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The Honorable Jim Wood  
Chair of the Assembly Committee on Health  
1020 N Street, Room 390  
Sacramento, CA 95814

**RE: AB 2029 (Wicks) – SUPPORT**

Dear Chair Wood,

On behalf of the American Society of Reproductive Medicine (ASRM), I write in strong support of AB 2029 (Wicks), which updates California’s current infertility insurance law to require health plans to provide coverage for fertility care, including in vitro fertilization (IVF). The current “mandate to offer” is more than 30 years old; includes a heteronormative definition of infertility that discriminates against the LGBTQ+ community and unpartnered individuals; excludes IVF, the standard of care for some patients; and allows employers to deny offering coverage for any reason. It is past time for this law to be updated.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the art, science, and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others.

One in eight individuals or couples have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, racial identities, ethnic backgrounds, sexual orientations, gender identities, and religious affiliations. Many medical conditions can impact fertility, as this Legislature recognized in addressing fertility preservation for cancer patients just two years ago. ASRM and other medical organizations all recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases so that Californians can access the care they need to build their families.



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AB 2029 addresses the inequities many face when building their families. Because medical intervention using donor gametes is necessary for same-sex couples to have a baby, the lack of insurance coverage creates an unfair financial burden on this population. AB 2029 features anti-discrimination language and an inclusive definition of infertility used in other states and most recently passed into law in Illinois in 2021.

As well, analyses by both the CDC and Pew Research Center reveal racial disparities in fertility treatment. An estimated 15% of white women report utilizing some fertility services, whereas only 8% of Black women and 7.6% of Hispanic women can say the same. AB 2029 will improve access to care and outcomes for currently underserved communities, including racial and ethnic minorities and lower-income populations.

Finally, SB-600 recognized fertility preservation two years ago as medically necessary for cancer patients and others at risk of iatrogenic infertility. As a result, Californians are now able to preserve their eggs and sperm before undergoing potentially sterilizing medical treatment. Yet many of these patients are unable to complete their family building because they cannot afford the medically necessary treatment of IVF. AB 2029 will enable these patients to take the next step of IVF using their preserved eggs, sperm, or embryos.

For these reasons and more, I urge the Committee to support AB 2029.

Respectfully,

Marcelle I. Cedars, MD  
President  
American Society for Reproductive Medicine