



**Testimony in Support of  
In Vitro Fertilization Treatment Legislative Concept Discussion**  
Presented by Betsy Campbell on 11/16/21  
On Behalf of RESOLVE: The National Infertility Association  
and the Building Families Coalition

My name is Betsy Campbell and I am Chief Engagement Officer for RESOLVE: The National Infertility Association. RESOLVE represents the millions of women and men in the U.S. with the disease of infertility and the more than 116,000 Oregon residents who struggle to build a family. The legislative concept before you is intended to improve access to the standard of care for patients with infertility and those diagnosed with cancer or other conditions that may cause infertility. We sincerely thank you for your time and consideration.

For many families, an infertility diagnosis is not the largest barrier to becoming a parent. Sadly, the largest barrier is cost. An average in vitro fertilization (IVF) cycle in the United States is \$15,000. A recent survey found that women of reproductive age accrued \$30,000 of debt on average after undergoing treatment. As such, only 1 in 4 people get the treatment needed to overcome infertility.

At RESOLVE, we work with countless men and women who have been forced to sell their homes, go into credit card debt, or perhaps most tragic of all, abandon their hopes of becoming parents due to the cost of fertility treatments. And we know this disproportionately and unfairly impacts Blacks and other minorities. We also know that members of the LGBTQ+ community face additional obstacles in accessing the treatment they need to become parents.

By passing insurance coverage for fertility, Oregon would help correct this inequity and join 19 other states that help hardworking families get access to medically necessary treatments. In the past 3 years alone, 5 states have passed new infertility laws, and since 2017, 11 states have passed fertility preservation laws to help cancer patients and others at risk of medically induced infertility. The American Medical Association, the

American Congress of Obstetricians and Gynecologists, the American Society for Reproductive Medicine, and the World Health Organization all recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases. Likewise, the American Society of Clinical Oncology and other leading cancer societies recognize fertility preservation as the standard of care for cancer patients diagnosed during their reproductive years. Again, the standard of care for cancer patients and infertility patients should be covered by health insurance just like other diseases.

Legislation covering fertility treatments, including IVF, would reduce the financial strain on families while only minimally impacting insurance premiums if at all. Comprehensive reviews from Connecticut, Maryland, Massachusetts, and Rhode Island, which have mandated infertility benefits since the 1980s, show that the cost of infertility coverage is less than 1% of the total premium cost. This translates to about a dollar or less per member per month. In Oregon, our experts calculate that the cost to cover comprehensive infertility treatment, including IVF, would increase premiums by only 70 cents per member per month. This is consistent with what other states have experienced when an IVF insurance requirement is added.

Moreover, long-term health care costs are estimated to decrease because coverage equates to healthier outcomes. States with insurance coverage have lower rates of multiple births than states without coverage, and this drives down costs.

Pregnancies with multiples cost about \$4.2 billion more than single child pregnancies in pre-term care. Pregnancies with the delivery of twins cost approximately 5 times as much than a single child and pregnancies with triplets or more cost nearly 20 times as much. And these costs do not include the long-term care costs often associated with multiple pregnancies and premature births.

A 2014 study estimated that the national savings from fewer multiple births would be over \$6 billion a year, making it likely that insurers could potentially save tens, if not hundreds, of millions of dollars a year by providing IVF coverage since patients paying out of pocket will no longer be forced to use medical options that are far riskier.

Self-insured employers, who are not covered by state law, are leading the way in providing this coverage. The City of Portland added coverage for its workers in 2021,

and Oregon state employees have IVF coverage through PEBB starting in plan year 2022. Employers like Oregon Health & Science University, Intel Corporation, and Nike Inc. are voluntarily providing fertility benefits for their employees. They are not just doing this out of the goodness of their hearts, they are doing this because it's good for business. In fact, a 2021 national survey by Mercer found virtually all employers covering infertility treatment, including IVF, have NOT experienced increases in their medical costs.

I respectfully request that you consider this real-world data instead of the scary projections that the insurers are likely to provide. The only reason treatment for infertility is considered "expensive" is because patients are paying out of pocket for it; for insurers and self-insured employers, the expense is practically negligible. As the VP of Benefits at Black & Decker said, "... in perspective of how much we spend on MRIs and CT scans, for example, the cost of the fertility benefit isn't even a rounding error."

Oregonians are paying monthly premiums for insurance coverage, yet they are unable to access the standard of care for infertility and cancer during their reproductive years. And insurers are already paying the price for multiple pregnancies and births resulting from patients paying out of pocket for more aggressive or riskier treatments. Similarly, patients paying out of pocket often spend too long on less costly treatments before moving on to the most medically effective treatment, wasting money and valuable time that may hurt their chances of a successful outcome given that infertility treatments are often time-sensitive.

In other states, we have heard insurers argue that an infertility benefit would exceed the Essential Health Benefits covered under the Affordable Care Act and that the state would potentially have to defray the cost of the required benefit.

Determination of when a new coverage mandate would trigger a defrayal requirement is entirely up to each state. Maternity care and rehabilitative and habilitative services are already considered Essential Health Benefits, and infertility treatment falls within these categories. The federal government also allows states to add benefit mandates to meet antidiscrimination provisions in the ACA. Coverage for infertility treatment ensures equitable and non-discriminatory access to medically-necessary care for the LGBTQ+ community and others who need medical intervention to have a baby.

Eight states have passed new or expanded infertility insurance laws since 2015, and 11 states have passed new fertility preservation laws since 2017. Not one has been required to defray the cost.

The proposed coverage will reduce the financial strain on Oregon families and mitigate existing health disparities while only minimally impacting insurance premiums, while at the same time generating significant savings from a reduction in multiple births that also results in healthier outcomes for babies and moms.

This discussion is an important step forward for hopeful future parents throughout the state. As the Governor of Colorado said in his signing statement for similar legislation in April 2020, “The bill will help families have children in the wake of COVID-19 and is important for our state's future economic success.”

Thank you.

Respectfully submitted,

*Betsy Campbell*

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