

Brooke Hamilton
South Portland

May 5, 2021

Committee on Health Coverage, Insurance and Financial Services
% Legislative Information Office
100 State House Station
Augusta, ME 04333

Re: LD 1539, An Act to Provide Access to Fertility Care

Dear Senator Heather Sanborn, Representative Denise Tepler, and members of the HCIFS Committee,

Infertility is a disease that affects one in eight couples, including my husband and myself. Therefore, I strongly support An Act to Provide Access to Fertility Care. Policies in Maine should cover diagnostic care, fertility treatment, as well as fertility preservation.

My husband and I worked to expand our family for three years prior to medical intervention—six medicated cycles with Clomid and then two failed IUIs. From there, our only option was in-vitro fertilization. With the average cost of IVF being around \$20,000, we are privileged that we could utilize IVF to expand our family. While we used savings and home equity to fund our treatment, this option is unpalatable, and even unattainable, for a lot of Mainers.

We were fortunate that the first embryo transfer was successful and we welcomed a child into our family. After three more unsuccessful transfers, it soon became clear that we would need another round of IVF—and \$21,000—for the chance to have another baby. We opted once again to pay out of pocket for IVF and welcomed home our second child.

The median household income in Maine is \$59,000 and the cost of one round of IVF is roughly a third of that, which means potential parents can accrue considerable debt or forego treatment and likely the chance to have children together. The financial barrier of fertility treatment should not determine whether or not would-be parents are able to expand their family. Bear in mind too, that it's not just heterosexual couples who are missing this opportunity, but also any same-gender couples with a desire to grow their family.

In 2017, the American Medical Association declared infertility a disease. Women with an infertility diagnosis have the same levels of anxiety and depression as women diagnosed with cancer. IVF is never the first thing you try when you don't get pregnant right away and an infertility diagnosis can have lasting repercussions on mental health. It should also be considered a "right to health" just as a runner would receive knee surgery so they can continue running.

The cost of infertility services as a percent of the total health premiums actually decreased after the 1987 Massachusetts mandate was enacted. And in states with mandated infertility coverage, the rate of multiple births (twins/triplets) is lower than in states without coverage. Couples with coverage are free to make more appropriate decisions based on medical necessity. Making decisions around financial considerations often results in births of multiples which have high rates of complications both during and post-pregnancy.

Eliminating the financial barrier of fertility treatment and preservation means a more equitable position for all potential parents in Maine. If Maine is to become a place where potential families are supported and able to flourish, then I encourage you to pass this bill.

Thank you for your time and consideration to provide access to fertility care to the many Mainers who rely on fertility treatments to expand their families.

Sincerely,
Brooke Hamilton

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