

April 2, 2026

**Testimony of Leslie Wolfgang on behalf of Family Institute of Connecticut Action in opposition to HB5374 An Act Concerning Health Coverage Mandates for Certain Health Conditions**



- HB 5374 expands the definition of infertility beyond medical conditions, requiring insurance coverage for IVF and related procedures in **non-medical situations**, which effectively facilitates and subsidizes surrogacy and other third-party reproduction arrangements.
- HB 5374 will INCREASE INSURANCE COSTS for CT families and businesses and was modified AFTER THE PUBLIC HEARING to include mandated coverage for IVF and surrogacy related procedures. This topic deserves a more thorough discussion of the broader ethical implications for children and families.

My name is Leslie Wolfgang, and I am testifying in opposition to HB 5374 on behalf of families who believe public policy should place the best interests of children—and the proper role of medicine—at the center of our laws.

HB 5374 significantly expands mandated insurance coverage for fertility services, including in vitro fertilization and coverage related to surrogacy. The bill defines coverage broadly and, importantly, expands eligibility for IVF and treatments related to surrogacy beyond traditional medical infertility.

For example, the bill's definition of "infertility" includes not only a diagnosed disease or impairment of reproductive function, but also circumstances in which an individual is unable to reproduce "either as an individual or with their partner." That language moves **beyond medical diagnosis and into personal or relational circumstances**.

In addition, the coverage mandate requires insurers to cover a range of assisted reproductive technologies, including IVF and embryo transfer, without clearly limiting those services to cases of diagnosed medical infertility.

This matters because IVF is not an isolated service. It is the foundational medical step used in third-party reproduction arrangements, including surrogacy. While the bill does not explicitly reference surrogacy, it mandates coverage for the very procedures—egg retrieval, fertilization, and embryo creation—that make surrogacy possible.

## **Connecticut is already a hub for surrogacy in the United States.**

Connecticut is widely regarded as a regional hub for surrogacy, with a legal framework that is comparatively permissive and largely structured around private agreements. Connecticut's "parentage" laws—allowing compensated surrogacy, broad eligibility for intended parents, and pre-birth parentage orders—have added to its popularity.

Surrogacy and assisted reproduction have also been the subject of recent legislative attention in Connecticut. For example, this session's SB 293 addresses concerns related to fraud and oversight in fertility treatments, underscoring the complexity and risks that can arise in this area.

Against that backdrop, a significant expansion of mandated coverage for IVF and related procedures—as proposed in HB 5374 (and HB 5483 AAC Fertility Care Under the Medicaid Program)—may increase utilization of assisted reproductive technologies, including those connected to third-party reproduction. When expansion of access is not paired with clear guardrails and oversight, it raises legitimate concerns about accountability, transparency, and the potential for abuse in a system that already relies heavily on private contractual arrangements.

## **Subsidy by CT families and businesses for non-medical IVF and Surrogacy situations**

The bill's expanded definition of infertility opens the door to mandated coverage in **non-medical situations**. Examples include:

- Individuals, including single male adults, who do not have a diagnosed medical infertility condition but are unable to conceive due to the absence of a partner
- Individuals, such as those of advanced reproductive age, who wish to have a biological child but are no longer able to carry a pregnancy due to age-related or other non-disease factors
- Individuals seeking to use assisted reproductive technologies in situations not tied to an underlying disease or impairment, including circumstances where prior treatments or interventions have affected reproductive capacity—such as certain “gender-affirming care” procedures (including puberty blockers, cross-sex hormones, or surgical removal of reproductive organs), which are documented to have impacts on fertility.

In these cases, IVF is not treating a pathology; it is subsidizing choices and involving reproductive arrangements that will include third parties, egg donors, gestational carriers and future newborns, infants and children.

## **That shift has significant policy consequences.**

First, it changes the purpose of health insurance. Insurance has traditionally been designed to treat disease or restore normal bodily function. HB 5374 instead mandates coverage for procedures that create new life through complex, multi-party arrangements—raising ethical and legal questions that are not addressed in the bill.

Second, it increases costs. IVF is one of the most expensive outpatient procedures that can be mandated by a state, with a single cycle often costing between \$15,000 and \$25,000. Expanding eligibility beyond medical necessity will increase utilization, **placing upward pressure on insurance premiums for employers and families across Connecticut.**

Third, once IVF is mandated without clear limiting principles tied to medical infertility, it becomes difficult to draw lines. If embryo creation must be covered regardless of diagnosis, future interpretations may expand coverage further, making it increasingly difficult to distinguish between covering infertility treatment and facilitating surrogacy.

Finally, this raises equity concerns. At a time when many families struggle to afford basic care, this bill requires all policyholders to subsidize expensive reproductive technologies that extend beyond traditional medical treatment into elective use.

For these reasons, I urge the legislature to remove sections 8 through 11 of HB5374. At a minimum, the legislature should restore clear medical-necessity limits, narrowly define infertility, and ensure that Connecticut does not inadvertently subsidize third-party reproduction practices without a more full public debate. Particularly when mandated coverage for non-medical infertility conditions was added to the bill AFTER THE PUBLIC HEARING.

Children deserve to be treated as persons with inherent dignity, not as the product of a system of contracts and technological processes.

Thank you for your consideration.