March 4, 2026

To: Chair Klein and Members of the Senate Commerce and Consumer Protection Committee

Re: Opposition to S.F. 1961

We respectfully submit this testimony in opposition to S.F. 1961, which would mandate insurance coverage of infertility treatments in Minnesota. While infertility is deeply painful and deserving of compassion, S.F. 1961 extends far beyond treating diagnosed medical infertility and instead creates a broad insurance mandate with serious medical, ethical, and fiscal implications. It is our intent to share with you some of our concerns with S.F. 1961 as we are not able to testify in person.

1. Expansion of "Infertility" Beyond Medical Diagnosis

Lines 2.3–2.4 of S.F. 1961 redefine infertility in a way that includes single individuals. This significantly expands the traditional medical understanding of infertility as a diagnosable reproductive disorder affecting a man, a woman, or both within a couple attempting to conceive. By redefining infertility to include individuals without a diagnosed reproductive pathology, this bill transforms infertility coverage from treatment of a medical condition into coverage of elective reproductive services. That shift has major implications for insurance premiums, risk pooling, and the proper scope of mandated health benefits in Minnesota. Insurance mandates should be carefully limited to medically necessary treatments for diagnosable conditions. Expanding eligibility in this way effectively requires Minnesotans to subsidize elective reproductive procedures, regardless of whether a medical infertility diagnosis exists.

2. Medical Risks

If passed, this bill would require coverage of ovulation-inducing drugs such as Clomid® which carries known risks, including ovarian, endometrial, and thyroid cancers. Drugs used to stimulate egg production — and the egg retrieval process itself — also pose serious dangers, including Ovarian Hyperstimulation Syndrome (OHSS), a potentially life-threatening condition associated with stroke, ovarian torsion, organ failure, and psychological distress. OHSS is estimated to occur in up to 10% of cycles and is likely seriously underreported.

In vitro fertilization (IVF) carries additional medical risks and a high failure rate despite significant cost. In 2022, 435,426 ART cycles in the U.S. resulted in 98,289 live births. A single IVF cycle typically costs $15,000–$30,000. Emerging research also raises concerns about cardiovascular outcomes in children conceived through ART. These are not minor considerations. Mandating coverage signals that these procedures are routine and risk-free — they are not.

3. Surplus Embryos & Unlimited Embryo Transfers

It is no secret that the process of IVF creates surplus embryos. In fact, it is estimated that over one million embryos are currently being stored, frozen indefinitely, 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.[6] 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.

Line 2.18 permits coverage for unlimited embryo transfers. This provision is especially concerning from both a medical and fiscal perspective. Embryo transfer is not a benign procedure and repeated cycles increase risks to women, including ovarian hyperstimulation syndrome (OHSS), ovarian torsion, thromboembolism, and other complications associated with repeated hormonal stimulation and retrieval procedures. Moreover, multiple embryo transfers increase the risk of multiple gestation pregnancies, which are associated with higher rates of preterm birth, low birth weight, NICU admissions, and long-term developmental complications. Allowing unlimited embryo transfers removes important cost and safety guardrails. At a time when Minnesota families are already facing rising insurance premiums, this open-ended mandate exposes the insurance market to unpredictable and escalating costs.

4. Language Potentially Mandating Surrogacy Coverage

Subdivision 5 (lines 3.7–3.8) contains confusing language that appears to prohibit health plans from limiting infertility services based on an enrollee's participation in fertility services provided by a third party. Although written with a double negative, this language appears to require coverage of services connected to third-party arrangements — potentially including gestational surrogacy. If this interpretation is correct, S.F. 1961 would effectively mandate coverage of medical procedures associated with commercial surrogacy arrangements. Surrogacy raises additional legal, ethical, and medical concerns, including (but not limited to): increased health risks to women serving as surrogate mothers, contractual disputes over parental rights, increased commodification of women's bodies and children's lives. At minimum, this language lacks clarity. Mandates of this magnitude should be explicit, narrowly drafted, and fully debated — not embedded in ambiguous statutory phrasing.

5. Impact on Minnesota's Insurance Market

Minnesota has long been attentive to the cumulative impact of benefit mandates on insurance affordability. Each new mandated benefit increases premium costs for employers and families across the state. S.F. 1961 is not a narrowly tailored infertility bill. It is an expansive reproductive services mandate with no meaningful limits on eligibility or procedure frequency. At a time when affordability is a top concern for Minnesota families and small businesses, this bill moves in the wrong direction.

Legislation should protect the health, safety, and financial stability of Minnesotans. While the desire to help those longing for children is understandable, S.F. 1961 creates significant medical, ethical, and fiscal concerns that have not been adequately addressed. Legislation should protect the health, safety, and financial stability of Minnesotans. While the desire to help those longing for children is understandable, S.F. 1961 creates significant medical, ethical, and fiscal concerns that have not been adequately addressed.

Please vote no on S.F. 1961. Thank you.

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