



November 16, 2021

Chair, Senate Committee on Health Care
Oregon State Legislature
900 Court Street NE
Salem, OR 97301

Madam Chair Senator Patterson, Vice-Chair Kennemer, and Members of the Committee,

My name is Dr. Paula Amato. I am a Professor of OB/GYN and a reproductive endocrinologist at OHSU. I am writing in support of infertility insurance coverage for all Oregonians. Thank you for the opportunity.

The World Health Organization, American Medical Association, American College of Obstetricians and Gynecologists, and the American Society for Reproductive Medicine classify infertility as a disease. Infertility affects 1/8 couples and results in considerable emotional and psychological distress. In-vitro fertilization (IVF) is the most effective treatment for most cases of infertility. The average cost of IVF in the U.S. is \$15,000. Approximately half of those who need IVF do not receive it. Lack of affordability and lack of insurance coverage creates access disparities.

I am a native of Canada, where I did my medical training. In Canada, rarely would my discussion with a patient involve their financial situation or specifics of their insurance coverage. In contrast, in Oregon, two-thirds of my patients lack insurance coverage for infertility, and I spend a lot of my time focused on what treatments my patients can afford rather than on what treatment is the most effective for their particular condition. Lack of affordability incentivizes patients to pursue more aggressive treatments, such as transferring more embryos to increase their chances of success. This results in a higher risk of multiple pregnancy, which carries a much higher rate of pregnancy complications and substantial health care costs. In some cases, patients may pursue less expensive but less effective treatments. Often patients abandon treatment altogether because it's not financially feasible for them to continue, or they may delay treatment which decreases their success due to age-related fertility decline. Do we really want to live in a society where only the wealthiest can access assisted reproductive technologies to have children?

About 10% of all cancer cases occur in young adults of reproductive age. The cure rates for cancer in that age group is 85%. Unfortunately, some of our cancer treatments can cause infertility. There are very effective options to preserve fertility prior to cancer treatment, namely sperm banking, egg, and embryo freezing. Unfortunately, these treatments are usually not covered by insurance and can cost between \$10-15K. I offer my perspective as a physician. It is heartbreaking to tell a young person just diagnosed with cancer and their parents

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that we have this effective treatment available that will help preserve their ability to have a genetically related child one day, but that they are unable to access it due to cost.

This past year, Covid has highlighted the health disparities that exist in the U.S. Racial and ethnic minorities are less likely to seek infertility care, more likely to delay care, and have worse outcomes compared to White patients. When cost barriers are reduced by providing insurance coverage, IVF utilization among minority patients increases. Improving access to care via broader insurance coverage would help rectify these disparities.

Passing Inclusive fertility legislation also supports the rights of LGBTQ couples and unpartnered individuals who need medical assistance to build their families. Oregon is considered one of the most LGBTQ-friendly states, yet the basic right to build a family is denied to those who cannot afford the medically necessary treatment.

Nineteen states have passed infertility insurance laws, 13 of these include IVF coverage. Eleven states have fertility preservation laws for medically induced infertility. Oregon is often a progressive leader, as evidenced by historic passage of the landmark Reproductive Health Equity Act several years ago. Notably, infertility was excluded from this law. I'm sad to say that when it comes to infertility insurance coverage, Oregon is not leading.

Insurers will tell you that their perceived cost impact is the biggest barrier to offering insurance coverage. But many studies and real-world data from other states show that the cost is minimal and, in fact, may be cost-saving in the long run due to the reduced risk of multiple pregnancy.

In summary, infertility is a disease with a substantial psychosocial burden. The lack of affordable options may have a detrimental effect on the quality of life of many Oregonians. Infertility insurance coverage can be provided at a reasonable cost and may be potentially cost-saving.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paula Amato', written in a cursive style.

Paula Amato, MD
Professor, Obstetrics & Gynecology