

Oregon Senate Committee on Healthcare  
3/27/25

Chair Patterson, Vice Chair Hayden, and Members of the committee, thank you for your time and the opportunity to testify in support of SB 535. For the record, my name is Stacy Ochoa.

My story of trying to build a family spans more than a decade. My husband and I face dual factor infertility, meaning we both carry our own diagnosis: I have stage 4 endometriosis and my partner, a rare prostatic cyst that impairs fertility. I believe what could have made all the difference, was our time to proper care for our situation. Had we been able to access IVF when we were first made aware of my spouse's infertility, I strongly believe our story could be very different and we may very well not still be in the struggle to build a family that we remain in today. Earlier access to IVF would have given us more information about our case, and better positioned us for success. Instead, we faced years navigating costly procedures not covered by insurance, while also trying to save for IVF – a staggering cost of around \$20,000 per cycle. Working for local government and nonprofits at the time of diagnosis didn't afford us the luxury of that expendable income. We have since spent extraordinary amounts of money in the last decade to attempt to build our family, having to constantly come up with creative ways to afford treatment. It has come at the expense of very precious time – our peak reproductive years.

In all cases of Infertility time is of the essence. But when access to the proper care is based on your ability to pay, it simply comes down to WHO is privileged enough to get that care in a timely manner, or whether they'll be able to access it at all. I think Oregon deserves better, more equitable access. 23 other states believe the same, having passed mandates to cover fertility services. We are behind the curve.

Oregon prides itself on being a pro-reproductive health care state, so it's mind boggling that we have left out coverage of the very essence of that - covering reproductive capacity for those with infertility. Reproductive health care should not be deduced down to the right to have a family when one is ready - but should also cover for those who struggle to build a family due to disease. I know it has been mentioned but it is worth repeating: infertility is a classified disease. (defined as such by the American Medical Association).

In my advocacy for this mandate over many years in Oregon what I have learned is this: Infertility doesn't discriminate: it affects people regardless of gender, race, sexual orientation, age or political party. I desperately hope this is the last year advocates have to stand before the legislature, sharing traumatic stories in hopes that lawmakers do the right thing. I implore you to make this session the year Oregon takes a stand as a truly pro-family, pro-reproductive health care state, and pass this mandate.

If you have any doubt about the dire necessity of this legislation, I'd ask you to spend just 5 minutes talking to someone who has faced this life altering disease. I urge you to vote in favor of SB 535 - and to continue to support its path to passing in the House and Senate. Thank you.