March 5, 2024

Human Services Committee Public Hearing
Legislative Office Building, Room 4000
Hartford, CT 06106-1591

RE: H.B. 5378 (Raised) An Act Concerning Health Insurance Coverage for the Diagnosis and Treatment of Infertility

Dear Senator Cabrera, Representative Wood, and distinguished members of the Insurance and Real Estate Committee:

My name is Shannon Hansen. My wife Megan and I are residents of Glastonbury, CT. We are testifying in support of raised House Bill 5378 An Act Concerning Health Insurance Coverage for the Diagnosis and Treatment of Infertility. This bill addresses a critical public health need by eliminating barriers to fertility treatment and ensuring that Connecticut residents have equitable access to the reproductive care they need to build their families. It is my hope that Connecticut amends its legislation to provide equitable coverage for fertility treatments regardless of sexual orientation.

After living in North Carolina for four years, my wife Megan and I moved back to Connecticut in 2018. Both of us grew up in Newtown but we are now proud to call Glastonbury our home. Megan and I have been preparing over the past several years to start a family of our own. When we got married in 2017, we knew that we wanted to have children with myself carrying the child. Like many others, we assumed that in vitro fertilization (IVF) was our only option. But upon researching further, we learned that intrauterine insemination (IUI) was the best option for us. IUI is a lower cost option and a practical avenue for same-sex female couples, as we do not require additional fertilization techniques to conceive.

While preparing to undergo IUI, we contacted our insurer at the time (Cigna) to verify our coverage. Much to my dismay, I received the following answer: “IUI is only covered by Cigna after the couple ‘tries to conceive’ for one year and proves their ‘exposure to semen.’” In other words, our insurance policy required a heterosexual couple to prove medical infertility by having unprotected sex for a year without conception. That practice, while understandably frustrating, is free. On the other hand, Megan and I are about to try for our sixth time to undergo IUI (the first five were unfortunately unsuccessful). Each attempt to conceive via IUI costs almost $3,000, between the cost of acquiring sperm from a cryobank and the IUI procedure itself.

Needless to say, our insurer’s qualifying prerequisite was not applicable to same-sex couples. It took me by surprise that Connecticut did not already have such legislation in place. For years,
Connecticut has been a leader in equality for the LGBTQ+ community. In 2005, Connecticut was the second state to adopt civil unions, following Vermont. And in 2008, Connecticut legalized gay marriage, second only to Massachusetts. However, fertility treatment equality for same-sex couples does not follow in this vein. Connecticut is one of 14 states that has legislation requiring insurers to cover infertility diagnosis and treatment. C.G.S. § 38a-509 and § 38a-536 (1989, 2005) require health insurance organizations to provide coverage for medically necessary expenses for infertility. In this context, as stated earlier, infertility refers to “an otherwise healthy individual who is unable to conceive or produce conception or to sustain a successful pregnancy during a one-year period.” Unfortunately, this does not take same-sex couples into consideration.

This insurance coverage does not reflect Connecticut’s values for equality on the basis of sexual orientation, as it restricts the coverage of artificial insemination treatments to heterosexual couples only. Same-sex female couples must pay for artificial insemination in order to meet the current criteria defining infertility. The law restricts who has the right to try and procreate by limiting LGBTQ+ couples' access to treatments that would allow them to create families. This insurance coverage is antiquated and provides extensive, often expensive, coverage for heterosexual couples facing infertility issues but does not view those in same-sex marriages worthy of fertility treatment coverage.

Until recently, our insurance coverage stated that I have to prove that I have failed to conceive with regular, unprotected heterosexual intercourse in order to qualify for IUI coverage. However, this policy was only recently updated upon bringing to my employer’s attention that this coverage was discriminatory on the basis of sexual orientation. Upon raising this to my employer, they swiftly took action to modify our policy to become more inclusive. It is my hope that the state of Connecticut takes similar action.

With that being said, many other Connecticut residents are subject to insurance coverage similar to the language as that reflected in my former insurance policy. The former policy was based off of an outdated law that defined infertility in 1989 - nearly two decades before gay marriage was legalized in Connecticut. This law was written by those who could not imagine two women starting a family of their own. Reproduction is a basic human right, and one that is afforded to my heterosexual neighbors but not Megan and myself without a hefty price tag. This places an undue financial hardship on same-sex couples in a time when they are looking to start a family of their own.

With that being said, even if H.B. 5378 were passed, LGBT+ couples still face additional barriers before being placed on a level playing field as their heterosexual counterparts. Until gametes are covered (i.e., donor sperm and donor eggs), LGBTQ+ couples will still be at a disadvantage compared to their heterosexual counterparts. For instance, in our situation, the majority of the
financial burden relies on coverage of gametes. For Megan and myself, donor sperm costs are substantial compared to the cost of the IUI procedure itself. This is a significant financial burden for couples, which places implicated LGBTQ+ families that much farther behind their heterosexual counterparts.

I conclude by asking you to consider what kind of an environment you want to create for same-sex residents of our state. Amending this law would afford same-sex couples equal access to establishing families in Connecticut and to watch their children grow in the state that we know and love. Connecticut paved the way early on to legalize gay marriage, seven years before President Obama legalized it across the nation in 2015, showing others that love wins. But for many, becoming a family only begins with marriage.

I support raised H.B. 5378 with suggested amendments. Access to family-building health care such as IUI is essential healthcare for many LGBTQ+ couples and single women who should not be held to an outdated standard. I urge the committee and legislature to vote favorably to improve fertility healthcare coverage and update our state law, which does not reflect the standard of healthcare, allowing more Connecticut residents to have access to the essential medical care needed to build their families.

Sincerely,

Shannon & Megan Hansen
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