



**Testimony in Opposition to Article 2, Section 2 of S.F. 2995 (Wiklund)**  
**Minnesota Senate Finance Committee**  
**April 17, 2023**

Chair Marty and Members of the Committee:

The Minnesota Catholic Conference, the public policy voice of the Catholic Church in Minnesota, writes to oppose Article 2, Section 2 (lines 63.4-64.28) of the Senate Health and Human Services Omnibus Bill (S.F. 2995).<sup>1</sup> This provision creates insurance coverage mandates for expensive and controversial fertility practices, even when such practices are not medically necessary. These mandates will drive up insurance costs for employers and for the general public. We strongly encourage legislators to fully examine the implications of the legislation before including it in S.F. 2995.

**Children are not commodities, they are gifts**

Facing the prospect of infertility is a devastating reality for many couples. We acknowledge the pain that they experience and have great compassion for their circumstances. Children, however, are a gift to be received, not a right. We cannot use any means available to create them, nor should we impose the costs of controversial reproductive technologies on the rest of us, as this bill seeks to do.

Once we look deeper into the realities of assisted reproduction—that is, past the initial emotional appeal of wanting people to have access to a baby—we see that ART is fraught with difficult ethical dilemmas and enormous costs. It involves creating massive amounts of human embryos in labs, and then discarding the vast majority of them. It also often entails surrogacy arrangements, as well as genetic screening and testing (that is, designer babies), tantamount to eugenics.

We acknowledge that people have different perspectives on the ethics of assisted reproduction. But we believe it leads to the exploitation of women and the commodification of children. Even if we were to stipulate that people should be free to pursue available reproductive technologies, the costs alone and their impact on insurance premiums and the common good—simply to satisfy the emotional needs of prospective parents—should give all of us pause.

**Sticker shock**

Employers of all types, especially those organizations and businesses who disagree with these practices,<sup>2</sup> should not be mandated to provide coverage for these treatments. The cost of the various assisted reproductive technologies is high, and mandating insurance coverage will impact insurance premiums

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<sup>1</sup> Original bill is S.F. 1704 (Maye Quade):  
<https://www.revisor.mn.gov/bills/bill.php?f=SF1704&b=senate&y=2023&ssn=0>

<sup>2</sup> We note that, like contraception mandates, the mandates in this legislation, as applied to religious employers, are certainly unconstitutional and imposing them will subject the state to litigation and attorneys' fees.

across the board. Couples who elect to use in vitro fertilization (IVF), for example, go through three to four cycles on average before achieving a viable pregnancy.<sup>3</sup> One cycle can cost between \$15,000 and \$30,000 depending on the clinic and the individual health needs of the patient.<sup>4</sup> Multiplying that by three cycles, insurance companies are looking at a \$45,000 to \$120,000 price tag.

Breaking that number down, the Center for Reproductive Medicine & Advanced Reproductive Technologies in the Twin Cities lays out the following costs for one IVF cycle:<sup>5</sup>

Service	Cost	Running Cost
Medication	\$3,000 – \$6,300	
Lab Monitoring	\$2,780 (Estimate)	\$5,780 - \$9,080
Assisted Reproductive Technology, including retrieval, transfer, embryology laboratory, and anesthesia	\$9,278 <sup>6</sup>	<b>\$15,358 - \$18,358</b>
Intracytoplasmic sperm injection*	\$1,255	\$16,613 - 19,613
Biopsy*	\$1,748	\$18,361 - \$21,361
Embryo freezing*	\$1,255	<b>\$19,616 - \$22,616</b>

\*Indicates a service that is not performed in 100 percent of IVF treatments.

This chart shows that one cycle of IVF can cost, at minimum, just above \$15,000 and over \$22,000 on the high end. And what about genetic testing to determine which embryo is the most ideal for implantation? That often goes hand and hand with Single Embryo Transfers, which this bill lays out as the preferred method. These tests can cost between \$4,000 to \$10,000 on average per IVF cycle.<sup>7</sup> Is it implied, then, that these tests will also be additional costs covered by insurance?

*Now, we are looking at a total cost of \$23,616 on the low end and \$32,616 on the high end—per cycle.*

And that does not include the coverage for surrogates, which is included in the bill. That cost can range from \$10,000-\$30,000.

<sup>3</sup> Smith, A.D.A.C., Tilling, K., Nelson, S. M., & Lawlor, D. A., “Live-Birth Rate Associated with Repeat In Vitro Fertilization Treatment Cycles,” *Journal of the American Medical Association* (2015), available at <https://doi.org/10.1001/jama.2015.17296>.

<sup>4</sup> Conrad, M. (2023) “How much does IVF cost?,” *Forbes Magazine* (2023), available at <https://www.forbes.com/health/family/how-much-does-ivf-cost/>.

<sup>5</sup> “How much does IVF cost?” *Center for Reproductive Medicine & Advanced Reproductive Technologies*, available at <https://ivfminnesota.com/ivf-overview/financial-information/fee-for-service/>.

<sup>6</sup> Other centers set this number at over \$10,000. For example, see the prices of the Advanced Fertility Center of Chicago: <https://advancedfertility.com/fertility-treatment/affording-care/pgd-cost/>.

<sup>7</sup> “PGT-A Genetic Screening,” *Fertility IQ*, available at <https://www.fertilityiq.com/pgs-embryo-genetic-screening/costs-of-pgs>. See also, “Cost of Preimplantation Genetic Testing: Is PGS/PGT-A Right for You?,” *Pacific Fertility Center of Los Angeles*, available at <https://www.pfcla.com/blog/pgs-pgta-testing-costs>.

When comparing these numbers to other surgeries and treatments, they come into perspective. A knee replacement in Minnesota costs about \$20,000 on average,<sup>8</sup> cancer treatments top out on average at \$42,000 per year,<sup>9</sup> and open-heart surgery costs an average of \$123,000.<sup>10</sup> If four rounds of IVF are needed, it exceeds the price of all these procedures, potentially costing well in excess of \$100,000.

Of particular note is the fact that the coverage mandate is not limited to couples who are medically infertile, nor is there any requirement that only the couple's eggs and gametes are used in the processes. Further, there is no requirement that mandated insurance coverage apply only for persons accessing assisted reproduction who are married. The rest of society should not bear the cost of assisting in the creation of children outside of marriage, nor for persons not experiencing health-related infertility.

Again, besides the costs of these treatments, public policy should consider the needs of children, and prioritize those over the desires of adults.

In conclusion, there are ethical problems, unanswered questions, and extreme costs associated with this bill that have not been fully examined. This legislation should receive full consideration instead of being stuffed into an omnibus bill. We encourage its removal.

Respectfully submitted,

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<sup>8</sup> "Cost of knee replacement surgery by state," *Care Calculator (2019)*, available at <https://cost.sidecarhealth.com/ts/knee-replacement-surgery-cost-by-state>.

<sup>9</sup> Levy, Noam. "She Was Already Battling Cancer. Then She Had to Fight the Bill Collectors." *National Public Radio* (2022), <https://www.npr.org/sections/health-shots/2022/07/09/1110370391/cost-cancer-treatment-medical-debt>.

<sup>10</sup> "Medicare Cost for Open Heart Surgery," *MediGap.com*, available at <https://www.medigap.com/faqs/medicare-coverage-open-heart-surgery/>.