



MINNESOTA BUILDING FAMILIES ACT



HF 1658 (Brand)
SF 1704 (Maye Quade)

Help Minnesotans yearning for a baby build their families by updating insurance coverage.

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.

- Infertility is a **disease** recognized by the American Medical Association and more.
- **Lack of insurance coverage is the largest barrier** to creating a family.
- The **treatment for some diseases, like cancer, make people infertile**. At-risk patients require fertility preservation. Lack of insurance coverage is a barrier.
- About **10% of cancer patients are in their reproductive years**.
- Infertility **disproportionately affects BIPOC populations**.^{1 2 3}
- **Racial/ethnic inequities in treatment utilization were reduced** in states with comprehensive infertility coverage laws.⁴
- **Minnesota state employees have infertility insurance coverage**. All Minnesotans deserve coverage.

1 in 7

women have trouble getting pregnant or sustaining a pregnancy⁵



21 states

have already passed infertility laws.

It's time, Minnesota!⁶



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, Medical Assistance, and MinnesotaCare
- Protects against exclusionary and discriminatory insurance coverage for infertility



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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.⁷
- Insurance coverage generates significant cost savings and healthier outcomes. In states with required coverage, patients are more likely to choose single embryo transfer, resulting in fewer high-risk and expensive multiple births.⁸



1 Rasouli MA, Sagun BK, Verma K, Duke CM. Black infertility and social media engagement: a mixed methodology analysis. F S Rep. 2021 Nov 13;3(2 Suppl):55-61. doi: 10.1016/j.xfre.2021.11.005. PMID: 35937449; PMCID: PMC9349246.
 2 "Infertility and Black, Indigenous & People of Color." American Psychological Association, American Psychological Association, www.apa.org/pi/women/committee/infertility-bipoc. Accessed 21 Aug. 2023.
 3 Craig LB, Peck JD, Janitz AE. The prevalence of infertility in American Indian/Alaska Natives and other racial/ethnic groups: National Survey of Family Growth. Paediatr Perinat Epidemiol. 2019 Mar;33(2):119-125. doi: 10.1111/ppe.12538. Epub 2019 Jan 31. PMID: 30706501; PMCID: PMC6438739.
 4 "State insurance mandates and racial and ethnic inequities in assisted reproductive technology utilization" Fertility and Sterility® Vol. 121, No. 1, January 2024
 5 CDC, based on the 2019 National Survey of Family Growth https://www.cdc.gov/nchs/fastats/infertility.htm
 6 Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Texas, Utah, West Virginia
 7 Mercer. 2021 Survey on Fertility Benefits. Published online 2021. https://resolve.org/wp-content/uploads/2021/05/2021-Fertility-Survey-Report-Final.pdf
 8 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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