

Submitter: Nick Haskins
On Behalf Of: Stacy Habr Ochoa
Committee: Senate Committee On Health Care
Measure: SB1530

Chair Patterson, Committee members – I thank you for the opportunity to testify here today in support of SB 1530. For the record, my name is Stacy Ochoa.

I am 1 of the over 110,000 Oregonians that struggles to build a family, faced with the life altering diagnosis of infertility. I personally have been in this battle for close to a decade, which may give you a sense of why I am here today asking you to help other Oregon families not be subjected to the same long and painful journey I have been on. The toll this disease has taken is all encompassing: emotional, physical, and financial. Possibly most devastating is to be told that you have a disease, as infertility is classified as by the World Health Organization and the American Medical Association, but your access to treatment for it is based on your ability to pay incredibly large sums of money. In a study From FertilityIQ (Cycles Per Patient & Affordability), it was reported that **“it is common for patients to spend upwards of \$50,000 out of pocket on treatment, which roughly equates to the annual US household income of \$51,000 (US Census data).”** This is a staggering amount of money for your average family to have to find the funds for, for even an *attempt* at treatment, with no guarantees. And while the insurance industry wants you to believe that coverage will increase costs in an extreme way, studies show the opposite: that states with mandated coverage of fertility treatment often see less than a \$1 per premium period increase - and may in fact save an estimated 6 billion annually when access to treatment helps avoid riskier choices that result in high risk pregnancies, multiple births and long NICU stays. And even if none of these cost savings benefits of coverage speak to you – I have to ask: If insurance is meant to cover people in the unfortunate situation of a state of disease, why are we allowing the ability of picking and choosing WHAT diseases are worthy of treatment? **If equitable access to healthcare in Oregon is the goal, then it should be clear that we need this change, regardless of all other factors. Infertility is a disease, and it should not be treated different than other diseases covered by insurance.**

I did not get medical intervention for the first several years of trying to build a family because the options within my insurance coverage were very limited related to infertility. We opted to continue with the lowest levels of treatment that were within our financial ability so as to not be overwhelmed with significant debt. But this came at a cost – precious time in prime reproductive years, misdiagnosis for both myself and my partner, and ultimately a much more difficult case to treat due to not having the right treatment early on. Moving onto more aggressive treatment when we were running out of options, we were constantly faced with medical bills and battles at every juncture because the diagnosis of infertility meant that denials came easy by the explanation of “infertility – not covered” for medical encounters. It may not surprise you to hear that research has also shown that women dealing with *infertility* have *depression* and anxiety levels similar to those with *cancer*.

As law makers, I hope you can appreciate the poor options Oregonians dealing with this disease are forced to select from: should they take money out of our state economy to other states that have coverage, other countries where the cost is far less prohibitive, cash out a 401K plan or risk other financial security to pay for treatments? There are so many stories of how trying to overcome infertility can become financially catastrophic for families, and these are simply not decisions that Oregonians should have to make. Growing families are good for Oregon's economy and it in the best interest of the state to support those that wish to build families here.

I mentioned that the American Medical Association classifies infertility as a disease. In a summary of their decision in 2017, the AMA stated that their hope was that the designation would remove some of the stigmas and importantly, “promote insurance coverage and payment.” The fact is, fertility care IS health care and Oregon is behind the curve in addressing coverage for it. 19 other states have some form of mandate for coverage and several more are currently weighing legislation for coverage including our neighbors Washington and California. At the start of 2022, the Oregon Public Employee Benefit Board (PEBB) included fertility coverage for state employees. We were thrilled to see this change, but don't all Oregonians deserve equitable access to treatment? Cost should not be a barrier to treatment of any disease. In a state that prides itself on access to reproductive health care, we're allowing discrimination against those who need treatment to reproduce by not mandating this

coverage. It is simply wrong and it must change.

I urge you to vote in favor of SB1530. This pro family bill will ensure equitable access to health care for Oregonians. I am happy to answer any questions and thank you for your time.