

Joint Legislative Audit and Review Commission

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**Evaluation of Senate Bill 631:
Mandated Coverage of Treatment for Infertility**

Briefing for the Special Advisory Commission on
Mandated Health Insurance Benefits

October 27, 2008



Infertility Is a Disease of the Reproductive System

- Diagnosed after one year of unprotected, well-timed intercourse *or* if woman suffers from multiple miscarriages
- Approximately 1 in 8 couples are infertile
 - 35% female factor, 35% male factor, 20% combined, and 10% unexplained
- Major causes of infertility
 - Women: ovulatory & tubal disorders, endometriosis
 - Men: poor semen quality

SB 631 Mandates Coverage of Treatment for Infertility

- Treatment includes but not limited to
 - Artificial insemination/intrauterine insemination (IUI)
 - Assisted Reproductive Technology (ART), such as in vitro fertilization (IVF)
 - Low tubal ovum transfer
- Individuals less than age 50 covered
- Four complete oocyte (egg) retrievals covered
 - If live birth follows an oocyte retrieval, two more retrievals covered

In This Presentation

- Medical Efficacy and Effectiveness
- Social Impact
- Financial Impact
- Balancing the Medical, Social, and Financial Considerations

Most People Experience Success, But Success Rates Vary

- Two-thirds of couples treated for infertility able to have a baby (U.S. Dept. of Health and Human Services)
- Efficacy varies by type of treatment and factors specific to couple
 - Age of woman
 - Cause of infertility

Examples of Success Rates

- Natural pregnancy rate per cycle: 20%
- Clomiphene citrate pregnancy rate per cycle: 9-15%
- IUI pregnancy rate per cycle
 - 5-6% without ovulation stimulation drugs
 - 7-15% with ovulation stimulation drugs
- IVF live birth rate per cycle
 - 11-37% with fresh, nondonor eggs
 - >50% with fresh embryos from donor eggs

Infertility Treatment Could Cause Financial Hardship Without Insurance Coverage

- Approximately 12% of women of childbearing age have used an infertility service
 - Minority of women use IVF
- Level of insurance coverage in SB 631 limited
 - 2 plans include as standard benefit
 - One-third of plans offer as option for group policies
- Potential financial hardship varies based on treatment
 - Some oral medications to stimulate ovulation \$10 per cycle
 - IVF ranges from \$10,000-\$20,000 per cycle

Public Health Impact Related to Increased Multiple Births

- Problems include prematurity, low birthweight, and greater maternal complications
- Incidence of multiple births with infertility treatments
 - IUI + ovulation stimulation medications: 20-25% risk
 - IVF: 49% of babies are multiple-birth deliveries
- Could minimize high multiple-birth risk procedures
 - Individuals may be unwilling to do this if financially constrained in their options

SB 631 Expected to Increase Access, but Increase Premiums

- Expected to increase utilization and reduce treatment cost
- Median reported premium impact for standard coverage is \$17.17 to \$19.00
 - Estimates appear high
 - Nationwide, 91% of employers said coverage did not significantly increase cost*
 - Other states report monthly costs from \$0.20 to \$2.00 per member**
 - VA plans providing coverage report median cost of \$5.20 for standard group coverage

* Mercer

** NCSL

Need for SB 631 Is Policy Decision

- Many couples would benefit from increased access
- Potential positive public health impacts
 - But mandate should require adherence to ASRM *Guidelines on the Number of Embryos Transferred*
- Increased premiums could affect access to health insurance
 - But could reduce age of covered individuals and number of oocyte retrievals, cap coverage, or require greater cost sharing
- Not life-sustaining treatment or required for normal ADLs
 - But reproduction a normal life activity, according to medical experts

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This evaluation is available on our website

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