

Coalition to Help Families Struggling with Infertility

21st Century Infertility Treatments are Cost Effective and Safer for both Mother and Child than current NY State Coverage

Under current law, New York requires insurers to provide coverage for some diagnostic and treatment procedures to cover infertility treatment for women 21 to 44—but not for IVF.ⁱ

In the years since New York passed requirements for insurers to cover basic fertility treatments, more effective 21st century medical treatments have been advanced and developed. In vitro fertilization, or IVF, is now considered the standard of care for many infertility cases, and has advanced considerably since the NYS law was first passed in 1990.

Fact: IVF Improves the Chance of a Singleton Birth for Many Patients

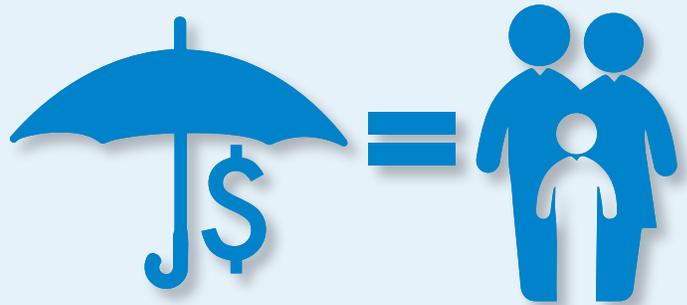
Because current New York law only covers basic fertility treatments, many patients who need IVF pursue medical treatments that may not be the most effective for their particular diagnosis. These other treatments can result in riskier birth outcomes, such as multiple births, which are more common when IVF is not the form of treatment.

“It has been shown that the use of ovulation induction or ovulation enhancement causes far more multiple pregnancies than IVF in the United States.”ⁱⁱ

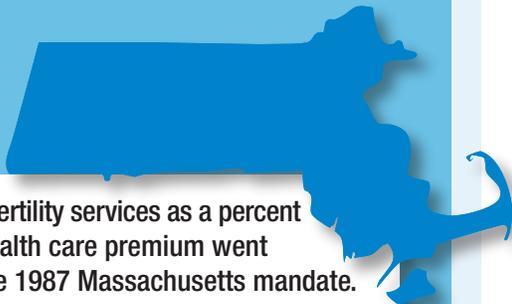
Fact: Reducing Multiple Births Results in Healthier Babies & Significantly Lower Costs

According to a 2014 study published in Reproductive BioMedicine Online, the national savings from fewer multiple births would be over \$6 billion a year,ⁱⁱⁱ making it likely that insurers in New York State itself could potentially save tens, if not hundreds, of millions of dollars a year by providing IVF coverage since patients will no longer be forced to use medical options that are more risky.

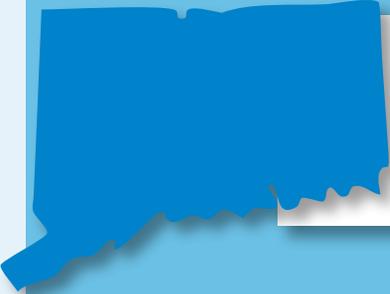
Insurance Coverage for IVF Equals Lower Rates of Multiple Births



Required IVF Coverage in Other States Has Proven to be Cost Effective



The cost of infertility services as a percent of the total health care premium went down after the 1987 Massachusetts mandate.



“The impact for fully insured group plans would be \$0.059 versus \$0.062 for individual policies.”^{viii}



“The total cost per member per year is \$2.86... The infertility benefit accounts for 0.1% of group policy cost.”^{xi}

Premature birth related to multiple pregnancies costs billions in pre-term care and long-term care. “Using the preterm data from 2003 and the Institute of Medicine (IOM) cost calculation, multiple pregnancies cost about \$4.2 billion for preterm care. It is to be noted that these costs are calculated to be in excess of costs for singleton pregnancies. The majority of these costs are currently being absorbed by health insurance under obstetric and pediatric coverage.”^{iv}

“Multiples are particularly prone to long-range cost. An example might be cerebral palsy, which is 5-times more common in twins and 20-times more common in triplets as compared with singletons.”^v

Fact: Insurance Coverage for IVF = Lower Rates of Multiple Births

“In states with mandated IVF insurance, the rate of multiple births is lower than in states without coverage, as reported in the New England Journal of Medicine.” Their analysis showed that “States that do not require insurance coverage have the highest number of embryos transferred per cycle, the highest rate of pregnancy and live births from in vitro fertilization, and the highest rate of live births of multiple infants (especially three or more).”^{vi}

“[S]tates with mandatory ART insurance see lower multiple gestation rates, thus reducing utilization of expensive neo-natal and pediatric care associated with multiples,” as presented at the American Society for Reproductive Medicine.^{vii}

Fact: Required IVF Coverage in Other States Has Proven to be Cost Effective

Connecticut: When Connecticut mandated infertility coverage, including IVF, premiums increased only slightly to cover both basic and advanced treatments, according to a 2013 study. “The premium estimates include paid medical cost, administrative fees, risk factor, and profit or surplus. The impact for fully insured group plans would be \$0.059 versus \$0.062 for individual policies.”^{viii}

Massachusetts: The cost of infertility services as a percent of the total health care premium went down after the 1987 Massachusetts mandate, which included IVF, with total infertility costs making up only 0.41% of the premium, “approximately \$1.71 per contract-month. Expenditures for infertility services increased at a rate similar to or slower than inflation during the years 1988 – 1992. Examination of ART utilization showed no evidence of overutilization by patients with a low chance of success.”^{ix}

Research presented 20 years after the Massachusetts mandate was passed concluded that infertility treatment represents 0.89% of the premium and is “cost effective.”^x

Maryland: “The total cost per member per year is \$2.86... The infertility benefit accounts for 0.1% of group policy cost.”^{xi}

What Will It Cost New York State to Bring Infertility Coverage Into the 21st Century?

According to the National Conference of State Legislators, “Cost estimates for insurance coverage of infertility treatments range from an additional \$.20 to \$2.00 per member per month.”^{xii} It is reasonable to assume, based on the data that we have provided here from other states, that the New York costs to bring infertility coverage into the 21st century will fall within this range.

ⁱ Retrieved from <http://nypost.com/2015/05/27/insurance-could-cover-ivf-in-the-future/>

ⁱⁱ Ombelet, W, De Sutter P, Van der Elst J, Martens G. Multiple gestation and infertility treatment: registration, reflection and reaction—the Belgian Project. Hum Reprod Update 2005; 1: 1-14.

ⁱⁱⁱ Brian D. Allen, Eli Y Adashi, Howard W. Jones, Jr., On the cost and prevention of iatrogenic multiple pregnancies, Reproductive BioMedicine Online (2014), doi: 10.1016/j.rbmo.2014.04.012

^{iv} Behrman RE, Butter AS. Societal costs of preterm birth. In: Preterm birth: causes, consequences, and prevention. Washington DC: National Academies Press, 2007: 398-429.

^v Pharoah, P.O., Cook, T., 1996. Cerebral palsy and multiple births. Arch. Dis. Child. Fetal Neonatal Ed. 75, F174-F177.....cited in Fertility and Sterility, June 2009, Editors Corner

^{vi} Jain, et al., “Insurance Coverage and Outcomes of In Vitro Fertilization” (New England Journal of Medicine, August 2002).

^{vii} Omurtag and Toth, The Cost Effectiveness of and Health Outcomes of In-Vitro Fertilization as a Mandated Benefit, research presented at ASRM Conference (October, 2007).

^{viii} Ferris, Ann, et al. “Review and Evaluation of Certain Health Benefit Mandates in Connecticut: 2013.” UCONN Center for Public Health and Policy (December 2013).

^{ix} Griffin, Martha & William F. Panak. “The economic cost of infertility-related services: an examination of the Massachusetts infertility insurance Mandate.” Fertility and Sterility, Volume 70 . Issue 1 , 22 – 29. (July 1998).

^x Division of Health Care Finance & Policy, Comprehensive Review of Mandated Benefits in Massachusetts (July, 2008) (report prepared with significant insurance company involvement).

^{xi} Moon, Marilyn, Ph.D, et al. “Study of Mandated Health Insurance Services: A Comparative Evaluation.” Maryland Health Commission (January 1, 2012).

^{xii} National Conference of State Legislators (October, 2008).



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