



Impacting Reproductive
Care Worldwide

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May 5, 2021

Senator Heather Sanborn and Representative Denise Tepler
Committee on Health Coverage, Insurance and Financial Services
100 State House Station
Augusta, ME 04333

Dear Senator Sanborn, Representative Tepler, and Committee Members:

On behalf of the American Society for Reproductive Medicine (ASRM), I write to urge you to **support LD 1539**, which will provide medical coverage for fertility treatment and care. Below, we offer recommendations to further strengthen this bill to ensure that patients receive the quality care they deserve.

Infertility, recognized by the American Medical Association and the World Health Organization as a disease that impacts as many as 7.3 million couples in the United States, can, untreated, upend the dream of building a family. ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others.

Cost and access remain significant barriers to many couples' ability to use reproductive medicine to build their families. Fertility treatments are expensive and whether or not they will be covered by insurance can be dependent upon one's economic status, zip code or employer. For example, while private insurance carriers have, in many instances, stood up to cover diagnostic services, fewer cover the more expensive aspects of infertility care, including procedures such as IVF and Intrauterine Insemination (a fertility treatment involving the placement of sperm inside a woman's uterus close to the Fallopian tubes in order to increase chances of conceiving). Sixty-seven percent of patients report spending \$10,000 or more to build their families.

Maine should join the growing list of states that require fertility coverage, including fellow New England states Connecticut, Massachusetts, New Hampshire and Rhode Island, many of which have offered coverage for



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decades. This is a sound, cost-effective (IVF coverage has been shown to reduce overall healthcare costs and result in healthy babies and mothers.

With our overarching support, we offer two important recommendations to strengthen the bill and ensure it realizes its goal of extending quality, affordable infertility health care to all who need it. First: We strongly recommend reconsideration of the provision in subsection 3, line E of the legislation, Limitations on Coverage, that gives insurance carriers the authority to issue their own clinical guidelines related to this care. It is, in our view, an overly broad misstep. Unfortunately, in some states, we have seen insurers given the opportunity require patients to pursue multiple attempts at cumbersome, less costly medical procedures that are not medically indicated before they are permitted to utilize a more medically effective treatment as recommended by their physician. We oppose this clause insofar as it adds to the burden patients with infertility already carry and interferes with patient/physician autonomy.

Secondly, while we are pleased to see that there is a rulemaking requirement within the legislation (subsection 5, Rules), we would prefer to see the language amended to explicitly require that experts from the medical and consumer advocate fields be consulted in the drafting of said regulations.

We respectfully ask that you refer LD 1539 for a fiscal study and consider our recommendations to strengthen it further and ensure it fulfills its promise to the patients it is intended to help. Please contact Becca O'Connor, Government Affairs Director, with any questions: boconnor@asrm.org; 617.270.4465.

Sincerely,

Hugh Taylor, M.D.
President