## Ought to Pass

## LD 1359 An Act to Provide Access to Fertility Care

## JOINT STANDING COMMITTEE ON HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

## May 5<sup>th</sup>, 2021

Good morning Senator Sanborn, Representative Tepler and members of the Committee On Health Coverage, Insurance and Financial Services.

My name is Stephanie Nichols. I work as a second grade teacher in Cumberland County, and live in Gorham with my husband Andrew. We both work in the public sector.

For at least five generations my family has called Maine, "home." After graduating from college, my husband Andy and I made the choice to continue to call Maine, "home." Fertility is the issue that has most challenged our perspective about what it *means* to call Maine, "home."

We pay for insurance, and we have decent plans. For example, where my husband works, we can have up to \$2,000 assistance for adoption coverage. When the word "fertility" is attached to anything, we end up paying 100% out of pocket for things as simple as an office visit.

Fertility care is necessary, and in addition to being about our ability to have children, it can also be a matter of life and death.

Massachusetts offers fertility coverage to its residents through a state mandate (Massachusetts General Laws, Chapter 175, Section 47H). In 2020 New Hampshire passed SB 279, providing infertility coverage to its residents.

Opportunity Maine Tax Credits and programs galore exist to encourage young Mainers to stay and work in our community, but with fertility care and potential family expansion, laws in Maine won't provide you the care you need.

I'll never forget while infertility laws were being debated in New Hampshire, Valley News printed a quote that read, "Once SB 279 becomes law in New Hampshire, for the economy, it's going to be beneficial."

How shocking and disappointing to see these heartbreaking, deeply personal medical procedures reduced to economic gains for Northern New England States who know Maine doesn't have it's act together when it comes to fertility services.

My husband and I have spent thousands of dollars hoping for answers to questions about our reproductive health, and have received almost no assistance from either insurance plan for this process.

It's assumed by doctors and practices, when one takes steps to address infertility, that you'll be willing to borrow against or sell your home, or have the luxury of being able to ask someone to help you with money or take out a loan. We have student loans, and without fertility insurance coverage, so much is financially expected out of pocket.

Living in Maine and trying to access fertility healthcare shook my perspective. It led me to believe I wasn't worthy of the time and expertise to get the care I needed or that I was somehow less than and not deserving of a child. There are no clinics in Maine to perform the infertility services we needed, and so needed to travel between Massachusetts and New Hampshire multiple times weekly. My husband and I debated making the hard choice to leave our families and lives in Maine, to find public sector jobs in other parts of New England, solely for the fertility insurance coverage while we went through this process. We chose to stay,, however, because of how much we love our home state of Maine, despite how it was failing us.

Infertility treatments and the way they are handled in Maine has hindered my independence. We were fortunate enough that my mother was able to open and let us use one of her credit cards, to put our medication costs on. I have made payments to her since.

As a teacher, it feels impossible to be out sick, let alone travel for reproductive health and services out of state. I've spent many early mornings at out of state clinics, to have my mother and/or husband rush me back to Maine and drop me off at school so that I wasn't late for a day with my students, before the Covid-19 pandemic hit.

Then in the earliest days of the pandemic I may have been pregnant.

My blood was monitored at an out of state clinic every 3 days, after my embryo transfer. I hadn't realized that because the clinic was in another state, at the same clinic where we would get a better rate for infertility care, the blood work during pregnancy would come at a cost.

If my blood work had been done in Maine, I may not have had a bill. However, without the frequent blood work so early on in my pregnancy, we wouldn't have known I was having an ectopic pregnancy.

My life may have been in jeopardy. Due to the fact that our clinic was out of state, I sat for HOURS alone in the waiting room of a Reading, Massachusetts hospital while my husband and mom waited for me in the car. My husband, a medical lab technician, and been working overnight on the third shift during the terrifying early stages of the pandemic. He has been awake at that point over 24 hours. I was broken inside at a small out of state hospital, waiting on an emergency injection to end my pregnancy. I was absolutely terrified of the severity of my situation, the looming debilitating potential pain if the treatment was not successful, and the new pandemic consuming the lives of all but especially, these healthcare workers I was depending on. I remember crying out all the fluid I had in me.

Not only was out of state treatment a financial requirement as we tried to get pregnant, but as soon as I was pregnant, I still needed to have the procedures to end my pregnancy out of state anyway, due to affiliations with our clinic. There are no clinics that could have offered the fertility services we needed, in Maine.

Sometimes, fertility treatments offer a little hope. We paused our IVF journey last year, because I couldn't travel to MA for treatments, due to New England travel restrictions, and the impact that would have on school with, at the time, state policies on quarantining. I am terrified to try again. If I could have received my emergency treatment at Maine Medical Center, for example, at least it would have felt more familiar to me as my world seemed to fall apart, than a small hospital in a town I had never been to before, away from home.

My husband and I have nightmares about going through this again. What if I'm NOT lucky this time, and I'm in the scariest, possibly most dangerous pain of my life?

We find ourselves going back to not only that question of, "Why us?", but also, "When?" When will Maine residents see legislation similar to that of our nearest Northern New England neighbors? We, as Maine residents, are asked to seek medical services for infertility elsewhere than our home state. What message does this lack of adequate medical services give to the people of Maine? My body is designed to breath. I wouldn't think twice about seeing my PCP when I am having issues breathing. I know I will be seen and treated, and told thank you for coming in today. My body is also designed to reproduce. Why then, when I am having issues with this function of my body, should I be expected to seek treatment out of state, and have to pay the equivalent of a down payment on a house before being seen? Why is this medical treatment treated as an out of reach luxury for so many?

As we've been vocal about our struggle, we've realized the community of people impacted by infertility is HUGE, even just within our circle of friends. Such a stigma exists on this issue, that we recognize it is an uphill climb.

Thank you for taking the time today to both receive and consider my testimony. I urge you to please consider passing LD #1539, as a small step in the right direction for Maine residents.

I would be happy and willing to answer questions you may have.