

Chairman and Committee Members,

My name is Tara Brandner, a doctorate family nurse practitioner, founder, and president of Everlasting Hope. This will be my third legislative session working with you to provide access to insurance coverage for the only disease insurance doesn't cover, infertility. For those new committee members, my infertility journey consisted of the diagnosis of endometriosis, miscarriage, three failed IUI treatments, IVF, high-risk pregnancy, and \$40,000 in uncovered medical bills.

One in eight North Dakota Residents has trouble getting pregnant or sustaining a pregnancy. I am here today speaking for myself but also for those who are suffering in silence. Since the 2019 session, I have founded the first and only nonprofit in ND and SD supporting those with infertility and raising awareness on this disease.

Additionally, I have been speaking with BCBSND, Sanford, and employers to create a positive change for access to care outside of legislation. As of today, I am happy to report a strong working relationship with BCBSND, but no changes to access to care have been made. Ideally, insurance carriers would provide coverage for medically necessary healthcare without any mandate. As it is, they do limit the insurance coverage offered to 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.

For those committee members who are new or those who are not familiar with this disease, Infertility is a chronic disease that often requires medical treatment. It is well documented the faster a person can access fertility 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. At this point when a health care provider diagnoses a patient with the ICD 10 code of infertility every lab draw, ultrasound, medication, and the procedure is paid for out of pocket by the patient. The most basic treatment of care is taking oral medication to induce ovulation or improve sperm levels, this costs approximately \$1800 for 1 cycle of care. Yes, infertility is also a male's disease: 1/3 male factor, 1/3 female factor, and 1/3 unknown or both male and female causes.

As a nurse practitioner, I am asking you to put your personal beliefs aside and acknowledge infertility as the disease it is. I am certain you acknowledge cancer, diabetes, and high blood pressure without question as a disease. I am asking you to acknowledge infertility as a disease. With that in mind, I am asking you to do what is best for your constituents that have the disease of infertility because each of you has them in your districts, and they do not have access to healthcare.

A healthcare disparity typically 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 daily that have chronic diseases such as diabetes and heart disease, 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 with infertility is needed now. 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.

In closing, I would like to point out NDCC Section 54-03-28 addresses health insurance mandates which state that changes to insurance, such as adding infertility, must first run through the public employee's retirement system before commercial insurance. A report will then be available showing the effect of the fertility treatment health benefits requirement on the system's health benefits programs, information on the utilization and costs relating to the coverage, and a recommendation regarding whether the coverage should be continued. I ask you today, why are you choosing to not proceed with the best route available to truly know the impact this change will have in North Dakota?

When you hear that certain insurance plans cover a lifetime of \$20,000 you may think these patients have no financial burden. Very few insurance plans have this benefit, and when they do have this benefit, for most, it doesn't begin to touch the actual medical expenses. This amount has not been adjusted since it was instated over 20 years ago.

The long-term effects of COVID-19 have been vast and now include men's reproductive health. Several new studies have shown decreased sperm concentration in recovered males with a moderate COVID-19 infection. These individuals were previously fertile with no chronic diseases. This implies the importance of providing these health care benefits to aid these patients proactively through access to care.

I will close with key facts from states and businesses that have added infertility benefits. 91% of employers offering infertility treatment have NOT experienced increases in their medical costs. Threats of large premium increases don't look at the whole picture and total costs of healthcare. States with insurance coverage have fewer rates of multiple births than states without. Multiple pregnancies cost about \$4.2 billion more than singleton pregnancies in pre-term care. Pregnancies with the delivery of twins cost approximately 5 times more than a single child and pregnancies with triplets or more cost nearly 20 times as much.

Imagine your life without your children, grandchildren, nieces, nephews, or any child whom you are close with. It's unimaginable. The time has come to support these patients diagnosed with this disease and provide insurance for infertility care and fertility preservation. If you have never experienced this journey think of it this way. Struggling with infertility is like dealing with the five stages of grief every single month waiting for that positive pregnancy test. You deny, bargain, get angry, cry, and accept. Then you pick yourself back up and do it all over again. These patients are some of the toughest, most courageous people I know. It is an honor to be standing here today on their behalf. Thank you for your time today.