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May 4, 2021

Senator Heather Sanborn & Representative Denise Tepler
Committee on Health Coverage, Insurance and Financial Services
% Legislative Information Office
100 State House Station
Augusta, ME 04333

RE: LD 1539- SUPPORT

Dear Senator Sanborn, Representative Tepler, and Members of the HCIFS Committee:

RESOLVE: The National Infertility Association represents the millions of women and men in the U.S. with infertility and other individuals and couples who struggle to build a family. We are pleased to support LD 1539, "An Act to Provide Access to Fertility Care," which will provide coverage for fertility diagnostic care, fertility treatment, and medically necessary fertility preservation. We also offer suggestions to ensure that patients receive the standard of care intended by the bill.

According to the CDC, one in eight individuals or couples have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. Medical conditions such as endometriosis, ovulation disorders, premature ovarian failure and male factor are some causes of infertility. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization all recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Family building options for this population are costly; the average cost of an in vitro fertilization (IVF) cycle in the U.S. is approximately \$15,000. A recent survey found that women (25-34 years old) accrued \$30,000 of debt on average after undergoing fertility treatment. Such costs put fertility treatment out of reach for many. In fact, only one in four people get the treatment they need to overcome infertility.

Maine should join the growing list of states that require fertility coverage, including fellow New England states, Connecticut, Massachusetts, New Hampshire and Rhode Island, many of which have offered coverage for decades. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs (including prenatal and postnatal care and delivery costs) and results in healthier babies and healthier moms.

While only 1 in 3 women who seek infertility services require treatment beyond basic medical advice, for some patients assisted reproductive technology is the only option to have a baby. It is therefore imperative that medical providers have the autonomy to determine the most effective, safest treatment for their patients. We believe the provision in subsection 3, Limitations on Coverage, line E, that gives insurance carriers the power to issue their own clinical guidelines is overly broad. Unfortunately, in some states, we have seen insurers require patients to pursue multiple attempts at

cumbersome, less costly procedures that are not medically indicated before they are allowed to move on to the more medically effective treatment recommended by their physicians. This wastes time and money and appears designed to have patients leave treatment before undergoing IVF.

Similarly, we believe subsection 5, Rules, should be amended to include input from medical professionals and consumer advocates to ensure the rules issued are consistent with best medical practices.

We respectfully ask that you refer LD 1539 for a fiscal study and consider the above suggestions at the appropriate time to ensure that patients receive the most medically effective care to build their families in Maine. We are happy to provide you additional information on this issue as RESOLVE has been providing support, information, and advocacy for the infertility community since 1974. I can be reached at bcollura@resolve.org and our website is www.resolve.org.

Sincerely,

A handwritten signature in black ink that reads "Barbara Collura". The signature is written in a cursive, flowing style.

Barbara L. Collura
President/CEO