



February 8, 2022

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

Dear Senate Chair Sanborn, House Chair Tepler, and members of the Health Care, Insurance, and Financial Services committee,

Resolve New England (RNE) is a non-profit organization that provides emotional support, education and advocacy for ALL those in New England that are struggling with fertility and family building. As a leading proponent of LD 1539, *An Act to Provide Access to Fertility Care*, I am registered for the committee work session today and stand ready to help any way I can. In the meantime, I am writing to respond to the cost analysis of LD 1539 and LD 922.

I fundamentally disagree with a key premise in the analysis – that the state of Maine would be required to pay the cost of a new fertility benefit. Our understanding is that the provision in the Affordable Care Act *permits* states to defray cost in this manner but does not require it. In fact, we are not aware of federal HHS requiring ANY state to cover the costs of a new mandate. Also, Maine state employees already have some access to fertility coverage so this would not be a fully new expense for the state.

Citing a study from 2011, the cost analysis also indicates that there would be an increase of multiple births with improved access to fertility treatment in Maine. However, current research shows that the opposite would occur. The American Society of Reproductive Medicine (ASRM) clinical recommendation is now to utilize Single Embryo Transfer (SET) whenever possible, and in fact SET is used in the majority of fertility treatments in states with mandated fertility benefits. Fertility patients that do not have access to coverage are more likely to transfer more than one embryo because they may only be able to pay for one cycle out of pocket. Research supports the fact that multiple births are less likely when fertility care decisions are based on medical recommendations rather than financial concerns. Dr. Marcelle Cedars, President-elect of ASRM states, “The evidence is growing that state laws requiring insurance coverage for infertility treatments, including IVF, contribute to increased success and greater safety for patients who are trying to grow their family.”

Though we certainly appreciate the intent, RNE does not support LD 922. As shown in the analysis, the fertility preservation provisions in LD 1539 are not projected to have high costs, so it makes sense to approve an inclusive definition of fertility preservation that is not limited only

to cancer. Also, it is best practice for coverage for medically necessary fertility preservation and for fertility treatment to be passed together in a state. Otherwise, patients will preserve their reproductive material but then may not have access to needed fertility care when they are ready.

Though not listed in the analysis, New Hampshire passed a fertility insurance law in 2019, which went into effect in 2020. The bill attracted widespread bipartisan support largely because of the economic benefit that a statute like this brings to the Granite State and makes it competitive with neighboring states.

The economic benefits of improved access to fertility care may be harder to quantify, but they are vitally important. I am disappointed that the cost analysis focuses more on the financial burden of the births of much wanted children conceived through assisted reproduction, rather than the many enhancements that these children will bring to their families, community and the state of Maine.

Please vote that LD 1539 ought to pass.

Gratefully,

A handwritten signature in cursive script that reads "Kate Weldon LeBlanc".

Kate Weldon LeBlanc
Executive Director