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TESTIMONY IN SUPPORT OF S.622
AN ACT RELATIVE TO LGBTQ FAMILY BUILDING
BEFORE THE JOINT COMMITTEE ON FINANCIAL SERVICES
SEPTEMBER 26, 2023

The Massachusetts Medical Society (MMS) wishes to be recorded in support of S.622, *An Act relative to LGBTQ family building*.

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS supports improving access to fertility services for all patients, regardless of income level, race/ethnicity, sexual orientation, gender identity, or marital status. Accordingly, and for the reasons below, we support S.622, which would expand mandated insurance coverage requirements for fertility services/infertility treatment to include unpartnered individuals and those in partnerships without the biological ability to reproduce.

There are many reasons individuals may seek fertility services including male and female infertility, unexplained infertility, iatrogenic infertility, single parenting, and sexual and gender minorities who are in partnerships that preclude the biological ability to reproduce. The World Health Organization (WHO) views access to fertility care services as a core element of reproductive health, recognizing the importance and impact of infertility on people's quality of life and well-being. WHO states that individuals and couples have the right to decide the number, timing and spacing of their children.[1] Unpartnered individuals, and those in partnerships without the biological ability to reproduce, do not meet the current criteria for mandated fertility coverage in the Commonwealth. The absence of comprehensive insurance coverage for fertility care further perpetuates disparities in access to this critical health care, exacerbating inequities for marginalized populations.

[1] World Health Organization. Fact Sheets: Infertility. https://www.who.int/news-room/fact-sheets/detail/infertility

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Currently, insurance coverage for fertility services in the Commonwealth is dependent on the diagnosis of infertility defined as "the condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35."[2] This time-based approach to achieving pregnancy upholding heteronormative biases, with only people engaging in heterosexual relationships having access to insurance coverage for these services. It excludes many individuals and couples who may require fertility care services for family building, who otherwise do not meet the definitions of "infertility." Sexual and gender minority individuals including, but not limited to, transgender, gender-nonconforming, queer, lesbian, and bisexual people, as well as unpartnered individuals, may desire fertility and require assistance of fertility services to achieve conception. However, cost and limited insurance coverage are well known barriers to accessing fertility services and thus may threaten reproductive autonomy. Financial constraints should not be the determining factor for which individuals should be able to achieve their reproductive goals and become parents.

Restriction of fertility care based on sexual orientation, gender identity and partnered status is inconsistent with increasing health equity across the Commonwealth. When fertility care is accessible to some groups more than others, it reinforces existing structures of power and exacerbates barriers to care. As fertility services continue to expand, insurance coverage mandates should be redefined to include all people that desire fertility and need assistance with conception. Fertility services should be accessible to all patients irrespective of income level, race/ethnicity, sexual orientation, gender identity, or marital status. The lack of reproductive autonomy that lends from socioeconomic constraints and barriers to fertility care may lead to substantial psychosocial burden and ultimately have detrimental effects on the quality of life of many individuals.[3] Improving access to care with more comprehensive insurance mandates and coverage would help decrease these disparities.

We therefore urge a favorable report on this legislation to expand insurance coverage for fertility services. Thank you for your consideration.

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[2] M.G.L. c.175 § 47H

[3] AMA Journal of Ethics. Infertility, Inequality, and How Lack of Insurance Coverage Compromises Reproductive Autonomy. https://journalofethics.ama-assn.org/article/infertility-inequality-and-how-lack-insurance-coverage-compromises-reproductive-autonomy/2018-12