

4/12/2021

Committee on Health Coverage, Insurance and Financial Services
% Legislative Information Office
100 State House Station
Augusta, ME 04333
Re: LR 884, An Act to Provide Access to Fertility Care

Dear Senator Heather Sanborn, Representative Denise Tepler, and members of the HCIFS Committee,

My name is Dr. Elizabeth Wolfe, and I am an OBGYN resident physician in Portland. I strongly support An Act to Provide Access to Fertility Care for the State of Maine. As a physician and state resident, I believe it is imperative that our state commit to providing all constituents, regardless of income level, the opportunity to pursue treatment as recommended by our health system's medical professionals. At present, Maine insurance coverage is failing to meet this obligation.

Infertility is a medical illness. It is diagnosed in a doctor's office based on medical history, exam, imaging, and lab work. Like most diagnoses, advances in today's medicine have provided patients with opportunities for treatment. The lack of insurance coverage for these readily available medications and interventions equates to 10% of the reproductive population of Maine, or roughly 24,000 families, being denied access to recommended and approved medical care.

I have seen severe repercussions first hand. Lack of insurance coverage forces couples to make decisions based more on financial concern than medical recommendation. This leads to unsafe pregnancies and poor health outcomes that strain the medical system. Take for example, the mother of twins I delivered several months ago. This young woman had elected to transfer two embryos instead of one, because each individual transfer cycle cost her \$21,000. While transferring more than one embryo increases live birth rates, it is most often used as a cost-saving procedure and can lead to high risk twin or higher order pregnancies. As a direct result of her twin pregnancy, she required delivery by cesarean section, a procedure both significantly more morbid for the mother, and much more demanding of healthcare resources. In this particular case, not only did she require surgery, but the outcome was life threatening. After the twins were born, she started to hemorrhage. Her uterus had been so distended from growing two fetuses instead of one, that its muscle tone was no longer adequate to stop the bleeding. She lost 5 liters of blood, required three transfusions of scarce O- blood, multiple rounds of medication, and required four nights of recovery in the hospital instead of two.

My career goal is to continue to practice in Maine, but if fertility care continues to go uncovered by insurance, our state risks young physicians like myself seeking career opportunities in states more dedicated to maternal health. Maine has an aging population, and attracting young families is paramount to our ability to grow and maintain the type of community that makes this state such a great place to live.

If Maine is truly dedicated to providing medically necessary care to all of its constituents, it needs to mandate insurance coverage for fertility diagnostic care, fertility treatment, and medically

necessary fertility preservation. Without this act, Mainers will continue to suffer. I ask you to please strongly consider the health consequences on your electorate if fertility care continues to go uncovered.

Thank you for your time and consideration
Sincerely,

Elizabeth L. Wolfe, MD