

Support the Minnesota Building Families Act SF 1704 (Maye Quade)/HF 1658 (Brand)

Infertility is a recognized medical condition with widely accepted standards for diagnosis and treatment. There are safe and effective treatments that enable people to accomplish their dream of having children. However, many insurance plans in Minnesota do not cover fertility services. Paying out of pocket can impose an insurmountable financial burden and often means taking on thousands of dollars in debt.

Nationally,
1 in 8
couples have trouble
getting pregnant or
sustaining a
pregnancy!¹

Lack of insurance coverage for fertility services is the largest barrier to creating a family.

This is an issue of equity. Millions of Minnesotans pay monthly premiums for insurance coverage that does not cover the standard of care for infertility. Those who seek to create families deserve health insurance that covers the diagnosis and treatment of infertility, just as it covers other diseases.

Patients at risk for infertility because of cancer treatment or other medical procedures that threaten fertility shouldn't be faced with putting off lifesaving treatments to preserve their chances of building a family.

20

states have already passed
infertility insurance laws²

It is time for Minnesota
to join them.

What Does this Bill Do?

- Improves care by requiring coverage for infertility diagnosis and treatment, including in vitro fertilization (IVF)
- Requires coverage for fertility preservation for people at risk of infertility due to a medical condition or treatment, such as chemotherapy for cancer treatment
- Includes LGBTQ+ families
- Expands access to coverage for fully-insured plans
- Protects against exclusionary and discriminatory insurance coverage for infertility

States that have passed fertility coverage laws have seen minimal impact to health insurance premiums.

- A 2021 Mercer survey of over 450 employers nationwide found that 97% of employers offering infertility coverage, even those that include IVF, have not experienced increases in their medical costs.³
- The Minnesota Commerce Department estimates average additional cost would be just four cents per day per member.⁴
- Insurance coverage generates significant cost savings and healthier outcomes. In states with mandated coverage, patients are more likely to choose single embryo transfer, resulting in fewer high-risk and expensive multiple births.⁵

1 2006-2010 National Survey of Family Growth, CDC

2 Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Louisiana, Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Texas, Utah, West Virginia

3 Mercer. 2021 Survey on Fertility Benefits. Published online 2021. <https://resolve.org/wp-content/uploads/2021/05/2021-Fertility-Survey-Report-Final.pdf>

4 Minnesota Commerce Department. Evaluation of HF 3465: Infertility Treatment Insurance Coverage Required. Report to the Minnesota Legislature Pursuant to Minn. Stat. § 62J.26. January 2023.

5 Allen BD, Adashi EY, Jones HW. On the cost and prevention of iatrogenic multiple pregnancies. *Reprod Biomed Online*. 2014;29(3):281-285.

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More information is available at <https://resolve.org>