

Dear Committee Member,

As an Oregon resident who cares deeply about those struggling to build their family in our state, I strongly urge you to pass the infertility insurance bill before you, which will help Oregonians build their families when faced with cancer or other conditions that can cause infertility. Oregon families need your support now.

I need your support, along with the 1 in 8 couples in our state living with the disease of infertility and the thousands of Oregonians diagnosed with cancer during their reproductive years.

In addition, 1 in 4 pregnancies end in miscarriage (defined as pregnancy loss prior to 20 weeks gestational age), while just 1 in 100 birthing persons experience recurrent pregnancy loss, typically defined as 3 or more consecutive miscarriages. This represents 1-2% of birthing persons and unfortunately, I fall into this category. In my case, I experienced 4 consecutive pregnancy losses and struggled to be taken seriously by my obstetrical provider. This was a devastating experience for me and I am still struggling with anxiety, depression, and intrusive thoughts of my losses. In order to receive the testing I deserved, I had to seek a provider in the community whom I paid out of pocket to run a recurrent pregnancy loss panel, and prescribe progesterone suppositories in hopes of preventing subsequent miscarriage.

I put myself on multiple waiting lists to be evaluated by reproductive endocrinologists and infertility specialists including at Oregon Reproductive Medicine where I was told I would never carry a pregnancy to term without the aid of IVF. I am 31 years old and did not expect this answer. This procedure including the medication was estimated to cost around \$30,000. As a recent graduate of a clinical psychology doctoral program, my spouse and I owe student loan debt in the amount of approximately \$150,000. I am currently a postdoctoral fellow and not making a wage that would support a tenable lifestyle while paying down this student loan burden. I simply cannot take on an additional \$30,000 of infertility debt just to start the process with hopes of also managing my hefty student loan payments. As you may know, IVF does not guarantee live birth or success on the first transfer (or any transfer) and may take multiple transfers, all of which involve taking on greater debt to achieve a live birth. The live birth rate for a single embryo transfer depends on the facility, however, it typically ranges from 50-65 percent which is a huge risk for families to take on. Failed transfers are devastating both financially and emotionally. To date, I have consulted with 9 providers in allied health professions regarding my recurrent pregnancy loss and to seek evaluation between my spouse and myself to determine the cause of the losses. We still do not have a definitive answer.

Infertility and miscarriage are associated with increased rates of posttraumatic stress disorder, depression, and anxiety. They carry a great stigma in our society. I have personally struggled with whether or not to tell my story due to the relatively high rate of insensitive and invalidating comments that are made to persons who are struggling with infertility and loss. In my journey through dealing with infertility, I have sought help from others also experiencing infertility in online forums and have discovered that this is a sweeping issue across the nation and internationally, including finding others here in Oregon who are struggling. I have struggled to be present and productive with my career given my losses and also feel discomfort disclosing this to my employers in fear of being stigmatized or labeled as weak. While I have sought the help of a psychologist as well as other providers in the community, finding the root cause of my losses has fallen mainly on my shoulders and involved a great deal of self-advocacy. This should not be the case, and I should not have to choose between paying off my student loan debt and having the family I deserve when the solution to my recurrent pregnancy loss exists, and should be made affordable. I deserve to be taken seriously both by my providers and the state of Oregon.

My experience unfortunately is not singular to me and has happened to many others. This is a growing phenomenon, especially as the age of persons having first time children is steadily increasing due to financial, educational, and socioeconomic reasons all around the world, but especially in the western hemisphere. Unfortunately, data suggests that egg quality begins to decline with age and we also know that sperm quality can be affected with age and environmental factors such as BPA. Studies have shown that sperm counts have been reduced by half over the past half a century.

Fertility is also decreasing due to increased use of plastics in food, phthalates (known endocrine disruptors which have proliferated in recent years), and lack of affordable nutritional food options which would lead to improved fertility outcomes. Infertility is a complex public health crisis and will be a major issue substantially impacting this country's birth rate now and in the future. Please do something to help families dealing with this preventable, growing, and deleterious social problem. Recurrent pregnancy loss is devastating, and I should not be faced with this financial burden in addition to dealing with my grief.

It is time for Oregon to update its insurance laws to include coverage for the standard of care for patients with infertility and those diagnosed with cancer or other conditions that may cause infertility. By passing this pro-family legislation, Oregon will join 19 other states across the nation that help hardworking families get access to medically necessary treatments while only minimally impacting insurance premiums, if at all. States with IVF insurance have lower rates of

multiple births than states without IVF coverage, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Please support Oregon families by moving this pro-family bill forward. Thank you!

Sincerely,

Meaghan M. Lewis, Ph.D.