



Testimony of Patience Crozier, Esq.
Senior Staff Attorney, GLBTQ Legal Advocates & Defenders (GLAD)
in support of H. 1004 / S. 560, An Act Relative to Preserving Fertility
October 8, 2019

Joint Committee on Financial Services
Massachusetts State House
24 Beacon Street
Rooms 254 & 413-B
Boston, MA 02133

Dear Senate Chair Welch, House Chair Murphy, and Members of the Committee:

Thank you for the opportunity to submit testimony in support of H. 1004 / S. 560, An Act Relative to Preserving Fertility. This legislation represents an important step forward in ensuring access to fertility preservation for Massachusetts residents. Providing access to insurance coverage for fertility preservation is critical to ensuring individuals and couples can realize their dream of building families.

By way of background, GLBTQ Legal Advocates & Defenders (GLAD) is New England's leading legal rights organization dedicated to equality for LGBTQ people and people living with HIV. At GLAD, much of my work focuses on family law, including family creation and the protection of parent-child relationships.

There is no more important core relationship to a stable, thriving society than that of a parent and a child, and LGBTQ individuals and couples strive to create families just like all other people. Indeed, a recent U.S. survey found that similar percentages of LGBTQ and non-LGBTQ people ages 18-35 plan to have children. Moreover, the same survey found that transgender individuals are just as likely to be considering expanding their families as their cisgender peers.¹

Recognizing that a lack of insurance coverage for fertility care is a significant challenge for many people seeking to build their families, Massachusetts has been a leader in eliminating this barrier to creating a family. For more than thirty years, Massachusetts has mandated insurance

¹ Family Equality Council, *LGBTQ Family Building Survey* (2019), <https://www.familyequality.org/resources/lgbtq-family-building-survey/>.

coverage for assisted reproductive technology (ART) procedures for its residents.² This coverage has proven vital for countless families, and Massachusetts is now the state with the highest proportion of births of ART-conceived infants among all infants (4.7%).³ Bolstered by this kind of legislative leadership, Massachusetts has become a leader in the science and medicine of ART and in supporting those seeking to grow their families.

Although current law has helped many people facing fertility-related challenges in creating their families, others continue to experience difficulties because of a lack of access to fertility preservation. For those with certain illnesses or medical conditions, they strive to preserve their own fertility to further their dream of one day creating a family. Currently, fertility preservation is financially out of reach for many, and this legislation will increase access in a meaningful way. Providing such access is of particular importance to transgender people receiving gender-affirming healthcare, since such treatment often results in fertility impairment.⁴ In passing this bill Massachusetts would continue its history of pro-family policymaking by updating state law to ensure that those who have certain medical or genetic conditions are supported in their aspirations to build a family.

GLAD supports this bill because fertility preservation is a critical need for so many people, including LGBTQ people, and this bill takes important steps to require insurers to cover fertility preservation fairly and comprehensively. Fertility preservation has been addressed legislatively in Rhode Island, Connecticut and New Hampshire, and we hope that Massachusetts will be next in New England.

GLAD hopes that Massachusetts will move H. 1004 / S. 560 forward and ensure that its residents have comprehensive access to fertility preservation. Thank you for your consideration, and please do not hesitate to contact me with questions or for additional information.

Respectfully submitted,



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² See G. L. c. 175, § 47H; G. L. c. 176A, § 8K; G. L. c. 176B, § 4J; G. L. c. 176G, § 4.

³ Saswati Sunderam et al., *Assisted Reproductive Technology Surveillance – United States, 2016*, Ctrs. Disease Control & Prevention Morbidity and Mortality Wkly. Rep., April 26, 2019, at 1, <https://www.cdc.gov/mmwr/volumes/68/ss/pdfs/ss6804a1-H.pdf>.

⁴ See World Prof'l Ass'n for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* 50 (7th Version, 2011), https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf.