

Chairman and Committee Members,

My name is Tara Brandner, a doctorate family nurse practitioner, founder, and president of Everlasting Hope, the first and only nonprofit in ND and SD supporting those with infertility and raising awareness on this disease. This will be my third legislative session working to provide access to insurance coverage for the only disease insurance doesn't cover, infertility and fertility preservation. My infertility journey consisted of the diagnosis of endometriosis, miscarriage, three failed IUI treatments, IVF, and \$40,000 in uncovered medical bills.

One in eight North Dakota Residents has trouble getting pregnant or sustaining a pregnancy, this includes those experiencing a miscarriage and those who have a diagnosis of cancer. Two written testimonies from cancer patients who couldn't be here today explain the impact of infertility on their cancer diagnosis and I encourage you to read those. I am here today speaking for myself but also for those who are suffering in silence. 61% of women do not share this diagnosis with their friends and family. The mental health impact this disease carries is significant for men and women.

Since 2019 I have been speaking with BCBSND, Sanford, and employers to create a positive change for access to care outside of legislation. Ideally, insurance carriers would provide coverage for medically necessary healthcare without any legislation involvement. As it is, they limit the insurance coverage offered or have no coverage for the diagnosis of infertility. That is why I am asking for legislation once again to support access to timely and appropriate healthcare for those diagnosed with infertility.

Infertility is a disease that often requires medical intervention. It is well documented the faster a person can access treatment, the less invasive care they will need and the less care is required to experience a live birth. Fertility treatment and preservation exist and are proven effective, but most people cannot afford the health care expenses to overcome this disease. When a healthcare provider diagnoses a patient with infertility, every lab draw, ultrasound, medication, and procedure is paid for out of pocket by the patient. Infertility impacts men and women: 1/3 male factor, 1/3 female factor, and 1/3 unknown or both male and female causes.

A healthcare disparity refers to differences between groups in health insurance coverage, access to and use of care, and quality of care, as a nurse practitioner, it is clear to me that infertility in North Dakota is a healthcare disparity. Unlike other chronic diseases that are costly in a lifetime, infertility patients will utilize fertility coverage or preservation only during their reproductive years. As a nurse practitioner, I treat patients that have chronic diseases such as diabetes, hypertension, and obesity costing inwards of \$13,000 per month. In addition, individuals with infertility pay for obstetric and maternity benefits but never have an opportunity to utilize them. We all pay for benefits we don't personally find of value at the time or ever, the bottom line is ensuring timely and appropriate health care to residents of North Dakota. North Dakota families should not have to go into credit card debt, take out loans, or use their homes as equity to have access to medical care.

It's important to highlight that HB 1146 pertains to PERS, which already offers infertility benefits but carries a lifetime max that has not been changed since it was initiated over 20 years ago. Surely we are all aware of the cost changes in the medical field that have been made in that time frame. That is why we are moving to capping treatment to a particular number of rounds, not

dollar amounts, which are not even allowed per the ACA. Over the weekend, I emailed you documents backed by research and data from 20 states that have passed this legislation. Not a single one has been required to defray the cost like the opposition will tell you.

There has been a lot of mixed data produced by fiscal notes and independent companies since 2019. It is my understanding the reason legislative changes to insurance plans must run through PERS before being released to commercial insurance is to provide a report showing the effect of the fertility treatment health benefits requirement on the system's health benefits programs, information on the utilization, costs relating to the coverage, and a recommendation regarding whether the coverage should be continued. I am simply asking today for a yes vote to proceed with this study and bill we have been working on since 2019. One in eight of your constituents is asking you to vote yes on HB 1146, and I am here making that ask on their behalf.