

Testimony in Support of Senate Bill 535

Submitted by Dacia Kailin

Dear Committee:

Thank you for the opportunity to provide testimony in strong support of Senate Bill 535, which would require equitable insurance coverage for fertility and reproductive care, including IVF, for Oregonians.

As a board-certified physician associate and a lifelong Oregonian, I am deeply invested in accessible and person-centered healthcare. I am also someone currently navigating the emotional, physical, and financial challenges of in vitro fertilization (IVF)—not because of traditional definitions of infertility, but because of other deeply personal medical circumstances. After the death of my uncle, several members of my immediate family—including myself—were diagnosed with the same rare cardiomyopathy that took my uncle’s life. My partner and I are pursuing IVF to utilize pre-implantation genetic testing (PGT) to ensure that our future offspring are not the recipients of this genetic condition as well. My journey may not fit the conventional mold, but it has required the same intense treatments, procedures, medications, and hopes that every IVF patient knows intimately.

Fertility care is healthcare. And IVF is often not a luxury—it’s a necessity. For many individuals and couples, it’s the only pathway to having a family. Yet, in Oregon, access to IVF is often determined by privilege: if you can afford it, you can try. If you can’t, you may be left with heartbreak and limited options. This is unacceptable.

SB 535 provides a thoughtful, inclusive definition of infertility—recognizing not just heterosexual couples with a year of unsuccessful intercourse, but also single individuals, LGBTQ+ families, and people with medical conditions that impair fertility. This inclusive framing acknowledges the reality of modern families and supports people like me, who may not meet traditional insurance criteria but still require medical assistance to build a family.

Oregon has long been a leader in reproductive justice. Passing SB 535 would align with our values by removing outdated barriers and ensuring that medical decisions are guided by clinicians and patients—not by restrictive insurance policies. It would also bring Oregon in line with over a dozen other states that have already adopted similar legislation, often improving maternal and infant health outcomes in the process.

Fertility challenges do not discriminate based on gender, marital status, income, or sexual orientation. Our laws shouldn’t either. I urge you to pass SB 535 and ensure that all Oregonians—regardless of background or diagnosis—have a fair chance at starting or expanding their family when they need medical help to do so.

Thank you for your time, service, and consideration.

Respectfully,
Dacia Kailin, PA-C
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