Coalition to Help Families Struggling with Infertility

FACTS:

The Fair Access to Fertility Treatment Act (FAFTA) is **Not** a New Mandate. It is an Update to a Current New York Law

This is an update to an existing New York Law that was first passed in 1990 and updated in 2002—as an update it would not trigger any state "pay for" requirements. New York State employees already have coverage, so there would be no new cost to the state.

21st Century Infertility Treatments are More 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] (despite providing IVF coverage to state employees).

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 more than 25 years ago.

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]

Cost is the #1 barrier to care. The average cost of an IVF cycle in New York is $15,000.[xiii] A recent survey found that women (25-34 years old) accrued **$30,000 of debt** on average after undergoing their course of medical treatments for infertility.[xiv]

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.[xv]

Requiring IVF **minimally impacts insurance** premiums.[x, xi, xii]

FACTS:

Multiple births produce less healthy babies and far more cost to the healthcare system.[iii]

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,[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.

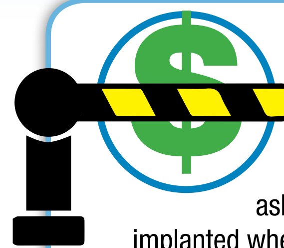
Premature births related to multiple pregnancies cost billions in pre-term care and long-term care. Multiple pregnancies cost about $4.2 billion more than singleton pregnancies in pre-term care. The majority of these costs are currently being absorbed by health insurance under obstetric and pediatric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

"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."[v]

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 of 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."[vii] "Embryo transfer practices" and not "patient demographics" are what result in multiple birth rates in non-mandated states. [viii]



"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."[xvi]

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."[ix]

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

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

Massachusetts: The cost of infertility services as a percent of the total health care premium went down after the 1987 Massachusetts law. The comprehensive coverage, which includes IVF, continues to have a minimal impact of <1% on the total premium cost as of 2013.[xi]

Rhode Island: "It is estimated that the infertility mandate costs $1.29 per member per month in Rhode Island."[xii]

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To access the full list of references, please visit: http://helpfamilieswithinfertility.net/facts-about-legislation/