



Senate Bill 139 Discussion

January 14, 2019



Overview

Senate Bill 139 with Senate Amendment 1:

- Requires health insurance offered in Delaware to provide coverage for fertility care services including In Vitro Fertilization for individuals who suffer from a disease or condition that results in the inability to procreate or to carry a pregnancy to live birth
- Also provides for fertility preservation for individuals diagnosed with cancer or other diseases where treatment could adversely impact their fertility
- Expressly exempted employers who self-insure their health insurance plans

Current State Group Health Plan Infertility Coverage

Infertility services are covered for:

- Artificial Insemination (AI) and Intrauterine Insemination (IUI)
- In Vitro Fertilization (IVF) and related procedures
- Coverage parameters:
 - Dependent Children are not eligible
 - Women must be at least age 18 and not have reached their 45th birthday
 - Must be approved for coverage due to proven infertility problem which is not due to voluntary sterilization of either partner
 - Age appropriate AI and IUI must be tried before IVF
 - \$10,000 lifetime medical limit for all infertility services
 - \$15,000 lifetime pharmacy limit for all infertility services
 - Members pay 25% coinsurance for medical services and prescriptions

Changes to Current Coverage with Senate Bill 139

- Dependent Children are eligible
- Women are eligible for embryo transfer up to age 50
- Can be approved for coverage due to voluntary sterilization if now with different partner than when sterilization occurred
- Age appropriate AI and IUI need not be tried before IVF in certain circumstances
- No lifetime medical limit for all infertility services
- No lifetime pharmacy limit for all infertility services
- Services/prescriptions are to be provided at same cost share as those provided for non-fertility related services/prescriptions which would remove the 25% coinsurance currently paid by the members
- Cryopreservation and thawing of eggs, sperm and embryos

Review of SEBC Discussions to Date

August 20, 2018 & September 24, 2018

Statewide Benefits Office provided overview of:

- GHIP Infertility Medical & Prescription Claim Costs FY16 – FY18
- GHIP Infertility Birth Costs FY16 – FY18
- Estimated annual costs associated with full adoption of SB 139

SEBC heard public testimony from advocates in support of full adoption of SB 139 and disagreement related to the assumptions behind the estimated annual costs

SEBC Concerns:

- Unlimited embryo transfers and age limits set forth in SB 139
- No source of funding if SB 139 were to be fully adopted
- Interest in hearing from subject matter experts on best practice

Proposed Next Steps

- Assign to SEBC Health Policy & Planning Subcommittee for the purpose of:
 - Meeting with subject matter experts and individuals involved with drafting of SB 139
 - Research best practice to address the SEBC concerns with SB 139
 - Propose an infertility benefit plan design that is supported by medical evidence and sets forth best practice
 - Encourages treatment focused on patient safety and effectiveness
 - Limits multiple embryo transfers
 - Higher IVF success rates
 - Minimizes high risk pregnancy
 - Strives for single full term births
 - Reduces financial exposure to members and GHIP
- Reassess the costs or savings of the Subcommittee's proposed benefit plan design
- Determine source of funding, if needed

QUESTIONS?



Appendix

Infertility Coverage Mandates by State

State	Infertility Insurance Coverage Summary	Lifetime Maximums	Age Requirements
Arkansas	<ol style="list-style-type: none"> All individual and group insurance policies that provide maternity benefits must cover IVF. The benefits for IVF shall be subject to the same deductibles, coinsurance and out of pockets limitations as under maternity benefit provisions. 	<ol style="list-style-type: none"> \$15,000 for coverage Limits preexisting condition to 12 months 	
California	No coverage is required. Insurers are only required to offer infertility treatment services.	Does not include IVF	
Connecticut	Limits coverage for IVF, GIFT, ZIFT, and low tubal ovum transfer to individuals who have been unable to conceive or sustain a pregnancy through less expensive infertility treatment.	<ol style="list-style-type: none"> 4 ovulation induction cycles 3 intrauterine insemination cycles 2 cycles of IVF, GIFT, ZIFT, or low tubal ovum transfer No more than 2 embryo implantations per cycle 	
Hawaii	<ol style="list-style-type: none"> Coverage for 1 cycle of IVF. Coverage shall be provided to the same extent as maternity-related benefits. 		
Illinois	Group insurers and HMOs that provide pregnancy related coverage must provide infertility treatment including: diagnosis of infertility, IVF, uterine embryo lavage, embryo transfer, artificial insemination, GIFT, ZIFT, low tubal ovum transfer.	Each patient is covered for up to 4 egg retrievals. However, if a live birth occurs, two additional egg retrievals will be covered with a lifetime maximum of 6 retrievals covered.	
Louisiana	Prohibits the exclusion of coverage for the diagnosis and treatment of a correctable medical condition, solely because the condition results in infertility.		
Maryland	Individual and group insurance policies that provide pregnancy-related benefits must cover the cost of 3 IVFs per live birth.	\$100,000	
Massachusetts	All insurers providing pregnancy-related benefits shall provide for the diagnosis and treatment of infertility, including IVF.	<ol style="list-style-type: none"> The law does not limit the number of treatment cycles and does not have a dollar lifetime cap. Insurers are not required to cover experimental infertility procedures, surrogacy, or reversal of voluntary sterilization 	

Infertility Coverage Mandates by State

State	Infertility Insurance Coverage Summary	Lifetime Maximums	Age Requirements
Montana	Requires HMOs to cover infertility services as part of basic health services.		
New Jersey	Group insurers, HMOs, State Health Benefits Program, and School Employees Health Benefits Program that provide pregnancy related coverage must provide infertility treatment, including IVF.	4 completed egg retrievals	<46
New York	Group policies are required to provide coverage for diagnostic tests and procedures for infertility treatment. Excludes coverage for IVF, GIFT, and ZIFT.		21-44
Ohio	Requires HMOs to cover basic health care services, including infertility services, when medically necessary. IVF, GIFT, and ZIFT may be covered but are not required by law.		
Rhode Island	Insurers and HMOs that cover pregnancy benefits must provide coverage for the diagnosis and treatment of infertility when medically necessary. Insurer may impose a 20% co-payment.	\$100,000	25-42
Texas	Requires group insurers to offer coverage for IVF. Employers may choose whether to include infertility coverage as part of their employee health benefit package.		
West Virginia	Requires HMOs to cover infertility services under basic health services.		