

INFERTILITY AND INSURANCE

FACTS:

▶ 20 States Have Infertility Insurance Laws

These states recognize that infertility is a disease and should be covered by private insurance like other diseases. Studies show states that cover in vitro fertilization (IVF) – now considered the standard of care for many infertility cases – have better outcomes for both mother and child and are more cost effective, as outlined below.

▶ IVF Improves the Chance of a Singleton Birth for Many Patients

Because most states do not cover infertility treatment, 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.”ⁱ

▶ Reducing Multiple Births Results in Healthier Babies & Significantly Lower Costs

A 2014 study estimated that the national savings from fewer multiple births would be over \$6 billion a year,ⁱⁱ making it likely that insurers 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.

Premature births related to multiple pregnancies cost billions in pre-term care and long-term care. Multiple pregnancies cost about \$4.2 billion more than singleton pregnancies in pre-term care. The majority of these costs are currently being absorbed by health insurance under obstetric and pediatric coverage.ⁱⁱⁱ

“Pregnancies with the delivery of twins cost approximately 5 times as much when compared with singleton pregnancies; pregnancies with delivery of triplets or more cost nearly 20 times as much.”^{iv}

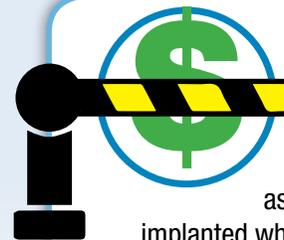
Cost is the #1 barrier to care. The average cost of an IVF cycle in the United States is \$15,000.^{xii} A recent survey found that women (25-34 years old) accrued **\$30,000 of debt** on average after undergoing fertility treatment.^{xiii}



A RESOLVE community survey found that **39%** of participants **used credit cards** to pay for their fertility procedures, while 12.6% took out loans and 4% used their home as equity.^{xiv}



Requiring IVF **minimally impacts insurance** premiums.^{ix, x, xi}



“The **expense** of IVF is a major **barrier** to elective single embryo transfer.” When paying out of pocket, patients are more likely to ask for multiple embryos to be implanted whereas “patients in mandated states were more than twice as likely to have elective single embryo transfer.”^{xv}

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FACTS:

► Insurance Coverage for IVF = Lower Rates of Multiple Births

States with IVF insurance have fewer rates of multiple births than states without IVF coverage, as reported in the New England Journal of Medicine. This 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).”^v

“[S]tates with mandatory ART insurance see lower multiple gestation rates, thus reducing utilization of expensive neo-natal and pediatric care associated with multiples.”^{vi} “Embryo transfer practices” and not “patient demographics” are what result in multiple birth rates in non-mandated states.^{vii}

► The Lack of Insurance for IVF is a Major Barrier to Elective Single Embryo Transfer (eSET)

“Use of eSET was significantly more common among patients with insurance coverage.”^{vii}



resolve.org

info@resolve.org

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Connecticut:



When Connecticut added infertility coverage, including IVF, premiums increased only slightly, less than 1% total, to cover both basic and advanced treatments.^{viii} In 2015, revised estimates forward-looking were \$1.06 per member per month.^{ix}



Massachusetts:

The cost of infertility services as a percent of the total health care premium decreased after the 1987 Massachusetts law. The comprehensive coverage, which includes IVF, continues to have a minimal impact of <1% of the total premium cost as of 2013.^x

New York:



It is estimated that IVF coverage could be offered in New York for 55¢ per member per month.^{xi}