2025 HOUSE HUMAN SERVICES

HB 1282

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1282
1/29/2025

Relating to public employee fertility health benefits; to provide for a report to the legislative assembly; to provide for application; and to provide an expiration date.

10:57 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- Treatment coverage
- Mandate classification
- Health condition
- Proposed amendments to Medicare part D

10:57 a.m. Representative Brandenburg, District 28, introduced the bill.

11:06 a.m. Tara Harding, Simply You Wellness, testified in favor.

11:20 a.m. Ana Tobiasz, North Dakota Section Chair of the American College of Obstetricians and Gynecologists, testified in favor and submitted testimony, #32397.

11:21 a.m. Shana Beadle testified in favor and submitted testimony, #32353.

11:27 a.m. Emily Kuntz testified in favor.

11:30 a.m. Abbey Berger testified in favor.

11:33 a.m. Allison Caldwell testified in favor.

11:38 a.m. Carly Severson testified in favor.

11:40 a.m. Andrea Pfennig, Vice President, Government Affairs of the Greater North Dakota Chamber, testified in opposition.

11:43 a.m. Derrick Hohbein on behalf of Rebecca Fricke, Executive Director of NDPERS, testified neutrally and submitted testimony, #32213.

Additional written testimony:
#31306, #31381, #31391, #31395, #31406, #31412, #31449, #31483, #31874, #31974, #32033, #32195, #32420, #32455, #32458.

11:51 a.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk

Pederson Testimony - 2025

Hello!

My name is Kaydee Pederson. I am a constituent from Minot. I am writing to you in support of House Bills 1282 & 1284. These bills are regarding fertility health benefits.

I was born with a genetic condition called Turner Syndrome. Turner Syndrome resulted in my ovaries not developing and a congenital heart condition. I've known for as long as I can remember that having biological children would not be in the cards for me.

When my husband, Matt, and I decided to look into our family building options, the reality of the cost was overwhelming. Since I don't have ovaries, we knew we would need to utilize IVF with donor eggs so my husband could have the chance for a biological child. Using a gestational carrier was brought up as a less riskier option due my heart condition.

Donor eggs and a gestational carrier are both extremely expensive options for the potential to grow a biological family.

Two sessions ago, a representative said on the house floor something along the lines of it is a choice to pursue fertility treatment and that the public shouldn't have to pay higher insurance premiums because of it.
Many people have children naturally every day, and some of them, at a great cost to the public in tax payer dollars via programs and financial assistance. Mandating access to coverage and care for fertility treatment is a small drop in the bucket price wise to the public.

Let me tell you as someone who does not have the biological means necessary to have children naturally that pursuing the medical help needed to grow my family certainly does not feel like a choice. When a new doctor tells you two weeks after having a D&C that they do not feel it is safe for you to carry a pregnancy because of your congenital heart defect and that gestational carrier is the route they recommend for your one remaining embryo, seeking fertility treatment certainly does not feel elective.

My particular infertility diagnosis is admittedly a worse case scenario cost wise. Most patients medical cases are simpler and could be made easier with proper access to care and coverage. Doctors end up medically gaslighting patients because insurance companies don't want to cover a medical condition, making it harder for a proper diagnosis.

By providing the access to care and coverage, insurance companies can actually SAVE money. Getting a proper diagnosis in a timely manner can help patients get the proper treatment needed, which then ultimately could mean treatment like IVF would maybe not be needed in some cases.

While our family vision was ultimately completed through adoption, it does not mean I no longer deal with an infertility diagnosis. I will have lifelong issues with hormone production and management that will require continuous medical care due to my lack of ovaries.

You are voted by your constituents like me to be the decision makers for our state. I implore you to vote yes on these two bills for future North Dakota families. What the passing of these bills means is so much bigger than any one person, which is why I will continue to fight to make access to coverage a reality.

My name is Kaydee Pederson. Thank you for your time and consideration.

Prepared Testimony of Shauna Erickson-Abou Zahr, M.S., LMFT

Testimony in Favor of House Bill 1282

Chairman Ruby and Members of the Committee:

I share my testimony in favor of HB 1282 as a person who has spent her life in our state, built my career serving the mental health of others in our state, and whom now needs you to advocate for coverage of one of my most essential medical treatments I have ever had: IVF I wanted to be a mom for decades, and raise my children in Fargo where I had grown up. I was diagnosed with breast cancer at age 32. Because of the nature of my treatment (chemotherapy, radiation, and surgery), fertility preservation was the only remaining route to secure a possibility of being a mother one day. My point being, that North Dakotas arrive at requiring fertility intervention for diverse, personal, and devastating circumstances, and our state's coverage of that should be tailored to meet the diverse medical needs of each of our residents.

I had cancer at age 32. I learned over the last 5 years that I am not alone in my early cancer diagnosis in our state. Because of the time sensitivity of my chemotherapy starting and my life being on the line without the treatment, I ended up doing fertility preservation before and after chemotherapy to secure more embryos for future use. These IVF treatments totaled $130,000 to date. Having cancer made my situation different than someone with unexplained infertility. For this reason, having service limits versus dollar limits would more adequately meet the specific medical needs of each patient seeking services. Much like cancer, we need to tailor our treatments to the individual needs of each patient, and this bill would support that.

Please consider moving towards service limits versus dollar limits to support the needs of more North Dakota couples to becoming families, and vote in favor of HB 1282.

Sincerely,

Shauna M. Erickson-Abou Zahr

1/24/25

Dear Committee Members,

My name is Theresia Peterson, and I am writing to urge your support for HB1282, a bill that would require insurance coverage for infertility treatments in North Dakota.

Infertility affects 1 in 6 families, and it's the only medical condition that insurance routinely excludes from coverage. For many, the cost of treatments is financially devastating, preventing families from accessing care that could help them grow. We were quoted $30,000 out of pocket to be able to have another baby.

This bill is about equity in healthcare. Infertility is not a choice—it's a medical condition, and it should be treated like one. Not only is IVF used for infertility, but it is also used for other medical reasons. We conceived our son via IUI after three years of infertility treatments. However, he was diagnosed with a rare genetic disease, Niemann Pick type C. Which is a life altering disease that takes away all body functions: ability to talk, walk, eat, organ functions, etc. The only way to ensure our future children don't suffer from this life altering disease is to utilize IVF.

Please vote YES on HB1282 to make infertility care accessible and affordable for North Dakota families.

Thank you for your time and consideration.

Sincerely,
Theresia Peterson
trompson2010@gmail.com
701-403-3099

My name is Michelle Nitengale, and I am a North Dakota land owner, military spouse, and educator, writing in support of HB 1282. This bill addresses the critical need for insurance coverage for infertility treatments, offering hope and equity to countless families across our state.

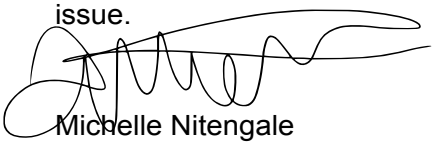
In 2018, I married the love of my life, and like so many others, we dreamed of starting a family together. However, infertility has been a reality that we never anticipated. Over the past seven years, my husband and I have endured the heartache of eleven pregnancy losses. We've invested every ounce of our energy, time, and financial resources into building our family, from learning how to self-administer injections to braving Fargo snowstorms for treatments. Yet, despite these efforts, the financial burden of out-of-pocket expenses for infertility care continues to weigh heavily on us.

Infertility is a medical condition that affects one in eight couples, and for military families like ours, the rate is even higher at one in four. Yet, many insurance plans, including Tricare, exclude coverage for non-coital reproduction. This lack of insurance support forces families like mine to delay other life goals, such as buying a home or saving for the future, just to pay for the possibility of having a child.

HB 1282 has the power to change this reality. By requiring insurance coverage for infertility treatments, this legislation ensures that families across North Dakota have access to the care they need. It levels the playing field, making family-building accessible to everyone—not just those who can afford the staggering costs. This is not just about health care; it is about fairness, equity, and the fundamental right to pursue a family.

Passing HB 1282 would relieve the financial strain on families, allowing them to focus on their health and well-being during what is often an emotionally challenging time. As a military spouse, educator, and advocate for this cause, I know how transformative this change would be for families like mine and so many others in our community.

I respectfully urge you to vote in favor of HB 1282. This legislation represents an opportunity to support North Dakotans in their pursuit of parenthood while fostering equity and compassion across our state. Thank you for your time, consideration, and commitment to this important issue.



Michelle Nitengale

January 25, 2025

Support HB1282 – Insurance Coverage for Infertility

Dear Committee Members,

My name is Casie Davis, and I am writing to urge your support for HB1282, a bill that would require insurance coverage for infertility treatments in North Dakota.

Infertility affects 1 in 6 families, and it's the only medical condition that insurance routinely excludes from coverage. For many, the cost of treatments is financially devastating, preventing families from accessing care that could help them grow.

This bill is about equity in healthcare. Infertility is not a choice—it's a medical condition, and it should be treated like one. Providing insurance coverage would give families the chance to build the future they've dreamed of without facing insurmountable financial barriers.

I have a two year old daughter who is only here because of IVF and the amazing doctors and healthcare professionals that have helped us along the journey of infertility. However, the financial impact of years of infertility treatments (rarely ever covered by insurance) will have long term consequences for our family. I have never doubted if that cost was worth it, but it was a burden that made an already distressing diagnosis even more difficult.

I am also on the board of Everlasting Hope, which is a local nonprofit focusing on support and awareness for infertility across the state. We have raised money through the years to help North Dakota families with the cost of their infertility treatments. We also find ourselves fighting for infertility insurance coverage year after year. We are proud of all the work we have done, but HB1282 is an important step in having a far-reaching and long-lasting affect on infertility patients in our state.

Families should not have to choose between having children or not based on their insurance coverage, but that is where so many North Dakota families find themselves. Many of us affected by infertility pay our monthly insurance premiums, which cover so many medical issues and treatments that we will never utilize. And yet, we have found that the insurance companies will continue to exclude infertility from their coverage for as long as they are allowed, under the guise that it will add too much cost to premiums. I find myself asking why my diagnosis is too expensive to cover, while thousands of other diagnoses are not? Passing HB1282 is a big step to change that and help thousands of North Dakota couples expand their families.

Please vote YES on HB1282 to make infertility care accessible and affordable for North Dakota families.

Thank you for your time and consideration.

Casie Davis
District 30
Bismarck

I strongly urge you to move forward on HB 1282, vote **DO PASS** to provide access to insurance benefits for infertility, so it can advance in 2025. This important legislation will help North Dakotans build their families when faced with any conditions that can cause infertility. North Dakotans need your support now!

My husband and I are both life-long North Dakota residents; currently living, working, and active in the community for 14+ years. As a couple we are struggling with infertility for 11 years. Infertility is not just a medical condition it affects North Dakotans daily and impacts our future. IVF is a good thing; it supports the birth of babies, grows families, creates communities, makes women moms and men dads. I dream of the day I get to become a mom. I feel grateful that I've had supportive doctors throughout my infertility journey with my fertility treatments including multiple IVFs. Though it's been a financial burden and we haven't had a successful full term pregnancy yet, I fully believe IVF is good, and have seen so many miracles born from IVF.

Our fertility struggle creates a missing piece in our hearts. Despite our years of efforts we have yet to be able to expand our family. There has been much hurt and pain in our hearts as we align to overcome our fertility challenges. We are excited to someday share our life with our children. The fertility journey has been long, lonely, disappointing and so many other hard emotions, beyond the financial burden. In my heart I know we have children waiting to join our family, but they seem just out of reach. And yet we remain hopeful and hold a knowing in my heart I'm meant to be a mom.

I know a bill cannot magically make me pregnant or the 1 in 6 other couples struggling to get pregnant. However you can help support us and maybe that helps us get pregnant. We have worked with medical reproductive endocrinologists, gynecologists, fertility acupuncturists, chiropractor, abdominal massage therapist, mental therapists, and fertility coaches. Most of which has been self paid for. We have seen positive outcomes but no live pregnancy yet. Unfortunately a lot of IVF is trial and error figuring out what medication combination and amounts work well for each person to get quality eggs and a hospitable uterus ready for implantation. Every person is different and each cycle is different. What works for one person may not work for someone else. The doctors are trying to get it right and sometimes need a tweak from one cycle to the next. This of course causes financial burden to get the combination just right in repeated cycles, especially in the tougher cases like ours.

I need your support, along with the 1 in 6 couples in our state living with the disease of infertility. There are so many women and couples we've met on our fertility journey who are struggling as well to grow their families, some have sooner success than others. Each case is different and should be treated likewise. Many people like myself do not openly talk about infertility as it is triggering and painful. You don't know who has or is going through fertility challenges.

It is time for North Dakota to update its insurance law to include coverage for the standard of care for patients with infertility.

This pro-women and pro-family legislation is designed to ensure the best outcome for mothers and their babies. As proven in other states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

I hope you will support North Dakota families and communities by voting DO PASS for HB 1282. Thank you!
Robin Holt
Grafton, ND

Re: HB 1282

Erin Lee, 6207 17th St N, Fargo, ND 58102

Human Services Committee Members:

Hi, my name is Erin Lee. I live in Fargo and work as a nurse practitioner at Sanford Health in the OB/GYN clinic. I will soon also be working at Sanford Reproductive Medicine (I did in the past from 2008-2015 and will be doing so 1 day/week again). I'd like to convey my support for HB 1282—public IVF insurance coverage.

Changing from a dollar limit to a number of services would be helpful for many. As you know, health care costs continually rise, and the dollar amount given prior is now not being able to cover as much for couples who need this assistance. It's fairly common practice that IVF now has a fresh cycle where eggs are retrieved, combined with sperm to make embryos. Those that fertilize and grow to day 5 are frozen, as studies show it can be a higher success rate to do an embryo transfer when the woman has quieter ovaries (after an egg retrieval they are enlarged and there is more inflammation in the body from that process). Unfortunately, freezing embryos and then coordinating/synching up the uterus to be the right stage for embryos, does cost more money than a fresh cycle alone would be. But this is where science has led us and we want to make sure the couple has the best chance at a successful pregnancy.

Providing a number of services for IVF and adequate coverage may help recruit and retain employees who are satisfied with their health insurance plan.

Please consider supporting HB 1282. I would also be happy to answer questions you have. You can email me at erinlee79@outlook.com or erin.lee@sanfordhealth.org.

Thank you for your time!

My name is Riley Tackett, and I am writing to express my strong support for HB1477, which is vital for ensuring access to infertility care and reproductive health services in North Dakota.

I always knew I wanted to be a mom; it was the one thing I was certain of. At 15, I was diagnosed with endometriosis and had my first laparoscopic procedure to remove adhesions. For the next five years, I was on medication to stop my periods completely. Even at that young age, being told that pregnancy might be uncertain broke my heart. When I was 19, I had another procedure to remove more adhesions and my severely damaged left fallopian tube, making pregnancy seem even more impossible.

At 24, after numerous tests, medications, and a lot of help from doctors, I had my daughter in June 2016. In 2020, we decided to expand our family and went through the same procedures to get pregnant again, but I miscarried at 8 weeks. In 2022, we tried once more, undergoing the same treatments, only to have an ectopic pregnancy that required the removal of my only remaining fallopian tube, extinguishing any hope of adding to our family.

When I woke up from that surgery, my first thought was, "There's no way I can afford IVF." My daughter, now 6, asks almost every day when she'll have a sibling, and all I can tell her is, "When we have more money to afford it."

Infertility is a medical condition that affects 1 in 8 families, yet accessing care remains a significant challenge for many. The financial burden of treatments, combined with a lack of sufficient insurance coverage and regulatory barriers, leaves many individuals and families without the resources they need to pursue their dream of having children.

HB1477 addresses these challenges by safeguarding access to reproductive healthcare services. This bill ensures that families facing infertility can receive the medical care they need without unnecessary interference or restrictions.

By supporting HB1477, North Dakota can set an example of compassion and fairness in healthcare, giving hope to countless families who dream of growing their families. I urge you to vote YES on this critical bill.

Thank you for your time and consideration.

Sincerely,

Riley Tackett

rihellman94@gmail.com

701-391-1316

Subject Line: Support HB1282 – Insurance Coverage for Infertility

Dear Committee Members,

My name is Megan Moderow, and I am writing to urge your support for HB1282, a bill that would require insurance coverage for infertility treatments in North Dakota.

Infertility affects 1 in 6 families, yet it remains the only medical condition routinely excluded from insurance coverage. For many, the high cost of infertility treatments is financially devastating and prevents families from accessing the care that could help them grow.

This bill is about equity in healthcare. Infertility is not a choice—it is a medical condition, and it should be treated as such. Providing insurance coverage for infertility treatments would allow families to pursue the future they've dreamed of without facing insurmountable financial barriers.

I ask that you please vote YES on HB1282 to make infertility care accessible and affordable for North Dakota families.

Thank you for your time and thoughtful consideration.

Sincerely,

Megan Moderow

meganA.buchmann@gmail.com 701-403-6411

January 27, 2025

Testimony in Support of HB 1282

Honorable Chair and Members of the Committee,

My name is Katie Richter, and I am writing in strong support of HB 1282, which seeks to improve insurance coverage for infertility treatments. Infertility is a medical condition that requires the same care and attention as any other health issue, and this bill is crucial in removing unnecessary barriers to accessing essential treatments.

My family has been fortunate to have access to infertility treatment through my employer's insurance plan, which offers a $20,000 lifetime benefit. Even with this coverage, we still paid nearly $20,000 out of pocket. The emotional and financial strain of infertility is incredibly challenging, and I can only imagine the devastation felt by individuals and couples who dream of parenthood but are unable to pursue it due to inadequate insurance coverage. It was a relief to know that my insurance benefits allowed me to pursue my dreams of building a family, but many others are not so fortunate.

I urge you to vote in favor of HB 1282 to ensure that all families—especially the 1 in 6 couples facing infertility—have access to the reproductive healthcare they need without being burdened by exorbitant costs.

Thank you for your time and consideration.

Sincerely,

Katie Richter
District 31
Mandan

Dear Committee Members,

My name is McKenzie Sapa, and I am writing to urge your support for HB1282, a bill that would require insurance coverage for infertility treatments in North Dakota.

Infertility affects 1 in 6 families, and it's the only medical condition that insurance routinely excludes from coverage. For many, the cost of treatments is financially devastating, preventing families from accessing care that could help them grow.

This bill is about equity in healthcare. Infertility is not a choice—it's a medical condition, and it should be treated like one. Providing insurance coverage would give families the chance to build the future they've dreamed of without facing insurmountable financial barriers.

Please vote YES on HB1282 to make infertility care accessible and affordable for North Dakota families.

Thank you for your time and consideration.

FORCE
Facing Hereditary Cancer EMPOWERED

January 28, 2025

Re: Please Support **ND HB 1282**

Dear Esteemed Committee Members,

On behalf of FORCE (Facing Our Risk of Cancer Empowered), a national nonprofit organization that represents families facing hereditary cancers and our North Dakota constituents, I am writing to express strong support for HB 1282. HB 1282 would facilitate North Dakota public employee health insurance coverage for fertility preservation and in-vitro fertilization for those facing infertility, including those dealing with a medical diagnosis or treatment that may impair their ability to have children.

Patients dealing with a frightening diagnosis—who are about to begin lifesaving, but potentially sterilizing treatments—have to make urgent, difficult decisions about their future hopes of becoming a parent. Similarly, women with an inherited genetic mutation predisposing them to ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. For these individuals, fertility preservation is the only means available to protect their reproductive capability and may be the only viable option to build a biological family. Without coverage for fertility services, patients cannot afford these procedures and fees and will face permanent, involuntary infertility.

Fortunately, this legislation would give many residents in North Dakota confronting this dilemma, assurance that they have insurance coverage for effective, evidence-based options for preserving their fertility before their surgery or initiation of cancer therapy and the ability to pursue future interventions such as IVF to realize their dream of having children. These fertility preservation treatments are consistent with national guidelines issued by leading medical associations including the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM).

FORCE has a strong presence throughout North Dakota. Members of our community facing cancer are desperate for a glimmer of hope to help them preserve the option of having children. We respectfully ask you to help patients facing infertility by supporting HB 1282.

Thank you for your consideration. Please don't hesitate to contact me should you have any questions.

Sincerely,

Lisa S Peabody

Lisa Peabody
Advocacy Manager
lisapeabody@facingourrisk.org

TESTIMONY OF REBECCA FRICKE

House Bill 1282 – Fertility Treatment

Good Morning, Mr. Chairman and members of the committee. My name is Rebecca Fricke and I am the Executive Director of the North Dakota Public Employees Retirement System, or NDPERS. I appreciate the committee taking the time to analyze House Bill 1282, which requires a pilot program under the NDPERS health insurance related to public employee fertility health benefits. I am here today on behalf of the NDPERS Board to provide information in a neutral capacity so the policy makers are able to make an informed decision regarding the bill.

House Bill 1282 does the following:

- Adds definitions for fertility health care
- Requires coverage for diagnosis of infertility and fertility treatment services if recommended and medically necessary
- Requires the NDPERS health plan to expand its coverage of fertility treatment, removing the current lifetime maximum of $20,000 and lifetime deductible of $500, replacing these maximums with required coverage for specific services
- Requires coverage of third-party reproductive services, which may include gestational carriers.
    - Currently only enrolled members or eligible dependents of the health plan are eligible for coverage
- Restricts applying exclusions on coverage of fertility medication different from those imposed on other prescriptions
- States that coverage cannot be limited on certain areas, such as benefit maximums; may contradict other provisions of the bill that place limitations on coverage
    - An example of certain number of intrauterine insemination or completed oocyte retrievals
    - Does not clarify if limitations are per plan year or lifetime
- Requires coverage be available to those who obtain coverage during special enrollment windows or open enrollment
    - Effective date of coverage varies for special enrollment windows and open enrollment
        - Example: Open enrollment window in fall with coverage effective January 1

Under the provisions of NDCC 54-03-28, the bill applies to NDPERS health insurance plan for a pilot program during the 2025-2027 biennium.

Our consultant estimates that the bill would have a financial impact on the NDPERS health insurance plan and estimates an increase in premium of .05%, or $385,000, in the 2025-2027 biennium. The bill transitions coverage from a dollar limit to a service limit, intending to cover a fixed number of medically necessary infertility services, including medical and pharmacy benefit designs. They also note that it may reduce the predictability of cost estimation for fertility services, but may also allow greater flexibility in coverage.

An amendment, which is attached to this testimony, that we ask be considered is to exclude the NDPERS Medicare Part D Plan. Given retirees pay 100% of the premium, we ask that they be excluded from the pilot program under NDPERS by adopting this amendment.

House Bill 1282 was a bill introduced during the interim, with the analysis provided to the Employee Benefits Programs Committee, which gave the bill a favorable recommendation. The consultant and legal analysis provided to the committee is included as an attachment to the end of my testimony (please note this was draft bill 69 during the interim session).

Mr. Chairman, I appreciate the committee taking the time to learn more about the impact this bill will have to our state. This concludes my testimony, and I'd be happy to answer any questions the committee may have.

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1282

Introduced by

Representatives Brandenburg, Hanson, Mitskog, Satrom, Schauer

Senators Axtman, Hogan

A BILL for an Act to create and enact a new section to chapter 54-52.1 of the North Dakota Century Code, relating to public employee fertility health benefits; to provide for a report to the legislative assembly; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 54-52.1 of the North Dakota Century Code is created and enacted as follows:

Health insurance benefits coverage - Fertility health care.

1. As used in this section:
   a. "Diagnosis of infertility" means the services, procedures, testing, or medications recommended by a licensed physician which are consistent with established, published, or approved best practices or professional standards or guidelines, including the American society of reproductive medicine, the American college of obstetricians and gynecologists, or the American society of clinical oncology for diagnosing and treating infertility.
   b. "Fertility treatment" means health care services, procedures, testing, medications, monitoring, treatments, or products, including genetic testing and assisted reproductive technologies, including oocyte retrievals, in vitro fertilization, and fresh and frozen embryo transfers, provided with the intent to achieve a pregnancy that results in a live birth with a healthy outcome.
   c. "Infertility" means a disease or condition characterized by:
      (1) The failure to conceive a pregnancy or to carry a pregnancy to live birth after unprotected sexual intercourse;
      (2) An individual's inability to cause pregnancy and live birth either as a covered individual or with the covered individual's partner; or

(3) A licensed health care provider's findings and statement based on a patient's medical, sexual, and reproductive history, age, physical findings, or diagnostic testing.

d. "Medically necessary" means a health care service or product provided in a manner:

(1) Consistent with the findings and recommendations of a licensed physician, based on a patient's medical history, sexual and reproductive history, age, partner, physical findings, or diagnostic testing;

(2) Consistent with generally accepted standards of medical practice as set forth by a professional medical organization with a specialization in any aspect of reproductive health, including the American society for reproductive medicine or the American college of obstetricians and gynecologists; or

(3) Clinically appropriate in terms of type, frequency, extent, site, and duration.

e. "Monitoring" includes, ultrasounds, transvaginal ultrasounds, laboratory testing, and followup appointments.

f. "Third-party reproductive care for the benefit of the covered individual" means the use of eggs, sperm, or embryos donated to the covered individual or partner by a donor, or the use of a gestational carrier, to achieve a live birth with a healthy outcome.

2. The board shall provide coverage for the expenses of the diagnosis of infertility and fertility treatment services if recommended and medically necessary.

a. Coverage must include:

(1) Three completed cycles of intrauterine insemination, in accordance with best practices, including the standards and guidelines of the American society of reproductive medicine.

(2) Fertility treatment services necessary to achieve two live births, or a maximum of four completed oocyte retrievals with four fresh and frozen embryo transfers, in accordance with best practices, including the guidelines of the American society for reproductive medicine, and using no more than two embryos per transfer.

(3) Diagnosis of infertility and fertility treatment services, including third-party reproductive care for the benefit of the covered individual or partner.

(4) Fertility treatment, consisting of a method of causing pregnancy other than sexual intercourse which is provided with the intent to create a legal parent-child relationship between the covered individual and the resulting child in accordance with chapter 14-20.

(5) Medical and laboratory services that reduce excess embryo creation through egg cryopreservation and thawing in accordance with a covered individual's religious or ethical beliefs.

(6) Five years of cryopreservation services.

b. This section may not be construed to deny the included coverage in this section to an individual who forgoes a particular fertility treatment service if the individual's physician determines the fertility treatment service is likely to be unsuccessful.

3. To be covered under this section, the diagnosis of infertility and fertility treatment services must be performed at a facility that conforms to best practices, including the standards and guidelines developed by the American society for reproductive medicine, the American college of obstetricians and gynecologists, or the American society of clinical oncology.

4. Coverage under this section must be made available to all covered individuals, including covered individuals who have entered coverage during special enrollment or open enrollment.

5. Coverage under this section must be in accordance with best practices, including the standards or guidelines developed by the American society of reproductive medicine, the American college of obstetricians and gynecologists, or the American society of clinical oncology. If a carrier makes, issues, circulates, or causes to be made, issued, or circulated, clinical guidelines based on data not reasonably current or which do not cite with specificity, the act constitutes unfair or deceptive acts or practices in the business of insurance as prohibited by chapter 26.1-04.

6. Benefits under this section may not be limited based on:

a. A copayment, deductible, coinsurance, benefit maximum, waiting period, or other limitation on coverage different from maternity benefits provided under the health benefits;

b. An exclusion, limitation, or other restriction on coverage of fertility medication different from restrictions imposed on any other prescription medication;

c. A requirement that provides different benefits to, or imposes different requirements on, a class protected under chapter 14-02.4 than that provided to or required of other covered individuals; or

d. A pre-existing condition exclusion, pre-existing condition waiting period on coverage for required benefits, or a prior diagnosis of infertility, fertility treatment, or standard fertility preservation services.

7. This section does not apply to the Medicare part D prescription drug coverage plan.

SECTION 2. PUBLIC EMPLOYEES RETIREMENT SYSTEM - FERTILITY HEALTH BENEFITS - REPORT TO LEGISLATIVE ASSEMBLY. Pursuant to section 54-03-28, the public employees retirement system shall prepare and submit for introduction a bill to the seventieth legislative assembly to repeal the expiration date for this Act and to extend the coverage of fertility health benefits to all group and individual health insurance policies. The public employees retirement system shall append a report to the bill regarding the effect of the fertility health benefits requirement on the system's health insurance programs, information on the utilization and costs relating to the coverage, and a recommendation regarding whether the coverage should be continued.

SECTION 3. APPLICATION. This Act applies to health benefits coverage that begins after June 30, 2025, and which does not extend past June 30, 2027.

SECTION 4. EXPIRATION DATE. This Act is effective through June 30, 2027, and after that date is ineffective.

Deloitte Consulting LLP
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USA

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Memo

Date: June 10, 2024

To: Rebecca Fricke - Executive Director, North Dakota Public Employees Retirement System

Representative Austen Schauer - Chair, Legislative Employee Benefits Programs Committee, North Dakota State Government

From: Tim Egan, Dan Plante, Ford Edgerton, and Karno Sarkar - Deloitte Consulting LLP

Subject: **FINANCIAL REVIEW OF PROPOSED BILL 25.0069.02000**

Deloitte Consulting LLP (Deloitte [i]) was engaged to review the proposed legislation and the potential financial impact to the Uniform Group Insurance Program (Program) administered by the North Dakota Public Employees Retirement System (NDPERS), as well as other considerations that may contribute to the evaluation of the legislation.

The information included in the review relies on data provided by NDPERS, as well as publicly available data and industry studies. From the data provided by NDPERS, some of these data sources were developed by NDPERS, while others were prepared or created by third parties and delivered to NDPERS.

As part of the review, all data was reviewed for reasonableness, but an audit was not performed on the data. To the extent the data contains errors or anomalies that were unknown at the time the data was provided, the analysis may be affected by those issues.

OVERVIEW OF PROPOSED BILL

The Bill creates and enacts a new section to chapter 54-52.1 of the North Dakota Century Code relating to public employee fertility health benefits.

The proposal requires that state health plans must provide coverage for the diagnosis of infertility (page 1, lines 9-14) and fertility treatment (page 1, lines 15-19) if they are deemed medically necessary (page 2, lines 4-14). Coverage should include three completed cycles of intrauterine insemination, fertility treatment necessary for two live births or four completed oocyte retrievals, and five years of cryopreservation services.

ESTIMATED FINANCIAL IMPACT

Based on the analysis, it is anticipated the proposed legislation will have a financial impact on the Uniform Group Insurance Program. It is estimated the financial impact of the proposed legislation on the Uniform Group Insurance Program is approximately $385,000 in the 2025-2027 biennium ending 6/30/2027.

The health plans provided by the Program currently have a $20,000 lifetime limit for infertility benefits, which cover services, supplies, and medications related to artificial insemination (AI) and

assisted reproductive technology (ART). ART encompasses procedures like gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), intracytoplasmic sperm injection (ICSI), and in vitro fertilization (IVF). These benefits are subject to a $500 Lifetime Infertility Services Deductible Amount and a $20,000 Lifetime Benefit Maximum Amount per Member.

The proposed legislation will transition the infertility benefit from a dollar limit to a service limit. This means that the plan will cover a fixed number of medically necessary infertility services, irrespective of cost, rather than setting a fixed dollar limit for services. While this may slightly reduce the predictability of cost estimation for fertility services, it allows for potentially greater flexibility in coverage.

The financial impact estimate is based on the current health plans' fertility benefit utilization and claims cost over the past two years, and how these costs will shift under the proposed legislation. The development of the estimated claims impact utilized an internal Medical Rate Model, which includes medical and pharmacy benefit designs. The Medical Rate Model functions as a claims repayment model, applying detailed input plan provisions against the claims record database, effectively repricing the claims, and producing the expected plan claim payments versus allowed charges. Adjustments were made to the Rate Model to focus specifically on infertility services.

As a result of the modeling, it is estimated the plan design changes as a result of the proposed Bill would produce less than a 0.05% increase to the expected total costs paid by the Uniform Group Insurance Program.

While the utilization of infertility benefits under the Program is low enough that this proposed plan design benefit change is unlikely to be materially significant to total Program claims costs, it is important to note the estimated increase in infertility benefit costs on a per member basis.

Under the current infertility benefit, the biennial cost of services to the Program for each utilizer is approximately $4,845. This cost is anticipated to increase to approximately $7,196 for the 2025-2027 biennium under the new benefit, a 49% increase in cost. With only 164 individuals in the Program currently utilizing these benefits, this amounts to a total cost to the Program of approximately $385,500. However, this could rise if more individuals utilize the benefit.

HB 1282 - PRO

Fertility insurance funding

Hi, I am Shana Beadle. I'm a resident of Bismarck. I am a statistic of infertility – somewhere between 1 in 6 to 1 in 8 people face infertility. If I look familiar, it's likely because you've seen me with my husband, our state treasurer. We are high school sweethearts, and got married in 2014 after dating for ten years. We got married because we were ready to have a family. Here we are over a decade into marriage, and no baby. But that's not for lack of trying; we've done it all. I have PCOS meaning my hormones are not the same as other women, and I do not ovulate regularly. Generally there are 3 stages to fertility treatment to carry your own baby. The stage before you get involved with the doctor is where you try all the old wives tales, you take the supplements, you "just relax" like everyone so helpfully tells you, you go on the diets, you get the acupuncture, you try it all. Then, when you go to the doctor, the first stage is testing and medicated cycles where you are given clomid or femera combined with an injection to perfectly time ovulation. We started that in 2017 and have done maybe 10 rounds of that over the years. The second stage of treatment escalates to IUIs – these are basically the medicated cycles, combined with ultrasounds and the "turkey baster" approach to insert the best clean sperm into an ovulating woman. We did four IUIs with Sanford here in Bismarck overseen by the Sanford Reproductive team out of Fargo. We were blessed to have 2 positives in those cycles. One was an early miscarriage, and one was an ectopic pregnancy. We were advised by our team of experts that it was time to move on to IVF to get us a baby. The final stage of fertility escalates to IVF. We began that process a year ago. This summer I completed the egg retrieval. We were so lucky to create multiple embryos, and we currently have 3 left that are high quality. I completed one transfer with our highest quality embryo in September; by week 6 we found out it was a blighted ovum. Scientifically, everything was "correct" with the embryo, but I just grew a placenta shell with nothing inside. That September pregnancy finally left my system last month, and next week I will undergo another surgery to remove polyps before we do another embryo transfer. It is my sincere wish that by the time this bill gets to its Senate hearing, I'll be pregnant.

With the current fertility coverage of $25,000 lifetime cap, you need to know a few things. First, this cap looks like it's per person, but the way that insurance works, it is effectively $25,000 per couple for a lifetime. When my husband does a fertility workup lab, it is under my name so they know it is connected to me, and he doesn't somehow get charged with half an IUI to spread out coverage. Second, that amount of coverage is actually great. We got through our medicated cycles and IUIs with a few

thousand remaining, and that little bit has been used to offset some of the drug costs associated with IVF. Since we would not have enough coverage remaining for IVF, we are paying cash out of pocket at a specialty fertility clinic in Minneapolis, so yes it is more costly than sticking with Sanford. It's about $35,000 for the egg retrieval cycle, and about $7,000 for the transfer of the embryo into me. The drugs cost about $6,000 in cash for the egg retrieval cycle, and maybe $1,500 for the transfer cycle. Statute sets my husband's salary, and I think it is pretty good, but if we didn't take out loans and have family financial help, there's no way we could afford IVF. I also need you to remember that most people won't escalate to our final boss stage of IVF; generally, a few cycles will have them pregnant within a few months. The cases you hear today are extreme because those that quickly get pregnant are busy with their babies, and the rest of us are still here fighting.

I am here standing today telling you about my medical details because first, you are here evaluating if anyone actually wants or needs for this to become law. I do. Second, you are also evaluating if this is a worthwhile model for PERS to try for two years before expanding to the private market – that is who I stand here for. I hope that by the time other plans have this coverage, the women who have told you all about their uteruses today will have their babies and will not need to fight anymore. I stand here for the thousands who are too busy, who aren't engaged with the political process, who can't drive to Bismarck on a Wednesday morning, who are too embarrassed to reveal details about their menstrual cycles on the public record, or who are scared of being told we are anti-life like some Representatives said on the floor in 2023 about this bill. Finally, I know that the insurance lobbyists here today may speak in public or they might just approach you in private, and whisper about how expensive this could be, and I get it. They're just doing their jobs – it is literally the job of insurance companies to make a profit. But I want you to remember that as policy makers, you create policy. You determine what the state says is important. You have the power to amend to create a bill that you like better. You have the final say. I hope that you demonstrate that you care about the 1 out of 6 families struggling with fertility by passing 1282.

HB 1282
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 1282.

Infertility is a health condition that results from a multitude of causes. Infertility is common. 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.

I strongly urge a DO PASS on HB 1282.

Dr Ana Tobiasz, MD
American College of Obstetricians and Gynecologists, ND Section Chair
Maternal Fetal Medicine Physician

Dear Committee Members,

My name is Tara Herrmann, and I am writing to urge your support for HB1282, a bill that would require insurance coverage for infertility treatments in North Dakota.

Infertility is a life altering disease, and should be recognized by insurance companies as so. It is appalling to me that in the year 2025 this is still having to be fought for. Infertility is a disease many people are born with—I did not choose this. Insurance coverage for diseases that people bring upon themselves are covered yet those of us with this issue are being singled out.

Infertility is something that affects a large group of people. If you yourself have not been affected there's a great chance someone close to you is struggling with it and are too scared or ashamed to talk about it. Please keep that in mind when voting on HB 1282.

Infertility is not only detrimental to a person's physical and mental health, but is financially unobtainable for most people. Providing insurance coverage would give families the chance to build the future they've dreamed of without facing insurmountable financial barriers.

Please vote YES on HB1282 to make infertility care accessible and affordable for North Dakota families.
Thank you for your time and consideration.

Sincerely,
Tara Herrmann
tarahimmelspach@hotmail.com

My name is Marcia Bettenhausen, and I am writing to urge your support for HB1282, a bill that would require insurance coverage for infertility treatments in North Dakota. Infertility affects 1 in 6 families, and it's the only medical condition that insurance routinely excludes from coverage. For many, the cost of treatments is financially devastating, preventing families from accessing care that could help them grow.

Having had my first child with the assistance of fertility treatments, I can tell you the expenses were exhorbitant. This bill is about equity in healthcare. Infertility is not a choice—it's a medical condition, and it should be treated like one. Whether medication, IVF, or donor eggs/sperm being used – the costs are significant.

IVF is also used for other medical reasons – to allow families to choose to have healthy children in the face of known potentially inheritable diseases. In this way it is a health prevention measure, striving to provide healthy children without life threatening congenital defects. Please vote YES on HB1282 to make infertility care accessible and affordable for North Dakota families.

Hello, my name is Cheyenne Ketterling. I currently reside outside of Wishek with my husband, Taylor, where we farm and ranch. I also teach ag education in Edgeley. I grew up being a fixer. In a family of three older girls and one younger brother, I remember helping my dad fix tractors or other equipment, and of course, fixing fence. These days, I spend time helping students fix their projects, figure out how to solve the problem on a worksheet, and how to find their passions for a future career. If theres a problem, I fix it, Im a fixer. What I cannot fix, is my ability to have children. After my husband and I got married at 22, it was a very typical if we have kids right away, great, and if not, thats fine too. After two years of marriage, we tried to conceive to have children. After a few months of negative results, I reached out to Tara Harding to figure out if there was something wrong. After a few more months of supplements, medications, tests, and other appointments, there was still no baby to be seen. We were referred to Balance Medical in Bismarck. Once again, tests were done, appointments were made, different dosages of medication, and still it seemed like everyone in the world was having babies but us. Next we had two options that were relatively close to us. We could go to Minneapolis for treatments, or we could go to Fargo for treatments. With our location and careers, we chose Fargo. We started with IUI which stands for intrauterine insemination. We were told everywhere we had been to that we are a young, healthy couple. We should have easily gotten pregnant without any treatments, yet here we were. We had 3 failed IUIs. The possibility of each one producing a baby made us so hopeful, instead, each one ended in more heartbreak. We then made the decision to do IVF. Egg retrieval and FET were words I didnt think I would ever have to know so intimately. Shots in the stomach, medications, bloating, ultrasounds, traveling to appointments, and pain were something I was getting used to during egg retrieval, but it would all be worth it right? We were able to have 4 good embryos frozen. FET, or fetal embryo transfer, would allow us to finally see a baby of our own. Now, after close to $40,000 of our own money spent trying to have a child of our own, we still dont have one. Unexplained infertility is what weve been diagnosed with. Our only hope of babies of our own is with science. Science God created for couples who struggle with infertility.

If you have children of your own, I want you to think about all of the good times, laughs, or great memories youve had with them through their lifetime. If you have grandchildren, think about the joy they bring you. Now think about the times youve argued, disagreed, or were angry with them. And finally, take away all of it. Every memory, good time, or bad time. What does your life look like now? It feels pretty empty right?

This is how so many families feel. 1 in 6 families are affected with infertility, and its the only medical condition that insurance routinely excludes from coverage. Infertility isnt something I can fix. I cant fix unexplained infertility. Infertility is not a choiceits a medical condition, and it should be treated like one. I encourage you to vote YES on house bills 1282, 1284, and 1477 to help us couples like many of you to have families.

Also, please vote NO on house bill 1373, which is trying to redefine the definition of a human being and unborn child, once again restricting IVF access and going against couples starting families.

Thank you for listening and your time and consideration today.

Sincerely,
Cheyenne Ketterling
Cell: 701-320-6180

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1282
2/10/2025

Relating to public employee fertility health benefits; to provide for a report to the legislative assembly; to provide for application; and to provide an expiration date.

2:36 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rohr
Members Absent: Representative Rios

Discussion Topics:

- Committee action

2:39 p.m. Representative Dobervich moved amendments from Rebecca Fricke on 1/29/2025 relating to Medicare part D, #32213.

2:39 p.m. Representative Beltz seconded the motion.

2:39 p.m. Voice vote passed.

2:40 p.m. Representative Bolinske moved a Do Not Pass as amended.

2:40 p.m. Representative Frelich seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	Y
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Cleyton Fegley	Y
Representative Jared Hendrix	Y
Representative Dawson Holle	Y
Representative Dwight Kiefert	Y
Representative Nico Rios	AB
Representative Karen Rohr	N

2:41 p.m. Motion passed 9-3-1.

Representative Frelich will carry the bill.

2:42 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

RS 2/10/25
1 of 4

25.0069.02001
Title.03000

Adopted by the Human Services Committee
February 10, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1282

Introduced by

Representatives Brandenburg, Hanson, Mitskog, Satrom, Schauer

Senators Axtman, Hogan

A BILL for an Act to create and enact a new section to chapter 54-52.1 of the North Dakota Century Code, relating to public employee fertility health benefits; to provide for a report to the legislative assembly; to provide for application; and to provide an expiration date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 54-52.1 of the North Dakota Century Code is created and enacted as follows:

Health insurance benefits coverage - Fertility health care.

1. As used in this section:

   a. "Diagnosis of infertility" means the services, procedures, testing, or medications recommended by a licensed physician which are consistent with established, published, or approved best practices or professional standards or guidelines, including the American society of reproductive medicine, the American college of obstetricians and gynecologists, or the American society of clinical oncology for diagnosing and treating infertility.

   b. "Fertility treatment" means health care services, procedures, testing, medications, monitoring, treatments, or products, including genetic testing and assisted reproductive technologies, including oocyte retrievals, in vitro fertilization, and fresh and frozen embryo transfers, provided with the intent to achieve a pregnancy that results in a live birth with a healthy outcome.

   c. "Infertility" means a disease or condition characterized by:

BWT 2 of 4

(1) The failure to conceive a pregnancy or to carry a pregnancy to live birth after unprotected sexual intercourse;

(2) An individual's inability to cause pregnancy and live birth either as a covered individual or with the covered individual's partner; or

(3) A licensed health care provider's findings and statement based on a patient's medical, sexual, and reproductive history, age, physical findings, or diagnostic testing.

d. "Medically necessary" means a health care service or product provided in a manner:

(1) Consistent with the findings and recommendations of a licensed physician, based on a patient's medical history, sexual and reproductive history, age, partner, physical findings, or diagnostic testing;

(2) Consistent with generally accepted standards of medical practice as set forth by a professional medical organization with a specialization in any aspect of reproductive health, including the American society for reproductive medicine or the American college of obstetricians and gynecologists; or

(3) Clinically appropriate in terms of type, frequency, extent, site, and duration.

e. "Monitoring" includes, ultrasounds, transvaginal ultrasounds, laboratory testing, and followup appointments.

f. "Third-party reproductive care for the benefit of the covered individual" means the use of eggs, sperm, or embryos donated to the covered individual or partner by a donor, or the use of a gestational carrier, to achieve a live birth with a healthy outcome.

2. The board shall provide coverage for the expenses of the diagnosis of infertility and fertility treatment services if recommended and medically necessary.

a. Coverage must include:

(1) Three completed cycles of intrauterine insemination, in accordance with best practices, including the standards and guidelines of the American society of reproductive medicine.

3 of 4

(2) Fertility treatment services necessary to achieve two live births, or a maximum of four completed oocyte retrievals with four fresh and frozen embryo transfers, in accordance with best practices, including the guidelines of the American society for reproductive medicine, and using no more than two embryos per transfer.

(3) Diagnosis of infertility and fertility treatment services, including third-party reproductive care for the benefit of the covered individual or partner.

(4) Fertility treatment, consisting of a method of causing pregnancy other than sexual intercourse which is provided with the intent to create a legal parent-child relationship between the covered individual and the resulting child in accordance with chapter 14-20.

(5) Medical and laboratory services that reduce excess embryo creation through egg cryopreservation and thawing in accordance with a covered individual's religious or ethical beliefs.

(6) Five years of cryopreservation services.

b. This section may not be construed to deny the included coverage in this section to an individual who forgoes a particular fertility treatment service if the individual's physician determines the fertility treatment service is likely to be unsuccessful.

3. To be covered under this section, the diagnosis of infertility and fertility treatment services must be performed at a facility that conforms to best practices, including the standards and guidelines developed by the American society for reproductive medicine, the American college of obstetricians and gynecologists, or the American society of clinical oncology.

4. Coverage under this section must be made available to all covered individuals, including covered individuals who have entered coverage during special enrollment or open enrollment.

5. Coverage under this section must be in accordance with best practices, including the standards or guidelines developed by the American society of reproductive medicine, the American college of obstetricians and gynecologists, or the American society of clinical oncology. If a carrier makes, issues, circulates, or causes to be made, issued,

or circulated, clinical guidelines based on data not reasonably current or which do not cite with specificity, the act constitutes unfair or deceptive acts or practices in the business of insurance as prohibited by chapter 26.1-04.

6. Benefits under this section may not be limited based on:

a. A copayment, deductible, coinsurance, benefit maximum, waiting period, or other limitation on coverage different from maternity benefits provided under the health benefits;

b. An exclusion, limitation, or other restriction on coverage of fertility medication different from restrictions imposed on any other prescription medication;

c. A requirement that provides different benefits to, or imposes different requirements on, a class protected under chapter 14-02.4 than that provided to or required of other covered individuals; or

d. A pre-existing condition exclusion, pre-existing condition waiting period on coverage for required benefits, or a prior diagnosis of infertility, fertility treatment, or standard fertility preservation services.

7. This section does not apply to the Medicare part D prescription drug coverage plan.

SECTION 2. PUBLIC EMPLOYEES RETIREMENT SYSTEM - FERTILITY HEALTH BENEFITS - REPORT TO LEGISLATIVE ASSEMBLY. Pursuant to section 54-03-28, the public employees retirement system shall prepare and submit for introduction a bill to the seventieth legislative assembly to repeal the expiration date for this Act and to extend the coverage of fertility health benefits to all group and individual health insurance policies. The public employees retirement system shall append a report to the bill regarding the effect of the fertility health benefits requirement on the system's health insurance programs, information on the utilization and costs relating to the coverage, and a recommendation regarding whether the coverage should be continued.

SECTION 3. APPLICATION. This Act applies to health benefits coverage that begins after June 30, 2025, and which does not extend past June 30, 2027.

SECTION 4. EXPIRATION DATE. This Act is effective through June 30, 2027, and after that date is ineffective.

REPORT OF STANDING COMMITTEE
HB 1282

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS (25.0069.02001)** and when so amended, recommends **DO NOT PASS** (9 YEAS, 3 NAYS, 1 ABSENT AND NOT VOTING). HB 1282 was placed on the Sixth order on the calendar.