03/05/2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of the Metro MN Chapter of the Oncology Nursing Society, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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.The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,

Chandra Baca

March 5, 2024

Chair Stephenson, Vice Chair Kotyza-Witthuhn, and members of the committee:

On behalf of the patients, family members, bone marrow donors, volunteers, and health care providers represented by NMDP (formerly National Marrow Donor Program), thank you for the opportunity to submit written testimony in support of H.F. 1658, which requires coverage of fertility preservation and reproductive services by health plans.

As a nonprofit leader in cell therapy, NMDP creates essential connections between researchers and supporters to inspire action and accelerate innovation to find life-saving cures for blood cancers and disorders. Entrusted by Congress to operate the national registry of the world's most diverse bone marrow donors and with an extensive network of transplant centers, physicians, and caregivers, NMDP is expanding access to treatment so that every patient can receive their life-saving cell therapy.

Treatment received by patients during transplant can often cause reduced or loss of fertility. Certain chemotherapies, radiation, and surgery hematopoietic cell transplantation (HCT) patients receive as part of their treatment can cause loss of or reduced reproductive function. Infertility can result in all transplant patients, including both men and women, and in patients diagnosed with both cancer or chronic disease, like sickle cell disease (SCD).

Yet, standard fertility preservation services are not always covered by insurance. Because of this lack of coverage, the use of fertility preservation and services is very low among all transplant patients with cancer and chronic disease. In 2022, approximately 26% of Minnesota transplant patients were under 40 years old, within reproductive age, and potentially in need of fertility preservation before undergoing treatment for their disease. This bill would remove a major barrier to patients accessing fertility preservation services.

Covering out-of-pocket costs for standard fertility preservation treatment, in addition to HCT costs, can be a significant burden on all patients. Patients need both fertility preservation prior to beginning treatment, and reproductive services after they've completed treatment to assist in having biological children. Standard acceptable fertility preservation options for transplant patients, as recommended by the National Institutes of Health (NIH), are in vitro fertilization (IVF) and embryo cryopreservation, oocyte cryopreservation, and ovarian tissue banking. Sperm banking is the accepted method for adult men/pubertal males. H.F. 1658 would provide access to the necessary and recommended treatments for fertility preservation and reproductive services and improve quality of life for patients with serious and chronic diseases.

Our top priority is getting patients who suffer from blood cancers and, disorders and chronic disease the treatment they need. Ensuring access to fertility treatment increases

the likelihood that a patient follows through with a life-saving transplant, with piece-of-mind that they won't lose the ability to have biological children.

H.F. 1658 will ensure that more transplant patients have access to fertility preservation and reproductive services. Please support this legislation to increase access to fertility preservation and reproductive services for Minnesotans who could benefit.

Thank you for your consideration.

Jess Knutson
Director, Government Affairs and Public Policy
NMDP

ACOG
Minnesota Section

March 5, 2024

The Honorable Zack Stephenson
Chair, Commerce Finance and Policy Committee
449 State Office Building
St. Paul, Minnesota 55155

Dear Chair Stephenson and Committee Members:

The Minnesota Section of the American College of Obstetricians and Gynecologists (ACOG) would like to express our strong support for HF 1658, the Minnesota Building Families Act.

OB/GYN providers see first-hand the pain and stress that our patients undergo when having fertility issues as they strive to begin or add to their families. According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Many of our patients and families also encounter infertility or the risk of infertility while undergoing medical treatments for cancer or other serious medical conditions. In vitro fertilization, which is often needed to treat infertility, is also the only effective tool for fertility preservation. When a young patient faces treatment that risks permanent damage to their reproductive system, fertility preservation is a vital component of their health care that needs to be covered by insurance. I personally faced a cancer diagnosis at the age of 33 and underwent IVF as a way to preserve fertility, which was vital to my mental health as I entered into months of chemotherapy.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

ACOG
Minnesota Section

We urge you to support HF 1658.

Sincerely,

Elizabeth Slagle, MD
MN ACOG Chair

March 5, 2024

The Honorable Zack Stephenson
Chair
Committee on Commerce Finance and Policy
Minnesota House of Representatives
449 State Office Building
St. Paul, MN 55155

RE: Support Minnesota Building Families Act – HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of the Alliance for Fertility Preservation (AFP), I am writing to express our strong support for HF 1658, The Minnesota Building Families Act, and urge the Committee on Commerce Finance and Policy to advance this bill out of Committee.

The AFP is a national 501(c)(3) organization dedicated to expanding fertility preservation information and resources for patients facing potential infertility caused by cancer treatments. According to National Cancer Institute data, approximately 130,000 Americans between the ages of 0-44 are diagnosed with cancer each year. Due to improvements in treatment, about 85% these patients will survive. Some cancer treatments, however, can cause iatrogenic infertility when chemotherapy, radiation, and surgery damage reproductive cells (eggs and sperm), reproductive organs, and/or endocrine functioning; they can also adversely impact the ability to carry a pregnancy.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It covers in vitro fertilization (IVF) and other infertility treatments, as well as fertility preservation for cancer patients at risk of medically-induced infertility.

Fertility preservation has been considered part of the standard of care for age-eligible cancer patients for more than fifteen years, and is recognized by all the relevant medical associations, including the American Society of Clinical Oncology (ASCO), the American Society for Reproductive Medicine (ASRM), and the American Medical Association (AMA). Currently, sperm, egg, embryo, and ovarian tissue banking are viewed as standard fertility preservation procedures.

Patients facing iatrogenic infertility have recognized, effective options for preserving fertility, but the high cost is often a barrier. Expenses can range from several hundred dollars for sperm banking to approximately $15,000 for egg banking. Without insurance coverage, these standard treatments are unaffordable for many patients. Minnesota should join the growing list of states that require fertility preservation coverage.

We respectfully ask that you advance HF 1658 and help give Minnesota young adult cancer patients hope by ensuring access to treatments that will protect their ability to have biological children in the future.

Respectfully,

Joyce Reinecke,
Executive Director

asrm American Society for Reproductive Medicine

Impacting Reproductive Care Worldwide

House Committee on Commerce Finance and Policy
95 University Avenue W.
Saint Paul, MN 55155

3/1/24

Dear Chair Stephenson, Vice Chair Kotyza-Witthuhn, and members of the Committee,

On behalf of the American Society of Reproductive Medicine (ASRM), I write in strong support of HF 1658.

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 eight 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 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 1658 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. HF 1658 will improve access to care and outcomes for currently underserved Minnesotan communities, including racial and ethnic minorities.

For these reasons and more, I urge the Committee to support HF 1658.

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,

Impacting Reproductive Care Worldwide

Paula Amato, MD
President
American Society for Reproductive Medicine

GENDER JUSTICE

663 UNIVERSITY AVENUE WEST
SUITE 200
SAINT PAUL, MN 55104

PHONE 651.789.2090

Rep. Zack Stephenson
449 State Office Building
St. Paul, MN 55155

RE: Support for HF1658

March 6, 2024

To Chair Zack Stephenson and members of the Commerce Finance and Policy Committee:

Gender Justice is the organizational home of UnRestrict Minnesota, an expansive, diverse, and inclusive coalition for reproductive rights, health, and justice. UnRestrict Minnesota is a multi-racial coalition of more than 30 health care clinics, abortion funds, practical support groups, LGBTQ advocacy groups, faith communities, organizers, lawyers, doulas, and many more.

We are writing in support of Minnesota Building Families Act, HF1658, requiring insurance coverage for infertility treatment. Our coalition supports access to full-spectrum reproductive healthcare, including support for people experiencing fertility issues. The bill would help ensure more equitable access to fertility treatments across income level, relationship status, and reason for infertility.

This bill reflects the changing definition of infertility, which is now inclusive of LGBTQ families. When heterosexual couples verbally attest to trying to conceive for six months, they often have access to insurance coverage that is not available for many LGBTQ families. This legislation protects against exclusionary and discriminatory insurance coverage for infertility. People who want to have children and build their families should have access to the care they need.

This legislation would increase reproductive healthcare access and equity throughout our state. Minnesota should join the other 21 states who provide this care[1]. Thank you for your leadership.

Sincerely,

Megan Peterson

Megan Peterson

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[1] https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/

Executive Director, Gender Justice

March 4th, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

My name is Miraya Gran. I am a born and raised citizen of the great state of Minnesota and I am writing to express my strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

For the past nine years, my husband, Andy, and I have been battling the emotionally, physically, and financially exhausting disease of infertility. As a child, if you asked me what I wanted to be when I grew up, my answer was always: a mother. So, when Andy and I were newlyweds in 2015, we were excited to grow our family. We had no idea our plans would be much more difficult than we could have ever imagined. After we were unable to become pregnant on our own, and suffered many miscarriages, we went through a multitude of tests that revealed both my husband and I had factors that lead to a diagnosis of infertility. It was devastating and crushing. We were told we would need infertility treatment for our condition, but like many Minnesotans, our insurance did not offer this type of coverage, despite infertility being defined as a disease by the American Medical Association and World Health Organization. If we wanted to be able to become parents, we were going to have to pay a costly amount for it. Still, the dream I had as a little girl remained strong, and we decided to go ahead with treatment.

Fast forward many fertility treatments we were left with tens of thousands of dollars to pay. We had to take out a second mortgage on our home. The horrific emotional pain of infertility is devastating enough, but to add on the crippling financial impact, it was an extremely difficult time in our lives.

In 2019, we explored adoption. So often people may suggest adoption to those of us experiencing infertility. It can be a beautiful path to parenthood for some families, but often people do not know, as we did not at the time, that that path is also extremely financially taxing and could take years. The average adoption in Minnesota is upwards of $30,000. At that point, we were unsure of where to go. We had exhausted so much of our finances.

After a lot of thought and with the encouragement of loving family and friends who organized a fundraiser and helped raise $22,000, we were able to do a second round of in vitro fertilization. Never in our wildest dreams did we imagine needing to throw a bake

sale to have a baby. That IVF round was successful. In February of 2021, our beautiful daughter Isla Gran was born.

1 in 7 couples suffer from infertility, which is around 186,000 Minnesotans. We all know someone who is or will be afflicted with this disease. For our family, we still hope to have another child, but that may not be in our future without insurance coverage, and time is not on our side. We can't afford to wait.

Please give those suffering from infertility the family building opportunities they deserve and pass SF 1704/HF1658 to bring infertility insurance coverage to Minnesota families who are suffering, like ours.

Sincerely,

Miraya & Andy Gran
Bloomington, Minnesota
miraya.gran@gmail.com
612-245-3109
a.gran84@gmail.com
612-300-4770

RAINBOW HEALTH

March 1, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

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

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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.

Rainbow Health is particularly pleased that the bill reflects current medical definitions of infertility, which include the LGBTQ+ community. Adoption aside, same-sex couples can only build families through assisted-reproduction procedures, and gender-affirming genital surgeries generally leave patients unable to reproduce, leading many to pursue fertility-preservation services. But without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier parents.

Sincerely,

Jeremy Hanson Willis

Jeremy Hanson Willis
CEO

FORCE
Facing Hereditary Cancer EMPOWERED

March 5, 2024

Commerce Finance and Policy Committee
Minnesota State House
75 Dr. Rev. Martin Luther King Jr. Blvd.
St. Paul, MN 5515

Dear House Chair Stephenson, Vice Chair Kotyza-Witthuhn and committee members:

On behalf of FORCE and the millions of Americans at increased risk of cancer due to an inherited predisposition, I am writing to express our strong support for HF 1658 - Insurance; infertility treatment coverage required. This legislation provides insurance coverage for fertility preservation and in vitro fertilization procedures for those facing a medical diagnosis or treatment that can impair their fertility. People facing serious illness such as cancer want to know they will be able to pursue their dream of parenthood in the future.

Patients in the midst of dealing with a frightening diagnosis—who are about to begin life-saving, but potentially sterilizing treatments—have to make urgent, difficult decisions about their future hopes of becoming a parent. Similarly, women with an inherited genetic mutation predisposing them to ovarian cancer are advised to undergo surgery to remove their ovaries and fallopian tubes to avoid this deadly disease. For these individuals, fertility preservation and in vitro fertilization procedures are the only means available to protect their reproductive capability. Without insurance coverage, however, many patients simply cannot afford these procedures and face permanent, involuntary infertility and the dramatic loss of parenthood.

Fortunately, HF 1658 would give Minnesota residents confronting this dilemma hope by ensuring that they have insurance coverage for effective, evidence-based options for preserving their fertility prior to their surgery or initiation of cancer therapy and access to in vitro fertilization treatments. These procedures are consistent with national guidelines issued by leading medical associations including the American Society of Clinical Oncology (ASCO) and the American Society for Reproductive Medicine (ASRM).

FORCE has a strong presence throughout the state of Minnesota. Members of our community facing cancer are desperate for a glimmer of hope to help them preserve the option of having children. We respectfully ask you to help Minnesota patients by supporting HF 1658.

Sincerely,

Lisa Peabody
Advocacy Manager

Sickle Cell Foundation of Minnesota
P.O. Box 22306 | Minneapolis, MN 55422
Ph: (763) 607-5555

Improving the quality of life for individuals and communities affected by sickle cell disease.

March 1, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of Sickle Cell Foundation of MN, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic, and religious lines. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,

Rae Blaylark

Rae Blaylark
President/CEO, Sickle Cell Foundation of MN
Director@sicklecellmn.org

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

1400 Van Buren St NE
Suite 215
Minneapolis, MN 55413-4605

952-542-0130
office@mafp.org
www.mafp.org

March 5, 2024

Dear House Commerce Finance and Policy 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 (SF 1704/HF 1658).

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 1658 addresses critical issues that affect the health of Minnesotans. House File 1658 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,

Bob Jeske, M.D.

Bob Jeske, MD
President, MAFP

March 6, 2024

Re: Support for House File 1658

Dear Representative Stephenson and members of the Committee:

Allow me to set the stage of what our life was like with our young son when he was diagnosed with lymphoma. We were quickly faced with making decisions about our four-year-old's ability to preserve his fertility options, at a substantial cost to us.

Imagine, if you will, your four-year-old, barely out of diapers, still a sweet, innocent toddler, waking up one day to find out he has a massive tumor in his chest that is compressing all of his vital organs, causing him to stop breathing intermittently when he lays flat and sleeps. In a flash, that innocence is ripped away, and filled in with needles, and around-the-clock medication, surgery, scans, and doctor after doctor coming to talk to you. And then you are informed that it is treatable, and the treatment is two and half years of chemotherapy. Two and a half years of toxic, cell-destroying, chemicals, every single day, which will kill cancer, but also cause a wake of physical destruction during treatment as well as for the rest of his life.

Within hours of the devastating blow you know something is seriously wrong with your baby, and your life is turned upside down, your family ripped in two while the parents' take up residence at the hospital waiting for answers and random family members are caring for your other children at home. A chest CT confirms that it is likely cancer at this point, but two days from now, your sweet innocent child will undergo surgery and have four procedures done during this surgical session, including:
a port-a-cath placement (a device that is sewn into the chest wall with a line that is woven through his vein into his heart to deliver medications directly rather than have to place an IV every time), bilateral hip bone marrow biopsies, a biopsy of a lymph node from his clavicle, a lumbar puncture to check the spinal fluid to check for cancer cells, and oh, by the way, do you want a sample of his testicular tissue removed and preserved in the event that science, which is not yet developed, can someday, hopefully, be used to help him be able to have children? Mind you, we are very nervous about putting him under anesthesia, given the location and size of the tumor and the fact that when he is laid flat causes the tumor to also compress his trachea which cuts off his airway/breathing. Every minute that he is under anesthesia and laying flat is risky. Do you want to add a non-life-saving procedure to that?

In your mind, you are grappling with the fact that your baby just got his childhood ripped away from him, his innocence lost. Someone is asking you if you want to add one more cut, scar, stitch, pain, risk for your son's potential use in the future, and oh, by the way, you'll then have to pay out of pocket for the tissue to be stored every year until he decides to use it, and that's only if science has caught up and developed a way to grow that tissue to be functional for producing sperm so that he might have children. I don't want to risk his life for an extra minute, given the circumstances. The out-of-pocket cost until he is say, 30 years of age is approximately 26 years of out-of-pocket payments for something he may not want, or may not even be usable courtesy of medicine. Will he be angry if we don't? Will he be in more pain if we do? How will we explain this extra pain and stitches to him? How will we someday have this discussion when he's an adult? What if something happens to him while he's in surgery, and I forever question whether the additional procedure that I opted for was just enough to push him over that threshold of tolerance? I would never forgive myself.

We don't have time to think. It's now or never. Chemo may likely abolish his chances of being able to have children long before he can comprehend any of this. And the decision, in the midst of everything else we've just been hit with, is ours to make, right now. No going back.

He is four. Four.
Stop.
Think about that.
Try to wrap your head around that.

Just after being told our son had cancer, the doctor mentioned a research study with no guarantees, but that getting a procedure prior to treatment COULD POSSIBLY help in the future. In speaking with other families not initially diagnosed at a premier academic medical center this step is often missed.

Thinking back, it's so surreal all the decisions a parent must make on the spot after getting blindsided with a childhood cancer diagnosis. Cancer should be the only thing you have to cope with.

We currently pay $250/year out of pocket to keep tissue preserved. So, essentially have paid $1,000 since diagnosis and will need to keep tissue frozen until at least puberty if not longer out of pocket. If we do not pay, the tissue is discarded – all this on top of the cost of the initial procedure.

We ask for your support of House File 1658.

Sincerely,

Becky and Andy Herber
1448 Century Corner Lane NE
Rochester, MN 55906
507-358-3447
bmchapel@gmail.com

March 6, 2024

Re: Support for House File 1658

Dear Representative Stephenson and members of the Committee:

I met my partner, Bryan, in August 2020. He would understand if I didn't want to continue dating, he said; he was trying out for professional basketball teams come December and could be moving overseas. How much changed in just a few months.

On November 7, 2020, Bryan went to the emergency room for severe back pain. Hours later, he was diagnosed with multiple myeloma, a rare blood cancer.

At the time, friends urged me to end the relationship. *"It will be too hard. He needs to focus on his health. You can't take this on."* Instead, I slept in the hospital recliner.

We were forced to talk about the big things right away: whether we wanted kids, how treatment might impact his fertility, and even what was realistic since there's no cure for myeloma.

This August—after receiving years of misinformation about Bryan's fertility from other healthcare providers—specialists at Mayo Clinic determined that our best, and likely only, chance of having our own biological children is through in vitro fertilization (IVF).

We are grateful that Bryan is alive and in remission. But our lives have been—and continue to be—colored by cancer. We bought a house last year that we're making a home, but it's solely in my name. We don't want to risk losing it if we fall behind on his medical bills. For the same reason, we grapple with whether marriage will ever be an option for us. Cancer shattered Bryan's dream of playing basketball professionally and bound him with chronic back pain that hinders his quality of life. There's no reason that it should also limit his—or any other cancer survivor's—lifelong dream of being a parent.

Fortunately, our current health plans cover IVF. But no matter where our careers take us, we'll always have to wonder: *Will this employer's plan cover IVF? Or will we have to give up another dream?* It's not lost on us that even this question is privileged; many Minnesotans do not have the same safety net.

Cancer patients like Bryan have already spent years fighting for their life. We shouldn't make them fight harder than necessary to become parents, if that's what they desire. Please support House File 1658.

Sincerely,

Brianna Wilson
3208 41st Ave. S
Minneapolis, MN 55406
608-469-8428
wilsonbriannar@gmail.com

March 6, 2024

Re: Support for House File 1658

Dear Representative Stephenson and members of the Committee:

My fiancé, Ryan, was diagnosed with Acute Lymphoblastic Leukemia back in January 2014 (at the age of 26) and has been in remission since April 2014.

Since remission, he has had a significant number of expensive medical issues stemming from his already expensive life-saving treatments including osteonecrosis- which is bone deterioration, teeth deterioration, cataracts in both eyes, and infertility.

We had been friends for a couple years prior to diagnosis, and together for about a year at time of diagnosis, so a family was not yet on our radar.

He was told his treatment would leave him infertile and was given roughly two days to decide if he would like to save sperm for future. At the encouragement of a nurse at the U of MN, Chrissy, he decided he would opt to save for the future. He paid over $300 a year to save the sperm for several years- totaling over $3300 to date.

Despite being told he would be infertile post-treatment, we tried for a couple years to see if we could get pregnant naturally because we knew how expensive the IVF process can be. We finally took official tests and steps to check fertility and we confirmed all sperm to be inactive, so we looked into alternative IVF routes.

We began the process of egg retrieval in June of 2021, which was both intense and costly. I had some insurance coverage thankfully, but the medications are not covered, and they are SO EXPENSIVE (I think we spent roughly $8K which is a lot less than most), but we were able to get three viable embryos out of the process.

We implanted our "top embryo" in October 2021, which came with more cos, but we welcomed our sweet girl, Kennedy, in June of 2022.

We didn't have to pay for storage of our remaining two embryos for the first year, which sounds nice, but doesn't make much difference if you are already pregnant... can't really do much with them anyways.

Once we received the first bill for our embryos, we made the decision to no longer store Ryan's sperm because between the two bills and a new baby it was a lot of money. It felt like a selfish choice the process of egg retrieval was so awful for me-both emotionally and financially- that I decided I never wanted to do that again, but the "what-ifs" became very prevalent. What if the remaining two weren't successful, what if something happened to me and Ryan wanted future children, what if something happened to our relationship, etc.

We continue to pay $313 to store our remaining two embryos every 6 months until we decide we are in a place where we can create another human. It is so hard because we know that there is really no such

thing these days are a "financially secure time" to have another child. We have had many medical issues this past year with Ryan having a hip replacement (and still needing the other one replaced) and seizures- all which have been directly related to past treatments. There are obviously no guarantees with these remaining two embryos, and we know we will have more costs associated if we do get the chance to utilize them.

Cancer treatment took so much from Ryan. We are so grateful that he is alive, but it has cost him so much emotionally, physically, and financially. We have been so blessed with support, but patients like him should not be forced to make these kinds of decisions based on whether they can afford fertility preservation.

We need to be doing better for cancer patients and survivors. They already fight so hard. We need to fight for them. Please support House File 1658.

Sincerely,

Jennifer Stein
11071 S. Diamond Lake Rd.
Champlin, MN 55316
763-742-6295
jenniferraestein1@yahoo.com

March 6, 2024

Re: Support for House File 1658

Dear Representative Stephenson and members of the Committee:

On July 9th, 2018, our family was confronted with news no family deserves to hear: our son, third of three, who had only been tired for a week, had leukemia. His white blood cell count - diagnostic for leukemia – were 15 times over the normal value putting his life at imminent danger requiring immediate admission to Mayo Clinic in Rochester, where a bed, many needles and IV's and chemotherapy were waiting for him in the pediatric ICU. Because of his high blood cell count, treatment was to commence as soon as possible, but not before we answered some crucial questions, including: "Do you want to preserve some of his sperm in case 3,5 years of chemotherapy and other treatments might lead to infertility?".

Now the one thing I didn't mention yet was that our son was 3 years old at the time. How were we to make such a decision for him after just being confronted with his life-threatening diagnosis? How we supposed to think about his risk and him wanting children 2 decades from now when we didn't even know what tomorrow would bring? And who is to know what research, medical knowledge and support will be available when that time comes?

And although after 1,223 days of treatment our son beat significant odds and is now a 2-year cancer survivor, we won't know what the long-term consequences on his life, health and wish to have his own family are. It is therefore, for him, for our family, and for all other families needing support for fertility preservation, IVF and reproductive services that I write to you, because no family should have to worry about that during the worst news of their life of when the need for them arises.

We ask for your support of House File 1658.

Thank you!

Martijn and Katy Bos
5060 3rd Street NW
Rochester, MN 55901
j.m.bos@mac.com
507-261-9245

March 6, 2024

Re: Support for House File 1658

Dear Representative Stephenson and members of the Committee:

20 rounds of chemotherapy

365 nights in the hospital

26 sessions of radiation

Over 60 doses of spinal chemotherapy

2 clinical trials

3 states

5 hospitals

2 bone marrow transplants

1 major spinal surgery

And countless blood and platelet transfusions

Nothing can prepare you for watching your teenage daughter go through all of this before reaching the age of 18. At the same time, we consider ourselves to be one of the fortunate families – our daughter Bella has been cancer free for over 2 years and is thriving as a college sophomore. As you can imagine, however, the brutality of the treatments that saved her life also caused significant health problems that she will deal with her entire life – fertility being one of them.

Since Bella was diagnosed early, she had the opportunity to participate in a fertility preservation clinical trial for young women about to undergo chemotherapy. At the age of 14, when other girls her age were deciding what to wear to school, she made the decision to have one of her ovaries removed and preserved in order to give her a chance at having biological children one day.

As difficult as this was for us as parents, we, again, consider ourselves to be fortunate – she had an opportunity that not many young adults have. As Bella gets closer to the time when she begins to think about starting a family, we are thankful that she has an option. Yet, this option will not be an easy one. It will require specialists, procedures,

and an unknown number of medical appointments and medications, and it is not guaranteed to be successful.

She has been through more than anyone should have to go through and has fought hard every step of the way to get where she is today. We write this letter to ask you as lawmakers and decision makers to be sure that financial issues are not the obstacle that prevents her from having children. Cancer took away 4 years of her life, her ability to go to high school, spend time with friends and family, participate in sports and activities, learn to drive, and so much more. We ask that you not allow it to take one more thing away from her.

We ask for your support of House File 1658.

Respectfully,

Marla and Sean Sciara

3365 117th Lane
Blaine, MN 55449
Smsciara@comcast.net
763-257-6515

ONS Oncology Nursing Society | METRO MINNESOTA CHAPTER

3/2/2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of the Metro MN Chapter of the Oncology Nursing Society, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,

Kimberly K. Ness
4841 Oregon Avenue N.
New Hope, MN 55428

3 March, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of Men Having Babies, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee. Men Having Babies is a nonprofit organization that provides guidance, advocacy, and financial assistance for over 16,000 current and future gay surrogacy parents worldwide.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

According to the CDC, one in seven people with a uterus has trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels and all racial, ethnic, and religious lines. The intersection of race, ethnicity, and immigrant status with environmental and social determinants of health puts many marginalized communities at a higher risk of infertility. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out. Access to building a family should not be a privilege afforded only to those with means.

Minnesota should join the growing list of 21 states that require fertility coverage and join the small and growing number of states providing protections for their LGBTQ+ communities, as well. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall healthcare costs and results in healthier babies and families.

Sincerely,

Ron Poole-Dayan, Executive Director

March 6, 2024

Representative Zack Stephenson, Chair
House Committee on Commerce Finance and Policy
75 Rev. Dr. Martin Luther King Jr. Blvd.
Room 10
Saint Paul, Minnesota 55155

Dear Chair Stephenson and Members of the House Committee on Commerce Finance and Policy,

The Minnesota Society Clinical Oncology Society (MSCO) and the Association for Clinical Oncology (ASCO) strongly support HF 1658, which would provide coverage of fertility preservation services for Minnesota patients with cancer. We encourage the committee to pass the bill forward for a vote on the House floor.

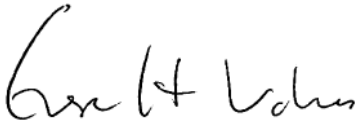
MSCO is a professional organization whose mission is to facilitate improvements for Minnesota physician specialties in both hematology and oncology. MSCO members are a community of hematologists, oncologists, and other physicians who specialize in cancer care. ASCO is a national organization representing physicians who care for people with cancer. With nearly 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality, equitable cancer care.

MSCO and ASCO believe that as part of education and informed consent before cancer therapy, health care providers should address the possibility of infertility with both male and female patients treated during their reproductive years. Providers should also be prepared to discuss fertility preservation options and/or refer all potential patients to appropriate reproductive specialists. As such, MSCO and ASCO advocate for coverage of embryo, oocyte and sperm cryopreservation procedures for a patient who is at least eighteen years of age and has been diagnosed with cancer but has not started cancer treatment (including chemotherapy, biotherapy or radiation therapy treatment) in accordance with guidelines developed by our affiliate organization, the American Society of Clinical Oncology.

We encourage providers to advise patients regarding potential threats to fertility as early as possible in the treatment process to allow for the widest array of options for fertility preservation. MSCO and ASCO strongly support HF 1658 and encourage the Committee to pass this bill as a first step to ensure coverage of fertility preservation services for patients with cancer. If you have questions or would like assistance on any issue involving the care of individuals with cancer, please contact Aaron Segel at ASCO at aaron.segel@asco.org.

Sincerely,

Amrit Singh, MD
President
Minnesota Society of Clinical Oncology



Everett Vokes, MD, FASCO
Chair of the Board
Association for Clinical Oncology

MEDICAL STUDENTS FOR CHOICE
Chapter at the University of Minnesota Twin Cities

March 4th, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of the Medical Students For Choice Chapter at the University of Minnesota-Twin Cities Medical School, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,
Medical Students For Choice
University of Minnesota-Twin Cities Medical School Chapter

March 4, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support HF 4053 and HF 1658

Dear Chair Stephenson and Committee Members:

On behalf of National Council of Jewish Women Minnesota (NCJW), I am writing to express our strong support for two bills that the Commerce Finance and Policy Committee will be hearing this Wednesday, March 6: The Abortion Care Coverage Act (HF 4053) and The MN Building Families Act (HF 1658). NCJW urges you to advance these bills, both of which work toward fulfilling the vision of last year's PRO Act by ensuring access to essential reproductive healthcare.

Inspired by our Jewish values, NCJW advocates for several issues that improve the quality of life for women, children, and families. Essential to this mission is the promotion of reproductive justice, a movement fighting for the rights of all individuals to choose the course of their own reproductive lives. Much attention has (rightfully) been paid in recent years to protecting a person's right to choose not to have children—through the protection and expansion of abortion access, which is supported by the majority of Minnesotans. An equally important component of reproductive justice is to be able to have children, and raise them safely, if that is desired. Unfortunately, many face medical and/or biological roadblocks to pursuing pregnancy and must undergo fertility treatment to build their families. Both paths—to have or not have children at any time an individual may choose--are equally important and deserve to be as accessible as possible for all.

While the work of this Legislature and several advocacy groups have succeeded in naming Minnesotans' *right* to reproductive freedom, there is more to be done in ensuring that this critical healthcare is accessible—especially for communities of color, Minnesotans receiving public assistance, and LGTBTQ+ folks. The Minnesota Building Families Act and The Abortion Care Coverage Act both seek to expand insurance coverage (for infertility treatments and fertility preservation, and for abortion and related services, respectively) of the essential care that families and individuals need to have full autonomy over their bodies and reproductive futures. This step of relieving enormous and often prohibitive financial burden from patients is necessary to making the vision of reproductive justice a reality for all—regardless of background, income, health status, gender identity, or sexual orientation.

We appreciate your work building a safer, stronger, more equitable Minnesota!

Sincerely,

Erica Solomon Collins
Executive Director
NCJW Minnesota

partners (in)fertility

INFERTILITY • PREGNANCY LOSS • ASSISTED REPRODUCTION

March 5, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of partners (in)fertility, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.

Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,

Deborah S. Simmons, PhD, LMFT

Deborah S. Simmons, PhD, LMFT

414 Penn Avenue S., Minneapolis, MN 55405
www.partnersinfertility.net

Bonnie M. Abel Bolash, M. Ac. L. Ac
Licensed Acupuncturist

4060 Hampshire Ave. N. Crystal, MN 55427
9664 63rd Ave. N. Maple Grove, MN 55369

763-537-4955

www.BonnieBolash.com

March 5, 2024

Letter of support for infertility coverage HF1658/SF1704

I am writing a letter of support for infertility treatment. As an acupuncturist there has been a long history of treating women for menstrual disorders including infertility and menopause, in some cultures using acupuncture as their primary choice of treatment. Acupuncture is not a covered service for the treatment of these conditions but some insurance providers have begun offering coverage. My colleagues and myself submitted a report to the Department of Commerce of the effectiveness of acupuncture as well as the use as part of cultures that rely on this traditional medicine. I am disappointed that acupuncture is not listed as a benefit for infertility in coverage for this bill. Please support an amendment to add acupuncture as a covered insurance benefit for infertility. There are cultures that would choose acupuncture as their treatment for infertility as their treatment of choice.

I am also writing about hope that that acupuncture for acute and chronic pain coverage bill will still be considered this session. Acupuncture has been in this country since the 1700's. Pain is the number one thing people seek care including during infertility treatment. It has the most impact on quality of life and the ability to perform work. People need access to non-drug care like acupuncture. People have been denied access to this type of care for way too long.

Concerns about cultural rebranding. Currently there is an effort to rebrand acupuncture and Chinese medicine. I have hope that having acupuncture coverage would at least give this traditional medicine a chance. Without the coverage, I believe there isn't a level playing field. Without recognizing that rebranding a traditional medicine is wrong, acupuncture and Chinese medicine will be decimated.

I have attached a rough draft of language I would like added to the licensure statute for acupuncturists regarding the rebranding.

Sincerely,

Bonnie Bolash, LAc.

New Subdivision: Acupuncture point stimulation.
International languages that use acupuncture includes but is not limited to British, Chinese, French, Hmong, Japanese, Korean and Vietnamese to English translation of acupuncture point stimulation includes but is not limited to "dry needling", "trigger point therapy", "intramuscular therapy", "auricular detox" and similar terms referring to the insertion of needles past the skin for pain management, provide symptom relief, maintaining or restoring health, or improving physiological function. References available for translation. WHO international standard terminologies on traditional Chinese medicine. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO. https://iris.who.int/bitstream/handle/10665/352306/9789240042322-eng.pdf?sequence=1

New Subdivision: Cultural Rebranding.
Acupuncture and Chinese medicine have been in practice in the United States since President George Washington established trade with China from the 1700's. While the Food and Drug administration's report on acupuncture from 1993 identifies that French physicians were the ones bringing in this traditional medicine as more newspapers become digitalized and searchable the presence of Chinese doctors practicing are showing up in United States newspapers as early as the 1700's. Historically acupuncture and the treatments and tools have been in practice as part of traditional medicine in many cultures including British, Chinese, French, Hmong, Japanese, Korean and Vietnamese. Historically in our country acupuncture, cupping and the use of moxa were used during the civil war and were part of medical training in United States medical schools into the early 1900's as well as underground practitioners of traditional medicine. During the 1940's as the development of pain management was being explored, we were seeing the use of injections of medications for pain management. One researcher named Dr. Janet Travell, who later became president John Kennedy's physician experimented with injecting painful spots on the body known in traditional medicine as "ashi" points. She discovered that when injecting saline into these points that this reduced the pain. She then experimented without pain medication or saline and what she discovered was the dry needle would reduce the pain. She reported her results in 1947 and this was reported in United States newspapers across the country. "Ancient Chinese doctors gave their patients the needle, and two American scientists admitted today they probably had something there." Her work was originally from acupuncture documented in her files at Washington University and in subsequent newspapers admitted to studying acupuncture and Chinese medicine. The presence of this traditional medicine was often underground in our country and did not cause a problem until the rediscovery of acupuncture in the 1970's. Then we see the declaring of acupuncture as the practice of medicine across the United States and the world. We see many states and the federal government working together to stop the practice of acupuncture as part of a traditional medicine. We see the FDA declare the acupuncture needle investigational even though it had been in use as a medical device since the 1700's. We see the blocking of acupuncture needles through the United States customs that there became a black market for acupuncture needles. The regulation and practice of this traditional medicine took many years since the 1970's, some states still fail to regulate this traditional medicine, with many practitioners practicing underground until the establishment of licensure laws, in Minnesota it was 1995. Acupuncture and the tools of this traditional medicine have been used in Minnesota for many years. During the 1972 National Institute of Health conference on acupuncture the discussion of acupuncture point stimulation into what are known as trigger points was discussed and was a confirmed use as part of this traditional medicine. During the 1970's the use of acupuncture needles in trigger points and muscles were known and reported in medical journals. The acupuncture needle has been regulated since 1996 as a medical device for acupuncture. There are many cultures Chinese, Japanese, Hmong, and Vietnamese that have been using this tool and other tools of the traditional

medicine for many years and have probably invented every possible use for this cultural intellectual property. The acupuncture needle through the FDA, during the re-regulation, was requiring every known use possible and every medical condition possible which was a different standard for most regulated medical devices in the 1990's. Today there is a push to rebrand the acupuncture needle and practice methods of this traditional medicine along with the other tools. The recognition that this is a rebranding of a traditional medicine is important. Rebranding causes harm to society because it requires deception that there is a new use of the acupuncture needle, other tools and techniques of practice and that by simply renaming them makes it different. That the creating of cultural stereotypes implying that these cultures did not understand that there are muscles in the body or that practitioners do not understand anatomy and physiology is wrong. That because you do not understand Chinese, Japanese, Hmong, Korean and Vietnamese language and don't understand the historical basis or the practice of this traditional medicine that you are not practicing it by rebranding. It also causes harm to society because the intellectual property of traditional medicine is inferiorized and not given proper credit for the discovery while we continue to gain scientific knowledge of the mechanisms of action. In Minnesota we recognize traditional medicine has played a role for many cultures and that the rebranding of the medicine is harmful.

New subdivision Traditional medicine:

The World Health Organization recognizes the role that traditional medicine plays in healthcare. In accordance with national capacities, priorities, relevant legislation and circumstances, hereby make the following

Declaration: I. The knowledge of traditional medicine, treatments and practices should be respected, preserved, promoted and communicated widely and appropriately based on the circumstances in each country.

II. Governments have a responsibility for the health of their people and should formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine.

III. Recognizing the progress of many governments to date in integrating traditional medicine into their national health systems, we call on those who have not yet done so to take action.

IV. Traditional medicine should be further developed based on research and innovation in line with the "Global strategy and plan of action on public health, innovation and intellectual property" adopted at the Sixty-first World Health Assembly in resolution WHA61.21 in 2008. Governments, international organizations and other stakeholders should collaborate in implementing the global strategy and plan of action.

V. Governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners. Traditional medicine practitioners should upgrade their knowledge and skills based on national requirements.

VI. The communication between conventional and traditional medicine providers should be strengthened and appropriate training programmes be established for health professionals, medical students and relevant researchers.

Documenting Traditional Medical Knowledge (wipo.int)
https://www.wipo.int/export/sites/www/tk/en/resources/pdf/medical_tk.pdf
The Beijing Declaration, Adopted by the WHO Congress on Traditional Medicine
Traditional knowledge – an answer to the most pressing global problems? | UN DESA | United Nations Department of Economic and Social Affairs
https://www.un.org/development/desa/en/news/social/permanent-forum-on-indigenous-issues-2019.html

3100

Chinese Have Long Used "Dry Needle" To Treat Sprains

BY HARMAN W. NICHOLS
United Press Staff Correspondent

Chicago, May 20.—(UP)—Ancient Chinese doctors gave their patients the needle, and two American scientists admitted today they probably had something there.

Particularly when it comes to treating simple sprains, like puffed up ankles.

Janet Travell and Audrie L. Bobb of the Cornell university medical college presented their views on the subject before the 34th annual meeting of the Federation of American Societies for Experimental Biology.

"Acupuncture"

The medical way of saying it is "acupuncture." In our language that means sticking a needle into somebody.

And, according to the scientists, it works fine.

Chinese doctors have been doing it for two thousand years, apparently with good results. And all of this time—or since the early days of American medicine, anyhow—our physicians have been experimenting with this drug and that in order to get a man up and about after he falls and sprains an ankle.

Sometimes that took quite a little spell.

But now comes the needle, and the American scientists, in that one respect, turned way back to the period B. C. for help.

Scientists Travell and Bobb were pretty technical in their paper.

Pain Spreads and Disappears

But the sum substance was this: If a needle is inserted (by a skilled practictioner, of course) into a sprained area of the body, the pain is spread to a point where it more or less disappears in a hurry. The swelling is still there, but the pain—no.

They call it "dry needling," and it must have come about by accident. In inserting drugs to pained areas with a needle, the scientists finally came to the conclusion that it was the needle and not the drug which scattered the hurt.

They don't know why—but there it was.

A spokesman for the Chinese News Service here, who knows all about the needlework in his homeland, said HE thinks he knows why.

"It's always been that way," he said.

Chinese Have Long Use Dry Needle To Treat Sprains Illinois

Clipped By:
bonniebolash
Sun, Jun 19, 2022

Monday, March 4, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of Pro-Choice Minnesota, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.
According to the CDC, one in seven women have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. The American Medical Association, the American Congress of Obstetricians and Gynecologists, and the World Health Organization recognize infertility as a disease. As such, infertility should be covered by health insurance like other diseases.
Without insurance coverage, people are forced to shoulder the entire cost of fertility services themselves, adding financial stress and debt on top of the already considerable emotional toll of infertility. Many can't afford to start treatments. Others stop prematurely when their savings run out.

Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,

maggie meyer

Maggie Meyer
Executive Director

resolve
THE NATIONAL INFERTILITY ASSOCIATION

March 1, 2024

Representative Zack Stephenson, Chair
Committee on Commerce Finance and Policy
449 State Office Building
St. Paul, Minnesota 55155

RE: Support MN Building Families Act - HF 1658 (Brand)

Dear Chair Stephenson and Committee Members:

On behalf of RESOLVE, The National Infertility Association, I am writing to express our strong support for The Minnesota Building Families Act and to urge the Commerce Finance and Policy Committee to advance this bill out of Committee.

The Minnesota Building Families Act updates access to critical reproductive healthcare. It improves care by requiring coverage for infertility and fertility preservation for men and women in private and public health plans. It 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. The bill reflects the recently updated medical definition of infertility, which includes the LGBTQ+ community.

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Minnesota should join the growing list of 21 states that require fertility coverage. As proven in these states, insurance covering in vitro fertilization (IVF) decreases the chance of multiple births, and lowering multiple births decreases overall health care costs and results in healthier babies and healthier moms.

Sincerely,

Barbara Collura

Barbara Collura
President and CEO