



# Senate Bill 139 Discussion

Health Policy & Planning Subcommittee

March 7, 2019



# Next Steps & Considerations from February 7, 2019 Meeting

- Obtain average costs of services in Highmark and Aetna book of business
- Identify pros & cons of cost caps and service Limits (including limits on IVF treatment cycles)
- Identify pros & cons of age limits restrictions
- Requiring SET for women with favorable prognosis
- Consider coinsurance and cost sharing options

# Average Cost of Services

## Progress Made To date

- Identified services, procedures and billing codes
- Categorized services and procedures as those falling under diagnosis versus treatment
  - Diagnosis services do not apply toward the current lifetime maximum or 25% coinsurance
  - Captured billing codes that apply for each treatment procedure that applies toward lifetime maximum and 25% coinsurance
- Pulling actual paid State Group Health claims to analyze and establish costs by infertility treatment procedure

# Cost Caps & Service Limits

(Including limits on IVF)

## Pros

- Establishes a known ceiling on the State and member's financial exposure
- Potentially minimizes risk of across the board premium increase impacting all State Group Health Program participants

## Cons

- Adds risk to multiple embryo transfer
- Imposes limits on family planning
- Potentially increases risk of unhealthy pregnancies
- Potentially viewed as a disincentive for employee recruitment & retention

# Age Limits/Restrictions

## Pros

- Reduces risk of unsuccessful infertility treatments
- Reduces risk of high risk pregnancy/delivery
- Age limits in SB 139 supported by medical evidence/research

## Cons

- Imposes limits on family planning
- Potentially increases risk of embryo abandonment

# Requiring Single Embryo Transfer

- Reduces financial risk of multiple and high risk pregnancy and birth
- Reduces health risk to mother and embryo/fetus
- SB 139 recommends SET for all transfers
  - Supported by medical evidence/research
- Possible to require SET for women with favorable prognosis – would require clear definition of “favorable”

# Cost Sharing & Plan Design Options

- Impose annual cap on coinsurance/cost sharing
- Deviate from Aetna/Highmark standard medical policy – allow more flexibility for treating physician to diagnose root cause of infertility and develop a treatment plan that aligns with root cause
  - Increases chances of early successful treatment
  - Reduces depletion of limited benefit on treatments that do not have the highest chance of being successful
  - Requires further discussion with Aetna/Highmark to determine administrative feasibility

# Cost Estimates Presented at September 24, 2018 SEBC Meeting

- Assumed 2/3 IVF cycles for each member being treated for infertility
- Assumed 20% increase in members to be treated for infertility
- Used \$20,000 per IVF cycles as basis for cost estimate
  - Most expensive infertility treatment
  - Provides high degree of success for women with favorable prognosis
  - Estimate was conservative – actual IVF treatment costs likely to be less
  - Not necessary treatment for all infertility situations



# Next Steps for April 4, 2019 Meeting

- Develop range of options from current benefit design to full adoption of SB 139 including annual cost estimates and pros/cons for each
- Formulate cost estimates based upon actual costs paid under Aetna and Highmark plans & using actual infertility experience/journey of State Group Health members
  - Goal is to provide more realistic infertility cost estimates
- Outline short term (implementation within 6 months) and long term options (implementation 12+ months) for Subcommittee consideration and recommendations to SEBC
  - Infertility cost sharing, services and benefits including infertility drug costs
  - Fertility preservation benefits (no coverage included in current benefit)

# QUESTIONS?

