

Submitter: Sharon Johnson
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2959

Hello,

My name is Sharon. After nine years of infertility, four losses, and tens of thousands of dollars, I finally had my son at nearly 40. Due to health issues that developed as I aged while trying to conceive, I gave myself 1,438 injections during my pregnancy. He was worth every shot, and I would do it all over again.

However, had I had access to IVF through insurance earlier, I would have discovered critical health issues sooner and been able to pursue preventative care. This would have allowed me to conceive at a younger age, potentially reducing the need for the significant medical interventions I required to safely give birth.

In the long run, I believe the costs to the insurance company to treat these health issues far exceed what they would have paid if I had fertility benefits earlier in life.

I suffer from endometriosis and PCOS, both of which I developed through no fault of my own. I wasn't diagnosed until I started trying to conceive, and by then, it was too late for preventative care. I discovered the full extent of the health issues associated with these conditions only after years of struggling to get pregnant.

My husband and I could not afford fertility care when we first wanted to start our family. For years, we had limited treatment through an OB. While other friends were starting families or enjoying vacations in their 30s, we were working overtime and trying to earn promotions just to afford doctor visits. After multiple miscarriages, I was back at work the very next day.

Eventually, we cashed out a retirement plan to pay for IUI. We endured two miscarriages, and then we faced the daunting cost of IVF. We took out a \$20,000 loan just for one egg retrieval, and would have to pay another \$3,000 out-of-pocket for each transfer. After two more miscarriages, including a life-threatening ectopic pregnancy, we were finally able to afford a test (which wasn't covered by insurance and we delayed because of cost). That test revealed endometriosis.

With that diagnosis, I was finally able to receive some coverage for the thousands of dollars' worth of medication, which at least counted toward my deductible. I underwent a difficult and expensive immune protocol to prevent miscarriage.

Now, we face more difficult decisions, such as whether to end breastfeeding early and try to conceive again sooner than recommended, in order to maximize my chances of another successful pregnancy, despite the high risks related to age and health issues. We continue to work high-pressure jobs to keep up with the costs of further treatments and the risks of additional pregnancies.

I can work to earn back the money, but I can't get back the time—the time I have lost and the time I will need to take away from my child to handle the financial risks we took to have him.

While this measure would be too late to change my life, it would be life-changing for so many others who come after me.