

Hi there,

I am an Oregonian based in Portland, OR, who has been unbelievably affected by infertility and recurrent pregnancy loss (RPL) that led to the need for assisted reproductive technology, at great expense to me and my husband.

After more than 6 years of trying and failing to remain pregnant, we were *finally* referred to a reproductive endocrinologist (RE) and sent out for a number of tests. By the time we were actually able to schedule and make tests and appointments (waiting is the name of the game in infertility and RPL), we had lost two pregnancies, had four chemical miscarriages and a great deal of heartbreak and confusion. My first invasive test procedure revealed the need for surgery to resect a septum that might have been the cause of my miscarriages. Additional tests later led to a laparoscopic exploratory surgery and uterine septum removal, much of which was covered by insurance but still cost my husband and I thousands in copays and patient responsibilities. Insurance wanted us to wait until we had three "legitimate" miscarriages to cover everything, but fortunately my OB was aggressive and wanted to investigate my losses. Unfortunately, though, my insurance didn't agree that everything was medically necessary. Had I a knee, kidney or other body part that was failing to work properly, I could have expected coverage. But a uterus? That's a woman's health issue, and therefore, not as important (despite all humans descending from those of us who bear a uterus.)

After my surgery and recovery, we still struggled to get and stay pregnant, so our RE met with us to discuss options and other tests. We tried one round of IUI (\$500 after hundreds in consultation fees), but given the success rates for my profile, I was only willing to do this once, which meant going into IVF rounds after it inevitably failed. Intrauterine insemination has an 11% chance of success with my age and medical history, so dumping another \$500 down the drain didn't sit right with me. Each round of IVF was slated to cost us \$25,000. Twenty-five thousand dollars. Just for a shot at having a baby.

Both mine and my husband's insurance companies didn't cover a single expense related to IVF, so we went about borrowing against my husband's retirement account for our first round. The day we started stimulation injections to create multiple follicles to potentially be eggs to fertilize, we lost my nephew tragically, and that round was certainly sullied by grief and loss. We only ended up with two genetically normal embryos, and I had a gut feeling we'd need more, so we borrowed ANOTHER \$25,000, this time against our house, to try for one more round to bank embryos. I had read enough literature to know that at my age (39), most reproductive endocrinologists would say to have three embryos, at minimum, for every one live birth you'd like.

When we first started dreaming of a family, I wanted four children. I came from a family of three and would have loved to have expanded by one more in my own family. But as time passed, I knew I'd be lucky if I were to even get past one child.

We went into round 2 with more tools under our belt. I paid over \$1200 for a chiropractor to practice a specific massage technique (Mercier) to help with blood flow and alignment of my reproductive organs. I paid out the nose for acupuncture and Mayan abdominal massage and subjected myself to very stringent dietary restrictions to support the best egg production possible. This round ended with four genetically normal embryos.

We then were hit hard by the pandemic when it delayed our embryo transfer since somehow starting a family was seen as an elective procedure, despite fertile couples' ability to have Covid babies to their heart's delight for free. Our first transfer was a failure, followed by a second. Followed by angry phone calls by me demanding better answers and more tests.

After another \$500 blood draw, paired with a \$400 OHSU consult (all out of pocket), we had some semblance of an answer that led to my RE recommending I go on a steroid before our third transfer. That third transfer now is lying in a crib at seven months old, the delight of our lives. A \$60,000, eight year long process delight, nonetheless.

We are lucky enough to be able to borrow against a home in this market, and to borrow against, and pay back, our retirement accounts. But the fact that we needed to do so for medically necessary treatment is ridiculous. Men and women who are trying to start a family, whether they are medically infertile or socially infertile (LGBTQ+ community members) deserve treatment that doesn't throw them into poverty.

We invest billions into all sorts of ventures, like the SpaceX shuttles, the military, and education, but if one in eight couples can't conceive without medical support, our future is literally diminished. Millions of babies have now been conceived with assisted reproductive technology. Those babies grow to become income earning taxpayers who also require and pay for health insurance. It literally makes financial sense to help families struggling to conceive, achieve their goals. Beyond that, it's the moral and community-based thing to do to support people who would give nearly anything to have a child.

Thank you for reading and considering passing legislation that would lessen the financial strain on those who are trying to be parents.

All my best to you,

Emily Wilkinson