

My testimony is in support of HB1146. I want to start out by giving you a very brief background of my infertility journey. My husband and I began trying to get pregnant in late 2013. After being diagnosed with infertility, we tried several IUIs locally, a round of IVF (including three embryo transfers) in Fargo, and a second round of IVF in Denver. After eight and half very difficult years, I gave birth to our beautiful baby girl in April of 2022.

This is my third time testifying for the fertility benefits bill. Therefore, today I would like to take a different approach and focus on providing you some insight into what it's like for families going through infertility. I would like to start by breaking down the cost of treatment. Please keep in mind that these numbers reflect my particular needs and clinics and that the pricing varies from 2017-2021. These prices also do not include any workups or surgeries before we pursued IVF or my six IUIs. Please bear with me as I break down these numbers, as I do feel it's important for you all to get an understanding of the actual financial burden we are talking about.

First round of IVF: Paid throughout cycle

\$18,236.00- included cycle monitoring, retrieval, embryo fertilization/ freezing, and one embryo transfer

\$13,296.00- two additional embryo transfers

\$3,742.00- pre cycle labs/procedures

\$10,000.00- medications (over three transfers)(low estimate)

This round also included one miscarriage/D&C and multiple trips to Fargo, including hotel stays which I have not priced out. It also produced no viable pregnancies.

Second round of IVF: All paid upfront

\$2,884.00- IVF workup

\$900.00- workup labs

\$1,500.00- deposit

\$718.00- sperm collection

\$24,239.00- retrieval, eggs fertilizations, CCS Testing, and one frozen embryo transfer

\$475.00- anesthesia

\$8,000.00- medication

\$650.00- per year for storage of remaining embryos

This round included travel to Denver three times (not priced). It also produced our baby and two additional embryos currently frozen.

That total comes out to \$84,640.00

Do all patients diagnosed with infertility who pursue treatment need IVF or incur this much cost? Thankfully, no. Therefore, I did not breakdown those numbers for you under the guise that everyone faces that challenge. It was simply to show you what this reality can look like and to give you an idea of the substantial impact infertility coverage could have.

Now, I have heard the insurance companies argue a couple of things, one of which is that adding coverage will increase premiums for all customers, including those who will never access the benefit. So, they ask, is it fair that some patients will use it for multiple treatment cycles while others will never use it? Well, let me ask you this in return: is it fair that I pay premiums that cover cancer treatment if I never get cancer? Let me emphasize something very clearly for you all today: infertility is a disease. It's not simply an unfortunate circumstance that we can "relax" our way out of. There is no magic diet or exercise regimen that will kick start our reproductive system back into working order. It is a disease diagnosed by doctors, of which patients do not have control over.

The second argument I have heard from the insurance companies is that not enough employees have requested this benefit from their employers, therefore it is not necessary to cover something that would benefit so few. However, how comfortable would you be going to your boss and revealing your personal medical information? Many people diagnosed with infertility struggle to talk to their own family or friends about it, let alone a stranger in HR. One in eight struggles with infertility. One in eight. How is that number too small for coverage to make an impact?

I would also like to draw your attention to two words those of us with infertility hear the most often: "just" and "choice." The former includes: "just relax and it will happen," "just try this vitamin, food, exercise, etc.," "just adopt," "just do IVF," "just move on with your life," or my personal favorite, "just take my kids, they're driving me insane." I would hope you can see how minimizing those statements are; how much they downplay the struggle of infertility. But why do I even bring those statements up when we are talking about infertility insurance coverage? Because they show the pervasive lack of understanding about infertility and how it works. It also shows the lack of acknowledgement that this is, once again, a disease and not a lifestyle choice.

And now moving onto the latter word: "choice." Most specifically, "you are making a choice to pursue treatment," therefore "why should it be covered by insurance" or "why are you complaining about the cost?" You can see how this goes hand in hand with the "just" statements. Which other disease can you think of where one's decision to pursue treatment is seen as a choice and not an obvious necessity? And, beyond that, where is our choice? I did not choose to have PCOS or Endometriosis. I did not choose for my body to be unable to get pregnant naturally. Let me put it another way: if someone puts a knife to your back and says you either give them your wallet or get stabbed, is that really a choice? And if you cannot afford treatment, there is no perceived "choice" at all.

I would like to end the same way I did during my last testimony: I am not supporting this bill because I will personally benefit if it passes. I say this because I want to make it very clear that, even though, I cannot benefit from this, I still believe this coverage is vitally important for other North Dakotans; many of whom cannot be here today to advocate for themselves due the heavy emotional toll of infertility and the discomfort many feel about speaking publicly about it. And if, one day, my daughter grows up with my reproductive issues, I want her to have more support than I did. In the end, I want every couple in North Dakota to have a chance to build their family, regardless of an infertility diagnosis.

Thank you.

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