



Impacting Reproductive
Care Worldwide

Officers

Catherine Racowsky, Ph.D.
President

Hugh Taylor, M.D.
President-Elect

Marcelle Cedars, M.D.
Vice President

Peter Schlegel, M.D.
Immediate Past President

Christos Coultfaris, M.D., Ph.D.
Past President

Michael Thomas, M.D.
Secretary

James Toner, M.D., Ph.D.
Treasurer

Administration

Ricardo Azziz, M.D., M.P.H., M.B.A.
Chief Executive Officer

Sean Tipton, M.A.
*Chief Advocacy,
Policy and Development Officer*

Dan Carre, C.P.A.
Chief Financial Officer

Vickie Gamble, M.P.P.M.
Chief Operations Officer

Chevis N. Shannon, DrPH, M.B.A.
Education and Science Officer

House Health Care Committee
Vermont State House
115 State Street
Montpelier, VT 05633-5301

4/28/23

Dear Chair Houghton, Vice Chair McFaun, and Health Care committee members,

On behalf of the American Society of Reproductive Medicine (ASRM), I write in strong support of [H. 369](#), “**An act relating to health insurance and Medicaid coverage for fertility-related services**” which would require private health insurance plans and Vermont Medicaid to provide coverage for fertility care.

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, which is why ASRM and other medical organizations recognize infertility as a disease. As such, infertility, like other diseases, should be covered by health insurance so that everyone in Vermont can access the care they need to build their families.

H. 369 addresses the inequities many face when building their families. Because medical intervention using donor gametes is necessary for same-sex couples and single people to have a baby, the lack of insurance coverage creates an unfair financial burden on this population. As well, analyses by both the CDC



Impacting Reproductive
Care Worldwide

Officers

Catherine Racowsky, Ph.D.
President

Hugh Taylor, M.D.
President-Elect

Marcelle Cedars, M.D.
Vice President

Peter Schlegel, M.D.
Immediate Past President

Christos Coultifaris, M.D., Ph.D.
Past President

Michael Thomas, M.D.
Secretary

James Toner, M.D., Ph.D.
Treasurer

Administration

Ricardo Azziz, M.D., M.P.H., M.B.A.
Chief Executive Officer

Sean Tipton, M.A.
*Chief Advocacy,
Policy and Development Officer*

Dan Carre, C.P.A.
Chief Financial Officer

Vickie Gamble, M.P.P.M.
Chief Operations Officer

Chevis N. Shannon, DrPH, M.B.A.
Education and Science Officer

and Pew Research Center reveal startling racial disparities in fertility treatment. H. 369 will improve access to care and outcomes for currently underserved communities, including racial and ethnic minorities.

For these reasons and more, I urge the Committee to support H. 369.

For more information, feel free to contact me or Sean Tipton, ASRM's Chief Advocacy and Policy officer at Stipton@asrm.org or 202-421-5112.

Sincerely,

Michael A. Thomas MD
President
American Society of Reproductive Medicine