

Sparse coverage hinders infertility treatment access

February 1 2016, by David Orenstein



Assisted reproductive technology, such as intracytoplasmic sperm injection, depicted above, may not be available to many people who need it because of sparse insurance coverage, a new article reports. Credit: Dovidena/Wikimedia Commons

Evidence reported in a new review by Brown University researchers suggests that Americans are not using infertility treatments and technologies as much as they could. A major reason, the authors write, is that a lack of public or private insurance coverage for reproductive medicine leaves many people unable to afford to build a family.

"Access doesn't appear to be equitable," said Alpert Medical School student Laura Dean, co-author of the article online in *Fertility & Sterility* along with Dr. Eli Adashi, former dean of medicine and biological sciences.

The number of American women aged 25-44 who have used [infertility](#) services decreased by 16 percent between 1995 and 2010, according to the National Survey of Family Growth (NSFG). While use of assisted reproductive technologies (ARTs), such as in vitro fertilization have steadily increased, the authors found, usage in the United States is only 40 percent of the likely need in the population according to an estimate based on a model created by European medical researchers. In many economically developed nations, such as in Europe, IVF usage rates are closer to, or essentially equal to 100 percent.

Under-use and declining use of infertility treatments and technologies in the United States might arise from many causes, ranging from cultural to geographic, the authors acknowledge, but in the paper they note that insurance coverage for infertility is often lacking. The NSFG shows a correlation between high income and treatment use, the authors write. Meanwhile coverage is either lacking or very limited in major public insurance programs such as Medicaid and veterans health benefits. Less than a third of states mandate any infertility coverage.

The biggest private source of health insurance in the country, self-

insured employers, typically does not provide coverage either, according to a 2015 survey by the Society for Human Resource Management. Less than three in 10 among the 462 employers included benefits for either ARTs or non-ART services in their plans.

A matter of advocacy

In the paper, Adashi and Dean write that they view the choice to procreate as a basic human right, but when they started looking into the state of infertility treatment access for a speech Adashi gave at the American Society for Reproductive Medicine's Access to Care Summit in September 2015, they realized that their research would require a call to action.

"We didn't set out with an advocacy agenda but it became apparent as we went through the research that there are a lot of gaps in the coverage," Dean said.

In the paper, however, they call on colleagues in the [reproductive medicine](#) field to advocate for improved economic access to infertility treatments. Self-insured companies could be persuaded, they argue, that expanded coverage could help retain and attract employees and contain some costs. It's also, they say, the right thing to do.

"The current state of affairs is socially unjust in that the right to build a family in the face of infertility appears to have become a function of economic prowess," Adashi and Dean wrote. "Improving the state of underwriting of general infertility and ART services in the United States must be embraced as a central moral imperative and as an unwavering strategic goal of professional societies entrusted with the reproductive health of women and men."

More information: *Fertility & Sterility*,

www.fertstert.org/article/S0015-0282%2816%2900052-2/abstract

Provided by Brown University

Citation: Sparse coverage hinders infertility treatment access (2016, February 1) retrieved 25 April 2024 from

<https://medicalxpress.com/news/2016-02-sparse-coverage-hinders-infertility-treatment.html>

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