Fertility Within Reach
ADVOCATING FOR FERTILITY HEALTH BENEFITS

Dear Chairman LeFor, Vice-Chairman Dever, and members of the Employee Benefits Program Committee,

Thank you for once again receiving testimony in support of HB 1147, related to Pro-Family Fertility Health Care. The intention of this legislation is to not only provide timely and appropriate health care to treat a medical disease, but to also reduce expenses related to unnecessary medicine procedures and reduce outcome costs such as multiple births. Should this bill pass, North Dakota will optimize safe pregnancies and the birth of healthy babies.

I spoke with Dan Plante of Deloitte Consulting LLP regarding the results of their actuarial review. I did this because from my experience, providing evidence-based data related to costs of fertility legislation throughout the United States, the numbers did not add up. From that conversation, I learned, Deloitte Consulting did not receive the amendment to the bill. According to my conversation with Mr. Scott Miller of NDPERS, the amendment was not available on the website for him to provide Deloitte Consulting. Attached to my testimony, you will find the research and data I provided Deloitte Consulting including the amendment.

Mr. Plante said they only interviewed Sanford Health, leaving them without key information and data necessary to conduct a thorough and accurate review. For example, although their review mentions $20,000 in coverage and a $50,000 limit, Mr. Plante stated he did not know the existing state health plan benefits for fertility treatments which is why their model estimated a difference "from no coverage for any of these services/procedures to 100% coverage." Without this data, Deloitte Consulting "developed an actuarial model incorporating benefit costs for a significant array of infertility services and procedures." The types of treatments are not necessary to calculate when there is a dollar cap. I sent Mr. Plante a copy of the SHP benefits plan which included infertility benefits.

Surprisingly, Deloitte Consulting also included "ART pregnancy/delivery." I have attached my email exchange with Mr. Plante regarding this topic.

1. I questioned how this was calculated as not all Assisted Reproductive Technology (ART) procedures result in a pregnancy or live birth.
2. Most states document a cost savings because states with fertility benefits have fewer high-risk pregnancies, multiple births and the correlating neonatal expenses.
3. Attached to this testimony you will find the research studies on how to identify and calculate cost savings, as well as the Optum Whitepaper (Owned by United Health) describing the cost savings associated with offering fertility health care benefits. I provided this information to Mr. Plante.

According to the actuarial review, "Sanford Health Plan (SHP) also determined that additional detail related to the mandated coverage provisions is required in order to estimate the actuarial impact to the uniform group insurance program."

1. It is unknown why SHP determined more details were needed as coverage provisions are capped at $50,000 limit in which all treatments would fall under.
2. Because Sanford Health Plan offers fertility health benefits, they have created medical guidelines patients must meet in order to be eligible for benefits. These guidelines should, in theory, follow the established, published, or approved best practices or professional standards/guidelines of medical organizations such as the American Society for Reproductive Medicine and therefore should have the specific plan design parameters.
3. It would have been advantageous for Sanford Health Plan or Deloitte to have contacted the

bill sponsor, myself or one of the other authors of the legislation to gain further information.

4. Purposely, specific data was not given as fertility health care treatments continue to improve and increase success rates of live births. Providing specific data may require future legislation to update a mandate as we have seen done in CA, CT, IL, MD, NJ, NY, RI since 2017.

Deloitte included in the actuarial review questions and concerns posed by SHP. Questions/concerns that did not pertain to the proposed legislation are inflammatory. Having participated in communication with Sanford Health and BCBS, along with Tara Brandner of Everlasting Hope, I am testifying that neither carrier mentioned any of these questions or concerns in our communication exchanges. It is my hope since SHP questions/concerns are presented to you, that you would allow answers/responses for your consideration.

<u>"Genetic tests to determine sex of the child or embryo/zygote manipulation to alter genetic makeup would not be considered medically necessary."</u>

1. The bill NEVER uses language for genetic tests to determine sex or manipulate genetic makeup.

2. The bill states, "The diagnosis of infertility, fertility treatment, and standard fertility preservation services covered by the health carrier shall be performed at facilities that conform to the standards and guidelines developed by the American Society of Reproductive Medicine, the American College of Obstetricians and Gynecologists, the American Society of Clinical Oncology, or other reputable professional medical organizations;" The American Society for Reproductive Medicine does not recommend and has determined there is an ethical issue with using genetic testing for the uses proposed by SHP, NOT the legislation. SHP has access to this information as it is available to the public and necessary for SHP to review when they established their medical guidelines for fertility treatment.

3. Genetic testing is medically recommended for patients who are genetic carriers of particular diseases and medical conditions, as well as for those who experience recurrent miscarriages.

4. Once again, testing costs are not relevant as there is a $50,000 limit for the patient to utilize. Health care utilization is determined between the patient and their doctor.

<u>"Scope of coverage should apply to the insured member, and not a third party, as in the case of coverage of surrogates or third-party members. Carriers and employers alike will have concerns of being required to provide coverage, in any form, for gestational carriers unless they are defined as covered members under the plan."</u>

1. Sanford Health, other insurance carriers and employers alike have a precedent of providing insurance coverage for non-members. A primary example is organ donation.

2. The bill does not provide coverage for surrogacy. Gestational carriers do not provide eggs to create an embryo. A gestational carrier voluntarily donates the use of their uterus (an organ) until birth.

3. Third party reproduction is the donation of reproductive eggs, sperm, embryos, rather than organs. Organ donation can be a matter of life and death. For some patients, without egg/sperm/embryo/temporary uterus of carrier, there will not be life.

4. The cost for this health care is essentially the same to that of an IVF cycle without having to use third party reproductive care.

5. In a conversation with Scott Miller he mentioned there is a concern related to the state and is limited to how many treatments can be done on a non-member (such as a spouse). However, the details related to how many is too many, is unknown at this time.

<u>"Cryopreservation is extremely expensive with the potential of ongoing payments throughout child-bearing years. In addition, it can open legal concerns over the ownership of these type of specimens."</u>

1. There are no legal concerns over the ownership of specimens as all patients, even those with insurance benefits, must sign an agreement with the facility storing their reproductive material.

2. The specific cost of cryopreservation does not unnecessarily impact the insurers as there is a maximum of coverage of $50,000.

3. That said, for clarification to SHP's questions/concerns, Cryopreservation is not extremely expensive. The procurement and cryopreservation of reproductive cells/tissue will vary between men and women. The male cost can be approximately $1000 while females can cost approximately $10,000 (less than an IVF cycle). These initial expenses are significantly higher than storage for subsequent years which is approximately $500 per year.*

* Please note that all dollar estimates are cash paying expenses, not the reduced rate that SHP pays to providers for the services.

I am grateful for your consideration of my testimony. If you have any additional questions, it would be my honor to provide you with any information and data you seek.

Sincerely yours,

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My testimony has been inspired by two conversations.

1. I spoke with Dan Plante of Deloitte Consulting, at 1:40pm on Thurs, February 3rd to inquire about their fiscal review. They did a fiscal analysis on the original bill without having seen the amendment. Mr. Plante expressed a willingness to redo the actuarial review so I sent him data so they can work on properly calculating the cost of the proposed legislation.

2. I spoke with Scott Miller of NDPERS at 4:22pm on Friday, February 5th when he informed me that they were aware Deloitte did not have the amendment to the bill because the amendment had not been uploaded to the state website. Even though I told Mr. Miller I sent Deloitte Consulting the information needed to correctly analyze the cost of HB 1147, Mr. Miller informed me there would not be a new fiscal analysis completed for this legislative session.