

**Testimony of Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut, against Amendment A to HB 5482, "AN ACT CONCERNING TWELVE-MONTH COVERAGE FOR CONTRACEPTION AND HORMONE THERAPY."**



Chairpersons and members of the committee:

Thank you for the opportunity to submit testimony in opposition to the House Amendment A to HB 5482.

While this amendment is framed as a study and access proposal, it raises significant concerns involving taxpayer funding priorities, ideological imbalance, future Medicaid expansion for assisted reproduction technologies, and the continued erosion of clear medical and ethical boundaries in state policy.

The amendment creates a fertility-related health care task force that appears heavily structured toward one ideological perspective. The membership includes representatives tied to reproductive health advocacy organizations, reproductive endocrinology interests, racial equity advisory bodies, and advocates for expanded fertility-related care, but it notably excludes:

- child welfare advocates,
- religious liberty advocates,
- ethicists concerned with surrogacy and embryo commodification,
- representatives of adoption organizations,
- disability-rights advocates who oppose selective embryo screening,
- or voices concerned about exploitation in the fertility industry.

This imbalance matters because the task force is clearly designed to lay groundwork for future Medicaid and insurance mandates involving fertility-related services. The amendment repeatedly references "coverage," "reimbursement," "public funding," and Medicaid expansion models in other jurisdictions.

Connecticut should not move toward requiring taxpayers to subsidize expensive assisted reproductive technologies without a serious public debate about the consequences. These technologies increasingly include:

- commercial surrogacy arrangements,
- embryo selection,

- third-party gamete markets,
- and experimental reproductive practices involving gender identity claims and nontraditional parentage structures.

The amendment also adopts the infertility definition promoted by the American Society for Reproductive Medicine. That definition has become increasingly controversial because it moves away from infertility as a diagnosable medical condition and toward a broader social definition that can include individuals who are physically capable of reproduction but lack a reproductive partner. This dramatically expands the potential scope and cost of fertility-related mandates.

In practice, this means taxpayers could eventually be pressured to subsidize reproductive technologies for situations that are social or lifestyle-based rather than medically necessary. Connecticut residents deserve transparency about where this policy direction leads.

There are also serious ethical concerns surrounding the broader fertility industry that this amendment completely ignores. Commercial surrogacy raises unresolved questions involving:

- exploitation of economically vulnerable women,
- commodification of children,
- custody disputes,
- international trafficking concerns,
- and the intentional creation of children separated from one or both biological parents.

A truly balanced task force would examine these realities. This one does not.

Finally, Connecticut families are struggling with affordability, access to primary care, mental health needs, and basic services. Expanding state involvement in costly fertility markets and pharmaceutical mandates should not be prioritized over core health and family needs.

For these reasons, we respectfully urge opposition to the HB 5482 House Amendment.