

HB 1284  
House Human Services Committee  
January 29, 2025

Chair Ruby and members of the House Humans Services Committee,

My name is Dr Ana Tobiasz. I am an obstetrician/gynecologist and maternal fetal medicine physician who has practiced in the state since 2017. I am also representing the American College of Obstetricians and Gynecologists as the ND Section Chair. I am requesting a DO PASS on HB 1284.

Infertility is a health condition that results from a multitude of causes. Individuals may be identified as being at risk for infertility. This can include those with certain health conditions where they may lose ovarian function at an early age, or those who will need to take medications such as chemotherapy or receive radiation treatments, which can damage their reproductive organs. This extends to both males and females. These individuals should be routinely offered fertility preservation services. This allows them to pursue pregnancy at a later time in their lives. Sometimes individuals are receiving a diagnosis that may impact their infertility prior to the time point in their lives where they would like to pursue pregnancy or it may be unsafe for them to do so at that time point as it would delay necessary life saving medical care. Unfortunately when an individual receives these diagnoses, they do not have years to save up the money to pay for fertility preservation services. These health events are not generally planned for and once diagnosed, timely treatment is generally necessary as a life preserving measure. Fertility preservation services are cost prohibitive for many individuals.

Individuals at risk for infertility are not making a “lifestyle choice” and this is not a social condition. I will repeat what was stated in previous testimony to this committee. It is a health condition much the same as hypertension, diabetes, or cancer. It is not a social condition and individuals do not choose to have infertility. The decision to undergo infertility treatments is not a “lifestyle choice”. Involuntary childlessness creates substantial emotional, psychological, and physical distress.

There are few other health conditions that I can think of where individuals receive a medical diagnosis and the evaluation and treatment of their health condition is largely excluded from insurance coverage from both commercial and government payors. The only individuals who currently can receive this necessary medical care are those who have the financial ability to pay for it themselves, or the very few who have any insurance coverage at all. This leaves a large percentage of individuals suffering from a medical condition that cannot afford the medical care required to achieve pregnancy and start a family.

ND promotes itself as a “pro life” and “pro family” state. Improving access to necessary medical care for families to achieve pregnancy and start a family would be a step in the right direction. This needs to be extended for fertility preservation services for individuals who receive a diagnosis that will either directly place them at risk for infertility, or the treatments of their condition will place them at risk.

I strongly urge a DO PASS on HB 1284.

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