

Chairman Ruby and members of the Human Services Committee.

Fertility preservation is a critical yet often overlooked aspect of healthcare for individuals facing medical conditions that threaten their ability to have children in the future. Patients undergoing treatments such as **chemotherapy, radiation, or certain surgeries** for conditions like **cancer, sickle cell anemia, and lupus** often have a small window of time to make life-altering decisions about preserving their fertility before starting treatment. Fertility-threatening medical conditions don't just affect older adults—they impact **young men and women in their teens, 20s, and 30s**, many of whom have not yet had the chance to start a family. Without coverage, these individuals face devastating choices—foregoing necessary treatment, risking permanent infertility, or taking on overwhelming financial burdens to preserve their reproductive options. The emotional and psychological impact of losing fertility due to medical treatment is profound, leading to **increased rates of depression, anxiety, and a diminished quality of life** for those who do not have access to fertility preservation options.

Despite the well-documented medical necessity of fertility preservation, **current insurance policies in North Dakota fail to support these patients**, forcing them to pay out of pocket for procedures that could one day allow them to have biological children. The **existing PERS plan's requirement that patients must try to conceive naturally for 6-12 months before accessing infertility benefits** is an outdated and medically **impossible** barrier for those facing immediate, fertility-damaging treatments. **HB 1284 addresses this gap** by including fertility preservation as a covered benefit, ensuring that individuals who receive life-saving medical treatments are not forced to sacrifice their ability to have a family in the future. Providing this coverage is not just a medical necessity—it is a matter of fairness, compassion, and supporting North Dakotans through some of the most difficult moments of their lives.

I will state again what I did earlier adding fertility preservation to the existing PERS infertility coverage would be a modification, not a mandate. A mandate is a legal requirement forcing insurers to cover benefits not already included in their plans. However, PERS already provides infertility coverage, and HB 1284 does not add a new benefit—it simply modifies the structure to include fertility preservation for patients at risk of medically induced infertility. It does not introduce a new category of care but rather expands eligibility within an already covered condition. Therefore, labeling it a mandate is inaccurate.

I urgent you to vote yes on HB 1284