

HB 1282 - PRO

Fertility insurance funding

Hi, I am Shana Beadle. I'm a resident of Bismarck. I am a statistic of infertility – somewhere between 1 in 6 to 1 in 8 people face infertility. If I look familiar, it's likely because you've seen me with my husband, our state treasurer. We are high school sweethearts, and got married in 2014 after dating for ten years. We got married because we were ready to have a family. Here we are over a decade into marriage, and no baby. But that's not for lack of trying; we've done it all. I have PCOS meaning my hormones are not the same as other women, and I do not ovulate regularly. Generally there are 3 stages to fertility treatment to carry your own baby. The stage before you get involved with the doctor is where you try all the old wives tales, you take the supplements, you "just relax" like everyone so helpfully tells you, you go on the diets, you get the acupuncture, you try it all. Then, when you go to the doctor, the first stage is testing and medicated cycles where you are given clomid or femera combined with an injection to perfectly time ovulation. We started that in 2017 and have done maybe 10 rounds of that over the years. The second stage of treatment escalates to IUIs – these are basically the medicated cycles, combined with ultrasounds and the "turkey baster" approach to insert the best clean sperm into an ovulating woman. We did four IUIs with Sanford here in Bismarck overseen by the Sanford Reproductive team out of Fargo. We were blessed to have 2 positives in those cycles. One was an early miscarriage, and one was an ectopic pregnancy. We were advised by our team of experts that it was time to move on to IVF to get us a baby. The final stage of fertility escalates to IVF. We began that process a year ago. This summer I completed the egg retrieval. We were so lucky to create multiple embryos, and we currently have 3 left that are high quality. I completed one transfer with our highest quality embryo in September; by week 6 we found out it was a blighted ovum. Scientifically, everything was "correct" with the embryo, but I just grew a placenta shell with nothing inside. That September pregnancy finally left my system last month, and next week I will undergo another surgery to remove polyps before we do another embryo transfer. It is my sincere wish that by the time this bill gets to its Senate hearing, I'll be pregnant.

With the current fertility coverage of \$25,000 lifetime cap, you need to know a few things. First, this cap looks like it's per person, but the way that insurance works, it is effectively \$25,000 per couple for a lifetime. When my husband does a fertility workup lab, it is under my name so they know it is connected to me, and he doesn't somehow get charged with half an IUI to spread out coverage. Second, that amount of coverage is actually great. We got through our medicated cycles and IUIs with a few

thousand remaining, and that little bit has been used to offset some of the drug costs associated with IVF. Since we would not have enough coverage remaining for IVF, we are paying cash out of pocket at a specialty fertility clinic in Minneapolis, so yes it is more costly than sticking with Sanford. It's about \$35,000 for the egg retrieval cycle, and about \$7,000 for the transfer of the embryo into me. The drugs cost about \$6,000 in cash for the egg retrieval cycle, and maybe \$1,500 for the transfer cycle. Statute sets my husband's salary, and I think it is pretty good, but if we didn't take out loans and have family financial help, there's no way we could afford IVF. I also need you to remember that most people won't escalate to our final boss stage of IVF; generally, a few cycles will have them pregnant within a few months. The cases you hear today are extreme because those that quickly get pregnant are busy with their babies, and the rest of us are still here fighting.

I am here standing today telling you about my medical details because first, you are here evaluating if anyone actually wants or needs for this to become law. I do. Second, you are also evaluating if this is a worthwhile model for PERS to try for two years before expanding to the private market – that is who I stand here for. I hope that by the time other plans have this coverage, the women who have told you all about their uteruses today will have their babies and will not need to fight anymore. I stand here for the thousands who are too busy, who aren't engaged with the political process, who can't drive to Bismarck on a Wednesday morning, who are too embarrassed to reveal details about their menstrual cycles on the public record, or who are scared of being told we are anti-life like some Representatives said on the floor in 2023 about this bill. Finally, I know that the insurance lobbyists here today may speak in public or they might just approach you in private, and whisper about how expensive this could be, and I get it. They're just doing their jobs – it is literally the job of insurance companies to make a profit. But I want you to remember that as policy makers, you create policy. You determine what the state says is important. You have the power to amend to create a bill that you like better. You have the final say. I hope that you demonstrate that you care about the 1 out of 6 families struggling with fertility by passing

1282.