

2025 HOUSE HUMAN SERVICES

HB 1284

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1284
1/29/2025

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

2:29 p.m. Chairman M. Ruby opened the hearing.

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

Discussion Topics:

- Definitions of medically necessary
- Mandates
- Proposed amendments to Medicare Part D.

2:30 p.m. Representative Brandenburg, District 28, introduced the bill.

2:35 p.m. Tara Harding, Simply You Wellness, testified in favor and submitted testimony, #32387.

2:39 p.m. Abbey Berger, testified in favor.

2:40 p.m. Courtney Koebele, Executive Director of North Dakota Medical Association, testified in favor.

2:41 p.m. Andrea Pfennig, Vice President, Government Affairs of the Greater North Dakota Chamber, testified in opposition and submitted testimony, #32516.

2:43 p.m. Rebecca Fricke, Executive Director of NDPERS, testified neutrally and submitted testimony, #32215.

2:49 p.m. Derrick Hohbein, COO, CFO, NDPERS, testified neutrally.

Additional written testimony:

Kaydee Pederson, Private Citizen submitted testimony in favor, #31308.

Shauna Erickson-Abou Zahr, Private Citizen submitted testimony in favor, #31382.

Theresa Peterson, Private Citizen, submitted testimony in favor, #31392.

Robin Holt, Private Citizen, submitted testimony in favor, #31413.

Casie Davis, Private Citizen, submitted testimony in favor, #31417.

Erin Lee, Private Citizen, submitted testimony in favor, #31450.

McKenzie Sapa, Private Citizen, submitted testimony in favor, #32034.

Lisa Peabody, Advocacy Manager of Facing Our Risk of Cancer Empowered, submitted testimony in favor, #32190.

Ana Tobiasz, ND Section Chair of the American College of Obstetricians and Gynecologists, submitted testimony in favor, #32407.

Tara Hermann, Private Citizen, submitted testimony in favor, #32425.

Cheyenne Ketterling, Private Citizen, submitted testimony in favor, #32460.

Dana Bacon, Senior Director of State and Government Affairs of The Leukemia & Lymphoma Society, submitted testimony in favor, #32500.

Lauren Marquette, Senior Regional Manager, State Advocacy and Policy of Susan G. Komen, submitted testimony in favor, #32569 and #32570.

2:56 p.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 1284

Chairman Ruby and Members of the Committee:

I share my testimony in favor of HB 1284 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: fertility preservation. 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 IVF to preserve fertility to build families in our states for diverse, personal, and devastating circumstances, and certainly don't deserve to live in debt to build our community with their beautiful families.

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. I had lost wages due to time away from work, short term disability only covering some of my pay, but most concerning was that I had to come up with \$20,000 to be able to secure a potential to still be a mother one day for one round of IVF. Because of the time sensitivity of my chemotherapy starting, I ended up needing more IVF after chemotherapy to secure more embryos for future use. These IVF treatments totaled \$130,000 to date. Now to a non-profit mental health therapist, these dollar amounts sound catastrophic, and they have been. I haven't been able to pay off my student loans, and carried credit card balances for many months due to this. However, in also being a cancer survivor, I am acutely aware that \$130,000 is a small drop in a big sea of spending in medicine. ONE chemotherapy ranging from \$30,000-50,000, and needing a series of these treatments, then surgery, then radiation. So when we speculate that IVF is going to be too catastrophic on the budget, I think that needs to be compared to what other covered services run.

I've previously heard infertility reasons as an "elective" procedure. We are North Dakotans, with deep value systems that include family as a primary. There is nothing "elective" about getting the opportunity to debut into parenthood, and anyone that is thinking that, needs to look at their own children and consider if there were just "electives" somewhere along the line. By not covering IVF procedures, we are leaving North Dakotans at risk of economic despair because they will do what they need to in order to build their families. This cost systemically can be afforded if it means we get to continue building beautiful North Dakotan families.

Please consider moving towards fertility preservation coverage to support more North Dakota couples to become families, and vote in favor of HB 1284.

Sincerely,

A handwritten signature in black ink, appearing to read 'SE', followed by a long horizontal line extending to the right.

Shauna M. Erickson-Abou Zahr

1/24/25

Dear Committee Members,

My name is Theresia Peterson, and I am writing to express my strong support for HB1284, which ensures insurance coverage for fertility preservation in North Dakota.

For individuals facing life-saving medical treatments such as chemotherapy, radiation, or surgeries that may impair fertility, fertility preservation is not optional—it is a critical medical necessity. Without insurance coverage, the high cost of procedures like egg, sperm, or embryo freezing can place this essential care out of reach for many people.

HB1284 is about fairness and compassion. It ensures that individuals undergoing medical treatments are given the chance to protect their future ability to have children. Nobody should have to choose between saving their life and preserving their family-building options.

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.

By supporting HB1284, you can provide hope and security to individuals and families facing some of the toughest moments of their lives. I urge you to vote **YES** on this vital bill.

Thank you for your time and thoughtful consideration.

Theresia Peterson
Trompson2010@gmail.com
701-403-3099

I strongly urge you to move forward on HB 1284 vote **DO PASS** to provide access to insurance benefits for infertility preservation, 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!

Being a life-long North Dakota resident; currently living, working, and active in the community for 14+ years struggling with infertility for 11 years I fully understand the need for insurance benefits for fertility treatments. Although not preservation specific I have navigated through fertility treatments with minor insurance help. Preservation of fertility in health risk situations like cancer and other health reasons that affect a person's fertility. 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 we still haven't had a successful full term pregnancy yet, I fully believe IVF is good, and have seen so many miracles born from IVF.

Support families dealing with a fertility compromising health still become parents like they dream to become. 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.

It is time for North Dakota to update its insurance law to include coverage for fertility preservation. This pro-women and pro-family legislation is designed to ensure the best outcome for mothers and their babies.

I hope you will support North Dakota families and communities by voting yes for HB 1284. Thank you!
Robin Holt
Grafton, ND

January 25, 2025

Support HB1284 – Insurance Coverage for Fertility Preservation

Dear Committee Members,

My name is Casie Davis, and I am writing to express my strong support for HB1284, which ensures insurance coverage for fertility preservation in North Dakota.

For individuals facing life-saving medical treatments such as chemotherapy, radiation, or surgeries that may impair fertility, fertility preservation is not optional—it is a critical medical necessity. However, without insurance coverage, the high cost of procedures like egg, sperm, or embryo freezing can place this essential care out of reach for many people.

HB1284 is about fairness and compassion. It ensures that individuals undergoing medical treatments are given the chance to protect their future ability to have children. Nobody should have to choose between saving their life and preserving their family-building options.

I am a board member for Everlasting Hope, a nonprofit in North Dakota that focuses on support and awareness for infertility. I have spoken and worked with individuals who have been in the horrible position of having to preserve their fertility after receiving a devastating cancer diagnosis. What lies ahead for these people is the daunting task of planning cancer treatment, while simultaneously trying to fit in, and more importantly, afford, fertility preservation. It is a difficult problem that most of us cannot even begin to understand. Unfortunately, we have seen time and again, insurance companies making this process even more difficult or impossible.

By supporting HB1284, you can provide hope and security to individuals and families facing some of the toughest moments of their lives. I urge you to vote **YES** on this vital bill.

Thank you for your time and thoughtful consideration.

Sincerely,

Casie Davis
District 30
Bismarck

Re: HB 1284

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 1284—public IVF insurance coverage for fertility preservation.

No one ever wants to get a diagnosis of cancer. However, getting one in your childbearing years or one for your child can be even more concerning, as treatments have the risk of causing infertility. Often patients are referred quickly to the fertility clinic to discuss their options (freezing eggs for females, sperm for males, or possibly embryos for a couple). The cost of doing this is overwhelming and added on top of their worries about cancer and how they are going to be able to pay for those, too. Having insurance coverage for people who need to utilize fertility preservation will help give them a sense of calm that is needed during such a difficult time.

Please consider supporting HB 1284. 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!

Dear Committee Members,

My name is McKenzie Sapa, and I am writing to express my strong support for HB1284, which ensures insurance coverage for fertility preservation in North Dakota.

For individuals facing life-saving medical treatments such as chemotherapy, radiation, or surgeries that may impair fertility, fertility preservation is not optional—it is a critical medical necessity. Without insurance coverage, the high cost of procedures like egg, sperm, or embryo freezing can place this essential care out of reach for many people.

HB1284 is about fairness and compassion. It ensures that individuals undergoing medical treatments are given the chance to protect their future ability to have children. Nobody should have to choose between saving their life and preserving their family-building options.

By supporting HB1284, you can provide hope and security to individuals and families facing some of the toughest moments of their lives. I urge you to vote **YES** on this vital bill.

Thank you for your time and thoughtful consideration.



Facing Hereditary Cancer EMPOWERED

January 28, 2025

Re: Please Support **ND HB 1284**

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 1284. HB 1284 would facilitate in North Dakota public employee health insurance coverage for fertility preservation 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 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 1284.

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

Sincerely,

Lisa Peabody
Advocacy Manager
lisapeabody@facingourrisk.org

TESTIMONY OF REBECCA FRICKE

House Bill 1284 – Fertility Preservation Treatment

Good Afternoon, 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 1284, which requires a pilot program under the NDPERS health insurance plan related to fertility preservation 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 1284 does the following:

- Adds definitions for “medically necessary” and “standard fertility preservation services”
- Requires the Board to provide coverage for standard fertility preservation services, if recommended and medically necessary, for covered individual that has a diagnosed medical condition or genetic condition that may cause impairment of fertility affecting the reproductive organs or processes
- Sets specific coverage requirements
 - Currently, NDPERS health insurance plan does not provide cryopreservation services, so this would be an enhancement in coverage
- Restricts benefits for fertility preservation from having a separate copayment, deductible, coinsurance or other benefit maximum that is separate from other benefits provided in the plan
- Coverage cannot be limited in certain areas, such as benefit maximums; may contradict other provisions of the bill that place limitations on coverage
 - May contradict other provisions of the bill that place limitations on coverage
 - Example of certain number of intrauterine insemination or completed oocyte retrievals
 - Does not clarify if limitations are per plan year or lifetime
- Coverage must 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 .04%, or \$345,000, in the 2025-2027 biennium. This cost assumes four cycles of cryopreservation per utilizer.

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 1284 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 70 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.

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1284

Introduced by

Representatives Brandenburg, Grueneich, Hanson, Satrom, Schauer, Schneider, Warrey

Senators Erbele, Hogan

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

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

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

7 **Health insurance benefits coverage - Fertility preservation health care.**

8 1. As used in this section:

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

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

14 (2) Consistent with generally accepted standards of medical practice as
15 established by a professional medical organization with a specialization in
16 any aspect of reproductive health, including the American society for
17 reproductive medicine or the American society of clinical oncology; or

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

19 b. "Standard fertility preservation services" means services, procedures, testing,
20 medications, treatments, cryopreservation of eggs, sperm, embryos, and
21 products consistent with established best medical practices or professional
22 guidelines including those published by the American society for reproductive
23 medicine or the American society of clinical oncology for an individual who has a
24 medical condition or is expected to undergo medication therapy, surgery,

- 1 radiation, chemotherapy, or other medical treatment recognized by medical
2 professionals to result in, or increase the risk of, impaired fertility.
- 3 2. If the covered individual has a diagnosed medical condition or genetic condition that
4 may cause impairment of fertility affecting the reproductive organs or processes, the
5 board shall provide health insurance benefits coverage that provides for standard
6 fertility preservation services if recommended and medically necessary. As used in this
7 section, "may cause" means the disease itself, or the necessary treatment, has a
8 potential side effect of infertility as established by best practices, including the
9 American society for reproductive medicine or the American society of clinical
10 oncology. Coverage must include:
- 11 a. Consultation, evaluation, laboratory assessment, and medication.
12 b. The procurement and storage of gametes, embryos, or other reproductive tissue,
13 and all procedures and treatment needed for cryopreservation services.
14 c. Four preservation cycles.
- 15 3. Coverage under this section must be made available to all covered individuals,
16 including covered individuals who have entered coverage during special enrollment or
17 open enrollment.
- 18 4. Benefits under this section may not be limited based on a copayment, deductible,
19 coinsurance, benefit maximum, waiting period, or other limitation on coverage different
20 from other medical or surgical benefits provided under the health benefits.
- 21 5. This section does not apply to the Medicare part D prescription drug coverage plan.

22 **SECTION 2. PUBLIC EMPLOYEES RETIREMENT SYSTEM - FERTILITY**

23 **PRESERVATION HEALTH BENEFITS - REPORT TO LEGISLATIVE ASSEMBLY.** Pursuant to
24 section 54-03-28, the public employees retirement system shall prepare and submit for
25 introduction a bill to the seventieth legislative assembly to repeal the expiration date for this Act
26 and to extend the coverage of fertility preservation health benefits to all group and individual
27 health insurance policies. The public employees retirement system shall append a report to the
28 bill regarding the effect of the fertility preservation health benefits requirement on the system's
29 health insurance programs, information on the utilization and costs relating to the coverage, and
30 a recommendation regarding whether the coverage should be continued.

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

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

Memo

Date: June 11, 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 25.0070.03000**

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 would create and enact a new section to chapter 54-52.1 of the North Dakota Century Code, relating to public employee fertility preservation health benefits. The legislation does the following:

- defines "medically necessary" and "standard fertility preservation services"
- mandates that the board shall provide coverage for standard fertility preservation services if deemed medically necessary
 - coverage will include diagnosis, testing, and medication related to fertility preservation as well as storage of embryos through cryopreservation
- ensures that coverage for fertility preservation will be available for all covered individuals
- restricts benefits for fertility preservation from having a separate copayment, deductible, coinsurance, or other benefit maximum that is separate from other benefits provided in the plan

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 \$345,000 in the 2025-2027 biennium ending 6/30/2027.

The Uniform Group Insurance Program currently has a lifetime dollar limit of \$20,000 for fertility services. These services include diagnosis and treatment for infertility but do not cover cryopreservation itself. Further, Sanford Health currently does not cover cryopreservation across its book-of-business. This bill would require Sanford Health to change their plan design to include cryopreservation as a covered service.

Fertility preservation diagnostic and treatment services are already covered under the current plan design. Based on the analysis of current covered services, individuals on average do not exceed the \$20,000 lifetime limit, therefore, it is not anticipated that the proposed legislation will impact costs related to fertility preservation diagnostic and treatment services.

To estimate the potential cost of the cryopreservation benefit, Sanford provided billed charges and utilization information on covered Uniform Group Insurance Program members that paid for cryopreservation services out-of-pocket for calendar years 2022 and 2023. This out-of-pocket claims information was paired with an estimate of the average billed charges discount across covered fertility preservation services to develop an estimated allowed cost per cycle of cryopreservation.

Based on the analysis, the estimated cost per cycle for cryopreservation is \$1,315. Using an annual medical trend of 5.7%, it is estimated that the cost of four cycles of cryopreservation is approximately \$6,380 per utilizer for the 2025-2027 biennium. Based on the current utilization of fertility preservation services, it is estimated that the addition of cryopreservation to fertility preservation services will increase costs by 0.04% or approximately \$345,000 for the 2025-2027 biennium.

OTHER CONSIDERATIONS

The financial analysis includes the following assumptions that may result in a more conservative impact estimate:

- All utilizers of fertility preservation will also utilize cryopreservation services
- All utilizers will maximize their cryopreservation cycles by fully utilizing four cycles
- The cryopreservation cycles will all occur in the same biennium period
- The billed charges discount for cryopreservation is similar to other fertility preservation services

It is unlikely that every utilizer of fertility preservation services will utilize all four cycles of cryopreservation. It is also unlikely that all four cryopreservation cycles will occur within the same biennium. If this is the case, then actual costs may be less than the \$345,000 financial impact estimate for the 2025-2027 biennium.

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Chairman Ruby and members of the Human Services Committee.

Fertility preservation is a critical yet often overlooked aspect of healthcare for individuals facing medical conditions that threaten their ability to have children in the future. Patients undergoing treatments such as **chemotherapy, radiation, or certain surgeries** for conditions like **cancer, sickle cell anemia, and lupus** often have a small window of time to make life-altering decisions about preserving their fertility before starting treatment. Fertility-threatening medical conditions don't just affect older adults—they impact **young men and women in their teens, 20s, and 30s**, many of whom have not yet had the chance to start a family. Without coverage, these individuals face devastating choices—foregoing necessary treatment, risking permanent infertility, or taking on overwhelming financial burdens to preserve their reproductive options. The emotional and psychological impact of losing fertility due to medical treatment is profound, leading to **increased rates of depression, anxiety, and a diminished quality of life** for those who do not have access to fertility preservation options.

Despite the well-documented medical necessity of fertility preservation, **current insurance policies in North Dakota fail to support these patients**, forcing them to pay out of pocket for procedures that could one day allow them to have biological children. The **existing PERS plan's requirement that patients must try to conceive naturally for 6-12 months before accessing infertility benefits** is an outdated and medically **impossible** barrier for those facing immediate, fertility-damaging treatments. **HB 1284 addresses this gap** by including fertility preservation as a covered benefit, ensuring that individuals who receive life-saving medical treatments are not forced to sacrifice their ability to have a family in the future. Providing this coverage is not just a medical necessity—it is a matter of fairness, compassion, and supporting North Dakotans through some of the most difficult moments of their lives.

I will state again what I did earlier adding fertility preservation to the existing PERS infertility coverage would be a modification, not a mandate. A mandate is a legal requirement forcing insurers to cover benefits not already included in their plans. However, PERS already provides infertility coverage, and HB 1284 does not add a new benefit—it simply modifies the structure to include fertility preservation for patients at risk of medically induced infertility. It does not introduce a new category of care but rather expands eligibility within an already covered condition. Therefore, labeling it a mandate is inaccurate.

I urgent you to vote yes on HB 1284

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.

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 express my strong support for HB1284, which ensures insurance coverage for fertility preservation in North Dakota.

There are several unfortunate circumstances that lead to an individual's inability to have a child without the help of science. There's no question as to if someone needing a life saving operation gets insurance coverage, or a pacemaker, or a transplant. Why is infertility coverage up for a debate. This is an already terrible life altering situation and the financial burden is unnecessary and unjust.

It should not be that an individual must choose between saving their own life or having a child because someone's views or religious beliefs say otherwise. Fertility preservation is not something someone wants to go through, in fact, it's one of the hardest situations that person will have to face. Why make this harder on them or financially unavailable.

HB1284 is about fairness and compassion. It ensures that individuals undergoing medical treatments are given the chance to protect their future ability to have children.

By supporting HB1284, you can provide hope and security to individuals and families facing some of the toughest moments of their lives. I urge you to vote YES on this vital bill.

Thank you for your time and thoughtful consideration.

Sincerely,
Tara Herrmann
tarahimmelpach@hotmail.com

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 choice its 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



January 29, 2025

The Honorable Matthew Ruby
Chair, North Dakota House Human Services Committee
State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505

Re: Support for House Bills 1282 and 1284

Dear Chair Ruby and members of the Committee:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to comment on HB 1282 and HB 1284, which establish fertility preservation and treatment coverage for state employees. We thank Representative Brandenburg for his leadership on this issue and appreciate you hearing these bills.

LLS views HB 1282 and HB 1284 as medically responsible and compassionate opportunities to help young blood cancer survivors more fully preserve their parenting options. LLS supports both bills and urges your committee to pass them to protect fertility options for North Dakota state employees.

The mission of LLS is to cure blood cancer and improve the quality of life of people living with blood cancer, and their families. Blood cancers are among the most common types of cancer diagnosed in children and young adults. Leukemia alone accounts for nearly a quarter of all cancers diagnosed in people under age 20.ⁱ

When first diagnosed with blood cancer, a patient's primary concern will be their upcoming treatment and long-term survival. They may not be thinking about whether they can or want to have children in the future – or how their treatment could impact their chances of conception. The good news is that advancements in research and treatment of these conditions have led to significant improvements in survival rates for pediatric cancer patients.

However, fertility preservation is an essential consideration for pediatric and young adult blood cancer survivors. Blood cancers and their treatments, particularly cell transplants, carry a significant risk of infertility.ⁱⁱ Treatment must begin quickly, which leaves patients with a difficult choice and little time to appeal to insurers for coverage after a denial of coverage.

Even with comprehensive insurance coverage, blood cancer patients can face significant treatment costs, particularly in the twelve months following diagnosis.ⁱⁱⁱ No patient, or parents of a young patient,

should be put into a position where they must weigh the costs of fertility preservation services – needed only because of their cancer treatment – against the costs of the treatment itself.

Cancer treatment is stressful enough without being compounded by the pain and regret of lost fertility. LLS hopes your committee will support these bills to improve access to affordable fertility preservation and coverage services; we also encourage you to seek future opportunities to ensure these benefits for as many North Dakotans as possible. Thank you for considering our views.

Sincerely,



Dana Bacon
Senior Director, State Government Affairs
The Leukemia & Lymphoma Society
dana.bacon@lls.org

ⁱ “Childhood Blood Cancer Facts and Statistics.” The Leukemia & Lymphoma Society. Available at: <https://www.lls.org/facts-and-statistics/overview/childhood-blood-cancer-facts-and-statistics>

ⁱⁱ Loren, Alison W., and S. Senapati, “Fertility preservation in patients with hematologic malignancies and recipients of hematopoietic cell transplants.” *Blood*, 2019. Available at: <https://ashpublications.org/blood/article/134/9/746/260765/Fertility-preservation-in-patients-with>.

ⁱⁱⁱ “The Cost Burden of Blood Cancer Care.” Milliman Inc. for The Leukemia & Lymphoma Society. October 2018. Available at: <https://www.lls.org/sites/default/files/Milliman%20study%20cost%20burden%20of%20blood%20cancer%20care.pdf>



GREATER NORTH DAKOTA CHAMBER
HB 1284
House Human Services Committee
Chair Matthew Ruby
January 29, 2025

Mr. Chairman and members of the Committee, my name is Andrea Pfennig, and I am the Vice President of Government Affairs for the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **opposition of Section 2** of House Bill 1284.

In our 2024 ND Economics and Employer Survey of our membership, when asked to name one thing state government could do to help your business, the top answer was to make healthcare more affordable.

Last fall, the Insurance Commissioner approved small group insurance premium increases between 6.3% and 15.3% for the 2025 plan year. Healthcare and prescription drug coverage mandates, when applied to the private sector, increase business burdens and costs. These increases leave employers with hard decisions when it comes to compensation packages. Do they continue offering employer-sponsored health insurance or do they provide cost of living raises to help employees pay for rent and groceries?

If this bill were only applicable to state employees, we would not have an issue. We will be the first to say that employers should have autonomy in developing compensation packages. However, this bill specifically includes a requirement for PERS to draft a bill for the next legislative session that would apply this to the private sector.

As drafted, rather than making healthcare more affordable, this would lead to increased costs for businesses by shifting them to the employer. It's important to note that there are at least five other bills this session proposing mandates that either would be applied to the private sector or would require a bill to apply them to the private sector in the next session. These costs add up, and they don't go away.

When considering a healthcare mandate that could be applied to the private sector, we ask that the committee also consider the benefits of a free market economy and the importance of a policy framework that enables that system, and our businesses, to thrive. We hope you will oppose this bill.





***Written Testimony Supporting HB 1284
Submitted to the House of Human Services
January 29, 2025
By Susan G. Komen***

Chairman Ruby and Members of the Committee, thank you for the opportunity to provide testimony in support of HB 1284 which relates to fertility preservation. My name is Lauren Marquette and I am the Senior Regional Manager of State Policy and Advocacy at Susan G. Komen®.

Susan G. Komen is the world's leading non-profit breast cancer organization representing the millions of women and men who have been diagnosed with breast cancer. We have a comprehensive 360-degree approach to fighting this disease across all fronts—we advocate for patients, drive research breakthroughs, improve access to high quality care, offer direct patient support and empower people with trustworthy information. Komen advocates for all women to have access to the tools and resources necessary to save their lives. We believe strongly that women should be able to make treatment decisions without fear of impacting their ability to have children in the future. Chemotherapy, hormone therapy and some surgeries can have devastating effects on a woman's reproductive system and cancer treatment can often lead to infertility. This can shorten the window of time to have children.

An estimated 4 percent of all breast cancers diagnosed in the U.S. occur in women under 40 and breast cancer is the most common cancer among women under age 50. Breast cancer in younger women is more likely to be fast growing, higher grade, more aggressive and more likely to need chemotherapy.

Certain cancer treatments can directly or indirectly cause medically induced infertility. Chemotherapy, radiation and surgery can cause permanent damage to gametes (eggs and sperm), reproductive organs and/or endocrine functioning. In breast cancer specifically, both chemotherapy and hormone therapy can cause irregular periods or stop periods altogether and tend to bring on natural menopause earlier than normal. For women with hormone receptor-positive breast cancer, the recommendation of five to ten years of endocrine therapy can push many women past reproductive age, limiting time for pregnancy and childbirth. Quality of life is hampered in young women by side effects such as premature menopause and infertility and these outcomes can impact treatment decisions.

Unfortunately, we often receive calls and emails from women that fertility concerns are a factor influencing their treatment decisions. We also hear from women that are unable to afford the out-of-pocket costs for their fertility services as expenses can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking. Patients often have a short window of time to obtain the financial resources necessary to preserve fertility before starting potentially sterilizing cancer treatment. Often, without some assistance, many of these women will simply delay or forego their opportunity to have children.

As committed partners in the fight against breast cancer, we know how deeply important it is for all cancer patients to have access to standard fertility preservation procedures to ensure they are able to make the best treatment decisions possible. As such, we support HB 1284 and urge you to pass this critical legislation.

Thank you for your consideration.

Lauren Marquette

lmарquette@komen.org



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January 29, 2025
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Thank you for your consideration.

Lauren Marquette

lmарquette@komen.org

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1284
2/10/2025

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

2:42 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

2:42 p.m. Representative K. Anderson moved to amend the bill, #32215 from Rebecca Fricke on 1/29.

2:43 p.m. Representative Holle seconded the motion.

2:43 p.m. Voice vote passed.

2:44 p.m. Representative Holle moved a Do Pass as amended and rerefer to appropriations.

2:44 p.m. Representative Beltz seconded the motion.

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

2:45 p.m. Motion failed 6-7-0.

2:46 p.m. Representative Frelich moved a Do Not Pass as amended.

2:46 p.m. Representative Bolinske seconded the motion.

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

2:47 p.m. Motion passed 7-6-0.

Chairman M. Ruby will carry the bill.

2:47 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

February 10, 2025

AS 2/10/25
1 of 3

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1284

Introduced by

Representatives Brandenburg, Grueneich, Hanson, Satrom, Schauer, Schneider, Warrey

Senators Erbele, Hogan

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

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

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

7 **Health insurance benefits coverage - Fertility preservation health care.**

8 **1. As used in this section:**

- 9 **a. "Medically necessary" means a health care service or a product provided in a**
10 **manner:**

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

14 **(2) Consistent with generally accepted standards of medical practice as**
15 **established by a professional medical organization with a specialization in**
16 **any aspect of reproductive health, including the American society for**
17 **reproductive medicine or the American society of clinical oncology; or**

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

- 19 **b. "Standard fertility preservation services" means services, procedures, testing,**
20 **medications, treatments, cryopreservation of eggs, sperm, embryos, and**

- 1 products consistent with established best medical practices or professional
2 guidelines including those published by the American society for reproductive
3 medicine or the American society of clinical oncology for an individual who has a
4 medical condition or is expected to undergo medication therapy, surgery,
5 radiation, chemotherapy, or other medical treatment recognized by medical
6 professionals to result in, or increase the risk of, impaired fertility.
- 7 2. If the covered individual has a diagnosed medical condition or genetic condition that
8 may cause impairment of fertility affecting the reproductive organs or processes, the
9 board shall provide health insurance benefits coverage that provides for standard
10 fertility preservation services if recommended and medically necessary. As used in this
11 section, "may cause" means the disease itself, or the necessary treatment, has a
12 potential side effect of infertility as established by best practices, including the
13 American society for reproductive medicine or the American society of clinical
14 oncology. Coverage must include:
- 15 a. Consultation, evaluation, laboratory assessment, and medication.
16 b. The procurement and storage of gametes, embryos, or other reproductive tissue,
17 and all procedures and treatment needed for cryopreservation services.
18 c. Four preservation cycles.
- 19 3. Coverage under this section must be made available to all covered individuals,
20 including covered individuals who have entered coverage during special enrollment or
21 open enrollment.
- 22 4. Benefits under this section may not be limited based on a copayment, deductible,
23 coinsurance, benefit maximum, waiting period, or other limitation on coverage different
24 from other medical or surgical benefits provided under the health benefits.
- 25 5. This section does not apply to the Medicare part D prescription drug coverage plan.

26 **SECTION 2. PUBLIC EMPLOYEES RETIREMENT SYSTEM - FERTILITY**

27 **PRESERVATION HEALTH BENEFITS - REPORT TO LEGISLATIVE ASSEMBLY.** Pursuant to
28 section 54-03-28, the public employees retirement system shall prepare and submit for
29 introduction a bill to the seventieth legislative assembly to repeal the expiration date for this Act
30 and to extend the coverage of fertility preservation health benefits to all group and individual
31 health insurance policies. The public employees retirement system shall append a report to the

1 bill regarding the effect of the fertility preservation health benefits requirement on the system's
2 health insurance programs, information on the utilization and costs relating to the coverage, and
3 a recommendation regarding whether the coverage should be continued.

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

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

**REPORT OF STANDING COMMITTEE
HB 1284**

Human Services Committee (Rep. M. Ruby, Chairman) recommends **AMENDMENTS** ([25.0070.03001](#)) and when so amended, recommends **DO NOT PASS** (7 YEAS, 6 NAYS, 0 ABSENT AND NOT VOTING). HB 1284 was placed on the Sixth order on the calendar.