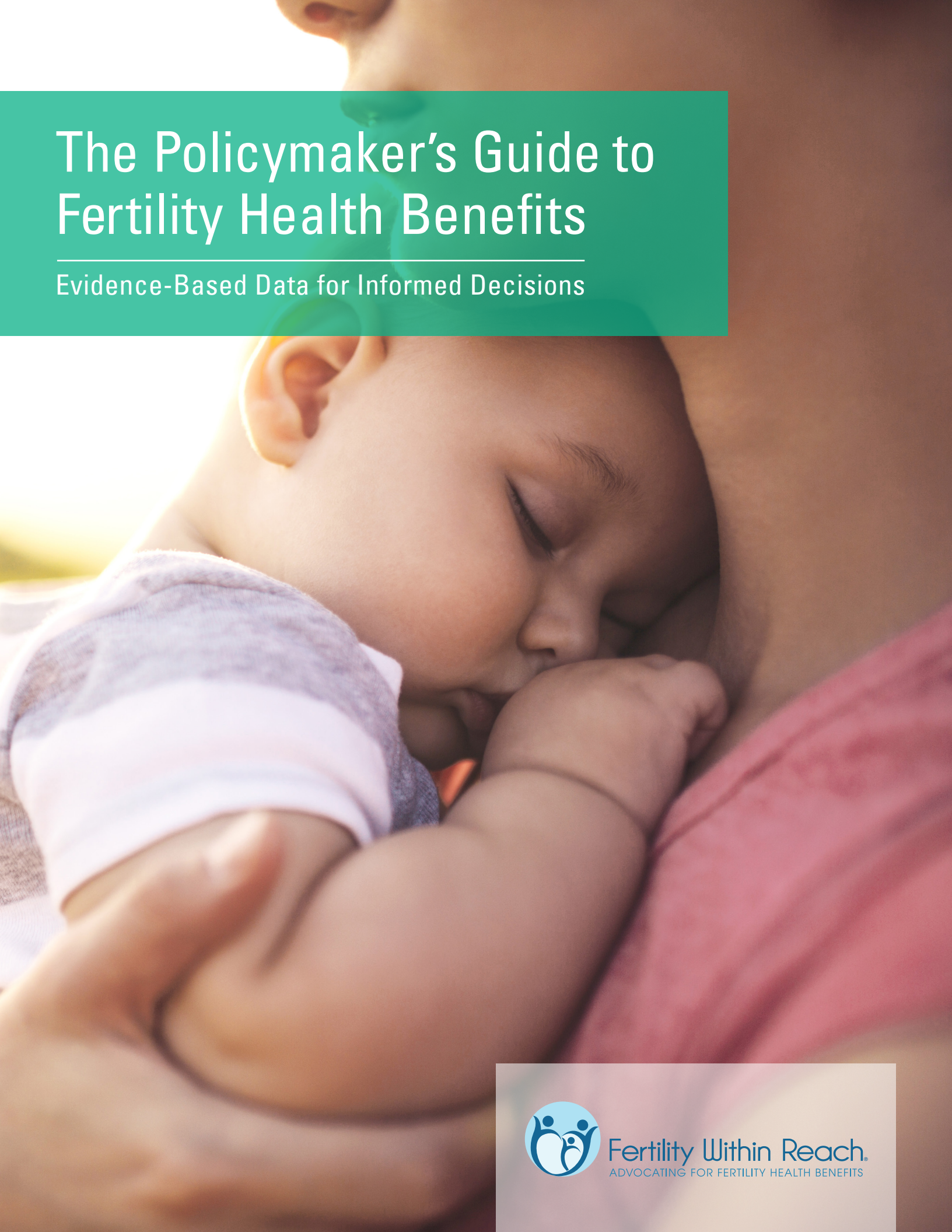




The Policymaker's Guide to Fertility Health Benefits

Evidence-Based Data for Informed Decisions



Fertility Within Reach.
ADVOCATING FOR FERTILITY HEALTH BENEFITS

Contents

INFERTILITY

2 The Facts

TYPES OF FERTILITY TREATMENT

4 Medications, Surgeries & Genetic Testing

5 Assisted Reproductive Technologies

FERTILITY PRESERVATION

8 States Recognize the Importance of Preservation

MISCONCEPTIONS & TRUTHS

9 Common Fertility & Infertility Misconceptions

IMPACTS OF FERTILITY BENEFITS

10 Societal & Health Impacts

FERTILITY LAWS & COST IMPLICATIONS

12 Types of Fertility Laws

13 The Truth about Healthcare Premiums

WHAT CAN I DO?

14 Summary

15 Legislators

16 Insurers

17 Employers

18 Sample Benefit Plans & Recommendations

ACKNOWLEDGMENTS & REFERENCES

19 Acknowledgments

20 References

“I can honestly say with 100% certainty that our son Jake would have *never* been conceived if my employer had not offered us a health insurance plan that included IVF coverage.”

Bob Walden
Resident of Mesa, Arizona



The Facts About Infertility

A Silent Problem that You Can Help Address

HOW MANY PEOPLE ARE AFFECTED BY INFERTILITY?

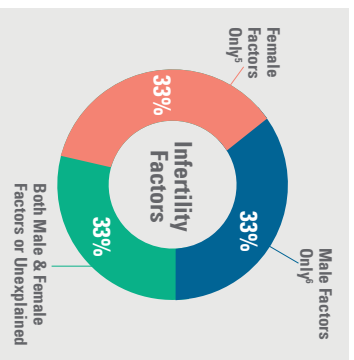
11% of American women and 9% of American men, of reproductive age, experience fertility challenges.¹

WHAT IS INFERTILITY?

Infertility is recognized as a disease of the reproductive system by the American Medical Association and the World Health Organization.² Infertility is the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery. The duration of unprotected intercourse with failure to conceive should be about 12 months before an infertility evaluation is undertaken, unless medical history, age, or physical findings dictate earlier evaluation and treatment.³

INFERTILITY IS A DISABILITY

In 1998, the U.S. Supreme Court stated that reproduction is a “major life activity” and “conditions that interfere with reproduction should be regarded as disabilities,” as per The Americans with Disabilities Act of 1991.⁴



WHAT CAUSES INFERTILITY?

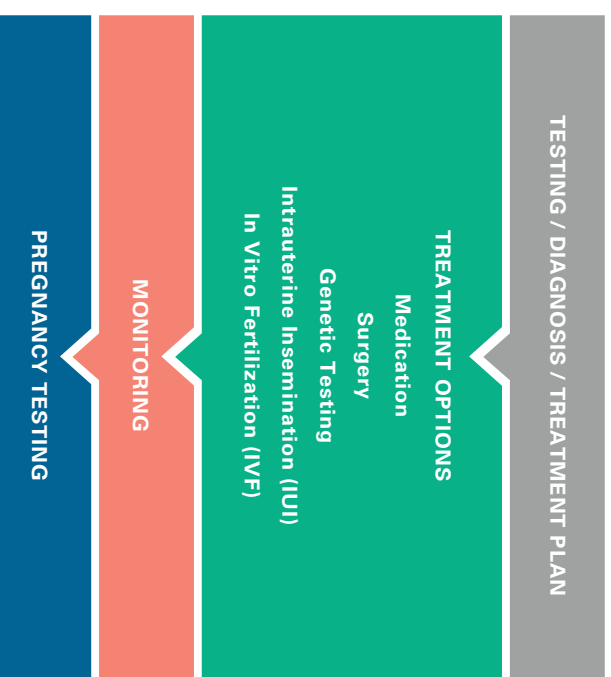
For men, infertility is caused by factors such as azoospermia (no sperm cells), congenital disorders (disease or physical abnormality present from birth), or trauma. Some female infertility factors include, but are not limited to, endometriosis, ectopic pregnancy, and uterine fibroids.

INFERTILITY AFFECTS MALES AND FEMALES EQUALLY

Approximately one-third of infertility is due to male factors, and another one-third of infertility is due to female factors. The remaining one-third of infertility can be attributed to problems in both partners or is unexplained.

FERTILITY TREATMENT PROCESS & OPTIONS

A MULTI-STEP PROCESS UNKNOWN TO MANY



HOW IS INFERTILITY TREATED?

Treating infertility can be a lengthy, multi-step process. With continued research and medical advances, there are now many ways to treat infertility. Most causes can be successfully treated with conventional drug therapy or surgical procedures.

Types of Fertility Treatment

MEDICATION⁷

Medication can be used to treat infertility.

Procedure: Medications are taken orally or via self-administered shots to help with the following:

- Treat underlying causes of infertility
- Stimulate ovulation
- Increase hormone levels and sperm count
- Prevent premature ovulation
- Promote embryo implantation

Out-of-Pocket Expenses:^{*} Up to \$3,500.

MALE FACTOR INFERTILITY TREATMENTS⁸

Male factor infertility is as common as female factor infertility, but it is often not acknowledged to the same degree. It is important to provide infertility treatment when the disease is caused by male factors.

Procedure: Corrective surgery can be performed to repair anatomical abnormalities or damage. The use of laboratory intervention can deliver sperm to egg. Other interventions include the use of hormone treatments to correct imbalances or erectile dysfunction.

Out-of-Pocket Expenses:^{*} Up to \$20,000.

GENETIC TESTING AND BLOOD WORK FOR RECURRENT PREGNANCY LOSS^{9,10}

Repeated miscarriages may be cause for blood work and/or genetic testing. Although the most common cause of miscarriage is a chromosomal abnormality, which occurs in 50–70% of human conceptions and is due to random chance, other genetic factors may lead to Recurrent Pregnancy Loss (RPL). These can include: translocations in DNA, sex chromosome disomy (an extra chromosome in the gamete), and abnormalities in sperm number. Undiagnosed medical conditions such as thyroid disease or diabetes may also cause RPL, so blood work is also often recommended.

Procedure: Blood tests can help diagnose immune, medical, or blood-clotting conditions that result in miscarriage.

Out-of-Pocket Expenses:^{*} RPL-related blood work may be covered by some health insurance policies. Genetic testing prior to pregnancy can cost up to \$5,000.

^{*}Assumes no insurance benefit.

Types of Fertility Treatment

Assisted Reproductive Technologies

INTRAUTERINE INSEMINATION¹²

Intrauterine insemination (IUI) is done around the time of ovulation and improves the chances of conceiving by both increasing the amount of sperm that reaches the uterus and by getting sperm in place at the right time of the cycle.

Procedure: UI is when sperm is placed directly into the uterus using a small catheter that is passed through the cervix.

Success rates: 8–10% success rate for male factor infertility, 5% success rate for tubal infertility, 18–20% success rate for unexplained infertility. Given the relatively low success rates of IUI, couples likely need more than one cycle.

Out-of-Pocket Expenses:^{*} \$300–\$1,000 per cycle. The price increases if using donor sperm, which costs about \$700–\$1,000 per vial.

IN VITRO FERTILIZATION

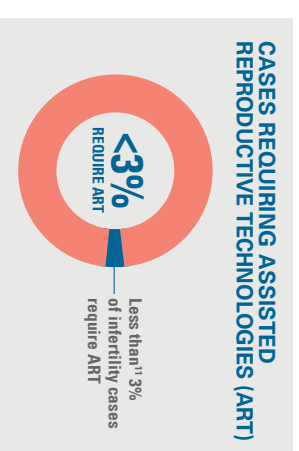
In vitro fertilization (IVF) is a procedure used to aid people struggling to conceive. This procedure first involves the use of medications to stimulate ovulation of multiple eggs from both ovaries at once. Then the eggs are removed from the follicles during a procedure called egg retrieval. The eggs are fertilized with sperm. Resulting embryos are grown outside the body for several days and then transferred inside the uterus. If one or more embryos successfully implant, the patient is considered pregnant. Alternatively, the embryos can be frozen until an optimal time for transfer based on the patient's needs or quality of the uterine environment. This significantly improves pregnancy outcomes.

Procedure: Sperm and eggs are retrieved and combined to fertilize outside the body, and then the resulting embryo is transferred into the uterus. Single embryo transfer (SET) and double embryo transfer (DET) are the most common procedures, with current studies recommending SET due to its reduction in poor perinatal outcomes (low birth weight, preterm birth, etc.) and multiple birth rate.

Success rates: The success of IVF varies, often depending on age, infertility diagnosis, and number of embryos transferred.¹³ The younger a patient or the donated egg is, the greater chance of live birth.

Out-of-Pocket Expenses:^{*} Expenses vary based on IVF options(s) utilized and rates of fertility clinics.

^{*}Assumes no insurance benefit.



IVF WITH THIRD-PARTY REPRODUCTION

The phrase “third-party reproduction” refers to the process of reproduction where someone other than the intended parent(s) is involved. This includes using donated eggs, sperm, embryos, and gestational-surrogacy agreements. If insurers offer benefits, they only cover medical expenses. Patients must pay additional fees including, but not limited to, legal services, agency fees, and donor, carrier, or surrogate compensation.

DONOR EGGS¹⁴

Procedure: People pursuing third-party reproduction may require the use of a donor egg instead of their own. Donor eggs may be fresh or frozen (cryopreserved). They can be purchased from egg banks or fertility clinics.

Out-of-Pocket Expenses: Ranges from \$10,000 to \$40,000. The costs vary widely depending on state of residence and agency fees. Insurance typically does not cover donor egg cycles.

SPERM DONORS¹⁵

Procedure: People pursuing third-party reproduction may require the use of donor sperm instead of their own. Donor sperm can be purchased from sperm banks or fertility clinics.

Out-of-Pocket Expenses: Ranges from \$500 to \$1,500 per 0.5 cc vial. Purchasing more than one vial is recommended per fertility treatment to increase likelihood of pregnancy.

EMBRYO DONATION¹⁶

Procedure: Intended parents utilize a donated embryo for their IVF cycle.

Out-of-Pocket Expenses: Ranges from \$3,000 to \$10,000.

GESTATIONAL CARRIER¹⁷

Procedure: A gestational carrier is an individual who carries an embryo created through the process of IVF (using the intended mother's egg or a donor's egg and the sperm of the intended father or a sperm donor) to become pregnant. The resulting child has no genetic link to the gestational carrier.

Out-of-Pocket Expenses: Ranges from \$60,000 to \$200,000 depending on agency fees, advertising services, counseling, variable expenses, carrier compensation, legal services, and medical expenses.

TRADITIONAL SURROGATE

(DISCOURAGED, BUT DEFINED TO CLARIFY THE DIFFERENCE IN HEALTHCARE OPTIONS)

Procedure: A particular type of surrogacy arrangement where the person who carries the pregnancy also provides the egg. These arrangements go against most medical, legal, and agency recommendations. Some patients turn to traditional surrogacy due to financial constraints.

Out-of-Pocket Expenses: Ranges from \$20,000 to \$120,000 depending on advertising services, counseling, variable expenses, surrogate compensation, legal services, and medical expenses.

¹⁴Assumes no insurance benefit.

IVF WITH INTRACYTOPLASMIC SPERM INJECTION

Intracytoplasmic sperm injection (ICSI) is a type of IVF technique that fertilize approximately 70–80% of eggs.

Procedure: A single sperm cell is injected directly into the cytoplasm of an egg to assist with fertilization.

Out-of-Pocket Expenses: Averages \$2,500 in addition to IVF costs.

IVF WITH PREIMPLANTATION GENETIC SCREENING

Preimplantation genetic screening (PGS) is highly recommended to individuals undergoing IVF.¹⁸ PGS screens for chromosomal abnormalities in embryos. It aids the embryo selection process during IVF. Selecting embryos using PGS decreases the likelihood of a genetically abnormal pregnancy. PGS can detect genetic syndromes such as cystic fibrosis, Tay-Sachs disease, and muscular dystrophy.

Preimplantation genetic testing for aneuploidy (PGT-A) is a type of genetic screening which detects embryos with abnormal chromosome numbers.¹⁹ Some of the common conditions PGT-A detects include Down Syndrome, Turner Syndrome, and Klinefelter Syndrome which are all caused by abnormal chromosome numbers.

Out-of-Pocket Expenses: PGT-A and PGS costs up to \$5,000. Some insurers cover PGS under a medical diagnosis code, rather than under infertility. However, they do not cover the IVF procedure necessary to access embryos for the genetic screening.²⁰

MONITORING

Typical monitoring includes transvaginal ultrasounds which can prevent and detect ovarian hyperstimulation syndrome (a complication that can occur in women who receive stimulation medication to produce more eggs than usual). Monitoring provides guidance as to when to begin the egg retrieval process.

PREGNANCY (BETA) TESTING

Beta testing involves blood work used to identify and monitor hormone levels associated with pregnancy. This can detect abnormalities such as a chemical pregnancy where an embryo does not fully implant.

¹⁸Assumes no insurance benefit.

Currently fertility benefits are not required to include non-medical expenses, such as compensation for donors, carriers or surrogates, legal fees, agency fees, or maternity benefits.

Fertility Preservation

WHAT IS FERTILITY PRESERVATION?

Fertility preservation involves medical procedures to protect cells such as sperm, eggs, or reproductive tissue so that a person can use them in the future to have biological children. The process of cryopreserving reproductive cells is considered standard medical care conducted by experts using assisted reproductive technologies. People with certain diseases, disorders, and life events that affect fertility may benefit from fertility preservation.²²

STATES RECOGNIZE THE IMPORTANCE OF FERTILITY PRESERVATION

MASSACHUSETTS (2012) Insurers voluntarily offer fertility preservation benefits.	NEW YORK (2019) State expands infertility benefits and includes fertility preservation.
CONNECTICUT (2017) Governor signs into law <i>Melissa's Law for Fertility Preservation</i> .	NEW HAMPSHIRE (2019) State gains fertility care law, which includes fertility preservation.
RHODE ISLAND (2017) State expands infertility benefits to include fertility preservation.	CALIFORNIA (2019) Governor signs into law fertility preservation benefits for cancer patients.
MARYLAND (2018) Law makers add fertility preservation to state's existing healthcare coverage.	NEW JERSEY (2020) State expands infertility benefits to include fertility preservation.
DELAWARE (2018) State gains an infertility law, which includes fertility preservation.	COLORADO (2020) State gains an infertility law, which includes fertility preservation.
ILLINOIS (2018) Law makers amend existing healthcare law to include fertility preservation.	UTAH (2021) State expands Medicaid to include fertility preservation.

PREMIUM IMPACTS

Cost analyses for fertility preservation is considered negligible by states that have conducted fiscal reviews. The following states have estimated the potential impact on insurance premiums for fertility preservation coverage:

- *The Maryland Health Care Commission*: \$0.14–\$0.24 increase per member per month (PMPM)²³
- *The California Health Benefits Review Program*: increase of 0.041% PMPM to provide fertility preservation benefits for individual and group plans or policies²⁴
- *The Massachusetts Center for Health Information and Analysis*: increase of \$0.04 PMPM to provide benefits which include storage, available to those with a medical need to preserve their fertility²⁵

Common Fertility & Infertility Misconceptions & Truths

MISCONCEPTION

Fertility treatments are excessive. People can have a family if they just relax or adopt a child.

TRUTH

Timely and appropriate healthcare is offered to optimize the use of recommended treatments and to increase the number of safe pregnancies and healthy babies.

There is no scientific evidence to support "relaxation" as a reliable treatment to overcome the disease of infertility.

Adoption is not a reliable option for all. Private adoption can be expensive and unaffordable to most couples. Adopting a foster child is an unreliable option since the goal of foster care is to reunite children with their biological family.

MISCONCEPTION

Insurers are entirely opposed to covering fertility benefits, such as IVF, due to cost.

TRUTH

"Multiples are more likely to require long stays in the neonatal intensive care unit (NICU), which increases costs. It's important for employers and health plans to connect the dots between the cost of the infertility benefit and the significant savings on the maternity and neonatal side."²⁶

Alex Diugi, National Medical Director, Infertility, Optum

Insurance carriers around the country are including fertility benefits in their own employee health plans.

MISCONCEPTION

Infertility is only an emotional issue and does not require healthcare to survive.

TRUTH

Infertility can cause life-threatening illnesses such as miscarriage, conditions that strangle the bowel, and ectopic pregnancies from tubal disease.

Denying people immediate care can put patients 35 and older into a high-risk pregnancy category which is associated with preeclampsia, gestational diabetes, gestational hypertension, and premature labor.

Impacts of Fertility Benefits

Societal & Health

SOCIETAL

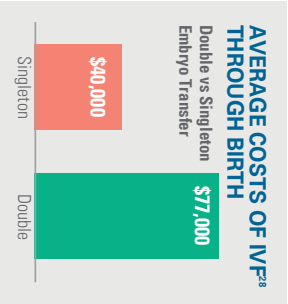
Achieving family-building goals increases morale and satisfaction. With treatment, patients can avoid the common experience of depression and anxiety. Also, employers offering benefits increase their competitiveness and have happier, healthier, more loyal employees. With optimal health, we have a stronger, more functional society.

HEALTH

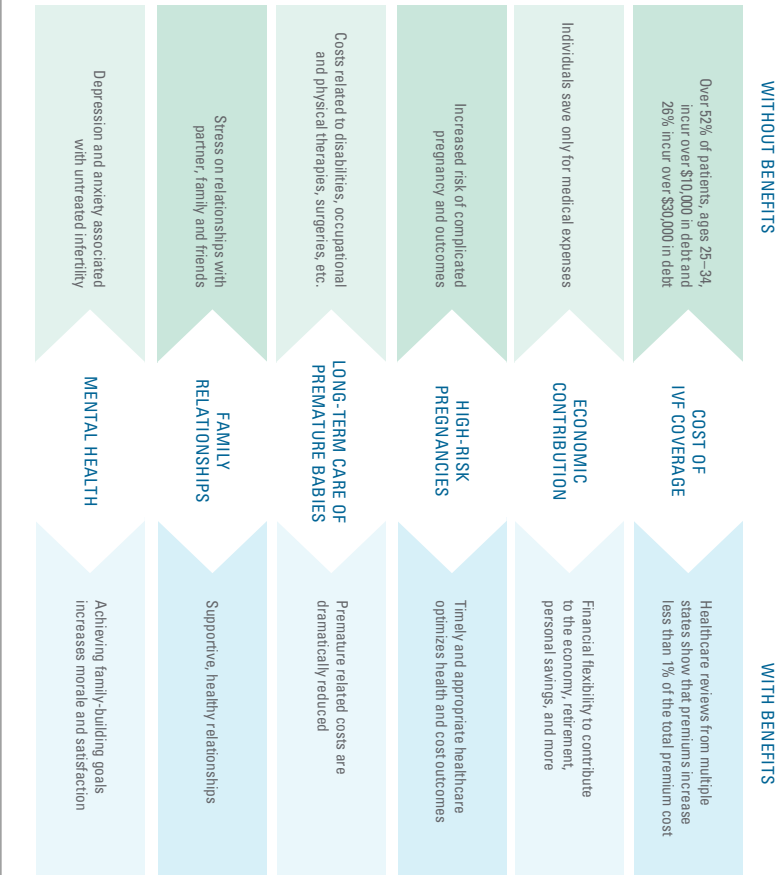
Fertility insurance benefits enable patients to make healthcare decisions based on appropriate medical advice, not financial concerns, and transfer fewer embryos. Fewer high-risk pregnancies, preterm births, and less use of neonatal intensive care units (NICU) result from fewer embryos transferred. Insurance benefits increase access of timely and appropriate healthcare which provides cost savings. The U.S. Centers for Disease Control and Prevention says the use of single embryo transfers can significantly reduce the risk of high-risk pregnancies and multiple births.²⁷

WHAT DO NATIONAL INSURERS SAY?

Insurers such as Aetna and Optum support evidence-based infertility treatment utilizing elective single embryo transfers (eSET). The incentive of IVF with eSET or rapid progression to IVF with eSET is predicted to be the most cost-effective strategy for patients, employers, and insurers.²⁸



INCLUDING FERTILITY BENEFITS VS NO FERTILITY HEALTH BENEFITS



Types of Fertility Laws

WHAT ARE THE BENEFITS OF FERTILITY INSURANCE LAWS?

State-based fertility insurance laws increase access to reproductive therapies and services by reducing the financial burden on patients seeking treatment.

TYPES OF FERTILITY LAWS²⁹

LAWS TO OFFER Insurers are required to offer fertility benefits to employers, but employers may choose whether to add the benefit to the plan.	LAWS TO COVER Insurers and employers are required to provide fertility health benefits within their plans.	FEDERAL & STATE LAWS Employee Retirement Income Security Act (ERISA) decrees self-insured companies and small businesses are exempt from state fertility laws. Employers can still provide benefits, and many do, because they see the value and affordability of fertility benefits for their employees.
--	--	---

FERTILITY INSURANCE LAWS ARE AFFORDABLE

States that review evidence from economic and medical research, as well as testimony of constituents, insurers, and employers, often conclude they can save costs and promote greater health and wellness for their citizens by supporting legislation for insurance benefits of fertility treatment and fertility preservation.

The Truth About Fertility & Healthcare Premiums

WILL IVF RAISE INSURANCE PREMIUM COSTS?

Any additional service or treatment is bound to have an impact on costs. However, the effect of infertility coverage on the premium cost, as a whole, is very insignificant. Comprehensive state mandate reviews show that the increase is less than 1% of the total premium cost.³⁰

COMPARISON OF FIVE STATES WITH FERTILITY CARE INSURANCE LAWS

STATE	INSURANCE COVERAGE	COST IMPACT
MASSACHUSETTS <i>Established in 1987 Updated in 2010</i>	Diagnosis and treatment of infertility. Most insurers voluntarily offer fertility preservation.	<1% total premium cost (0.12% – 0.95%) ³¹
CONNECTICUT <i>Established in 1989 Updated in 2017</i>	Diagnosis and treatment of infertility, as well as fertility preservation.	<1% total premium cost (0.9%) ³²
RHODE ISLAND <i>Established in 1989 Updated in 2017</i>	Diagnosis and treatment of infertility, as well as fertility preservation.	<1% total premium cost (0.36%) ³³
DELAWARE <i>Established in 2018</i>	Diagnosis and treatment of infertility, as well as fertility preservation.	1% total premium cost
NEW YORK <i>Established in 2019</i>	Diagnosis and treatment of infertility, as well as fertility preservation.	1% total premium cost

What Can I Do?

Summary of What Legislators, Insurers and Employers Can Do

UTILIZE EVIDENCE-BASED DATA

All policymakers (legislators, insurers, and employers) make healthcare related decisions based on facts and information available to them. *The Policymaker's Guide for Fertility Health Benefits* serves as a tool to communicate the advantages of fertility benefits and points out the dangers and high costs associated with a lack of insurance coverage.

Without fertility benefits, our outcome costs are higher and health is at greater risk.

HERE'S HOW YOU CAN MAKE A DIFFERENCE

✓ ACCEPT

Realize fertility benefits provide access to affordable healthcare to optimize safe pregnancies and the birth of healthy babies.

✓ ADAPT

Change policies to create a win-win environment for individuals, employers, and insurers.

✓ ACT

Implement fertility benefits to better the lives of the individuals you serve and directly reduce health disparity within the United States.

What Can Legislators Do?

UNDERSTAND HOW INFERTILITY IMPACTS CONSTITUENTS

Be aware of your constituents' needs, and consider their stories when you make healthcare policy decisions.

GAIN INFORMATION FROM EXPERTS

When relying on resources to understand fertility treatment, defer to specialists in the field of reproductive endocrinology to learn more about definitions, causes, procedures, and outcomes. The most accurate cost analyses come from states with existing fertility care insurance laws.

BECOME A CHAMPION FOR THE CAUSE

Defend the rights of patients with infertility by opposing bills that prohibit the practice or funding of fertility treatment.

PROTECT YOUR CONSTITUENTS

Protect the rights of patients seeking insurance coverage for fertility treatment, regardless of ability, race, age, gender, income, or sexual orientation.

GOVERNMENT TESTIMONIAL

“Including [fertility care] benefits in healthcare plans will help retain young workers — a goal we should all be supportive of.”

Chris Sununu
Governor of New Hampshire

BACK EXISTING OR NEW BILLS THAT SUPPORT COVERAGE

Share this knowledge with other legislators who can sponsor or support fertility benefit bills.



Fertility Within Reach
ADVOCATING FOR FERTILITY HEALTH BENEFITS

What Can Insurers Do?

RECOGNIZE THE AFFORDABILITY OF COVERAGE

Recognize the affordability and value of including fertility benefits in insurance plans and support their inclusion.

SHARE COSTS

Make data public pertaining to usage of benefits and premium costs to enable employers and legislators to understand fiscal impacts on your state.

OFFER BENEFITS

Offer fertility benefits in small business health plans and options available for purchase by employers.

CREATE A RIDER POLICY

Allow employees to purchase, in addition to their standard health plan, a rider policy with fertility benefits.

MEDICAL GUIDELINE CRITERIA

By developing criteria which follow current medical guidelines established by medical organizations such as the American Society for Reproductive Medicine, you are providing timely and appropriate healthcare and minimizing the use of assisted reproductive technologies, such as IVF.

CONTROL COSTS WHILE OPTIMIZING HEALTH OUTCOMES

Providing benefits can reduce costs related to high-risk pregnancy, premature birth, and other associated expenses.

SPEAK WITH INSURANCE CARRIERS OFFERING BENEFITS

Learn how to offer benefits in a manner that is affordable to consumers, employers, and your company.

INSURER TESTIMONIAL

“It’s important for employers and health plans to connect the dots between the cost of the infertility benefit and the significant savings on the maternity and neonatal side.”

Alex DiIugi
National Medical Director, Infertility
at Optum

What Can Employers Do?

UNDERSTANDING YOUR EMPLOYEES’ RIGHTS

U.S. and district courts have ruled that infertility patients are entitled to certain protections under the Americans with Disabilities Act and Title VII.³⁵ Employees able to demonstrate a medical need to take time off to treat their infertility, or that of their partner, have the right to such accommodations. Family and Medical Leave Act (FMLA) protections may also be available for infertility diagnosis and treatment as infertility can qualify as a “serious health condition” under the FMLA.³⁶

OFFER FERTILITY BENEFITS TO RECRUIT AND RETAIN TALENT

With fertility benefits, you stay competitive in recruitment efforts while supporting your employees.

SHOW YOU CARE ABOUT YOUR EMPLOYEES’ HAPPINESS AND WELLBEING

Providing fertility coverage can help improve your employees’ work ethic and satisfaction, as well as secure their loyalty.

EMPLOYER TESTIMONIAL

“By and large, [most of our employees] are starting to build their families and buy homes, and so that has driven the kinds of benefits we offer. We wanted to expand our offering to include employees that had experienced fertility challenges...”

Cathy Donahoe
Vice President of Human Resources
at Domino, Inc.

INCREASE HEALTHCARE EQUALITY

Ensure all of your employees are eligible to access fertility treatment and preservation benefits, regardless of race, age, income, ability, gender, or sexual orientation.

ADD FERTILITY BENEFITS TO YOUR EXISTING POLICY

If you use a brokerage firm to select health plans, request options you can extend during open enrollment. If you are provided plans with high-cost fertility and IVF benefits, ask the brokerage firm to find other choices. Affordable healthcare policies exist. Follow-up to determine how you can access them.

ARRANGE FOR OPTIONS

To balance competitive benefits with affordable options, arrange for more than one health plan to be offered to your employees. One plan could contain coverage for fertility, including IVF and medication benefits, and another plan could cover basic fertility, without IVF benefits.

Benefit Plans & Recommendations

SAMPLE COMPREHENSIVE EMPLOYEE BENEFIT PLANS

AMERICAN EXPRESS COMPANY	MASSACHUSETTS GENERAL HOSPITAL	EXCEPTIONAL SOFTWARE STRATEGIES, INC.
Not subject to infertility laws	Not subject to infertility laws	Subject to infertility laws
U.S. Headquarters: New York, NY	U.S. Headquarters: Boston, MA	U.S. Headquarters: Linthicum, MD
Industry: Financial Services	Industry: Healthcare	Industry: Information Technology
U.S. Employees: 55,000	U.S. Employees: 20,000	U.S. Employees: 110
Fertility Benefits: \$35,000 for full-time and part-time employees	Fertility Benefits: No limit on the number of IVF cycles, plus unlimited prescription fertility drugs for approved cycles	Fertility Benefits: \$100,000 for treatments; 3 IUI and 3 IVF cycles maximum per live birth (treatment cycles available to reset after each live birth) and fertility preservation

RECOMMENDED COMPONENTS OF A COMPREHENSIVE BENEFIT PLAN

- The scope of coverage includes the diagnosis of infertility, fertility care (such as IVF) and standard fertility preservation services.
- To increase healthcare equality among employees, provide benefits in terms of number of IVF cycles instead of dollar limitations. Depending on individual treatment needs, some employees will utilize more dollars per cycle than others.
- Offer a minimum of four IVF cycles to help alleviate financial desperation when going through IVF, resulting in treatment decisions based on medical recommendations over financial concerns.
- Medication is part of the treatment protocol and needs to be included with benefits.
- Coverage for genetic testing can help reduce the number of IVF cycles utilized and minimize costs associated with miscarriage and genetic disorders.

Acknowledgments

Wisdom from Industry Leaders

Content within this guide is evidence-based. This tool provides credible information by utilizing the knowledge and guidance of medical doctors, attorneys, health communication professionals, as well as testimony from policymakers and patients. We are grateful for the contribution of these industry leaders.

SERENA CHEN, M.D. <i>IRMS Institute for Reproductive Medicine,</i> Livingston, NJ	MARK HORNSTEIN, M.D. <i>Brigham & Women's Hospital,</i> Boston, MA
SUSAN CROCKIN, ESQ. <i>The Crockin Law & Policy Group, LLC,</i> Newton, MA	QUINN KILMARTIN <i>Connecticut College,</i> New London, CT
AMY DEMMA, ESQ. <i>Law Offices of Amy Demma,</i> New York, NY	BEN LANNON, M.D. <i>Boston IVF,</i> Portland, ME
TIMOTHY EDGAR, PH.D. <i>Emerson College's Graduate Program in Health Communication,</i> Boston, MA	CHLOE PETERS <i>Connecticut College,</i> New London, CT
CHRISSEY HANISCO, ESQ. <i>The Stein Law Firm, PLLC,</i> Concord, NH	EDEN SHEMIN <i>Johns Hopkins University,</i> Baltimore, CT
	CATHERINE TUCKER, ESQ. <i>Law Office of Catherine Tucker PLLC,</i> Loudon, NH

Funding for the production of The Policymaker's Guide to Fertility Health Benefits was provided by EMD Serono.

“Providing fertility health benefits is about offering timely and appropriate healthcare to increase the number of safe pregnancies and healthy babies.”

Davina Fankhauser
Co-Founder, *Fertility Within Reach*

References

1. "How Common Is Infertility?" Eunice Kennedy Shriver National Institute of Child Health and Human Development, U.S. Department of Health and Human Services, 2018. www.nichd.nih.gov/health/topics/infertility/condominfo/common.

2. Berg, Sara. "AMA Backs Global Health Experts in Calling Infertility a Disease." American Medical Association, 13 June 2017. www.ama-assn.org/delivering-care/public-health/ama-backs-global-health-experts-calling-infertility-disease.

3. American Society for Reproductive Medicine. Infertility. ReproductiveFacts.org, 2021. <https://www.reproductivefacts.org/topics/index/infertility/>.

4. "Bragdon v. Abbott." Oyez, www.oyez.org/cases/1993/97-156, Accessed 17 Mar. 2021.

5. "What Are Some Possible Causes of Female Infertility?" Eunice Kennedy Shriver National Institute of Child Health and Human Development, U.S. Department of Health and Human Services, 31 Jan. 2017. www.nichd.nih.gov/health/topics/infertility/condominfo/causes/causes-female.

6. Male Infertility. MEDLINE, 2019, 27111, 13.

7. "The Types and Uses of Fertility Drugs." Edited by Jenna Friedenthal, Progray, 2020. progray.com/education/infertility-medication/fertility-drugs/.

8. "What Treatment Options Are Available for Male Infertility?" Eunice Kennedy Shriver National Institute of Child Health and Human Development, U.S. Department of Health and Human Services, 1 Dec. 2016, 3.

9. Hyde, Kassie J., and Danny J. Schust. "Genetic considerations in recurrent pregnancy loss?" Cold Spring Harbor perspectives in medicine vol. 5,3 a023119, 6 Feb. 2015.

10. American Society for Reproductive Medicine. "What Is Recurrent Pregnancy Loss?" Reproductive Facts, 2016.

11. Society of Reproductive Surgeons. FAQ Quick Facts about Infertility, 2019. <https://connect.srm.org/lists/about/new-ienr3ssapcp-1>.

12. Nicole Harris April 23. "Artificial Insemination: Procedures, Costs, and Success Rates." Parents, 23 Apr. 2019.

13. Collin Sifer, DO, MC USA, Michael Lustik, MS, Gary Levy MD, MC USA, Bruce Pier, MD, MC USA, Single Embryo Transfer Versus Double Embryo Transfer: A Cost-Effectiveness Analysis in a Non-IVF Insurance Mandated System, Military Medicine, Volume 185, Issue 9-10, September-October 2020, Pages e1700–e1705.

14. CNV Fertility, (2020, October 12). Donor Egg Cost: Analyzing The Average Cost of Donor Egg IVF & Financing Options. <https://www.cnvfertility.com/donor-egg-cost/>.

15. American Society for Reproductive Medicine. Sperm Donation, 2021. <https://www.asrm.org/topics/topics-index/sperm-donation/>.

16. American Society for Reproductive Medicine. Sperm Donation, 2021. <https://www.asrm.org/topics/topics-index/embryo-donation/>.

17. How Much Does Surrogacy Cost? Surrogate.com, 2020. <https://www.surrogate.com/intended-parents/the-surrogate-process/how-much-does-surrogacy-cost/>.

18. Kireelman, Dana, et al. "Do Patients Who Achieve Pregnancy Using IVF-RGS Do the Recommended Genetic Diagnostic Testing in Pregnancy?" Journal of Assisted Reproduction and Genetics, vol. 35, no. 10, 2016, pp. 1881–1885.

19. Gleicher, N., et al. "The 2019 PGDS Position Statement on Transfer of Mosaic Embryos within a Context of New Information on PGT-A." Reproductive Biology and Endocrinology, vol. 18, no. 1, 2020.

20. Bonjigamia, Edgardo, et al. "Cost-Effectiveness of Preimplantation Genetic Testing for Aneuploidies." Fertility and Sterility, vol. 111, no. 6, 2019, pp. 1189–1176.

21. "National Summary Report." SART, 2021. www.sartcentral.com/rpt/CSR_PublicMultiYear.aspx?reportingYear=2019&donor-fresh-egg.

22. Francesca Martinez, et al. Update on fertility preservation from the Barcelona International Society for Fertility Preservation—ESHRE—ASRM 2015 expert meeting: indications, results and future perspectives, Fertility and Sterility, Volume 106, Issue 5, 2017, Pages 409–412e11.

23. Chessa, J. 2018. Fiscal and Policy Note HB 908. Department of Legislative Services, Maryland General Assembly, P3. http://mgaleg.maryland.gov/2018RS/bills/bh1_0009/hb0808.pdf.

24. California Health Benefits Review Program (CHBRP), (2017). Analysis of Senate Bill 172: Fertility Preservation. Report to the 2017-2018 California State Legislature, Oakland, CA: CHBRP.

25. Massachusetts Center for Health Information and Analysis (CHIA), (2021). Mandated Benefit Review of House Bill 1116 and Senate Bill 640 Submitted to the 192nd General Court. An Act Relative to Preserving Fertility.

26. Optum. Infertility: Advances in evidence-based research for consumers, papers and employees, 2015c4. https://www.optum.com/content/dam/optum/resources/withnepaper/2015_Infertility_IVF.pdf.

27. Lee, Amy M et al. "Effective single embryo transfer: the power of tone." Contraception and reproductive medicine vol. 11,1 6 Jul. 2016, doi:10.1186/s40334-016-0023-4.

28. Karnath, Mohan Shashikant, et al. "Perinatal Outcomes after Stimulated versus Natural Cycle IVF: a Systematic Review and Meta-Analysis." Reproductive Biomedicine Online, vol. 36, no. 1, 2018, pp. 94–101., doi:10.1016/j.rbmo.2017.09.009

29. ESH-Sumer, Alisa Garcia. "State Laws Related to Insurance Coverage for Infertility Treatment." National Conference of State Legislatures, 12 June 2019. www.ncsl.org/research/health/insurance-coverage-for-infertility-laws.aspx.

30. Gabriela Weigold, Usha Rajni, and Sap 2020. "Coverage and Use of Fertility Services in the U.S." KFF, 15 Sept. 2020. www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-us/.

31. Compass Health Analytics, Inc., "State-Mandated Health Insurance Benefits and Health Insurance Costs in Massachusetts." 2016.

32. Hovan, Eric, et al. Review of Connecticut Mandated Health Insurance Benefits 2014. UCONN Health, Jan. 2015.

33. Rhode Island Office of the Health Insurance Commissioner, A Review of Rhode Island's Mandated Benefits and Recommendations for Future Reviews, 5 May 2014. <https://portal.ct.gov/-/media/CIOMandatedHealthInsuranceBenefitsReviewforthe2015.pdf>.

34. Governor Chris Sununu Statement on SB 273, 2019.

35. US Equal Employment Opportunity Commission. "Enforcement Guidance on Pregnancy Discrimination and Related Issues." Enforcement Guidance on Pregnancy Discrimination and Related Issues | U.S. Equal Employment Opportunity Commission, 29 June 2015. www.eeoc.gov/laws/guidance/enforcement-guidance-pregnancy-discrimination-and-related-issues443c.

36. Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601–2654 (2006).

Fertility Within Reach encourages any person seeking additional information regarding legal protection related to family building to speak with an attorney in the field of Assisted Reproductive Technology law to determine how the courts apply related rulings in their state.



When my husband and I think of moving, for our careers, we now include states offering infertility laws as one of our determinants. We would not have our son had it not been for Illinois' state infertility benefit law."

REGINA TOWNSEND
Resident of Oak Park, Illinois

About



Fertility Within Reach®

is a 501(c)(3) educational
resource increasing
access to fertility treatment
and benefits through
personalized consultations,
workshops and
legislative testimonies.



Fertility Within Reach.
ADVOCATING FOR FERTILITY HEALTH BENEFITS

1005 Boylston Street, #332 • Newton Highlands, MA 02461
www.fertilitywithinreach.org

