Maryland HB 142

REVISIONS TO COVERAGE OF IN VITRO FERTILIZATION

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Mandate Evaluation Process

Lewis & Ellis was engaged to address the social, medical, and financial impact of the proposed revisions to the current mandated insurance coverage of in vitro fertilization (IVF).

Resources included publicly available literature and statistics, an interview with providers, insurer surveys, data from the Maryland All-Payer Claims Database (APCD).

Proposed Legislative Bill Changes

Current Mandate Summary

- Insurance Article 15-810 of the Annotated Code of Maryland mandates the coverage of in vitro fertilization for individual and large group insurers.
- Benefits are mandated for expenses related to outpatient services and when patients have a history of involuntary infertility that must be demonstrated in at least one of the processes outlined in the bill.

Proposed Bill Summary

- House Bill 142 (HB142) would expand the current mandated insurance coverage to expenses related to pre or post IVF procedures, pre-implantation genetic testing, and prescription drugs, in addition to outpatient services.
- HB142 would prevent insurers from denying coverage because of “genetic carrier” status, remove the exception for religious beliefs of a religious organization, and require insurers to provide coverage regardless of other requirements outlined in the current bill if an appropriate healthcare provider determines necessity for reasons listed in the proposed bill.

Medical and Social Evaluation

- Background
  - IVF is only one form of infertility treatment under the umbrella of Assisted Reproductive Technology (ART). IVF infertility treatments are procedures in which the eggs and sperm are combined outside of the body and then transferred into the uterus or frozen for future use.
  - Other forms of ART included intrauterine insemination (IUI), which is more commonly known as artificial insemination (AI), and fertility drugs.
  - IUI is usually the first step in treating infertility and has a success rate of approximately 19%. After 3-4 unsuccessful rounds of IUI, a doctor is likely to suggest IVF.
  - Common practices among IVF patients includes pre-implantation genetic screening and diagnosis.
  - No outlined definition for “genetic carrier” exists in the current or proposed bill, but providers and insurers tend to agree that a genetic carrier is a person without signs or symptoms of a disease but genetically carries the disease and therefore has an increased chance of passing the disease to a child.

Medical and Social Evaluation

Medical Effectiveness

- IVF success rates have risen from 6% in the initial studies in the 1970s to the current success rate of approximately 52% by 2018, making IVF the most successful form of ART.
- The average number of IVF cycles per live birth are around 1.2-1.5 for women under 35 but can be as high as 6-8 for older patients.

Service Availability and Usage

- In 2019, 448 fertility clinics in the United States performed over 331K IVF procedures.
- 8 clinics in Maryland are responsible for performing 15K ART procedures in 2019, which was 5% of the 2019 US total, despite only accounting for 2% of the overall US population.
- In the US, there were 78K live births resulting in 84K infants born from 2019 IVF cycles, making up 2% of all infants born in the US.

Medical and Social Evaluation

- Utilization and Insurance Coverage
  - The surveyed carriers reported utilization rates between 0.3%-0.6%, which is consistent with the 2019 MD IVF delivery rate of 0.3% from CDC data (acknowledging that all IVF cycles do not result in deliveries).
  - Based on carrier surveys, most insureds with individual and large group plans have standard coinsurances of 50% for IVF outpatient services.
    - Some carriers also include coverage for IVF drugs based on the plan design cost sharing for prescription drugs, coverage for diagnostic testing, and/or coverage for costs associated with freezing fertilized embryos for future use. These additional coverages are more common in the large group market, since large group benefits are typically more customizable than other markets.
  - Coverage is limited to 3 IVF attempts per live birth and $100,000 limit.
  - While it currently requires action, usually genetic testing is covered when a provider advocates for coverage on the patients' behalf. Coverage for genetic testing would be mandated under the proposed bill language.

Medical and Social Evaluation

- Barriers and Disparities
  - Cost tends to be the biggest barrier to infertility treatment. Other barriers include lack of knowledge of infertility treatment options and cultural stigmas.
  - The total cost of one IVF cycle can be up to $20K for a non-insured patient and up to $14K for an insured patient.
  - Infertility services are much more likely to be used by married, older, non-Hispanic white, affluent, and highly educated women than any other group.
  - There is no clear evidence showing mandated coverage for infertility services have diminished disparity rates for infertility treatment across race or socioeconomic status.
    - Socioeconomically, it is suspected that this is due to mandates generally applying to only those who are privately insured and mandates generally not requiring coverage with no cost-sharing
    - Regarding race disparity specifically, studies have looked at “equal-access” subpopulations (i.e., military) and found no disparity between non-Hispanic white and black women, but Hispanic women still demonstrated lower utilization rates than non-Hispanic white women.

Financial Evaluation and Assumptions

L&E used the collected information and data to estimate low-end, high-end, and mid-range assumptions for each variable that could impact cost.

L&E's fiscal impact range is not intended to represent only the three low-, mid-, and high-scenarios illustrated. Each assumption range is intended to capture the various uncertainties inherent in each assumption and to provide an estimated range of potential outcomes. Therefore, the final estimated range captures many scenarios and sets of assumptions.

Each assumption range is discussed in further detail within L&E's official report.

Financial Evaluation Results

Estimated Fiscal Impact Range

	Low	Mid	High
IVF Mandate Cost PMPM	**$0.49**	**$1.20**	**$1.83**
Maryland APCD Total Market Claim Costs PMPM	$527.88	$527.88	$527.88
IVF Mandate Percentage Impact	**0.1%**	**0.2%**	**0.3%**

- L&E notes that nothing in HB412 would prevent or limit carriers from making cost-sharing or other benefit changes to non-IVF benefits which could ultimately mitigate or eliminate the impact of the increased IVF coverage.