



Testimony in Support of SB 491

A condensed version presented by Betsy Campbell on 2/27/2023
On Behalf of RESOLVE: The National Infertility Association

Chair Patterson, Vice-Chair Hayden, and Members of the Senate Health Care Committee, my name is Betsy Campbell and I am Chief Engagement Officer for RESOLVE: The National Infertility Association. RESOLVE represents the millions of women and men in the U.S. with the disease of infertility and the more than 116,000 Oregon residents who struggle to build a family. SB 491, also known as the Family Building Act, is intended to improve access to the standard of care for patients with infertility and those diagnosed with cancer or other conditions that may cause infertility. We sincerely thank you for your time and consideration.

For many families, an infertility diagnosis is not the largest barrier to becoming a parent. Sadly, the largest barrier is cost. An average in vitro fertilization (IVF) cycle in the United States is \$15,000. A recent survey found that women of reproductive age accrued \$30,000 of debt on average after undergoing treatment. As such, only 1 in 4 people get the treatment needed to overcome infertility.

At RESOLVE, we work with countless men and women who have been forced to sell their homes, go into credit card debt, or perhaps most tragic of all, abandon their hopes of becoming parents due to the cost of fertility treatments. And we know this disproportionately and unfairly impacts communities of color. We also know that members of the LGBTQ+ community face additional obstacles in accessing the treatment they need to become parents.

Legislation covering fertility treatments, including IVF, would reduce the financial strain on families while only minimally impacting insurance premiums. Comprehensive reviews from Connecticut, Maryland, Massachusetts, and Rhode Island, which have mandated infertility benefits since the 1980s, show that the cost of infertility coverage is less than 1% of the total premium cost. A study by the Commonwealth of Massachusetts, which has provided unlimited IVF coverage since 1987, found that increases in

premiums were as little as 0.12 percent per member per month (PMPM) and that IVF was not overutilized. Minnesota is the most recent state to conduct an actuarial analysis in January 2023 for IVF coverage with no stated caps and estimated the coverage would cost \$1.30 PMPM. In Oregon, our experts calculate that the cost to cover comprehensive infertility treatment, including IVF, would increase premiums by only 70 cents PMPM.

It's also important to note that PEBB already provides fertility benefits to public employees, with an ANNUAL cap of \$35,000, including IVF. This is actually more generous than what is required in SB 491 because the bill institutes a lifetime cap of six completed egg retrievals. This makes the PEBB coverage more generous in that an enrollee could access these benefits annually up to \$35,000 each year, while coverage under SB 491 would be more limited. As patients approach the end of their dollar cap, they are much more likely to make riskier decisions, such as transferring multiple embryos in their last attempt. The cap in SB 491 encourages single embryo transfers.

Self-insured employers, who are not covered by state law, are leading the way in providing this coverage. The City of Portland added coverage for its workers in 2021, and I already mentioned Oregon state employees have fertility coverage that started in plan year 2022. Employers like Oregon Health & Science University, Intel Corporation, and Nike Inc. are voluntarily providing fertility benefits for their employees. They are not just doing this out of the goodness of their hearts, they are doing this because it's good for business. In fact, a 2021 national survey by Mercer found virtually all employers covering infertility treatment, including IVF, have NOT experienced increases in their medical costs.

I respectfully request that you consider this real-world data instead of the scary projections that the insurers are likely to provide. The only reason treatment for infertility is considered "expensive" is because patients are paying out of pocket for it; for insurers and self-insured employers, the expense is practically negligible. As the VP of Benefits at Black & Decker said, "... in perspective of how much we spend on MRIs and CT scans, for example, the cost of the fertility benefit isn't even a rounding error."

The proposed coverage will reduce the financial strain on Oregon families and mitigate existing health disparities while only minimally impacting insurance premiums, while at the same time generating significant savings from a reduction in multiple births that also

results in healthier outcomes for babies and moms. This legislation is an important step forward for hopeful future parents throughout the state.

Thank you.

Respectfully submitted,

Betsy Campbell

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