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I feel strongly that fertility treatment coverage should be made available to all Mainers. My husband and I both grew up in Maine and are both from working class families. My husband was the first in his family to graduate college, having graduated from the University of Maine in Orono. After graduation, we both left Maine and worked in New York. When it was time to get married and think about starting a family, we decided we could not afford to raise a child in New York City and we wanted to provide our child with the Maine childhood we both knew. We returned to Maine in 2015 and thankfully my husband was able to keep his job from New York by working remotely, because in 2020 a New York State mandate required infertility coverage as part of all insurance plans, otherwise we would not be starting a family at all.

We both graduated college during the Great Recession of the late 2000s and have worked hard ever since to pay down a large amount of student debt. We waited to start our family until we were financially secure after our move back to Maine. We got married and moved back to Maine at age 30, started trying to have a child at age 33, and now at 36 we have good paying jobs but are a year and a half into infertility treatments. I had immense anxiety in the first year of trying to have a child because, at the time, we had no infertility coverage and I knew that there was no way for us to pay for in-vitro fertilization (IVF) treatment cycles that can easily cost \$20,000 or more per cycle out of pocket along with rent, utilities, and student loan bills. When the New York state mandate passed, we suddenly had coverage for IVF just in the nick of time. It was an immense relief and changed everything for us. It is the only reason we have been able to pursue our desire to start a family after receiving an infertility diagnosis.

As we have gone further into the world of infertility, we have learned that infertility is an umbrella term for several medical conditions. These conditions are most problematic when trying to conceive, but they also have a significant effect on the body when not trying to have a child. These medical conditions are not elective — they cause real suffering, both physically and emotionally. I cannot think of another medical condition that would affect so many people once a month, every month, that would be deemed elective and therefore not covered by insurance. Access to healthcare means more than access to birth control. It also means access to insurance coverage for a wide range of non-elective medical conditions like aspermia, PCOS, uterine fibroids, endometriosis, and other conditions that make up what we call infertility.

Providing Mainers access to coverage for fertility treatments may seem like a highly specific and unnecessary thing for the state to provide, but in reality it makes a lot of sense for our state. We have one of the oldest populations in the nation. Recent census data shows that nationally, population growth is declining. With less young people in our state, we have less people in our workforce that are paying into social services and driving our state economy. I strongly feel that supporting Mainers at each step of their family life, whether it is childcare, public education, or access to healthcare, is the right thing to do.