



## OLEAGA LAW LLC

Grow Your Family

254 Commercial Street, Suite 245  
Portland, Maine 04101  
(207) 200-6780  
[janene@mainereproductionlawyer.com](mailto:janene@mainereproductionlawyer.com)

133 New York Avenue, Suite C  
Huntington, New York 11743  
(631) 840-7967

May 4, 2021

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

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

Dear Senate Chair Sanborn, House Chair Tepler, and Members of the HCIFS Committee:

I am an assisted reproductive technology (ART) attorney practicing in Maine and New York and a resident of Cumberland Foreside, Maine. I am writing to ask that you vote “ought to pass” on LD 1539: An Act to Provide Access to Fertility Care. This legislation would require employers offering health plans in Maine to provide coverage for reproductive health care. Maine and Vermont are the only New England states without legislation of this kind.

One in eight couples struggle with infertility. If you did not personally experience infertility, it is a mathematical probability that one of your close friends or family members has or will. For these individuals, growing a family is emotionally exhausting and financially challenging.

The average cost of an in vitro fertilization (IVF) cycle is \$20,000 – assuming of course the couple is able to use their own gametes and gestate the pregnancy. This cost dramatically increases if donor gametes or a gestational carrier becomes medically necessary. According to the U.S. Bureau of Labor Statistics, the mean salary in Maine in 2020 was \$51,220.<sup>1</sup> Much testimony in support of this legislation will come from couples who have personally struggled to have children through multiple rounds of IVF. They will share their journeys through infertility, their grief and heartbreak, and how infertility has cost them tens of thousands of dollars.

I work with individuals who have exhausted the possibility of having children using their own gametes, and/or gestating their own pregnancy. It is medically necessary for my clients to grow their families through third party assisted reproductive arrangements such as surrogacy, egg donation, sperm donation, and embryo donation. By the time my clients come to me they are emotionally drained and financially depleted. Most have exhausted every assisted reproductive option available to them before seeking my assistance and expended tens of thousands of dollars in the process before learning the additional costs of third party assisted reproduction. Many simply cannot afford to grow their families if the assistance of a third party is

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<sup>1</sup> [https://www.bls.gov/oes/current/oes\\_me.htm](https://www.bls.gov/oes/current/oes_me.htm)

necessary. Voting “ought to pass” on LD 1539 will defray some of the financial burden these individuals face in pursuing parenthood through assisted reproduction. Having a family should not be cost prohibitive.

Addressing access to fertility care actualizes the right of everyone to have a family. Maine already has established a framework supporting this right in drafting and enacting the Maine Parentage Act in 2016. The Maine Parentage Act applies to all intended parents regardless of gender, sexual orientation, marital status, or genetic relationship to the child, and explicitly permits third party reproduction and surrogacy arrangements in Maine. LD 1539 matches the inclusiveness of the Maine Parentage Act, and is the next logical step in supporting the right of all Mainers to have a family. It will provide a means for individuals to seek reproductive health care without carrying the full financial burden imposed by infertility.

A prevalent criticism of this legislation is the strain placed on local business when required to offer coverage for fertility treatment. If this is your concern please read Mercer’s *Survey on Fertility Benefits (2021)*<sup>2</sup> supported by the American Society for Reproductive Medicine (ASRM) and RESOLVE, a national infertility association. This study indicated IVF coverage increased from 19% in 2005 to 27% in 2020 among large employers, and 11% to 14% among small employers. 97% of employers responding to the survey reported they did not experience a significant increase in medical plan costs. The cost carried by Maine employers is not significant enough to be a barrier to equal access to reproductive health care.

Thank you for your time and attention. Please indicate your support of growing Maine families by voting “ought to pass” on LD 1539.

Sincerely,

/s/ **Janene Oleaga**

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Janene Oleaga Kurta

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<sup>2</sup> <https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/news-and-research/press-releases-and-bulletins/2021-fertility-survey-report.pdf>