost to cover comprehensive infertility treatment would increase premiums by only 49 cents per member per month.

Moreover, long-term health care costs are estimated to decrease because coverage equates to healthier outcomes. States with insurance coverage have lower rates of multiple births than states without coverage, and this drives down costs.

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 far riskier.

Self-insured employers not covered by state law are leading the way in providing this coverage. The City of Portland added coverage for its workers in 2021, and Oregon state employees have IVF coverage through PEBB starting in plan year 2022. Employers like Oregon Health & Science University, Intel Corporation, and Nike are voluntarily providing fertility benefits for their employees. They are not just doing this out of the goodness of their hearts, they are doing it because it's good for business. In fact, a 2021 national survey by Mercer 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 that the insurers are likely to provide. The only reason treatment for infertility is considered "expensive" is 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."

The proposed coverage will reduce the financial strain on Oregon families and mitigate existing health disparities while only minimally impacting insurance premiums, 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 1530 is an important step forward for hopeful future parents throughout the state. As the Governor of Colorado said in his signing statement for similar legislation in 2020, “The bill will help families have children in the wake of COVID-19 and is important for our state's future economic success.”

Thank you.