

April 1, 2026

Testimony of Peter Wolfgang, President, Family Institute of Connecticut Action in opposition to HB5483 An Act Concerning Fertility Care Under the Medicaid Program



This bill raises serious concerns about the proper role of government, the use of taxpayer funds, and the direction of public health policy in our state.

First, HB 5483 would significantly expand Medicaid beyond its core purpose. Medicaid exists to provide essential medical care for low-income individuals—care such as primary health services, chronic disease management, and maternal health. Fertility treatments, particularly advanced procedures like in vitro fertilization, are not basic or emergency medical care. At a time when Medicaid already faces cost pressures, this bill would redirect limited public resources toward expensive, elective procedures that serve a relatively small population.

Second, while the bill is framed as expanding access to “fertility care,” it opens the door to complex and ethically sensitive practices. Even if surrogacy itself is not directly covered, the bill facilitates pathways that rely on third-party reproduction. This raises concerns about the commodification of human reproduction and the involvement of multiple parties—often with legal and ethical complexities that public programs are not well-equipped to manage.

Third, this bill moves public policy further away from a child-centered framework. Every child has a natural connection to a mother and a father, and public policy should be cautious about endorsing systems that intentionally separate children from one or both biological parents. While we should approach all families with compassion and respect, the state should not be in the position of funding arrangements that redefine parenthood in ways that may not serve the long-term interests of children.

Fourth, there are real fairness concerns. Many Connecticut families struggle to afford basic health care, mental health services, or care for children with special needs. Expanding Medicaid to cover fertility treatments raises the question of priorities. Should taxpayers be asked to subsidize expensive reproductive technologies when other essential services remain underfunded?

Finally, this bill risks creating an open-ended obligation. Once fertility services are covered under Medicaid, pressure will inevitably grow to expand those benefits—more cycles, broader eligibility, and potentially coverage of additional services. This creates long-term fiscal uncertainty for the state.

In closing, while the desire to have children is deeply understandable and deserving of compassion, it does not follow that the state must fund all means of achieving that goal. HB

5483 represents a significant expansion of Medicaid into areas that are not essential, not clearly limited, and not aligned with its original purpose.

For these reasons, I respectfully urge you to oppose this bill.

Thank you for your time and consideration.