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On Behalf Of: Amanda Bolsinger Jones

Committee: Senate Committee On Health Care

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I'm a married, cisgender, heterosexual woman in Portland Oregon. I'm 35 and have been trying to get pregnant for nearly two years. Ironically, I was an egg donor in my 20s to 3 families. So while I am still "super fertile", my husband has low sperm count and motility and IVF is the only solution for us. We are incredibly lucky that he has a job with a company headquartered in New York which requires IVF coverage. Without it, we would have needed a HELOC to pay for the \$30K for each IVF round (we are heading into our second) and \$3K for each transfer (we have done two so far). Even with insurance, we have spent about \$10K out of pocket for consultations, medications, and testing that insurance doesn't cover.

It is heartbreaking and unjust that, for many people, finances are a barrier to family. IUI, IVF and other treatments for fertility are health care! It is appalling that these medical conditions are treated as optional (as is so much of women's health care). No one would choose IVF as the "easy" option. That this is considered a luxury, elective, or unnecessary medical care shows the huge gaps in understanding and empathy of what is involved in fertility treatments and why this is what many people need in order to have a child. Without the (limited) IVF coverage that we have because of my husband's job, what should be a purely medical decision was influenced, in strong majority, by finances. We started working with a fertility specialist before we had coverage and were considering options that were likely to fail (IUI at \$6K per attempt), trying to borrow the money, financing and debt, or waiting until we could save the money needed. And as any one going through fertility treatments knows, time is not on your side.

Our second embryo transfer resulted in an ectopic pregnancy, an attempted medicine management (that failed), and ultimately, a surgery to remove the products of conception and my fallopian tube. I spent two days in the hospital with testing, monitoring and waiting for an available surgery time feeling incredibly lucky (lucky, as I was losing a wanted pregnancy and heading into a major surgery) that my doctor had discovered the ectopic pregnancy before it had ruptured, that I had coverage for the surgery, and that I had a job that allowed me to take time off work. I know that for me, what was a medical emergency, wasn't also a financial emergency. All health care is a fundamental human right and should not be only available to the wealthy.