

My name is Dr. Molly Kornfield, and I am an OB/GYN doctor who specializes in fertility care.

Infertility is a common medical condition, affecting 12% of people. Despite the fact that infertility is highest in Black and Hispanic populations, these groups are the least likely to be able to access fertility care. Insurance coverage for basic fertility care is critical for reproductive health equity in Oregon.

Taking care of patients with infertility, I have seen firsthand the harm that infertility causes, and how being uninsured for care magnifies this damage.

Fertility care is essential reproductive health care. I think of my young patient with breast cancer, who came to see me two weeks before she started life-saving chemotherapy. Being a mom was a life-long dream of hers, and they had just started trying to get pregnant when she received her diagnosis. Chemotherapy was needed to save her life, but would jeopardize her ability to have a biological child. When I met her, she could not afford to preserve her fertility- the cost of \$20,000 to freeze embryos is well beyond the reach of most Oregonians- and she could not jeopardize her life by delaying chemotherapy to save money. She came to see me a year later, free from cancer and eager to start a family.

We did testing to see if any of her eggs survived the chemotherapy, but we found that she had no eggs left. Now, she tells me how the grief she experiences from learning she cannot have biologic children is all consuming. If she had had adequate insurance coverage for fertility preservation, we could have frozen eggs for her before chemotherapy to use after the cancer was cured.

Infertility affects people from all walks of life. I remember meeting my patient who told me about the abusive, violent partner she was married to for ten years. During that time, they had one child together, before he forced her to have her tubes tied. Unfortunately, reproductive coercion is common, affecting 1 in 11 women. She is now free from this abusive relationship, but she carries this legacy of infertility with her, into her new relationship with a loving partner. She cries to me that all she wants is to bring a baby into this healthy relationship, and how her son keeps asking for a little sibling. She works for a hospital, and every day she takes care of pregnant women and new mothers, which only compounds this sadness. She is trying to save up money for IVF, essentially the only way she can become pregnant after tied tubes. With each year that passes, she is older, and so the chance of success for her IVF cycle drops further. I only hope that she can save up enough for IVF before it's too late for her.

Fertility care creates healthy families. I remember my patient who has a daughter with a severe genetic condition, which means she will always need around the clock care, and will never walk or speak. They have a 25% chance of passing this condition on to any future children. They love their daughter immensely and are completely devoted to her care, and would like to enrich her life with a sibling. But they worry if their second child was born with the same condition and needs, it would impair their ability to care for the child they have. Luckily, they do have insurance coverage, and are undergoing an IVF cycle so they can identify embryos that do not carry this condition. Their family is looking forward to growing this year.

Lastly, I will never forget finally getting to hold one of my patient's babies in our clinic waiting room after three years of trying and multiple miscarriages. Again, this patient was one of the lucky ones, who had insurance coverage for the fertility care she needed. She called the baby girl her miracle, and told me, tearful, how she couldn't have done it without us. But her medical team was only a small step to her getting to finally meet her miracle baby. Her fertility treatment didn't require any miraculous act of medicine or science – it had been straightforward, uncomplicated, basic reproductive health care. The reason she could finally meet her beautiful baby girl was that she had insurance coverage for the essential medical care she needed.