

Submitter: Karen Gibbins
On Behalf Of:
Committee: Senate Committee On Health Care
Measure: SB491

I work as a Maternal-Fetal Medicine physician, an OB/GYN who cares for the most complex pregnancies. My niche is perinatal trauma, pregnancy loss, and stillbirth. As such, I have seen countless families who could have prevented the next stillbirth with the use of IVF, either because they carry a lethal genetic conditions, or perhaps they have alloimmunization (a condition in which antibodies attack the fetuses blood cells if they are of a certain time, causing life threatening anemia in utero) and would benefit from selecting an embryo with a safe blood type, or because their own genetic makeup leads to an increased chance of conceiving a pregnancy that cannot survive. Also, many people would benefit from access to gestational carriers (which requires IVF), due to cervical insufficiency, uterine rupture, or because of the risk of pregnancy to their own health (e.g., in certain cardiac conditions). For the majority of these people, the cost of IVF is prohibitive, and they are left to suffer further pregnancy losses, risk to their own lives, or to choose to not pursue a future pregnancy. Requiring insurance to cover these services would go a long way to improve the equity of access to pregnancies and reproductive healthcare.