



Impacting Reproductive
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HHS Conferees
Minnesota State Legislature
St. Paul, MN 55155

RE: Fertility Provision in HHS Omnibus Finance Bill - SUPPORT

Dear HHS Conferees:

On behalf of the American Society for Reproductive Medicine (ASRM), I am writing to express our strong support for the fertility provision in the Senate Omnibus HHS Finance Bill and urge the Conferees to include this pro-family provision in the final conference committee report. This is an important and significant first step to assuring all Minnesotans have access to infertility care.

The fertility provision updates the state's insurance law to require coverage for fertility and reproductive endocrinology services for men and women. This update will significantly improve access to the standard of care for patients with infertility and those diagnosed with cancer or other conditions that may cause infertility.

According to the CDC, one in six people have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic, and religious lines. Medical conditions such as endometriosis, ovulation disorders, premature ovarian failure, and male factor are some causes of infertility. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases. In addition, members of the LGBTQ+ community face obstacles in accessing the treatment they need to become parents.

Family building options are costly; the average cost of an in vitro fertilization (IVF) cycle in the U.S. is approximately \$15,000. A recent survey found that women (25-34 years old) accrued \$30,000 of debt on average after undergoing fertility treatment. Such costs put fertility treatment out of reach for many. In fact, only one in four people get the treatment they need to overcome infertility.



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Minnesota should join the growing list of states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall healthcare costs and results in healthier babies and healthier moms.

And because the provision is limited to the fully-insured large group market only, there is zero cost to the State.

We respectfully ask that you include the fertility provision in the final conference committee report on behalf of all Minnesotans struggling to build their families.

For more information, feel free to contact me or Sean Tipton, ASRM's Chief Advocacy and Policy officer at Stipton@asrm.org or 202-421-5112.

Sincerely,

Michael A. Thomas, MD
President
American Society of Reproductive Medicine