HB 1477 - Protecting access to infertility services

Rep. Karla Rose Hanson House Human Services Committee - 1/29/25

Chair Ruby and members of the House Human Services Committee,

I'm Rep. Karla Rose Hanson from District 44. Today I bring you HB 1477, which aims to protect fertility health care. You'll see several parallels to the bill we just discussed.

These protections are important for the 1 in 6 couples who experience infertility and need medical assistance to build their families and realize their dream of having children.

In short, this bill defines fertility health care in state law and says that patients have the right to receive, and health care professionals have the right to provide, infertility health care without interference from state or local government entities.

The bottom line is: let's keep the government out of your doctor's office.

Definitions:

The first page of the bill provides definitions for the terms commonly used in infertility health care, including assisted reproduction, assisted reproductive technology, and fertility treatment. You might be familiar with in vitro fertilization (IVF), which is one of several ways people can build their families using assistance from a health care provider.

Like the bill we just discussed, I urge the committee to at a minimum add definitions to state law to provide clarity on these commonly used terms.

Rights:

The next section of HB 1477 outlines the rights related to infertility health care.

The bill says that patients have the right to <u>receive</u> infertility health care, health care professionals have the right to <u>provide</u> infertility health care, insurance providers have the right to <u>cover</u> infertility health care, and manufacturers have the right to <u>create and distribute</u> products related to infertility health care -- all without restrictions from state and local governments.

That means that the state legislature could not pass a state law that creates barriers for patients, doctors, insurance providers or manufacturers related to infertility health care.

It also means that state agencies could not implement administrative rules that have the force of law that interfere with these rights.

And it means that political subdivisions like city and county commissions could not implement a policy that impedes these rights.

An example of a government restriction could be an outright ban on specific infertility services like IVF.

Another potential restriction would be a so-called "personhood" law. These laws redefine "human being" to begin at conception or fertilization rather than birth, or they say that we must protect human beings "at every stage of development". While the intention of such laws is to prohibit abortion, they have the additional consequence of impacting IVF.

Further examples would be restrictions on specific aspects of infertility care that are considered standard, evidence-based medical practice. This might include a prohibition on freezing of embryos, which is commonly done especially in fertility preservation for young cancer patients. Or it might be a requirement that patients and providers can only create as many embryos as you plan to transfer into the uterus so that none are discarded.

This bill does NOT require health insurance companies to cover infertility services. Rather, it says that the government can't prohibit insurance companies from offering coverage.

Penalties/Exceptions:

The next section of the bill outlines what happens if the government does violate these rights. It says that the state attorney general or the person adversely affected by the policy, including a patient or a health care provider, can bring a civil lawsuit to restore those rights. This is a civil process, not a criminal one.

Amendments

Similar to the last bill, I have two small amendments to clarify the intent and scope of this bill related to Medicaid. In the copy I distributed, these are on Page 3, lines 1 and 25.

Why is this needed?

This bill is necessary because of past and current efforts to limit IVF in other states and in North Dakota.

Last year, Alabama's supreme court ruled that embryos created through IVF are people in the case of wrongful death suits. That decision shut down all the IVF clinics in the state. The Alabama state legislature tried to fix the situation with <u>legislation</u>, but families were devastated when their IVF cycles were cancelled. As someone who went through the physical, emotional and financial stress of IVF, I don't want that to happen to families here.

North Dakota also has its own history. You might remember the personhood ballot measure in 2014. That would have amended the ND constitution to say that the inalienable right to life of every human being at every stage of development must be recognized and

protected. At the time, <u>North Dakota's IVF doctors said the personhood measure would put</u> an end to the practice of IVF in our state. Voters defeated the measure by a 2:1 margin.

Fast forward to 2025. Your committee will consider <u>HB 1373</u> in the near future. This bill changes the murder and assault criminal statutes and the wrongful death civil statutes to redefine person as beginning at fertilization. As with the personhood ballot measure in 2014, HB 1373 would put an end to the practice of IVF.

As I mentioned in the previous hearing, after Roe v Wade was overturned in 2022, abortion laws in ND have been considered by the legislature and the courts. During this time, many of my constituents have expressed deep concern about their ability to access other types of reproductive health care, including contraception and infertility care. North Dakotans want assurance that they'll be able to access these critical health care services without interference from the government.

Chair Ruby and members of the committee, I ask that you make those two small amendments and give HB 1477 a do-pass recommendation. Let's keep the government out of our doctors' offices, protect infertility services, and allow families to realize their dreams of building a family.