



# Fertility Within Reach<sup>®</sup>

ADVOCATING FOR FERTILITY HEALTH CARE

House Committee on Healthcare  
115 State Street  
Montpelier, VT 05633

Re: H.369 An act relating to health insurance and Medicaid coverage for fertility-related services

Dear Representatives Houghton, McFaun, Black, Berbeco, Carpenter, Cina, Cordes, Demar, Farlice-Rubio, Goldman, and Peterson,

I hope this letter finds you well. My name is Davina Fankhauser and I am the Co-Founder of Fertility Within Reach, a national nonprofit advocating for fertility healthcare and currently serve as President of the New England Fertility Society. I am reaching out in support of House Bill, H.369, that looks to introduce coverage for fertility services.

This legislation marks a massive step forward towards ensuring all Vermont residents have equitable access to essential fertility services. No one should be forced to choose between treating or preserving their fertility health and financial hardship, and by integrating these services into your state and private health plans, you will be providing invaluable support to Vermont residents. With neighboring states providing fertility services, Vermont's adoption of this legislation will enable young families and workers to remain within the state.

Additionally, it has come to my attention that some concerns about cost have arisen regarding potential cost as it was reported by the Vermont Insurance Department. I am an expert in fertility health coverage and have previously assisted in developing fertility-related actuary reports in Maine, Tennessee, Massachusetts, and North Dakota. Having looked at the reports, I'd like to share my opinion on why Vermont's report pertaining to fertility health benefits may not accurately represent the cost of implementing H.369:

- The Oliver Wyman report fails to subtract currently-infertile individuals from their premium estimates associated with maternal health. By including maternal health in a fertility benefit actuary, they are essentially double counting this population and inflating estimated costs.
- The report's cost estimate was based on the number of claims, rather than the actual amounts paid by insurers for covering these services. Out-of-pocket costs are significantly higher than reimbursement rates paid by insurers.



# Fertility Within Reach<sup>®</sup>

ADVOCATING FOR FERTILITY HEALTH CARE

- The report claims that infertility has no direct medical consequences and that seeking treatment is a choice, which ignores the significant effects pregnancy loss can have on maternal health.

Finally, I'd like to share some possible language changes to the bill for you to consider. I believe integrating these language changes will create a more equitable and effective version of legislation. I have attached a PDF version of an amended H.369 with the following changes:

- The inclusion of "testing" in the definition of Fertility Diagnostic Care
- The removal of the clause allowing for private insurance providers to optionally cover preimplantation genetic testing
- The removal of the clause allowing for Vermont Medicaid to optionally cover preimplantation genetic testing

Thank you for your consideration and in service to your constituents, I hope you choose to promote more accessible fertility healthcare for future Vermont residents and families. Please do not hesitate to reach out if you have any questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Davina Fankhauser". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Davina Fankhauser  
Co-Founder & Executive Director, Fertility Within Reach  
President, New England Fertility Society  
[www.fertilitywithinreach.org](http://www.fertilitywithinreach.org)  
Email: [admin@fertilitywithinreach.org](mailto:admin@fertilitywithinreach.org)  
Phone: 857-636-8674