

Blood Cancer United

April 8, 2026

The Honorable Robert Bierman
Co-Chair, House Health Finance and Policy Committee
5th Floor Centennial Office Building
St. Paul, MN 55155

Re: Support for House File 4609

Dear Co-Chair Bierman and members of the Committee:

Blood Cancer United, formerly known as The Leukemia & Lymphoma Society, appreciates the opportunity to comment on HF 4609. We thank Representative Kotzya-Witthuhn for her leadership on this important issue.

Blood Cancer United views HF 4609 as a medically responsible and compassionate opportunity to help young blood cancer survivors more fully preserve their parenting options. We support this legislation and urge its passage to protect fertility options for as many Minnesotans as possible, as thoroughly as possible.

The mission of Blood Cancer United is to cure blood cancer and improve the quality of life of all patients and their families. Blood cancers are among the most common types of cancer diagnosed in children and young adults. Leukemia alone accounts for nearly a quarter of all cancers diagnosed in people under age 20.ⁱ

When first diagnosed with blood cancer, a patient's primary concern will be their upcoming treatment and long-term survival. They may not be thinking about whether they can or want to have children in the future – or how their treatment could impact their chances of conception. The good news is that advancements in research and treatment of these conditions have led to significant improvements in survival rates for pediatric cancer patients.

However, fertility preservation is an essential consideration for pediatric and young adult blood cancer survivors. Blood cancers and their treatments, particularly cell transplants, carry a significant risk of infertility.ⁱⁱ Treatment must begin quickly, which leaves patients with a difficult choice and little time to appeal to insurers for coverage after a denial of coverage. Even with comprehensive insurance coverage, blood cancer patients can face significant treatment costs, particularly in the twelve months following diagnosis.ⁱⁱⁱ

No patient, or parents of a young patient, should be put into a position where they must weigh the costs of fertility preservation services – needed only because of their cancer treatment – against the costs of the treatment itself. Blood Cancer United hopes your committee will support coverage for fertility preservation and treatment services in HF 4609 as part of a suite of essential patient care. Thank you for considering our views.

Sincerely,



Dana Bacon
Senior Director, State Government Affairs
Blood Cancer United

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April 7, 2026

Minnesota House Health Committee
Saint Paul, MN

Dear Co-Chair Backer, Co-Chair Bierman and Committee Members,

On behalf of the Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG), we write to express our strong support for HF 4609, legislation that would require insurance coverage of infertility treatment and standard fertility preservation services.

ACOG represents obstetrician-gynecologists across Minnesota who provide comprehensive reproductive health care, including the diagnosis and treatment of infertility. Infertility is a medical condition that affects millions of Americans.

Currently, many Minnesotans who need infertility treatment or fertility preservation services face substantial barriers because these services are not consistently covered by insurance. As a result, patients may delay or forego medically appropriate care, particularly those with lower incomes or those covered by public programs. HF4609 would help address these disparities by expanding access to clinically appropriate infertility care across insurance markets.

Importantly, the bill also recognizes the need for fertility preservation services for patients whose future fertility may be threatened by medical treatments such as chemotherapy, radiation, or surgery. These services can be critical for individuals facing cancer and other serious medical conditions who wish to preserve the possibility of building a family after completing treatment.

From a clinical perspective, expanding coverage for infertility diagnosis, treatment, and fertility preservation promotes equitable access to care and aligns Minnesota with best practices in reproductive health policy. It supports patients at one of the most vulnerable times in their lives and ensures that medical decisions are guided by clinical need rather than financial barriers.

As physicians dedicated to the health and well-being of our patients, we believe that everyone who hopes to build a family deserves a fair opportunity to pursue safe, evidence-based medical care.

For these reasons, the Minnesota Section of ACOG respectfully urges the committee to support HF4609 and advance the bill.

Thank you for your consideration and for your commitment to improving the health of Minnesota families.

Sincerely,

Erin Stevens, MD
Legislative Chair
Minnesota Section, American College of Obstetricians and Gynecologists

March 8, 2026

Re: HF4609

Dear Chair Bierman, Chair Backer, and Members of the House Health Finance and Policy Committee:

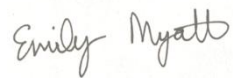
The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. On behalf of ACS CAN, I am writing to express our support for the Minnesota Building Families Act (HF4609).

The Minnesota Building Families Act provides access to critical fertility health care by requiring coverage for infertility treatment and fertility preservation for Minnesotans covered by state-regulated plans. The bill covers in vitro fertilization (IVF) and other infertility treatments, as well as fertility preservation for cancer patients and others at risk of medically induced infertility. Eighty-thousand adults between the ages of 20-30 are diagnosed with cancer each year. Some cancer treatments can cause infertility, and as a result, individuals with cancer may choose to preserve their fertility prior to treatment. However, lack of insurance coverage is one of the largest barriers to starting a biological family.

I'll end with the words of Haley Erickson, a Fridley resident and breast cancer survivor. *"I was 29 years old when I was diagnosed with triple negative breast cancer. My world was turned upside down, and I was forced to make so many life-altering decisions in a short amount of time. One of those decisions included fertility preservation. I was completely unaware of the cost, whether or not my insurance would cover it, and if I even had time to successfully complete the process. **If my insurance would have covered fertility preservation at the time of my diagnosis, that would have removed one of my most significant barriers to accessing fertility preservation. Instead of worrying about how I was going to come up with the money fast enough to both preserve my fertility and survive cancer, I could've put all my focus on surviving. People diagnosed with cancer shouldn't have to choose between parenthood and survival.**"*

Please support Minnesota's cancer patients, survivors, and caregivers by voting yes on HF4609.

Sincerely,



Emily Myatt
Minnesota Government Relations Director
American Cancer Society Cancer Action Network



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MPH, MERC
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House Committee on Health Finance and Policy
2nd Floor, Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

4/6/26

Dear Co-Chair Bierman, Co-Chair Backer, Vice Chair Nadeau, Vice Chair Reyer, and Members of the Committee,

On behalf of the American Society of Reproductive Medicine (ASRM), I write in strong support of HF 4609, the Minnesota Building Families Act.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the art, science, and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others.

One in six individuals or couples have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, racial identities, ethnic backgrounds, sexual orientations, gender identities, and religious affiliations. Many medical conditions can impact fertility, which is why ASRM, the WHO, the CDC, and other medical organizations recognize infertility as a disease. As such, infertility, like other diseases, should be covered by health insurance so that Minnesotans can access the care they need to build their families.

HF 4609 addresses the inequities many face when building their families. Because medical intervention using donor gametes is necessary for same-sex couples to have a baby, the lack

of insurance coverage creates an unfair financial burden on this population. As well, analyses by both the CDC and Pew Research Center reveal startling racial disparities in fertility treatment. Passing HF 4609 will improve access to care and outcomes for all Minnesotan communities, including racial and ethnic minorities.

For these reasons and more, I urge the Committee to support HF 4609. For more information, feel free to contact me or Sean Tipton, ASRM's Chief Advocacy and Policy officer at Stipton@asrm.org or 202-421-5112.

Sincerely,

Robert Brannigan, MD

President

American Society for Reproductive Medicine

My name is Grace Meidl and I live in Prior Lake. I am a volunteer for FORCE (Facing Our Risk of Hereditary Cancer Empowered). Facing Our Risk of Hereditary Cancer Empowered is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support, and advocacy. The majority of our constituents carry an inherited genetic mutation like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic, and gastric cancers.

I am connecting with you today to communicate my support of HF 4609. I found out about my MLH1 mutation, Lynch Syndrome, in 2023 when I was just 26 years old. My mutation, unlike others, is a de novo mutation, meaning it did not come from my mom or my dad and no one else in my family carries this mutation. Myself, like others with a diagnosis of Lynch Syndrome or with BRCA mutations, have to face decisions such as risk reducing surgeries at young ages due to high risks of ovarian cancer. We are put in the position of having to choose between risk-reducing surgeries, eliminating our chance of building a family or risk getting ovarian cancer, a cancer that currently has very poor and unreliable screening methods leading to late-stage diagnoses. Fertility preservation and treatments are the only means available to protect the future reproductive capability in these instances. Since my diagnosis of Lynch Syndrome, I have done a lot of research and have done my best to ensure that I am doing all the preventative screenings I am supposed to do. One thing I have thought about is fertility preservation as I am currently single and want to have a family and worry that if one day something is found on my preventative screenings, I will have to delay treatment for fertility preservation or give up having biological children. People diagnosed with cancer need urgent access to timely and affordable fertility preservation before undergoing surgery or beginning treatment that leaves them infertile or sterile. Without insurance coverage, many individuals cannot afford fertility services. This is something that I have investigated and the cost of fertility treatment easily costs thousands of dollars. Fertility preservation and treatment are the only means available to protect future reproductive capability in the hereditary cancer community due to necessary risk-reducing surgeries and/or cancer treatments.

Several other states have passed similar fertility laws in recent years; this year I am asking Minnesota to do the same. I ask you to support the hereditary cancer community and support young previvors like me. Due to our genetic mutations, we don't get many choices, we are told what screenings to do, when to start them, and how often they need to be done. Please support HF 4609, so that we can choose to preserve our fertility and future of having biological children.

A sincere thank you to the House Health and Finance and Policy Committee for taking the time to read my testimony.

Grace Meidl

Prior Lake, Minnesota

FORCE Volunteer: Patient Advocate Leader



April 8, 2026

Chair Bierman, Chair Backer and members of the committee:

On behalf of the Minnesota Chamber of Commerce, representing more than 6,300 businesses of all sizes and industries across the state, we write to provide feedback on HF 4609 (Kotyza-Witthuhn), which would mandate coverage for fertility treatment in the fully insured market.

We are not taking a position on the merits of expanding access to fertility treatment. However, as with any new health insurance mandate, there are associated costs that directly impact employers' ability to provide affordable coverage to their employees. Based on a prior actuarial review conducted by the Minnesota Department of Commerce of similar legislation, the estimated impact of an infertility treatment mandate is approximately \$1.30 per member per month in the first year, increasing to \$2.20 over time. Applied across Minnesota's fully insured market, this equates to approximately \$16.7 million in additional costs in the first year, growing to more than \$28 million annually. Health plans estimate the costs to be higher – on average \$12 per member per month, or \$154.4 million in cost to the fully insured market.

Although the bill includes a defrayal provision, that requirement applies only to the individual and small group markets. While defrayal shifts a portion of the cost to the state, the mandate will still be reflected in premiums across the fully insured market. As a result, employers and employees—particularly in the fully insured large group market—will bear a significant share of the premium impact.

We encourage continued restraint when considering new health insurance mandates, particularly as employers face ongoing cost pressures in providing coverage. Affordability remains one of the most significant challenges facing Minnesota businesses and their employees, and sustained premium increases place pressure on hiring decisions, wage growth, and long-term investment. Should the Legislature choose to advance additional mandates, we encourage consideration of HF 400 (Perryman), bipartisan legislation that would establish a broader framework for addressing the cost of new mandates across fully insured markets and help ensure that well-intended policy decisions do not inadvertently increase the cost of coverage.

Thank you for your consideration.

Sincerely,

Jonathan Cotter
Director, Health Care and Commerce Policy
Minnesota Chamber of Commerce

Testimony of Elizabeth Watson
Before the House Committee on Health Finance and Policy
HF 4609
Oppose
April 6, 2026

Chair and members of the Committee:

My name is Elizabeth Watson, I have been a Registered Nurse for 23 years and have clinical experience in emergency care, postpartum care, women's health, and public health nursing in Minnesota. I have cared for countless women navigating the physical recovery, emotional challenges, and long-term health impacts of pregnancy and childbirth. I reside in Sherburne County, Minnesota.

I strongly oppose HF 4609. While presented as a measure to expand access to infertility treatment, the bill's broad "third party" language in Subdivision 5(b)(2) creates a loophole that could effectively enable or mandate coverage for services connected to gestational surrogacy arrangements. This raises significant concerns for women's health and dignity.

As a public health nurse and clinician specializing in women's health, I have seen the real toll pregnancy takes on a woman's body and mind. Recent studies show that gestational carriers face substantially elevated risks compared to women carrying their own pregnancies, including:

- Nearly double the rate of severe maternal morbidity
- Higher incidence of severe postpartum hemorrhage
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These risks are heightened when carrying a genetically unrelated embryo due to immunological differences. In my practice, I have supported women through postpartum recovery from these very complications, witnessing the physical exhaustion, organ stress, and emotional strain that can persist long after delivery. Expanding policies that facilitate more surrogate pregnancies places additional women—often those under economic pressure—into higher-risk situations without sufficient safeguards.

Beyond the medical risks, this bill promotes the commodification of women's reproductive systems. Surrogacy turns a woman's womb and her unique capacity to nurture life into a rentable service, reducing her to a "gestational carrier" in a commercial transaction. This devalues the profound biological and emotional realities of pregnancy and treats women's bodies as interchangeable vessels for others' desires.

Importantly, parenthood and pregnancy are not rights. No one has a fundamental entitlement to another person's body or reproductive labor to fulfill the desire for a child. Public policy should protect women's health and bodily integrity rather than subsidize arrangements that commodify them.

I urge the Committee to reject HF 4609 in its current form. Supporting families facing infertility should never come at the expense of exploiting or endangering other women. We must prioritize evidence-based protections for maternal health over policies that open the door to third-party reproductive commercialization.

Thank you for your consideration.
Respectfully submitted,

Elizabeth Watson RN
Becker, Minnesota

Blood Cancer United

April 8, 2026

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5th Floor Centennial Office Building
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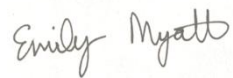
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American Cancer Society Cancer Action Network



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Beyond the medical risks, this bill promotes the commodification of women's reproductive systems. Surrogacy turns a woman's womb and her unique capacity to nurture life into a rentable service, reducing her to a "gestational carrier" in a commercial transaction. This devalues the profound biological and emotional realities of pregnancy and treats women's bodies as interchangeable vessels for others' desires.

Importantly, parenthood and pregnancy are not rights. No one has a fundamental entitlement to another person's body or reproductive labor to fulfill the desire for a child. Public policy should protect women's health and bodily integrity rather than subsidize arrangements that commodify them.

I urge the Committee to reject HF 4609 in its current form. Supporting families facing infertility should never come at the expense of exploiting or endangering other women. We must prioritize evidence-based protections for maternal health over policies that open the door to third-party reproductive commercialization.

Thank you for your consideration.
Respectfully submitted,

Elizabeth Watson RN
Becker, Minnesota



April 6, 2026,

Representative Robert Bierman, Co-Chair
Health Finance & Policy Committee
5th Floor, Centennial Office Building
St. Paul, MN 5515

Representative Jeff Backer, Co-Chair
Health Finance & Policy Committee
2nd Floor, Centennial Office Building
St. Paul, MN 5515

Co-Chairs Bierman and Backer,

On behalf of the Minnesota Dental Association (MDA), thank you for the opportunity to provide input on HF4401.

In 2025, the Legislature delayed implementation of a single administrator for dental services under Minnesota Health Care Programs (MHCP) until 2028 and established a work group to provide recommendations on how best to implement the change. While the concept of a single administrator was not originally proposed by the MDA, our membership has supported it to improve administrative efficiency, consistency, and transparency.

A 2022 DHS legislative report identified several reasons dentists hesitate to participate in MHCP, including low reimbursement rates, inconsistent care coordination, multiple prior authorization processes, and administrative burdens that vary across fee for service, managed care, and county-based purchasing models. Our members experience these challenges firsthand, and a single administrator has the potential to simplify and improve the system.

For a single administrator model to succeed for both providers and patients, it must be paired with meaningful changes to the reimbursement structure. Minnesota's current dental reimbursement system remains fundamentally outdated and does not reflect the actual cost of providing care today. Although rates have been adjusted over time, the underlying methodology is still based on 1989 charges. This antiquated foundation remains a primary barrier to provider participation in MHCP and contributes to ongoing access challenges for patients across the state. While previous rate increases have resulted in modest gains, a more substantial structural update is necessary to make participation sustainable for dental practices.

Over the past several months, the MDA has actively participated in the Legislature's dental access work group. One of the group's first tasks has been to discuss and recommend how dental reimbursement rates should be set in statute, a central focus of its deliberations and recommendations to DHS. Without updating the underlying statutory rate structure, the state risks implementing administrative reform without addressing one of the main reasons providers do not participate in the program.

Conversations regarding the rate structure are ongoing, and the MDA remains committed to achieving an updated and sustainable system that supports provider participation and improves



access to care for Minnesota patients. We ask for your support in advancing HF4401 as discussions around dental reimbursement continue during the final weeks of session.

Sincerely,

A handwritten signature in black ink that reads "Dan Murphy".

Dan Murphy, MPP
Director of Government Affairs
dmurphy@mindental.org
612-767-4255

About the Minnesota Dental Association

The Minnesota Dental Association is the voice of dentistry in Minnesota, representing practicing dentists. It is committed to the highest standards of oral health and access to care for all Minnesotans. Learn more at: www.mndental.org.

House Health Finance and Policy Committee

Testimony in Support of HF 4609 for the 4/8/2026 House Health Finance and Policy Committee meeting

My name is Charles Nettell, and I live in Eden Prairie, Minnesota. I am a volunteer Patient Advocate Leader for FORCE. FORCE is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. Most of FORCE's constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.

Individuals with a genetic mutation associated with hereditary cancer and/or those diagnosed with cancer often must make surgical or treatment decisions that leave them infertile or sterile. Fertility preservation and the associated services may not be covered by health insurers. I have BRCA2 mutation that puts me at high risk for certain cancers. I have passed this genetic mutation on to both of my children, neither of whom have started a family. I do not want them to have to choose between the treatments they need and having a family due to lack of coverage for fertility preservation and fertility treatments.

National medical guidelines for individuals at high risk of cancer may include risk reducing/preventive surgery. Individuals with an inherited genetic mutation causing a high risk of ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. My daughter, who had a double mastectomy last year due to high risk of breast cancer, will need to consider having her ovaries removed when she hits her mid to late 30s. For people undergoing this type of surgery, fertility preservation and treatments are the only means available to protect their future reproductive capability.

Individuals with hereditary cancer genetic mutations often learn about their mutation as young adults before they have built a family. Young adults diagnosed with cancer have very high survival rates (approx. 85%) and deserve a chance to have children after cancer; this bill is *pro-family*. People diagnosed with cancer urgently need access to timely, affordable fertility preservation before they undergo surgery and/or begin treatments that may leave them infertile or sterile. Without insurance coverage, many individuals cannot afford fertility services, curtailing their dream of having biological children.

There are 24 other states that have already passed similar laws, and Minnesota should do the same. I ask the committee to vote in favor of HF 4609.

Thank you for your consideration,
Charles Nettell
FORCE volunteer Patient Advocate Leader
Eden Prairie, Minnesota



Facing Hereditary Cancer EMPOWERED

Access to Fertility Services

PROBLEM: Individuals with a genetic mutation associated with hereditary cancer and/or those diagnosed with cancer often must make surgical or treatment decisions that leave them infertile or sterile. Fertility preservation and the associated services may not be covered by health insurers.

SOLUTION/ASK: Please vote in favor of HF 4609, a bill that would ensure coverage of fertility services for those facing a medical diagnosis or treatment that may impair their fertility and ability to build or expand their family.

FACTS

- National medical guidelines for individuals at high risk of cancer may include risk-reducing/preventive surgery.
 - Individuals with an inherited genetic mutation causing a high risk of ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease.
 - For people undergoing this type of surgery, fertility preservation and treatments are the only means available to protect their future reproductive capability.
- Individuals with hereditary cancer genetic mutations often learn about their mutation as young adults before they have built a family.
- Young adults diagnosed with cancer have very high survival rates (approx. 85%) and deserve a chance to have children after cancer; this bill is *pro-family*.
- People diagnosed with cancer urgently need access to timely, affordable fertility preservation before they undergo surgery and/or begin treatments that may leave them infertile or sterile.
- Without insurance coverage, many individuals cannot afford fertility services, curtailing their dream of having biological children.

SHARE YOUR STORY AND CONNECT IT TO THE PROBLEM AND/OR SOLUTION/ASK

- If you or someone you know had high costs or couldn't afford fertility services, share that connection.
- If you didn't experience high costs for fertility services, share how helpful that experience was. Explain how a lack of coverage for services affects people with or at high risk of cancer.

- If you don't have experience with fertility services, are a student or an HCP, share how individuals in the hereditary cancer community or your patients may not have access to fertility services and how that will affect their lives and care.

TESTIMONY TEMPLATE

1. State your name, city and state where you live, that you are a volunteer with FORCE and your strong support of HF 4609.

2. Describe FORCE.

[FORCE \(Facing Our Risk of Cancer Empowered\)](#) is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. The majority of our constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.

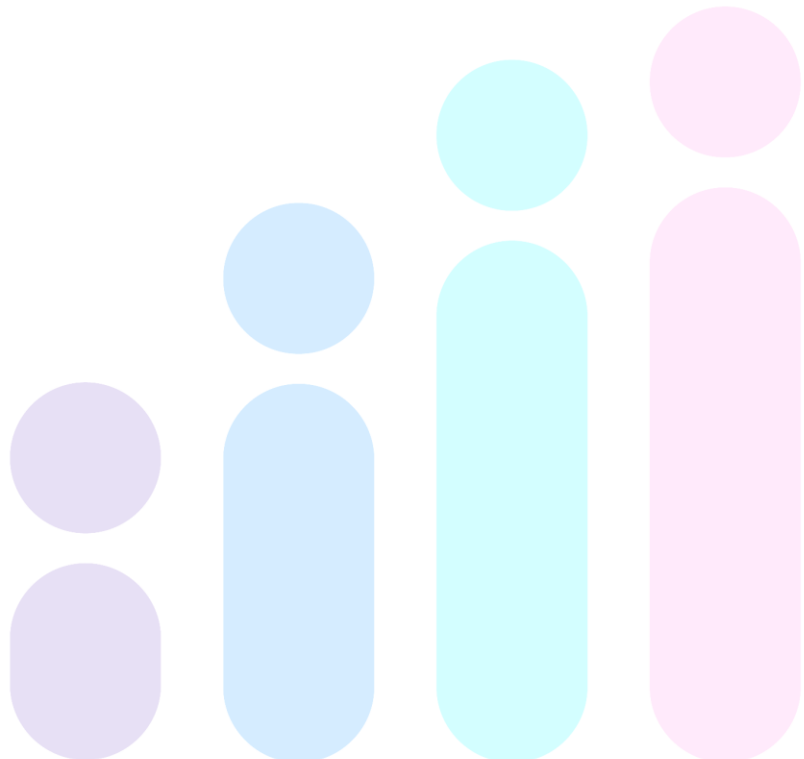
3. Spend most of your time on this section. Share your story and connect it to the "PROBLEM" or "SOLUTION/ASK."

4. Note that several other states have passed similar laws; our state should do the same.

5. Ask the committee to vote favorably for HF 4609.

6. Thank the committee.

7. End the letter with your name, "Patient Advocate Leader" and city and state.





April 7, 2026

Dear Co-Chair Backer, Co-Chair Bierman and Committee Members,

On behalf of our more than 3,100 family physician and medical student members, the Minnesota Academy of Family Physicians (MAFP) urges your support of the Minnesota Building Families Act (HF 4609).

The MAFP is the largest physician specialty society in Minnesota and plays a crucial role in advocating for the health and well-being of patients, families and communities across the state. Our members provide high-quality, patient-centered care and take pride in being leaders in primary care. Family physicians witness firsthand the challenges faced by families in Minnesota related to preserving and increasing fertility.

We believe that HF 4609 addresses critical issues that affect the health of Minnesotans. House File 4609 ensures the opportunity for families to preserve their fertility without having to forego lifesaving medical care like cancer treatments. We also recognize the Minnesota Building Families Act provides us with an opportunity to challenge racial disparities in medical care by reducing the financial impact of fertility treatment for BIPOC families, who are both disproportionately affected by infertility as well as the largest percentage of Medicaid recipients. All Minnesotans should have access to reproductive health care.

The MAFP looks forward to engaging with you on this matter and we are grateful for our shared commitment to the health of Minnesotans. Together, we can make a positive impact on the lives of families across our great state.

Sincerely,

A handwritten signature in black ink, appearing to read "JC", written over a light blue horizontal line.

Jamie Conniff, MD, MPH
President, MAFP

April 7, 2026

Dear Chairs Backer and Bierman and members of the House Health Finance Committee,

I am writing to express strong support for **HF4609**, which would require comprehensive insurance coverage for infertility diagnosis, treatment, and fertility preservation services in Minnesota.

This legislation represents an important step forward in addressing the significant financial and medical barriers faced by individuals and families experiencing infertility. By requiring coverage across private insurance, Medical Assistance, and MinnesotaCare, HF4609 helps ensure that the ability to build a family is not limited by income or access to care. As proposed, the bill expands access to medically necessary infertility services and aligns coverage with established clinical standards.

However, I respectfully urge the committee to **include acupuncture as a covered service within infertility treatment** under HF4609.

Acupuncture is widely recognized as a safe, evidence-informed, and cost-effective adjunct therapy in reproductive medicine. It is frequently used alongside conventional treatments such as in vitro fertilization (IVF) to:

- Support hormonal regulation and improve the regularity of menstrual and complex or irregular cycles
- Reduce stress and anxiety, which are known contributors to infertility
- Potentially improve clinical outcomes when used in conjunction with assisted reproductive technologies

Many leading fertility clinics across the country already incorporate acupuncture into patient care plans. Despite this, access remains inconsistent due to lack of insurance coverage—creating inequities for patients who could benefit from integrative approaches.

Including acupuncture within the definition of “diagnosis of and treatment for infertility” would:

- Expand patient-centered, holistic care options
- Support better clinical outcomes and patient satisfaction
- Potentially reduce overall healthcare costs by improving treatment efficiency
- Align Minnesota with a growing body of integrative reproductive health practices

Given that HF4609 is designed to provide **comprehensive** infertility coverage, it is both appropriate and necessary to include evidence-based, non-pharmacological therapies such as acupuncture within its scope.

I respectfully ask the committee and bill authors to amend HF4609 to explicitly include acupuncture services provided by licensed practitioners as a covered infertility treatment.

Thank you for your leadership on this important issue and for your commitment to improving access to healthcare for Minnesotans.

Sincerely,

Bonnie Bolash, Masters of Acupuncture (M.Ac), Licensed Acupuncturist ([L.Ac.](#))

Crystal, MN

Testimony from Minnesota Citizens Concerned for Life - In Opposition of H.F. 4609 MN House Health Finance and Policy Committee – April 8, 2026

Minnesota Citizens Concerned for Life, the state's oldest and largest organization dedicated to the protection of innocent human life from conception to natural death, wishes to state its concerns and opposition to SF 1961.

In vitro fertilization typically involves the creation of excess human embryos, who deserve our respect as nascent members of the human family. Unfortunately, the IVF process often involves the destruction of many of these embryos.

At the federal level, we have long had policies that reflect the important value that citizens should not have to pay for life-ending programs that they don't believe in. We believe Minnesota should respect its citizens in the same way, and not mandate that their privately paid-for insurance cover this procedure.

And we don't have to compel taxpayers to finance IVF while alternative treatments like Restorative Reproductive Medicine are significantly more affordable, less invasive, and more successful in achieving live births, all while avoiding the ethical dilemmas involved in IVF¹.

Cost is another important consideration. In the state of Minnesota, one round of IVF (including medications) typically costs \$15,000-\$30,000.² Assuming an average price of \$22,000 and three cycles of IVF performed, this would suggest a bill of at least \$66,000 to Minnesotan taxpayers for one successful treatment.³ Numerous families repeat this process multiple times if they desire to have more children. If a woman under 40, on average, desires a 65% chance at achieving one live birth through IVF, that impose a staggering cost of \$132,000 on the taxpayer. The Minnesota Advantage Health Plan already pays up to \$30,000 for fertility treatment over a patient's lifetime.

Many IVF providers recommend a woman to expect to undergo 2-3+ IVF cycles to have a good chance at achieving a live birth, but researchers have suggested that the best chance at a live birth involves 6 cycles; even at that high number, the woman's likelihood of not achieving a live birth stands at about 35%.

75% of IVF clinics in the United States offer genetic diagnosis on embryos. 73% screen for desired gender, hair color, and eye colors.⁴ It's important to note that such preferences being included in embryo selection and destruction are now commonly included in the IVF process and are not outlier situations. Embryos that are deemed "low grade" or that carry unwanted traits are most commonly discarded or frozen indefinitely.

While there are many more ethical and moral issues with IVF not covered here, mandated taxpayer funding of IVF discriminates against a taxpayer's conscience rights. The state government needs to protect the consciences of Minnesotans across the state by not funding the destruction of human life through IVF.

1 "NaPRO Technology for Infertility and Recurrent Miscarriage: A Review of Research." Fact About Fertility, 23 Oct. 2023. <https://www.factsaboutfertility.org/naprotechnology-for-infertility-and-recurrent-miscarriage-a-review-of-research/>

2 "What Does IVF Cost in Minnesota?" *CNY Fertility*, updated 3 Nov. 2025, <https://www.cnyfertility.com/ivf-cost-minnesota/>.

3 Pursuing IVF: "How Many IVF Cycles Should I Plan For?" *Reproductive Resource Center*, 19 Sept. 2023, <https://rrc.com/how-many-ivf-cycles-should-i-plan-for/>.

4 Bayefsky, Michelle. "Who Should Regulate Preimplantation Genetic Diagnosis in the United States?" *AMA Journal of Ethics*, vol. 20, no. 12, Dec. 2018, pp. 1160-1167, <https://doi.org/10.1001/amajethics.2018.1160>. *Journal of Ethics*, <https://journalofethics.ama-assn.org/article/who-should-regulate-preimplantation-genetic-diagnosis-united-states/2018-12>.



April 8, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Medical Association (MMA), I write to express our support for HF 4609, which would require coverage for infertility diagnosis, treatment, and medically necessary fertility preservation services.

Infertility is a medical condition that affects many Minnesota families. It can arise from underlying health conditions or from medically necessary treatments, such as chemotherapy or other therapies that may affect reproductive capacity. In these situations, timely access to fertility preservation services is essential and medically necessary.

The American Medical Association (AMA) has adopted policy supporting coverage for fertility preservation services when medically indicated, recognizing that insurance coverage ensures patient access to appropriate care and reduces barriers that may prevent individuals from receiving recommended treatments.

Without coverage, these services can be prohibitively expensive, placing them out of reach for patients at the very time they are facing serious illness or medically necessary treatment. HF 4609 aligns with AMA guidance, ensuring that Minnesota patients can access infertility care and fertility preservation consistent with established medical standards, without unnecessary financial burden.

The Minnesota Medical Association urges your support of HF 4609, ensuring that patients across the state have timely access to infertility care and fertility preservation services.

Sincerely,

Lisa Mattson, MD
President, Minnesota Medical Association

Minnesota Chapter

INCORPORATED IN MINNESOTA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Minnesota Chapter of the American Academy of Pediatrics

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www.mnaap.org

AAP Headquarters

141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Phone: 847/434-1000

April 8, 2026

Dear members of the House Health Finance and Policy Committee,

On behalf of the over 1,000 members of the Minnesota Chapter of the American Academy of Pediatrics (MNAAP) committed to improving the health of children and adolescents across Minnesota, we write in strong support of HF 4609, which would require health plans to cover infertility diagnosis, treatment, and medically necessary fertility preservation services.

Infertility is a common health concern that affects many Minnesota families. Approximately 186,000 Minnesotans are impacted by infertility, and about one in six individuals globally have trouble achieving pregnancy or sustaining a pregnancy.

Pediatric and adolescent patients facing serious illness, including cancer, are at particular risk of fertility impairment due to medically necessary treatments. Cancer therapies such as chemotherapy and radiation can have long-term effects on reproductive function. Clinical practice guidance supports the importance of fertility discussions and preservation planning as an integral part of comprehensive care for young patients facing these treatments. These discussions should occur early in the treatment process to give patients and their families the opportunity to consider fertility preservation options when appropriate.

Without health insurance coverage, fertility preservation services are often prohibitively expensive, placing an undue financial burden on families already managing serious medical conditions. Ensuring access to infertility care and fertility preservation services helps safeguard future family-building options, supports long-term quality of life, and promotes equity in health care access.

The Minnesota Chapter of the American Academy of Pediatrics respectfully urges your support of HF 4609 so that all Minnesotans, including children, adolescents, and young adults at risk of treatment-related infertility, can access essential fertility care and preservation services.

Sincerely,

A handwritten signature in black ink that reads "Katie Smentek".

Katie Smentek, MD

President, Minnesota Chapter American Academy of Pediatrics



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alydic@mSCO-oncology.org

ASCO State/Regional
Affiliate Program

April 6, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Society of Clinical Oncology (MSCO), I am writing to express our strong support for HF 4609, which would require coverage for infertility diagnosis, treatment, and medically necessary fertility preservation services.

This coverage is essential for patients whose reproductive capacity may be affected by cancer or other serious medical treatments.

Cancer therapies, including chemotherapy and radiation, can significantly increase the risk of infertility. Clinical practice guidelines from the American Society of Clinical Oncology emphasize that fertility preservation discussions and interventions are a critical component of comprehensive cancer care and should occur as early as possible. These guidelines also highlight the importance of overcoming barriers to access, including financial barriers, that prevent patients from receiving fertility preservation services.

Without health insurance coverage, fertility preservation services are often prohibitively expensive and impose a significant financial burden on patients already confronting serious illness. Ensuring access to evidence-based infertility care and preservation services helps patients preserve their options for family building, supports long-term quality of life, and aligns with best practices in oncology care.

MSCO urges your support of HF 4609 so that all Minnesotans facing infertility, including those undergoing cancer or other medical therapies, can access essential fertility care and preservation services.

Sincerely,

Konstantinos Leventakos, MD, PhD

Konstantinos Leventakos, MD, PhD
President, Minnesota Society of Clinical Oncology (MSCO)



To: Co-Chairs Backer and Bierman, and members of the House Health Finance and Policy Committee

From: Oncology Nursing Society

Date: April 7, 2026

RE: Support HF 4609 – Ensure Cancer Patient Access to Fertility Care

On behalf of the Oncology Nursing Society (ONS) and the more than 760 oncology nurse members in the state of Minnesota, we would like to express our strong support for HF 4609, which would require state-regulated health plans and MinnesotaCare to provide coverage for standard fertility preservation services for men and women undergoing cancer treatments, which may cause infertility. We believe this legislation is critical in ensuring that oncology patients are able to pursue reproductive care following their cancer treatment.

Oncology nurses witness firsthand the profound emotional, physical, and psychological toll that a cancer diagnosis and treatment can take on a person. In addition to the immediate focus to beat the disease, many patients face the daunting prospect of iatrogenic (treatment-related) infertility once their treatment is finished.

Iatrogenic infertility is infertility that results as a side effect of medical treatments, particularly those used in oncology. For patients undergoing chemotherapy or radiation therapy, particularly in the pelvic region, or for individuals undergoing surgery for certain cancers, these life-saving treatments can inadvertently damage the reproductive organs or alter hormone levels, leading to permanent infertility. In many cases, this infertility is a direct result of the very treatments intended to save lives, making it particularly tragic and avoidable with proper preventive measures.

The loss of fertility options can be as devastating as the cancer diagnosis itself for our patients, particularly for young adults and individuals of reproductive age who may have planned for families in the future. For those who survive cancer, the option of fertility preservation offers hope. By undergoing fertility preservation – such as egg, sperm, or embryo freezing – before beginning their cancer treatments, patients have an opportunity to preserve their ability to have biological children in the future.

Unfortunately, for many whose insurance does not cover these services, the high cost of fertility preservation can be an insurmountable barrier. This financial burden should not exist for patients who are already battling for their lives. HF 4609 would ensure that patients have the option to build their biological family in the future, without being burdened by costs that may otherwise be prohibitive.

We thank you for your attention to this important matter and encourage you to support for HF 4609. Should you require any further information or wish to discuss our support, please feel free to contact healthpolicy@ons.org

###

ONS is a professional association that represents the over 100,000 oncology nurses in the United States and is the professional home to more than 35,000 members. ONS is committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve the quality of life and outcomes for patients with cancer and their families.



The National Infertility and Family Building Association

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April 7, 2026

Representative Robert Bierman, Co-Chair
Representative Jeff Backer, Co-Chair
Committee on Health Finance and Policy

RE: Support Minnesota Building Families Act – HF 4609 (Kotyza-Witthuhn)

Dear Co-Chair Bierman, Co-Chair Backer, and Committee Members:

On behalf of RESOLVE: The National Infertility and Family Building Association, we are writing to express our strong support for the Minnesota Building Families Act and to respectfully urge the Committee on Health Finance and Policy to advance this bill out of committee.

The Minnesota Building Families Act provides access to critical fertility health care. It improves care by requiring coverage for infertility treatment and fertility preservation for men and women. The bill covers in vitro fertilization (IVF) and other infertility treatments, as well as fertility preservation for cancer patients and others at risk of medically induced infertility.

Without health insurance coverage for fertility treatments, including IVF, most Minnesotans cannot access this medically necessary care. **Fertility treatment is no more expensive than a knee replacement or a C-section; the difference is the lack of insurance coverage.**

One in six individuals has trouble getting pregnant or sustaining a pregnancy. Infertility does not discriminate. Infertility cuts across socioeconomic levels, and all racial, ethnic, and religious lines. It affects men and women equally.

Without insurance coverage, hardworking Minnesotans are forced to risk their financial futures just to have a family. **These treatments are so necessary that legislators and state employees already have this coverage.**

It's time Minnesota joins the growing list of 25 states that require fertility coverage. As proven in these states, insurance coverage for IVF decreases the chance of multiple births. Reducing multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Let's live up to our family-driven values as Minnesotans and pass the Minnesota Building Families Act.

Sincerely,

Danielle Melfi

CEO, RESOLVE: The National Infertility and Family Building Association

Support the Minnesota Building Families Act

Across Minnesota, loving, hardworking families are denied a fair chance to build the families they dream of because they lack access to fertility care.

The absence of fertility insurance coverage is the greatest barrier to family-building in our state.

Without coverage, Minnesotans go into debt or drain retirement savings just to become parents, putting their long-term financial stability at risk.

Expanding fertility coverage removes this barrier and affirms Minnesota's commitment to being truly pro-family.



Why support this bill?

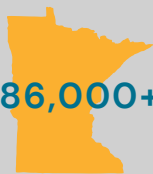
1 in 6



1 in 6 globally are affected by infertility*, making this a non-partisan issue.

Infertility disproportionately affects BIPOC populations.

186,000+



186,000+ Minnesotans are impacted by infertility*.

24 states



24 states have already passed infertility laws*.

Did you know?

10% of cancer patients are in their reproductive years*? This bill will help cancer patients preserve their fertility.

*Facts at minnesotabuildingfamilies.org/resources



To learn more about
the bill contact:



Sarah Erickson
Lobbyist

sarah.erickson@unitedstrategiesllc.com

651-303-0990

unitedstrategiesllc.com




What does this bill do?

The Minnesota Building Families Act will provide insurance coverage for:

- Fertility care including diagnosis and treatment (including IVF).
- Standard fertility preservation services for cancer patients and others at risk of medically-induced infertility.

What will it cost?

- 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 fertility care coverage, including those that include IVF, **have not experienced increases in their medical costs.**
- 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 multiple births.



Fertility treatment is no more expensive than a knee replacement or a C-section, the difference is lack of insurance coverage.

MINNESOTA
BUILDING
FAMILIES
ASSOCIATION

What is Minnesota Building Families Association?

We are a grassroots group of individuals and organizations leading the way for family building access in Minnesota through education, awareness and advocacy. Please contact one of us with questions you may have about the bill and how to support it.



Miraya Gran

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miraya.gran@gmail.com
612-245-3109



Meta Getman

Vice President
meta.getman@gmail.com
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Julie Berman

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Alliance for
Fertility Preservation

April 7, 2026

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The Honorable Robert Bierman, Co-Chair
The Honorable Jeff Backer, Co-Chair
Committee on Health Finance and Policy
Minnesota House of Representatives
St. Paul, Minnesota 55155

RE: Strong Support for Minnesota Building Families Act – HF 4609 (Kotyza-Witthuhn)

Dear Co-Chair Bierman, Co-Chair Backer, and Committee Members:

The Alliance for Fertility Preservation (AFP) strongly supports the Minnesota Building Families Act (HF 4609), which would require certain insurers in Minnesota to provide essential health insurance coverage for fertility treatments.

AFP is a national 501(c)(3) organization dedicated to expanding information, resources, and access to care for patients at risk of infertility due to medically necessary treatments, including cancer therapies. We believe that all patients facing the risk of medically induced (iatrogenic) infertility deserve access to fertility preservation services. Although safe and effective options to preserve fertility have been widely recognized for many years, their high out-of-pocket costs present a significant barrier for patients. Expenses can range from a few hundred dollars for sperm banking to approximately \$15,000 for egg banking. Without insurance coverage, these standard-of-care services are simply unattainable for many patients—despite evidence showing that the cost impact across an insured population is minimal.

Medically necessary fertility preservation has been incorporated into clinical guidelines and recognized as standard of care by leading medical associations for more than two decades. The Committee on Health Finance and Policy has a critical opportunity to ensure that Minnesotans who face the loss of fertility due to medical treatment have access to these recommended services when they need them most. We urge Minnesota to join the twenty-one other states, the District of Columbia, the Federal Employees Health Benefits Program, and the Veterans Health Administration in requiring coverage for medically indicated fertility preservation.

Importantly, fertility preservation alone is not sufficient. Cancer survivors and others who preserve their reproductive material often must rely on in vitro fertilization (IVF) to build their families in the future. AFP is pleased that HF 4609 recognizes this reality by requiring coverage for IVF and related services that are essential to make fertility preservation meaningful and effective.

Thank you for the opportunity to submit comments in support of HF 4609. Please do not hesitate to reach out if the Alliance for Fertility Preservation can serve as a resource to the Committee on Health Finance and Policy as it considers this important legislation

Sincerely,

Joyce Reinecke
Executive Director



04/06/2026

Representative Robert Bierman, Co-Chair
Representative Jeff Backer, Co-Chair
Committee on Health Finance and Policy

RE: Support Minnesota Building Families Act – HF 4609 (Kotzya-Witthuhn)

Dear Co-Chair Bierman, Co-Chair Backer, and Committee Members:

On behalf of RMIA, I am writing to express our strong support for the Minnesota Building Families Act and to respectfully urge the Committee on Health Finance and Policy to advance this bill out of committee.

The Minnesota Building Families Act provides access to critical fertility health care. It improves care by requiring coverage for infertility treatment and fertility preservation for men and women. The bill covers in vitro fertilization (IVF) and other infertility treatments, as well as fertility preservation for cancer patients and others at risk of medically induced infertility.

Without health insurance coverage for fertility treatments, including IVF, most Minnesotans cannot access this medically necessary care. **Fertility treatment is no more expensive than a knee replacement or a C-section; the difference is the lack of insurance coverage.**

One in six individuals has trouble getting pregnant or sustaining a pregnancy. Infertility does not discriminate. Infertility cuts across socioeconomic levels, and all racial, ethnic, and religious lines. It affects men and women equally.

Without insurance coverage, hardworking Minnesotans are forced to risk their financial futures just to have a family. **These treatments are so necessary that legislators and state employees already have this coverage.**

It's time Minnesota joins the growing list of 25 states that require fertility coverage. As proven in these states, insurance coverage for IVF decreases the chance of multiple births. Reducing multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Let's live up to our family-driven values as Minnesotans and pass the Minnesota Building Families Act.

Sincerely,

A handwritten signature in cursive script that reads "Jani Jensen". The letters are fluid and connected, with a long, sweeping tail on the final letter.

Jani Jensen, MD

Caroly Hunter, Little Falls Minnesota
Volunteer with FORCE
strong **support of HF 4609**

Access to Fertility Services

PROBLEM: Individuals with a genetic mutation associated with hereditary cancer and/or those diagnosed with cancer often must make surgical or treatment decisions that leave them infertile or sterile. Fertility preservation and the associated services may not be covered by health insurers.

SOLUTION/ASK: Please vote in favor of **HF 4609**, a bill that would ensure coverage of fertility services for those facing a medical diagnosis or treatment that may impair their fertility and ability to build or expand their family.

I am a cancer survivor. My mother is a two-time cancer survivor. Now, my only daughter—newly engaged and preparing to start her family—is facing a reality that no young woman should have to face.

She carries the same genetic mutation as her mother and grandmother, placing her at a significantly elevated risk for breast and ovarian cancer. Instead of focusing on building her future, she is forced to consider life-altering medical decisions at a young age.

This risk does not exist in isolation. It directly impacts her ability to have children. Fertility preservation is not optional for women in her position—it is a necessary part of their medical care.

Yet these critical services come with an overwhelming financial burden. Fertility preservation and related treatments are often not covered, placing them out of reach for many families.

No one should be forced to choose between reducing their cancer risk and preserving their ability to have a family. No one should have to delay or forgo medically necessary care because of cost.

I urge you to recognize fertility preservation as essential healthcare and ensure that coverage reflects the realities faced by families like mine.

By supporting HF 4609.

FACTS

- National medical guidelines for individuals at high risk of cancer may include risk-reducing/ preventive surgery.
- Individuals with an inherited genetic mutation causing a high risk of ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease.
- For people undergoing this type of surgery, fertility preservation and treatments are the only means available to protect their future reproductive capability. • Individuals with hereditary cancer genetic mutations often learn about their mutation as young adults before they have built a family.

- Young adults diagnosed with cancer have very high survival rates (approx. 85%) and deserve a chance to have children after cancer; this bill is pro-family.
- People diagnosed with cancer urgently need access to timely, affordable fertility preservation before they undergo surgery and/or begin treatments that may leave them infertile or sterile.
- Without insurance coverage, many individuals cannot afford fertility services, curtailing their dream of having biological children.

Thank you for hearing my testimony regarding **support of HF 4609**.

Carolyn Hunter
Little Falls, MN
Patient Advocate Leader for FORCE

FORCE (Facing Our Risk of Cancer Empowered) is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. The majority of our constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.



Them Before Us
PO Box 46452
Seattle, WA 98136
us@thembeforeus.com

Dear Committee Members,

Them Before Us is a nonprofit organization dedicated to a single mission: defending the right of children to be known and loved by their biological mother and father. On the basis of that mission, we strongly urge you to **oppose HF 4609**. While this bill is framed as a matter of “healthcare access,” in reality, it mandates that Minnesota insurance providers and taxpayers subsidize a profit-driven industry that intentionally severs the essential bond between children and their biological parents.

The fertility industry is built upon the foundation of adult desires, often at devastating cost to the children it produces. This legislation encourages the mass production of human embryos outside the protection of the womb, where they are treated as products rather than people. In this industry, human beings are routinely screened for “desirability,” and those deemed less than desirable are discarded, or left in perpetual frozen limbo.¹ The IVF industry creates approximately 4.1 million embryos in a single year, yet sees fewer than 100,000 live births, leaving over 4 million embryos unaccounted for, without any requirements for transparency from the industry.² Yet HF 4609 seeks to normalize and expand this practice by removing financial barriers to the destruction and abandonment of surplus human lives.³

Furthermore, by mandating coverage for “services involving third parties,” HF 4609 would force the public to fund the intentional creation of motherless and fatherless children through gamete donation and surrogacy. Regardless of whether that is the stated intention of the bill, we urge the members of this committee to consider other states which have already seen court cases and settlements expanding “IVF coverage” to include third-party reproduction, including surrogacy.⁴

While adult infertility can bring about profound sorrow, we cannot allow ourselves to overcome that sorrow by manufacturing children whose link to both biological parents has been severed. This bill, by incentivizing the use of anonymous donors, effectively mandates state funding for the creation of biological orphans who will grow up wondering who their family truly is.

We ask you to listen to the voices of those who have been treated as the “products” of these contracts. Children like Ellie, who was conceived via sperm donation, have noted that being

¹ <https://www.nature.com/articles/gim2008104>

² See the Heritage Foundation’s analysis of CDC data here:

<https://www.heritage.org/life/report/why-the-ivf-industry-must-be-regulated>

³ <https://www.liveaction.org/news/ivf-destroys-embryos-higher-rate-abortion/>

⁴ See <https://www.nbcnews.com/nbc-out/out-news/aetna-agrees-settle-lawsuit-fertility-coverage-lgbtq-customers-rcna150658> regarding coverage for the use of third-party gametes and

<https://www.theguardian.com/us-news/article/2024/may/09/new-york-ivf-benefits-discrimination-lawsuit> regarding expanding IVF coverage to include surrogacy, which led to a clarification from the city that employee plans covered surrogacy:

<https://www.nyc.gov/mayors-office/news/2024/10/mayor-adams-new-suite-benefits-help-make-it-easier-new-york-city-employees-to>

born of a profit-driven clinic means having your parental rights sold before you are even born. She writes,

I was born as the result of a profit-driven medical clinic selling parental rights without regard for what is best for the end product, the child produced... We, the donor conceived, are being denied some pretty basic human rights. We are commodified, existing only because our biological parent was willing to sell genetic material in order to make someone else a parent... We are denied medical family histories, histories that might one day save our lives, as well as genealogical histories that would help us piece together our identities.⁵

Another individual, Brian, who was born via surrogacy, rightly asks how we expect children to feel knowing that money was exchanged for their very existence:

How do you think we feel about being created specifically to be given away? You should all know that kids form their own opinions. I don't care why my parents or my mother did this. It looks to me like I was bought and sold.⁶

Research shows that 70% of donor-conceived adults believe society should end the practice of gamete donation because of the ethical complications involved. Surrogacy only compounds these ethical concerns, forcing infants to go through the trauma of maternal separation—an experience which can cause permanent structural changes to the brain⁷—and treats children as commodities. Reason clearly reveals that such practices have profound ethical and moral complications that should curb their use, yet society at large continues to allow the ends to justify the means.

HF 4609 can never truly accomplish the family growth it promises because it is a bill that facilitates ripping families apart by design. It prioritizes the “right” of an adult to have a baby over the right of a child to their own mother and father. We, as adults, must stop treating children as commodities to be manufactured, bought, and sold, and instead protect their fundamental right to their own biological history and identity.

We strongly urge you to vote **NO** on HF 4609.

Sincerely,

Them Before Us

⁵ <https://thembeforeus.com/ellie/>

⁶ <https://thembeforeus.com/brian-c/>

⁷ <https://www.sciencedaily.com/releases/2018/05/180503142724.htm>

April 8, 2026

Women's Foundation of Minnesota Supports HF 4609

Co-Chair Bierman,

As the President & CEO of the Women's Foundation of Minnesota, I am writing to express our support for HF 4609, a bill that requires health plans to cover infertility treatment and fertility preservation treatment.

For over 40 years, the Women's Foundation has invested more than \$60 million in organizations across the state, and advanced policies to create a state where women, girls, and their families can thrive. Central to this mission is our commitment to holistic healthcare and reproductive justice, grounded in the belief that all people have the right to bodily autonomy and the agency to choose when and how to start their families.

Our research with the Center on Women, Gender, & Public Policy at the Humphrey School is clear: quality healthcare is often out of reach for women and their families. Requiring health plans to cover infertility treatment and standard fertility preservation services is an effective response to this reality. This bill would ensure comprehensive coverage for diagnosis, treatment, and fertility preservation, helping remove that cost barrier and subsequently recognizing infertility as a medical condition deserving of quality, accessible care.

Infertility treatment and standard fertility preservation services encompass a range of evidence-based strategies that support individuals and families who wish to have children. Coverage of these services ensures that people are not forced to choose between immediate health and economic needs and the possibility of having a family later in life. Expanding access to both infertility treatment and fertility preservation aligns with a broader vision of reproductive health care: one that is equitable, inclusive, and adaptive to the many realities Minnesotans face.

We appreciate the work of Representative Kotyza-Witthuhn and the co-authors of this for bringing this bill forward and for their continued work to create and pursue policies that will make Minnesota better for women and girls. We urge the committee to support HF 4609.



Gloria Perez
WFM President & CEO

Funding transformative futures
for women and girls+

105 5th Ave S.
Suite 525
Minneapolis, MN 55401

contactus@wfmn.org
612.337.5010
wfmn.org

House Health Finance and Policy Committee

Testimony in Support of HF 4609 for the 4/8/2026 House Health Finance and Policy Committee meeting

My name is Charles Nettell, and I live in Eden Prairie, Minnesota. I am a volunteer Patient Advocate Leader for FORCE. FORCE is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. Most of FORCE's constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.

Individuals with a genetic mutation associated with hereditary cancer and/or those diagnosed with cancer often must make surgical or treatment decisions that leave them infertile or sterile. Fertility preservation and the associated services may not be covered by health insurers. I have BRCA2 mutation that puts me at high risk for certain cancers. I have passed this genetic mutation on to both of my children, neither of whom have started a family. I do not want them to have to choose between the treatments they need and having a family due to lack of coverage for fertility preservation and fertility treatments.

National medical guidelines for individuals at high risk of cancer may include risk reducing/preventive surgery. Individuals with an inherited genetic mutation causing a high risk of ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. My daughter, who had a double mastectomy last year due to high risk of breast cancer, will need to consider having her ovaries removed when she hits her mid to late 30s. For people undergoing this type of surgery, fertility preservation and treatments are the only means available to protect their future reproductive capability.

Individuals with hereditary cancer genetic mutations often learn about their mutation as young adults before they have built a family. Young adults diagnosed with cancer have very high survival rates (approx. 85%) and deserve a chance to have children after cancer; this bill is *pro-family*. People diagnosed with cancer urgently need access to timely, affordable fertility preservation before they undergo surgery and/or begin treatments that may leave them infertile or sterile. Without insurance coverage, many individuals cannot afford fertility services, curtailing their dream of having biological children.

There are 24 other states that have already passed similar laws, and Minnesota should do the same. I ask the committee to vote in favor of HF 4609.

Thank you for your consideration,
Charles Nettell
FORCE volunteer Patient Advocate Leader
Eden Prairie, Minnesota



Facing Hereditary Cancer EMPOWERED

Access to Fertility Services

PROBLEM: Individuals with a genetic mutation associated with hereditary cancer and/or those diagnosed with cancer often must make surgical or treatment decisions that leave them infertile or sterile. Fertility preservation and the associated services may not be covered by health insurers.

SOLUTION/ASK: Please vote in favor of HF 4609, a bill that would ensure coverage of fertility services for those facing a medical diagnosis or treatment that may impair their fertility and ability to build or expand their family.

FACTS

- National medical guidelines for individuals at high risk of cancer may include risk-reducing/preventive surgery.
 - Individuals with an inherited genetic mutation causing a high risk of ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease.
 - For people undergoing this type of surgery, fertility preservation and treatments are the only means available to protect their future reproductive capability.
- Individuals with hereditary cancer genetic mutations often learn about their mutation as young adults before they have built a family.
- Young adults diagnosed with cancer have very high survival rates (approx. 85%) and deserve a chance to have children after cancer; this bill is *pro-family*.
- People diagnosed with cancer urgently need access to timely, affordable fertility preservation before they undergo surgery and/or begin treatments that may leave them infertile or sterile.
- Without insurance coverage, many individuals cannot afford fertility services, curtailing their dream of having biological children.

SHARE YOUR STORY AND CONNECT IT TO THE PROBLEM AND/OR SOLUTION/ASK

- If you or someone you know had high costs or couldn't afford fertility services, share that connection.
- If you didn't experience high costs for fertility services, share how helpful that experience was. Explain how a lack of coverage for services affects people with or at high risk of cancer.

- If you don't have experience with fertility services, are a student or an HCP, share how individuals in the hereditary cancer community or your patients may not have access to fertility services and how that will affect their lives and care.

TESTIMONY TEMPLATE

1. State your name, city and state where you live, that you are a volunteer with FORCE and your strong support of HF 4609.

2. Describe FORCE.

[FORCE \(Facing Our Risk of Cancer Empowered\)](#) is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. The majority of our constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.

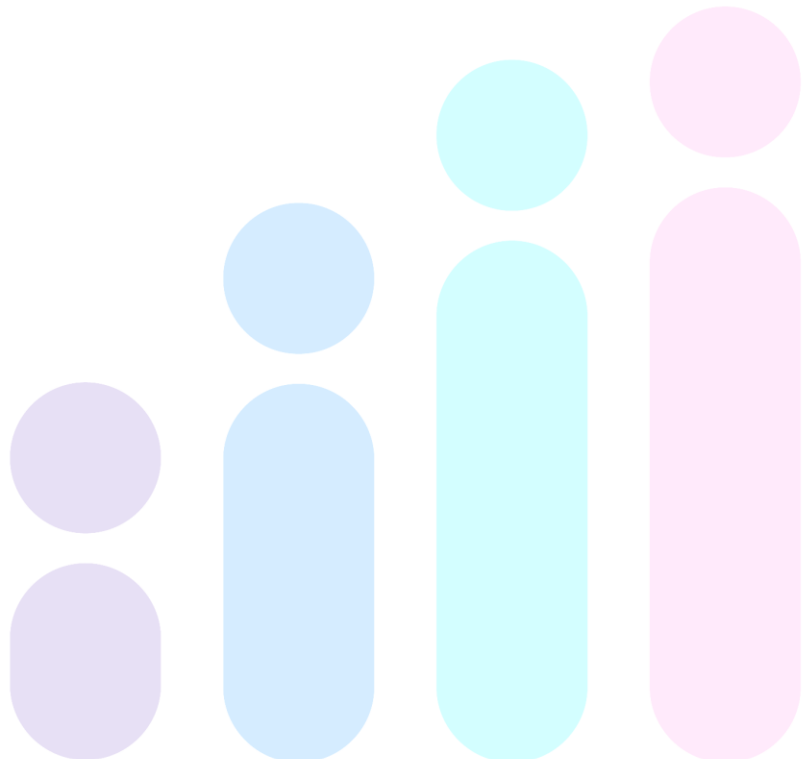
3. Spend most of your time on this section. Share your story and connect it to the "PROBLEM" or "SOLUTION/ASK."

4. Note that several other states have passed similar laws; our state should do the same.

5. Ask the committee to vote favorably for HF 4609.

6. Thank the committee.

7. End the letter with your name, "Patient Advocate Leader" and city and state.





April 7, 2026

Dear Co-Chair Backer, Co-Chair Bierman and Committee Members,

On behalf of our more than 3,100 family physician and medical student members, the Minnesota Academy of Family Physicians (MAFP) urges your support of the Minnesota Building Families Act (HF 4609).

The MAFP is the largest physician specialty society in Minnesota and plays a crucial role in advocating for the health and well-being of patients, families and communities across the state. Our members provide high-quality, patient-centered care and take pride in being leaders in primary care. Family physicians witness firsthand the challenges faced by families in Minnesota related to preserving and increasing fertility.

We believe that HF 4609 addresses critical issues that affect the health of Minnesotans. House File 4609 ensures the opportunity for families to preserve their fertility without having to forego lifesaving medical care like cancer treatments. We also recognize the Minnesota Building Families Act provides us with an opportunity to challenge racial disparities in medical care by reducing the financial impact of fertility treatment for BIPOC families, who are both disproportionately affected by infertility as well as the largest percentage of Medicaid recipients. All Minnesotans should have access to reproductive health care.

The MAFP looks forward to engaging with you on this matter and we are grateful for our shared commitment to the health of Minnesotans. Together, we can make a positive impact on the lives of families across our great state.

Sincerely,

A handwritten signature in black ink, appearing to read "JC", written over a light blue horizontal line.

Jamie Conniff, MD, MPH
President, MAFP

April 7, 2026

Dear Chairs Backer and Bierman and members of the House Health Finance Committee,

I am writing to express strong support for **HF4609**, which would require comprehensive insurance coverage for infertility diagnosis, treatment, and fertility preservation services in Minnesota.

This legislation represents an important step forward in addressing the significant financial and medical barriers faced by individuals and families experiencing infertility. By requiring coverage across private insurance, Medical Assistance, and MinnesotaCare, HF4609 helps ensure that the ability to build a family is not limited by income or access to care. As proposed, the bill expands access to medically necessary infertility services and aligns coverage with established clinical standards.

However, I respectfully urge the committee to **include acupuncture as a covered service within infertility treatment** under HF4609.

Acupuncture is widely recognized as a safe, evidence-informed, and cost-effective adjunct therapy in reproductive medicine. It is frequently used alongside conventional treatments such as in vitro fertilization (IVF) to:

- Support hormonal regulation and improve the regularity of menstrual and complex or irregular cycles
- Reduce stress and anxiety, which are known contributors to infertility
- Potentially improve clinical outcomes when used in conjunction with assisted reproductive technologies

Many leading fertility clinics across the country already incorporate acupuncture into patient care plans. Despite this, access remains inconsistent due to lack of insurance coverage—creating inequities for patients who could benefit from integrative approaches.

Including acupuncture within the definition of “diagnosis of and treatment for infertility” would:

- Expand patient-centered, holistic care options
- Support better clinical outcomes and patient satisfaction
- Potentially reduce overall healthcare costs by improving treatment efficiency
- Align Minnesota with a growing body of integrative reproductive health practices

Given that HF4609 is designed to provide **comprehensive** infertility coverage, it is both appropriate and necessary to include evidence-based, non-pharmacological therapies such as acupuncture within its scope.

I respectfully ask the committee and bill authors to amend HF4609 to explicitly include acupuncture services provided by licensed practitioners as a covered infertility treatment.

Thank you for your leadership on this important issue and for your commitment to improving access to healthcare for Minnesotans.

Sincerely,

Bonnie Bolash, Masters of Acupuncture (M.Ac), Licensed Acupuncturist ([L.Ac.](#))

Crystal, MN

Testimony from Minnesota Citizens Concerned for Life - In Opposition of H.F. 4609 MN House Health Finance and Policy Committee – April 8, 2026

Minnesota Citizens Concerned for Life, the state's oldest and largest organization dedicated to the protection of innocent human life from conception to natural death, wishes to state its concerns and opposition to SF 1961.

In vitro fertilization typically involves the creation of excess human embryos, who deserve our respect as nascent members of the human family. Unfortunately, the IVF process often involves the destruction of many of these embryos.

At the federal level, we have long had policies that reflect the important value that citizens should not have to pay for life-ending programs that they don't believe in. We believe Minnesota should respect its citizens in the same way, and not mandate that their privately paid-for insurance cover this procedure.

And we don't have to compel taxpayers to finance IVF while alternative treatments like Restorative Reproductive Medicine are significantly more affordable, less invasive, and more successful in achieving live births, all while avoiding the ethical dilemmas involved in IVF¹.

Cost is another important consideration. In the state of Minnesota, one round of IVF (including medications) typically costs \$15,000-\$30,000.² Assuming an average price of \$22,000 and three cycles of IVF performed, this would suggest a bill of at least \$66,000 to Minnesotan taxpayers for one successful treatment.³ Numerous families repeat this process multiple times if they desire to have more children. If a woman under 40, on average, desires a 65% chance at achieving one live birth through IVF, that impose a staggering cost of \$132,000 on the taxpayer. The Minnesota Advantage Health Plan already pays up to \$30,000 for fertility treatment over a patient's lifetime.

Many IVF providers recommend a woman to expect to undergo 2-3+ IVF cycles to have a good chance at achieving a live birth, but researchers have suggested that the best chance at a live birth involves 6 cycles; even at that high number, the woman's likelihood of not achieving a live birth stands at about 35%.

75% of IVF clinics in the United States offer genetic diagnosis on embryos. 73% screen for desired gender, hair color, and eye colors.⁴ It's important to note that such preferences being included in embryo selection and destruction are now commonly included in the IVF process and are not outlier situations. Embryos that are deemed "low grade" or that carry unwanted traits are most commonly discarded or frozen indefinitely.

While there are many more ethical and moral issues with IVF not covered here, mandated taxpayer funding of IVF discriminates against a taxpayer's conscience rights. The state government needs to protect the consciences of Minnesotans across the state by not funding the destruction of human life through IVF.

1 "NaPRO Technology for Infertility and Recurrent Miscarriage: A Review of Research." Fact About Fertility, 23 Oct. 2023. <https://www.factsaboutfertility.org/naprotechnology-for-infertility-and-recurrent-miscarriage-a-review-of-research/>

2 "What Does IVF Cost in Minnesota?" *CNY Fertility*, updated 3 Nov. 2025, <https://www.cnyfertility.com/ivf-cost-minnesota/>.

3 Pursuing IVF: "How Many IVF Cycles Should I Plan For?" *Reproductive Resource Center*, 19 Sept. 2023, <https://rrc.com/how-many-ivf-cycles-should-i-plan-for/>.

4 Bayefsky, Michelle. "Who Should Regulate Preimplantation Genetic Diagnosis in the United States?" *AMA Journal of Ethics*, vol. 20, no. 12, Dec. 2018, pp. 1160-1167, <https://doi.org/10.1001/amajethics.2018.1160>. *Journal of Ethics*, <https://journalofethics.ama-assn.org/article/who-should-regulate-preimplantation-genetic-diagnosis-united-states/2018-12>.



April 8, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Medical Association (MMA), I write to express our support for HF 4609, which would require coverage for infertility diagnosis, treatment, and medically necessary fertility preservation services.

Infertility is a medical condition that affects many Minnesota families. It can arise from underlying health conditions or from medically necessary treatments, such as chemotherapy or other therapies that may affect reproductive capacity. In these situations, timely access to fertility preservation services is essential and medically necessary.

The American Medical Association (AMA) has adopted policy supporting coverage for fertility preservation services when medically indicated, recognizing that insurance coverage ensures patient access to appropriate care and reduces barriers that may prevent individuals from receiving recommended treatments.

Without coverage, these services can be prohibitively expensive, placing them out of reach for patients at the very time they are facing serious illness or medically necessary treatment. HF 4609 aligns with AMA guidance, ensuring that Minnesota patients can access infertility care and fertility preservation consistent with established medical standards, without unnecessary financial burden.

The Minnesota Medical Association urges your support of HF 4609, ensuring that patients across the state have timely access to infertility care and fertility preservation services.

Sincerely,

Lisa Mattson, MD
President, Minnesota Medical Association

Minnesota Chapter

INCORPORATED IN MINNESOTA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Minnesota Chapter of the American Academy of Pediatrics

1609 County Road 42 W #305,
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141 Northwest Point Blvd.
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April 8, 2026

Dear members of the House Health Finance and Policy Committee,

On behalf of the over 1,000 members of the Minnesota Chapter of the American Academy of Pediatrics (MNAAP) committed to improving the health of children and adolescents across Minnesota, we write in strong support of HF 4609, which would require health plans to cover infertility diagnosis, treatment, and medically necessary fertility preservation services.

Infertility is a common health concern that affects many Minnesota families. Approximately 186,000 Minnesotans are impacted by infertility, and about one in six individuals globally have trouble achieving pregnancy or sustaining a pregnancy.

Pediatric and adolescent patients facing serious illness, including cancer, are at particular risk of fertility impairment due to medically necessary treatments. Cancer therapies such as chemotherapy and radiation can have long-term effects on reproductive function. Clinical practice guidance supports the importance of fertility discussions and preservation planning as an integral part of comprehensive care for young patients facing these treatments. These discussions should occur early in the treatment process to give patients and their families the opportunity to consider fertility preservation options when appropriate.

Without health insurance coverage, fertility preservation services are often prohibitively expensive, placing an undue financial burden on families already managing serious medical conditions. Ensuring access to infertility care and fertility preservation services helps safeguard future family-building options, supports long-term quality of life, and promotes equity in health care access.

The Minnesota Chapter of the American Academy of Pediatrics respectfully urges your support of HF 4609 so that all Minnesotans, including children, adolescents, and young adults at risk of treatment-related infertility, can access essential fertility care and preservation services.

Sincerely,

A handwritten signature in black ink that reads "Katie Smentek".

Katie Smentek, MD

President, Minnesota Chapter American Academy of Pediatrics



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alydic@mSCO-oncology.org

ASCO State/Regional
Affiliate Program

April 6, 2026

Dear Members of the House Health Finance and Policy Committee,

On behalf of the Minnesota Society of Clinical Oncology (MSCO), I am writing to express our strong support for HF 4609, which would require coverage for infertility diagnosis, treatment, and medically necessary fertility preservation services.

This coverage is essential for patients whose reproductive capacity may be affected by cancer or other serious medical treatments.

Cancer therapies, including chemotherapy and radiation, can significantly increase the risk of infertility. Clinical practice guidelines from the American Society of Clinical Oncology emphasize that fertility preservation discussions and interventions are a critical component of comprehensive cancer care and should occur as early as possible. These guidelines also highlight the importance of overcoming barriers to access, including financial barriers, that prevent patients from receiving fertility preservation services.

Without health insurance coverage, fertility preservation services are often prohibitively expensive and impose a significant financial burden on patients already confronting serious illness. Ensuring access to evidence-based infertility care and preservation services helps patients preserve their options for family building, supports long-term quality of life, and aligns with best practices in oncology care.

MSCO urges your support of HF 4609 so that all Minnesotans facing infertility, including those undergoing cancer or other medical therapies, can access essential fertility care and preservation services.

Sincerely,

Konstantinos Leventakos, MD, PhD

Konstantinos Leventakos, MD, PhD
President, Minnesota Society of Clinical Oncology (MSCO)



To: Co-Chairs Backer and Bierman, and members of the House Health Finance and Policy Committee

From: Oncology Nursing Society

Date: April 7, 2026

RE: Support HF 4609 – Ensure Cancer Patient Access to Fertility Care

On behalf of the Oncology Nursing Society (ONS) and the more than 760 oncology nurse members in the state of Minnesota, we would like to express our strong support for HF 4609, which would require state-regulated health plans and MinnesotaCare to provide coverage for standard fertility preservation services for men and women undergoing cancer treatments, which may cause infertility. We believe this legislation is critical in ensuring that oncology patients are able to pursue reproductive care following their cancer treatment.

Oncology nurses witness firsthand the profound emotional, physical, and psychological toll that a cancer diagnosis and treatment can take on a person. In addition to the immediate focus to beat the disease, many patients face the daunting prospect of iatrogenic (treatment-related) infertility once their treatment is finished.

Iatrogenic infertility is infertility that results as a side effect of medical treatments, particularly those used in oncology. For patients undergoing chemotherapy or radiation therapy, particularly in the pelvic region, or for individuals undergoing surgery for certain cancers, these life-saving treatments can inadvertently damage the reproductive organs or alter hormone levels, leading to permanent infertility. In many cases, this infertility is a direct result of the very treatments intended to save lives, making it particularly tragic and avoidable with proper preventive measures.

The loss of fertility options can be as devastating as the cancer diagnosis itself for our patients, particularly for young adults and individuals of reproductive age who may have planned for families in the future. For those who survive cancer, the option of fertility preservation offers hope. By undergoing fertility preservation – such as egg, sperm, or embryo freezing – before beginning their cancer treatments, patients have an opportunity to preserve their ability to have biological children in the future.

Unfortunately, for many whose insurance does not cover these services, the high cost of fertility preservation can be an insurmountable barrier. This financial burden should not exist for patients who are already battling for their lives. HF 4609 would ensure that patients have the option to build their biological family in the future, without being burdened by costs that may otherwise be prohibitive.

We thank you for your attention to this important matter and encourage you to support for HF 4609. Should you require any further information or wish to discuss our support, please feel free to contact healthpolicy@ons.org

###

ONS is a professional association that represents the over 100,000 oncology nurses in the United States and is the professional home to more than 35,000 members. ONS is committed to promoting excellence in oncology nursing and the transformation of cancer care. Since 1975, ONS has provided a professional community for oncology nurses, developed evidence-based education programs and treatment information, and advocated for patient care, all in an effort to improve the quality of life and outcomes for patients with cancer and their families.



The National Infertility and Family Building Association

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April 7, 2026

Representative Robert Bierman, Co-Chair
Representative Jeff Backer, Co-Chair
Committee on Health Finance and Policy

RE: Support Minnesota Building Families Act – HF 4609 (Kotyza-Witthuhn)

Dear Co-Chair Bierman, Co-Chair Backer, and Committee Members:

On behalf of RESOLVE: The National Infertility and Family Building Association, we are writing to express our strong support for the Minnesota Building Families Act and to respectfully urge the Committee on Health Finance and Policy to advance this bill out of committee.

The Minnesota Building Families Act provides access to critical fertility health care. It improves care by requiring coverage for infertility treatment and fertility preservation for men and women. The bill covers in vitro fertilization (IVF) and other infertility treatments, as well as fertility preservation for cancer patients and others at risk of medically induced infertility.

Without health insurance coverage for fertility treatments, including IVF, most Minnesotans cannot access this medically necessary care. **Fertility treatment is no more expensive than a knee replacement or a C-section; the difference is the lack of insurance coverage.**

One in six individuals has trouble getting pregnant or sustaining a pregnancy. Infertility does not discriminate. Infertility cuts across socioeconomic levels, and all racial, ethnic, and religious lines. It affects men and women equally.

Without insurance coverage, hardworking Minnesotans are forced to risk their financial futures just to have a family. **These treatments are so necessary that legislators and state employees already have this coverage.**

It's time Minnesota joins the growing list of 25 states that require fertility coverage. As proven in these states, insurance coverage for IVF decreases the chance of multiple births. Reducing multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Let's live up to our family-driven values as Minnesotans and pass the Minnesota Building Families Act.

Sincerely,

Danielle Melfi

CEO, RESOLVE: The National Infertility and Family Building Association

Support the Minnesota Building Families Act

Across Minnesota, loving, hardworking families are denied a fair chance to build the families they dream of because they lack access to fertility care.

The absence of fertility insurance coverage is the greatest barrier to family-building in our state.

Without coverage, Minnesotans go into debt or drain retirement savings just to become parents, putting their long-term financial stability at risk.

Expanding fertility coverage removes this barrier and affirms Minnesota's commitment to being truly pro-family.



Why support this bill?

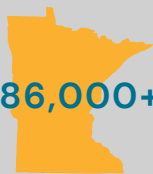
1 in 6



1 in 6 globally are affected by infertility*, making this a non-partisan issue.

Infertility disproportionately affects BIPOC populations.

186,000+



186,000+ Minnesotans are impacted by infertility*.

24 states



24 states have already passed infertility laws*.

Did you know?

10% of cancer patients are in their reproductive years*? This bill will help cancer patients preserve their fertility.

*Facts at minnesotabuildingfamilies.org/resources



To learn more about
the bill contact:



Sarah Erickson
Lobbyist

sarah.erickson@unitedstrategiesllc.com

651-303-0990

unitedstrategiesllc.com



What does this bill do?

The Minnesota Building Families Act will provide insurance coverage for:

- Fertility care including diagnosis and treatment (including IVF).
- Standard fertility preservation services for cancer patients and others at risk of medically-induced infertility.

What will it cost?

- 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 fertility care coverage, including those that include IVF, **have not experienced increases in their medical costs.**
- 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 multiple births.

Fertility treatment is no more expensive than a knee replacement or a C-section, the difference is lack of insurance coverage.

MINNESOTA
BUILDING
FAMILIES
ASSOCIATION

What is Minnesota Building Families Association?

We are a grassroots group of individuals and organizations leading the way for family building access in Minnesota through education, awareness and advocacy. Please contact one of us with questions you may have about the bill and how to support it.



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Alliance for
Fertility Preservation

April 7, 2026

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The Honorable Robert Bierman, Co-Chair
The Honorable Jeff Backer, Co-Chair
Committee on Health Finance and Policy
Minnesota House of Representatives
St. Paul, Minnesota 55155

RE: Strong Support for Minnesota Building Families Act – HF 4609 (Kotyza-Witthuhn)

Dear Co-Chair Bierman, Co-Chair Backer, and Committee Members:

The Alliance for Fertility Preservation (AFP) strongly supports the Minnesota Building Families Act (HF 4609), which would require certain insurers in Minnesota to provide essential health insurance coverage for fertility treatments.

AFP is a national 501(c)(3) organization dedicated to expanding information, resources, and access to care for patients at risk of infertility due to medically necessary treatments, including cancer therapies. We believe that all patients facing the risk of medically induced (iatrogenic) infertility deserve access to fertility preservation services. Although safe and effective options to preserve fertility have been widely recognized for many years, their high out-of-pocket costs present a significant barrier for patients. Expenses can range from a few hundred dollars for sperm banking to approximately \$15,000 for egg banking. Without insurance coverage, these standard-of-care services are simply unattainable for many patients—despite evidence showing that the cost impact across an insured population is minimal.

Medically necessary fertility preservation has been incorporated into clinical guidelines and recognized as standard of care by leading medical associations for more than two decades. The Committee on Health Finance and Policy has a critical opportunity to ensure that Minnesotans who face the loss of fertility due to medical treatment have access to these recommended services when they need them most. We urge Minnesota to join the twenty-one other states, the District of Columbia, the Federal Employees Health Benefits Program, and the Veterans Health Administration in requiring coverage for medically indicated fertility preservation.

Importantly, fertility preservation alone is not sufficient. Cancer survivors and others who preserve their reproductive material often must rely on in vitro fertilization (IVF) to build their families in the future. AFP is pleased that HF 4609 recognizes this reality by requiring coverage for IVF and related services that are essential to make fertility preservation meaningful and effective.

Thank you for the opportunity to submit comments in support of HF 4609. Please do not hesitate to reach out if the Alliance for Fertility Preservation can serve as a resource to the Committee on Health Finance and Policy as it considers this important legislation

Sincerely,

Joyce Reinecke
Executive Director



04/06/2026

Representative Robert Bierman, Co-Chair
Representative Jeff Backer, Co-Chair
Committee on Health Finance and Policy

RE: Support Minnesota Building Families Act – HF 4609 (Kotzya-Witthuhn)

Dear Co-Chair Bierman, Co-Chair Backer, and Committee Members:

On behalf of RMIA, I am writing to express our strong support for the Minnesota Building Families Act and to respectfully urge the Committee on Health Finance and Policy to advance this bill out of committee.

The Minnesota Building Families Act provides access to critical fertility health care. It improves care by requiring coverage for infertility treatment and fertility preservation for men and women. The bill covers in vitro fertilization (IVF) and other infertility treatments, as well as fertility preservation for cancer patients and others at risk of medically induced infertility.

Without health insurance coverage for fertility treatments, including IVF, most Minnesotans cannot access this medically necessary care. **Fertility treatment is no more expensive than a knee replacement or a C-section; the difference is the lack of insurance coverage.**

One in six individuals has trouble getting pregnant or sustaining a pregnancy. Infertility does not discriminate. Infertility cuts across socioeconomic levels, and all racial, ethnic, and religious lines. It affects men and women equally.

Without insurance coverage, hardworking Minnesotans are forced to risk their financial futures just to have a family. **These treatments are so necessary that legislators and state employees already have this coverage.**

It's time Minnesota joins the growing list of 25 states that require fertility coverage. As proven in these states, insurance coverage for IVF decreases the chance of multiple births. Reducing multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Let's live up to our family-driven values as Minnesotans and pass the Minnesota Building Families Act.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jani Jensen". The signature is fluid and elegant, with a long, sweeping tail on the final letter.

Jani Jensen, MD

Caroly Hunter, Little Falls Minnesota
Volunteer with FORCE
strong **support of HF 4609**

Access to Fertility Services

PROBLEM: Individuals with a genetic mutation associated with hereditary cancer and/or those diagnosed with cancer often must make surgical or treatment decisions that leave them infertile or sterile. Fertility preservation and the associated services may not be covered by health insurers.

SOLUTION/ASK: Please vote in favor of **HF 4609**, a bill that would ensure coverage of fertility services for those facing a medical diagnosis or treatment that may impair their fertility and ability to build or expand their family.

I am a cancer survivor. My mother is a two-time cancer survivor. Now, my only daughter—newly engaged and preparing to start her family—is facing a reality that no young woman should have to face.

She carries the same genetic mutation as her mother and grandmother, placing her at a significantly elevated risk for breast and ovarian cancer. Instead of focusing on building her future, she is forced to consider life-altering medical decisions at a young age.

This risk does not exist in isolation. It directly impacts her ability to have children. Fertility preservation is not optional for women in her position—it is a necessary part of their medical care.

Yet these critical services come with an overwhelming financial burden. Fertility preservation and related treatments are often not covered, placing them out of reach for many families.

No one should be forced to choose between reducing their cancer risk and preserving their ability to have a family. No one should have to delay or forgo medically necessary care because of cost.

I urge you to recognize fertility preservation as essential healthcare and ensure that coverage reflects the realities faced by families like mine.

By supporting HF 4609.

FACTS

- National medical guidelines for individuals at high risk of cancer may include risk-reducing/ preventive surgery.
- Individuals with an inherited genetic mutation causing a high risk of ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease.
- For people undergoing this type of surgery, fertility preservation and treatments are the only means available to protect their future reproductive capability. • Individuals with hereditary cancer genetic mutations often learn about their mutation as young adults before they have built a family.

- Young adults diagnosed with cancer have very high survival rates (approx. 85%) and deserve a chance to have children after cancer; this bill is pro-family.
- People diagnosed with cancer urgently need access to timely, affordable fertility preservation before they undergo surgery and/or begin treatments that may leave them infertile or sterile.
- Without insurance coverage, many individuals cannot afford fertility services, curtailing their dream of having biological children.

Thank you for hearing my testimony regarding **support of HF 4609**.

Carolyn Hunter
Little Falls, MN
Patient Advocate Leader for FORCE

FORCE (Facing Our Risk of Cancer Empowered) is a leading nonprofit for people at risk for hereditary cancer, providing trusted information, support and advocacy. The majority of our constituents carry an inherited genetic mutation, like a BRCA mutation or Lynch Syndrome, that significantly increases their risk of cancers, including breast, colorectal, endometrial, ovarian, prostate, pancreatic and gastric cancers.



Them Before Us
PO Box 46452
Seattle, WA 98136
us@thembeforeus.com

Dear Committee Members,

Them Before Us is a nonprofit organization dedicated to a single mission: defending the right of children to be known and loved by their biological mother and father. On the basis of that mission, we strongly urge you to **oppose HF 4609**. While this bill is framed as a matter of “healthcare access,” in reality, it mandates that Minnesota insurance providers and taxpayers subsidize a profit-driven industry that intentionally severs the essential bond between children and their biological parents.

The fertility industry is built upon the foundation of adult desires, often at devastating cost to the children it produces. This legislation encourages the mass production of human embryos outside the protection of the womb, where they are treated as products rather than people. In this industry, human beings are routinely screened for “desirability,” and those deemed less than desirable are discarded, or left in perpetual frozen limbo.¹ The IVF industry creates approximately 4.1 million embryos in a single year, yet sees fewer than 100,000 live births, leaving over 4 million embryos unaccounted for, without any requirements for transparency from the industry.² Yet HF 4609 seeks to normalize and expand this practice by removing financial barriers to the destruction and abandonment of surplus human lives.³

Furthermore, by mandating coverage for “services involving third parties,” HF 4609 would force the public to fund the intentional creation of motherless and fatherless children through gamete donation and surrogacy. Regardless of whether that is the stated intention of the bill, we urge the members of this committee to consider other states which have already seen court cases and settlements expanding “IVF coverage” to include third-party reproduction, including surrogacy.⁴

While adult infertility can bring about profound sorrow, we cannot allow ourselves to overcome that sorrow by manufacturing children whose link to both biological parents has been severed. This bill, by incentivizing the use of anonymous donors, effectively mandates state funding for the creation of biological orphans who will grow up wondering who their family truly is.

We ask you to listen to the voices of those who have been treated as the “products” of these contracts. Children like Ellie, who was conceived via sperm donation, have noted that being

¹ <https://www.nature.com/articles/gim2008104>

² See the Heritage Foundation’s analysis of CDC data here:

<https://www.heritage.org/life/report/why-the-ivf-industry-must-be-regulated>

³ <https://www.liveaction.org/news/ivf-destroys-embryos-higher-rate-abortion/>

⁴ See <https://www.nbcnews.com/nbc-out/out-news/aetna-agrees-settle-lawsuit-fertility-coverage-lgbtq-customers-rcna150658> regarding coverage for the use of third-party gametes and

<https://www.theguardian.com/us-news/article/2024/may/09/new-york-ivf-benefits-discrimination-lawsuit> regarding expanding IVF coverage to include surrogacy, which led to a clarification from the city that employee plans covered surrogacy:

<https://www.nyc.gov/mayors-office/news/2024/10/mayor-adams-new-suite-benefits-help-make-it-easier-new-york-city-employees-to>

born of a profit-driven clinic means having your parental rights sold before you are even born. She writes,

I was born as the result of a profit-driven medical clinic selling parental rights without regard for what is best for the end product, the child produced... We, the donor conceived, are being denied some pretty basic human rights. We are commodified, existing only because our biological parent was willing to sell genetic material in order to make someone else a parent... We are denied medical family histories, histories that might one day save our lives, as well as genealogical histories that would help us piece together our identities.⁵

Another individual, Brian, who was born via surrogacy, rightly asks how we expect children to feel knowing that money was exchanged for their very existence:

How do you think we feel about being created specifically to be given away? You should all know that kids form their own opinions. I don't care why my parents or my mother did this. It looks to me like I was bought and sold.⁶

Research shows that 70% of donor-conceived adults believe society should end the practice of gamete donation because of the ethical complications involved. Surrogacy only compounds these ethical concerns, forcing infants to go through the trauma of maternal separation—an experience which can cause permanent structural changes to the brain⁷—and treats children as commodities. Reason clearly reveals that such practices have profound ethical and moral complications that should curb their use, yet society at large continues to allow the ends to justify the means.

HF 4609 can never truly accomplish the family growth it promises because it is a bill that facilitates ripping families apart by design. It prioritizes the “right” of an adult to have a baby over the right of a child to their own mother and father. We, as adults, must stop treating children as commodities to be manufactured, bought, and sold, and instead protect their fundamental right to their own biological history and identity.

We strongly urge you to vote **NO** on HF 4609.

Sincerely,

Them Before Us

⁵ <https://thembeforeus.com/ellie/>

⁶ <https://thembeforeus.com/brian-c/>

⁷ <https://www.sciencedaily.com/releases/2018/05/180503142724.htm>

April 8, 2026

Women's Foundation of Minnesota Supports HF 4609

Co-Chair Bierman,

As the President & CEO of the Women's Foundation of Minnesota, I am writing to express our support for HF 4609, a bill that requires health plans to cover infertility treatment and fertility preservation treatment.

For over 40 years, the Women's Foundation has invested more than \$60 million in organizations across the state, and advanced policies to create a state where women, girls, and their families can thrive. Central to this mission is our commitment to holistic healthcare and reproductive justice, grounded in the belief that all people have the right to bodily autonomy and the agency to choose when and how to start their families.

Our research with the Center on Women, Gender, & Public Policy at the Humphrey School is clear: quality healthcare is often out of reach for women and their families. Requiring health plans to cover infertility treatment and standard fertility preservation services is an effective response to this reality. This bill would ensure comprehensive coverage for diagnosis, treatment, and fertility preservation, helping remove that cost barrier and subsequently recognizing infertility as a medical condition deserving of quality, accessible care.

Infertility treatment and standard fertility preservation services encompass a range of evidence-based strategies that support individuals and families who wish to have children. Coverage of these services ensures that people are not forced to choose between immediate health and economic needs and the possibility of having a family later in life. Expanding access to both infertility treatment and fertility preservation aligns with a broader vision of reproductive health care: one that is equitable, inclusive, and adaptive to the many realities Minnesotans face.

We appreciate the work of Representative Kotyza-Witthuhn and the co-authors of this for bringing this bill forward and for their continued work to create and pursue policies that will make Minnesota better for women and girls. We urge the committee to support HF 4609.



Gloria Perez
WFM President & CEO

Funding transformative futures
for women and girls+

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