



**COLUMBIA UNIVERSITY
MEDICAL CENTER**

Government & Community Affairs

**THE FAIR ACCESS TO FERTILITY TREATMENT ACT
MEMORANDUM IN SUPPORT
S.3148 (Savino) / A.2646(Simotas)
Columbia University Medical Center**

Statistics show that one in eight individuals or couples have trouble getting pregnant or sustaining a pregnancy. Infertility cuts across socioeconomic levels, and all racial, ethnic and religious lines. Medical conditions such as endometriosis, ovulation disorders, luteal phase defect, premature ovarian failure and male factor are some causes of infertility. 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.

Sixty-seven percent of affected individuals or couples report spending at least \$10,000 on adoption and medical treatment for infertility. In fact, cost is the number one barrier to seeking family building assistance, since 46% of affected people lack insurance coverage for infertility disease treatment. Since 1990, New York has required coverage of some infertility treatments in the commercial insurance market. However, current law does not require coverage for IVF, or in-vitro fertilization. New York should join the growing number of states that require IVF coverage.

The Fair Access to Fertility Treatment Act requires insurance coverage for IVF for large group policies. It adds a definition of infertility, which makes clear that infertility is a disease as diagnosed by a licensed physician or by the failure to become pregnant after 12 months of regular, unprotected intercourse. The bill also provides for coverage of fertility preservation services when a medical treatment, such as cancer treatment, causes iatrogenic infertility. Iatrogenic infertility is defined as infertility resulting from surgery, radiation, chemotherapy or other medical treatment affecting fertility. The bill also adds non-discrimination protections that are consistent with the Affordable Care Act.

At Columbia University Medical Center we have robust oncology and stem cell transplant programs, but our patients regularly face financial barriers in trying to maintain options for their reproductive future. CO, for example, is a young woman with sickle cell anemia requiring a stem cell transplant. While the prognosis is good, the treatments will likely leave her sterile. After discussing the issue with her doctors and her family, CO elected to freeze some of her eggs prior to the transplant procedure, thus leaving the possibility that she could at

some point in the future consider a pregnancy with a biologic child. CO and her family had to pay \$5000 out of pocket for this process, since it was not covered by her insurance. Fortunately, she and her family were in a position to do so, but so many others are not.

We can treat patients like CO, but sterility can be an unavoidable side effect. Fortunately, there are ways to preserve a patient's reproductive future, but unfortunately many of these methods are not covered by most health insurance policies and are cost prohibitive for many families. CO can one day have children, despite her earlier serious illness. This is what we want for all of our patients.

Infertility treatment, including IVF, has advanced considerably since New York passed its laws. IVF is now considered the standard of care for many persons seeking treatment for infertility disease. For many patients, IVF increases the chance of singleton births. A reduction in multiple births decreases health care and other costs and can result in healthier babies. In states that require coverage for infertility, including IVF, insurance premiums increased only slightly.

For the above reasons, we urge the Legislature to pass this bill.

Contact: Ross A. Frommer
 Associate Dean for Government & Community Affairs
 Columbia University Medical Center
 212 305 4967, raf2002@columbia.edu