

April 12, 2023

To: Chair Marty and Members of the Senate Finance Committee:

We wish to submit our written testimony addressing Article 2, Section 2 of S.F. 2995, mandated infertility treatment coverage for Minnesota residents.

Infertility is a heartbreaking condition effecting those who desire to have children. Infertility can affect either the man or the woman, or in some cases, both have an underlying fertility issue that prevent a couple from conceiving and carrying a child to term.

The language in this bill has some services and treatments that may be very helpful to addressing underlying fertility issues. For example, monitoring ovulation is useful to better understand if a woman is ovulating, and when a woman is fertile, which could increase her chance of a spontaneous conception. However, this bill also includes coverage of medically dangerous services fraught with ethical and moral considerations as the proper role of medicine is to first, do no harm. It is our intent to share with you some of these concerns as we are not able to testify in person.

This bill, if passed, would cover the costs of ovulation inducing drugs. Ovulation inducing drugs, may be beneficial, but commonly used drugs like Clomid®, often used to induce ovulation, are known to carry risks of ovarian, endometrial, and thyroid cancer.<sup>1,2</sup>

Further, fertility drugs used to stimulate oocyte production as well as the process of retrieving the oocytes, carries additional risks such as Ovarian Hyperstimulation Syndrome (OHSS), a life-threatening condition that can also cause stroke, ovarian torsion, organ failure, and psychological distress. Risks of OHSS are serious and grossly underreported. Current estimates of the occurrence of OHSS is 10%, but again, that number is inaccurately low as OHSS is not always reported or documented.<sup>3</sup>

In vitro fertilization (IVF) is not without its share of risks and complications, coupled with a very high failure rate of a very costly procedure. From the CDC's most recent data of 2020 we see that 326,468 IVF cycles were done which resulted in 75,023 live born infants. A single IVF cycle, defined as ovarian stimulation, egg retrieval and embryo transfer, can conservatively cost from \$15,000 to \$30,000. Not only is IVF harmful to women, new studies are exploring the dangerous effects on the children born through this technology. A 2021 study found that "children conceived by assisted reproductive technology (ART) had statistically significantly worse outcomes in left ventricular function and structure." The article further stated that

<sup>1.</sup> https://aacrjournals.org/cebp/article/26/6/953/167837/Cancer-Risk-in-Women-Treated-with-Fertility-Drugs

<sup>2. &</sup>lt;a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5971354/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5971354/</a>

 $<sup>3. \ \</sup>underline{https://nap.nationalacademies.org/catalog/11832/assessing-the-medical-risks-of-human-oocyte-donation-for-stem-cell-research}$ 



"children conceived by ART had increased blood pressure and unfavorable changes in left ventricular structure and function compared with children who were naturally conceived." <sup>4</sup>

It is no secret that the process of IVF creates surplus embryos. In fact, it is estimated that about one million embryos are currently being stored in the US alone. Storing these embryos indefinitely is costly, both financially and emotionally and many have been abandoned. Of the frozen embryos that are used for IVF, one study found that these babies conceived from frozen embryo transfer were more than twice as likely to develop childhood cancer, particularly leukemia and neuroblastoma, a type of brain cancer. At best, research cannot *exclude* the possibility that irreparable damage to the child-to-be will not result from being frozen for some time. Further, researchers and medical professionals cannot morally proceed to their first ostensibly successful achievement of the results they seek, since they cannot assuredly preclude all damage. <sup>5</sup>

Another type of cryopreservation, egg freezing, is marketed to young women as an answer to family planning and future infertility. It does not come without risks, like OHSS and the cancer risks associated with fertility drugs. These risks, as well as the efficacy of the procedure, are not being adequately explained to young women. Neither procedure—freezing your eggs or embryos—guarantees a future pregnancy or a healthy child.

Legislation, as a matter of good public policy, should help and protect citizens. As we seek to assist those who long for a family, we must realize that some of these very costly solutions offered carry real risks to women and children.

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<sup>4.</sup> https://www.cdc.gov/art/artdata/index.html

<sup>5.</sup>https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2785801?utm\_source=silverchair&utm\_medium=email&utm\_campaign=article\_alert-jamanetworkopen&utm\_content=wklyforyou&utm\_term=110521

<sup>6.</sup> https://jamanetwork.com/journals/jama/fullarticle/2757228