



**Advocacy Committee Board Report
August 30, 2023**

The Advocacy committee of Resolve New England (RNE) did not meet during the summer. We will resume meeting in September and/or October. We are excited that the committee keeps growing. The members are:

Meredith Munn Wheeler, Chair (Rhode Island)

Catherine Tucker, Vice Chair (New Hampshire)

Janene Oleaga (Maine)

Kerry Kavanaugh (Massachusetts)

Beth Seniw (Vermont)

Ana Cimino Burke (Vermont)

Kieran O'Donnell (Connecticut)

Molly Sullivan Donnelly (Massachusetts)

Kristen O'Neill (Maine)

Though Resolve New England has been committed to advocacy throughout our history, our recently completed strategic plan affirmed that advocating across New England to expand and protect fertility and family building access is one of our fundamental goals.

Here is an update on RNE's current advocacy work.

Connecticut:

RNE is a member of the Fertility Access Connecticut (FACT) coalition. Currently, there is no coverage for fertility care, including fertility preservation, under HUSKY Health (the state's Medicaid program). Also, typically LGBTQ+ and unpartnered people have limited or no coverage from private insurance unless they can meet a medical definition of infertility. This year, the "FACT bill" to address the limitations of Connecticut's existing law advanced favorably through both Human Services and Appropriations, but unfortunately it did not pass. Our next

steps in Connecticut are to file legislation again next session and to further strengthen/improve/diversify the FACT coalition.

Maine:

RNE will continue to monitor the implementation of the new law (takes effect 1/1/24) to ensure private insurance coverage for fertility treatment and for medically necessary fertility preservation. We are very proud of the inclusive language of this statute, including LGBTQ+ couples, unpartnered people, and those who need fertility treatment to prevent severe genetic conditions. The final rules have not yet been released (RNE provided verbal and written testimony on these in June).

Massachusetts:

RNE is advocating collaboratively for several bills in MA, including private insurance coverage for medically necessary fertility preservation (H.1041/S.598); improving access to fertility coverage for LGBTQ+ people (S.622); the Massachusetts Parentage Act (H.1713/S.947); designating September as PCOS Awareness Month (H.3090/S.2030); providing protected paid leave for people to cope with a pregnancy loss, an unsuccessful assisted reproductive technology procedure, a disrupted adoption or surrogacy match, or a challenging medical diagnosis related to pregnancy or fertility; directing the Department of Public Health to provide public information about pregnancy loss, as well as data collection and analysis; and designating October 15th as Pregnancy and Infant Loss Awareness Day (S.2005). None of our MA priority bills have had their hearings yet, so it could be a very busy fall.

New Hampshire:

Long term RNE wants to advocate proactively to make the New Hampshire fertility insurance law more inclusive, with a focus on LGBTQ+ people and those who want to be solo parents. We recently learned that there may be a cost study underway even though the bill to order one did not pass. We are also committed advocating to protect reproductive health care throughout the region, which is particularly needed in New Hampshire as it has the most restrictive abortion policies in the region.

Rhode Island:

RNE hopes to leverage our strong legislative relationships in the Ocean State to work towards a more inclusive fertility insurance law in Rhode Island and have already begun discussions about this.

Vermont:

Vermont sadly does not yet have a fertility insurance law, so RNE is actively advocating during their current two-year session. Most Vermont residents do not have access to fertility coverage and thus do not have access to care. Insurance companies seem to regard fertility services as elective, so most Vermonters seeking fertility treatments must pay out-of-pocket to cover the

medical expenses, which is impossible for many. The current bill (H.369) would enhance fertility treatment accessibility by requiring in-state private insurance and Medicaid plans to provide coverage for fertility services, thereby bridging the gap in access to care. Consideration of this legislation will continue in 2024 and will be a central focus of RNE's advocacy work.

RNE will have our advocacy intern Shelly back for the fall semester and hopefully the spring semester also.