

Wednesday, May 5, 2021

**RE: LD 1539: An Act To Provide Access to Fertility Care**

Senator Sanborn, Representative Tepler, and other esteemed members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services,

My name is Sarah Haas, I use she/her pronouns, and I reside with my wife in Holden, Maine. **I am here to testify in support of LD 1539: An Act To Provide Access to Fertility Care.**

I speak to you today not only as an LGBTQ+ person in a relationship in which pregnancy is not possible, but also as an individual who is considered infertile. At the age of 15, I was diagnosed with Polycystic Ovarian Syndrome, and told by my doctor, that pregnancy would be difficult, and I would certainly need to access fertility treatment if I wanted to become pregnant. I have known since then that the costs associated with having children would hold down my dreams of being a parent – and every year since then, I have not only seen the costs of fertility treatment rise, but also my own dreams of carrying a baby get further away.

I am 24, and my partner, Hannah, is 25. We know that we want to have children together, and through those discussions, it has never been focused on what it should be. “How will we parent?” “What should the nursery look like?” “Will they take after you, or me?” Instead, it has always been “Will it be cheaper for you to carry, even though I really want to?” “How can we know that our donor is the right fit, and then still afford IUI?” “Should we try to pay out of pocket and have no savings, or take out credit cards and debt to get pregnant?” “Is your cycle regular enough that maybe, we only have to pay for a few cycles?” **“Is there a price point in which, if we spend too much, you want to stop trying for a baby?”**

Even before we were married, the heartbreak of trying to conceive has been persistent. With every visit home, we are asked when grandchildren will arrive. With every friend who shares the news about growing their family, we try to remain hopeful that it can be us, at some point. Our savings account is jokingly named the baby fund, but despite the fun, we estimate that we won’t have enough to start trying until 2023.

Because of my diagnosis, we have decided that my partner will carry first, and are hoping that for her, we will only need to use Intrauterine Insemination, or IUI. If we are lucky, one procedure, without taking into account getting and storing donor sperm, will cost as low as \$500, and we’ll have a baby. If we aren’t lucky, we might have to try adding medication, ultrasounds, or try diagnosing issues to determine if she is infertile as well. Being unlucky can add a few thousand dollars for each round, in addition to the costs of a typical pregnancy. Most pregnancies occur within 3-6 cycles if there is no infertility associated with the carrying partner, and about 10-15% for individual cycles. Our hope is that our first pregnancy will come in under \$5,000, and we can use the remaining funds to ensure that we are legally both parents.

I have always wanted to carry a baby, to be able to create and nourish another life. We are sure that our child should have a sibling, and depending on how much the first pregnancy costs, we may look to having me carry our second. In that case, I will most likely need to do in-vitro

fertilization, or IVF. Thankfully, IVF has a fairly decent success rate, because not only is it significantly harder on the body, but also 10 times more expensive. I will be on multiple medications, some injectable, for two weeks, to force my body to make my eggs mature, to not ovulate, and to prepare to carry. When the medication is completed, I'll go to the clinic, and under sedation, have my eggs removed through a large needle. My eggs will then mixed with donor sperm to produce an embryo, that will be then be implanted during my second visit to the clinic, 2-5 days later. This process will likely be physically and emotionally draining, and I will pay \$12,000 for the privilege to carry our child. The success rate for IVF is 30-60% per cycle, and 80% for three cycles together, so we are hoping to have under \$40,000 worth of expenses with my pregnancy, which is also the same amount of money that I currently have in student loans, 3 times as much as I owe on my car, or a little under half of what our home costs.

We have considered moving to Canada, Norway, Finland, and Sweden to have our children, and have heard from colleagues that it was less expensive to take a month off of work, fly to Norway, get an Airbnb, and get pregnant utilizing a clinic there, than it was to have one cycle of IVF in Maine. For countless other of my LGBTQ+ friends, having a family is a luxury. If we are to ensure that young, diverse families live and work in Maine, we need to ensure that there is comprehensive insurance coverage of fertility care.

**I have never once in my life, had an insurance plan that covered fertility treatment. Neither has my wife. We should be able to focus on our love and excitement to grow a family, not on how much debt we might accumulate to grow it. I urge you to vote "Ought to Pass" on An Act to Provide Fertility Care, so that we can say with confidence that Maine is the place for our future family. Thank you for your time.**