RE: In Support of SB242 and SB749

Dear Chair Monnes-Anderson and Members of the Committee:

My name is Mollie Huyck. My husband, a firefighter, and I, a nurse, reside in Corvallis, Oregon. This letter is written in request for your support surrounding SB242 and SB749. I am aware that each are separate however one led to the other and are equally important to our family.

After 10 years of infertility (not covered) and years of reproductive endocrinology services we were met with years of loss, frustration both emotionally and financially to a diagnosis of unexplained infertility. Though open with our journey with friends and family, we could never understand why a disease that I could not change the outcome of was not supported medically (through insurance) just as any other medical diagnosis would or could be. We did everything we could to continue to reach for our dream of growing our family: with the support of friends and family, fundraising, selling our home, taking out IVF (Fertility/Medical) loans and withdrawing a retirement account – we stayed committed to growing our family regardless of the lack of support through our medical benefits.

Every tear, every heartache, every loss, every failure - I am truly grateful for.

You see this led us to have the opportunity to partner with an incredible gestational surrogate who also resides in Oregon. Through the support of our clinic, surrogacy agency, attorneys and partnership with our gestational surrogate we welcomed our daughter into the world in October of 2017. As parents you want nothing more than to protect your child and for parents who experience loss, infertility or challenges to completing their family, this concept begins before conception of this precious life. When you have given everything you have to become a parent and have the opportunity to grow your family via gestational surrogacy, you want the health and wellbeing of your GC and child to supported by the best resources and medical resources (including benefits) available to support a healthy outcome. As an intended parent often you don't set out to grow your family because you want someone else to carry your child – I did this because it was safest for both my child thriving and keeping her safe, so she could have the support of two loving parents without risk of harm. So, in theory by having a healthy surrogate carry our child was in the best interest of three parties – our daughter's health, our surrogate and lowering the cost through the submission of claims to our health plan because I was not attempting to carry a potentially high-risk pregnancy or one that led to another negative outcome.

In Oregon, 82,194 women, regardless of marital status, have experienced physical difficulty in getting pregnant or carrying a pregnancy to live birth. A friend through my volunteer work with Resolve, The National Infertility Association, shared with me, "the moment we cross that threshold of the fertility clinic, we begin to let go of "the plan." The plan that made us think it would be easy, fun or spontaneous even. Fast forward to years of treatments, and failures, your plan changes even more into something that is seemingly unrecognizable." Though our plan did not go as we had

thought I am so grateful for the outcome. For without it I would not have become her mama. And being her mama is the greatest privilege and honor of my life: she is the best part of our journey.

Though our family complete, I feel it is important to continue to advocate for other families and gestational surrogates in the midst of their family building journey. We ask you to support other Oregonians in their pursuit in growing their family by supporting health benefit coverage for infertility and providing coverage to a gestational carrier/surrogate.

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Sincere	ely,							

Mollie Huyck