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Chair, Senate Committee on Health Care
Oregon State Legislature
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Chair Nosse, Vice Chairs Nelson & Diehl, and Members of the Committee,

My name is Dr. Paula Amato. I am a Professor of OB/GYN and Director of the Division of Reproductive Endocrinology and Infertility at OHSU. I'm also the past-president of the American Society for Reproductive Medicine. I am writing in support of HB4155, which would require OEBB and PEBB to cover infertility treatment services.

The World Health Organization (WHO), American Medical Association, American College of Obstetricians and Gynecologists, and the American Society for Reproductive Medicine classify infertility as a disease. According to the WHO, infertility affects 1/6 couples and results in considerable emotional and psychological distress. Treatments such as in-vitro fertilization are expensive and often not covered by insurance.

Lack of affordability creates access disparities that disproportionately affect lower-income individuals, people of color, and the LGBT population who require medically assisted reproduction to build their families. Lack of affordability also incentivizes patients to pursue more aggressive treatments, such as transferring more embryos to increase their chances of success, resulting in a higher risk of multiple pregnancy, which is associated with a higher rate of pregnancy complications and substantial health care costs. In some cases, patients may pursue less expensive but less effective treatments, abandon treatment altogether, or delay treatment, which decreases their success due to age-related fertility decline.

Access to fertility services can be particularly important for cancer patients. About 10% of all cancer cases occur in young adults of reproductive age. The cure rates for cancer in that age group is 85%. Unfortunately, some of our cancer treatments can also cause infertility. There are very effective options to preserve fertility prior to cancer treatment, namely sperm banking, egg, and embryo freezing. Unfortunately, these treatments are usually not covered by insurance and can cost between \$10-15K.

Oregon has been a leader in reproductive health, including for abortion and contraception; however, Oregon has unfortunately not expanded insurance coverage for infertility and fertility preservation. Twenty-five states (most recently California) and DC have passed infertility insurance laws, 15 of these include IVF coverage, and 21 states have fertility preservation laws for medically induced infertility. Insurers will tell you that their perceived cost impact is the biggest barrier to offering insurance coverage. But many studies and real-world data from other states and from Oregon PEBB show that utilization is relatively low, costs are minimal, and, in fact, may even be cost-saving in the long run.

Religiously-affiliated insurers are likely to oppose this bill. I am a practicing Catholic who values religious freedom. People have the right to their own religious beliefs, but everyone also has the right to be free from the religious beliefs of others. Individual conscience is the final arbiter of what is right or wrong.

Furthermore, the total fertility rate in Oregon, and indeed in the U.S. and much of the world, is currently below replacement levels. Without a significant increase in migration, Oregon is likely to see a population decline in our lifetime with profound socioeconomic impacts. While the reasons are complex and infertility insurance coverage by itself will not solve this issue, helping people who have decided they want to have children seems like low-hanging fruit.

In summary, infertility is a disease with a substantial psychosocial burden. The lack of affordable options may have a detrimental effect on the quality of life of many Oregonians and exacerbate health disparities. Infertility insurance coverage can be provided at a reasonable cost and may be potentially cost-saving. A vision of reproductive health that truly supports reproductive justice must embrace the full spectrum of reproductive care, including access to infertility services.

Thank you for your consideration.

Sincerely,



Paula Amato, MD
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