



**Testimony in Opposition to Multiple Insurance Mandates (H.F. 1658, H.F. 2607, H.F. 4053)  
House Commerce Finance and Policy  
March 6, 2024**

Chair Stephenson and Members of the Committee:

The Minnesota Catholic Conference, the public policy voice of the Catholic Church in Minnesota, writes to oppose three insurance mandates. Although the services covered under these mandates are masked as helping people and families, they will actually cause more harm than good. They do not treat the underlying problem or medical condition at hand. Rather, adding these expensive mandates will cause insurance premiums to rise and, in turn, compromise health care access and affordability.

The mandates we oppose include:

- H.F. 1658: requiring coverage of controversial fertility treatments
- H.F. 2607: requiring coverage for unethical and life-altering “gender treatments”
- H.F. 4053: expanding coverage mandates for abortion services

Minnesota’s Catholic bishops have consistently supported principled health care reform derived from our core values: respect for the dignity of every human person; concern for the poor and vulnerable; and advancing the common good. Like any basic element of life, health care is necessary for development, sustains us, and should be accessible and affordable for everyone. Abortion, which takes a human life, is not healthcare, nor are gender treatments that alter the bodies of children based on unproven science. Similarly, controversial fertility treatments, such as in vitro fertilization, that lead to the testing of embryos and ultimately abortion practices in their quest to acquire a child, are not in the best interest of Minnesotans.

Funding abortion, gender treatments, and fertility treatments with tax dollars and mandating they be covered by health plans compound bad policy by coercing the people of Minnesota into paying for elective procedures that cause irreversible damage.

**H.F. 1658: Children are gifts, not commodities**

We acknowledge that experiencing the pain and burden of infertility can be extremely difficult and emotionally tolling. It can leave people with a longing that often places them on the assisted reproductive technology (ART) track. But this bill goes beyond heterosexual couples who experience this pain. It creates a clear path forward for single people and those involved in homosexual relationships to move to the front of the line and receive these controversial services (A1 amendment, lines 4.6-4.14).

The ART industry is fraught with difficult ethical dilemmas. It involves creating massive amounts of human embryos in labs, and then discarding the vast majority of them either by disposal as “medical waste” or by putting them on ice.<sup>1</sup> It also often entails surrogacy arrangements, which have not been definitively legalized in Minnesota, as well as genetic screening and testing (that is, designer babies), tantamount to eugenics. Many people and organizations across the ideological spectrum have serious concerns with ART’s propensity to exploit women and commodify children. At the core, they ignore the humanity of the child in favor of the adult’s desires.

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<sup>1</sup> It is estimated that there are over one million embryos and eggs frozen in labs throughout the US:  
<https://www.cnn.com/2024/02/26/us/ruling-impact-alabama-ivf-embryos/index.html>

All these treatments come at a high cost, which will impose higher healthcare costs for employers and employees. In vitro fertilization (IVF) procedures can cost on average between \$20,000 to \$30,000 per cycle. With the average woman receiving three to four IVF cycles to become pregnant, we are looking at a price nearing or exceeding \$100,000. The low success rate of this procedure does not warrant our endorsement of the practice at this great cost.<sup>2</sup> Although we disagree with the practice, 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 should give all of us pause.

### **H.F. 2607: Reality: Sex is received as a gift; not something assigned at birth**

Many young people struggle with confusion about their basic human experience and their identity, often caused by peer influence and cultural forces. Families are seeking honest help, yet pharmaceutical companies and some unscrupulous doctors are negligently funneling kids into a lifetime of surgical and hormonal treatments, which has already created a billion-dollar business. Top surgery, for example, can cost up to \$10,000, and bottom surgery costs around \$25,000. Then, add in the cost of any necessary follow-up procedures, recovery needs, and ongoing medication, and the price tag continues to rise.<sup>3</sup> By mandating insurance coverage of these treatments, youth and adults will be pushed into these services in larger quantities, especially since the bill to ban conversion therapy passed in 2023.<sup>4</sup>

We believe that sex is received as a gift; it is not “assigned,” nor can it be changed on a whim. Children under 18, at minimum, should not be allowed to undergo so-called “gender treatment” at all, and especially not without parental consent. Nor should children have access to hormone blockers and other life-altering and irreversible medications.

### **H.F. 4053: Abortion is not the answer**

Minnesota is already home to expansive abortion services and taxpayer funded abortions. This is an insult to the many Minnesotans who are opposed to the practice of abortion and does not represent a One Minnesota approach. This bill takes our existing law a step further by mandating coverage in even more insurance plans, both private and public. For example, this bill indicates that coverage for abortion in Medical Assistance will go beyond “medically necessary abortions” to cover elective abortions and any related services (lines 3.24-3.27). By increasing coverage for abortion and related services, real care and support for the woman and child will be compromised in place of a procedure that ends the life of an innocent, unborn child.

### **Closing**

Mandating these controversial and expensive procedures in private and public health plans will compromise health care access for all. Health insurance plans are already expensive. These new mandates, though masked as helping, will not only harm the individuals, but make access to health insurance increasingly unaffordable. Please vote no on these three bills: H.F. 1658, H.F. 2607, and H.F. 4053.

Thank you for your consideration,

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<sup>2</sup> According to the Center for Disease Control and Prevention, there were 326,471 IVF cycles performed in 2020, and 79,942 babies born. This equates to about a 25% success rate. Source:

[https://nccd.cdc.gov/drh\\_art/rdPage.aspx?rdReport=DRH\\_ART.ClinicInfo&rdRequestForward=True&ClinicId=9999&ShowNational=1](https://nccd.cdc.gov/drh_art/rdPage.aspx?rdReport=DRH_ART.ClinicInfo&rdRequestForward=True&ClinicId=9999&ShowNational=1)

<sup>3</sup> <https://www.forbes.com/advisor/personal-loans/transgender-surgery-cost/>

<sup>4</sup> <https://www.revisor.mn.gov/statutes/cite/214.078>