

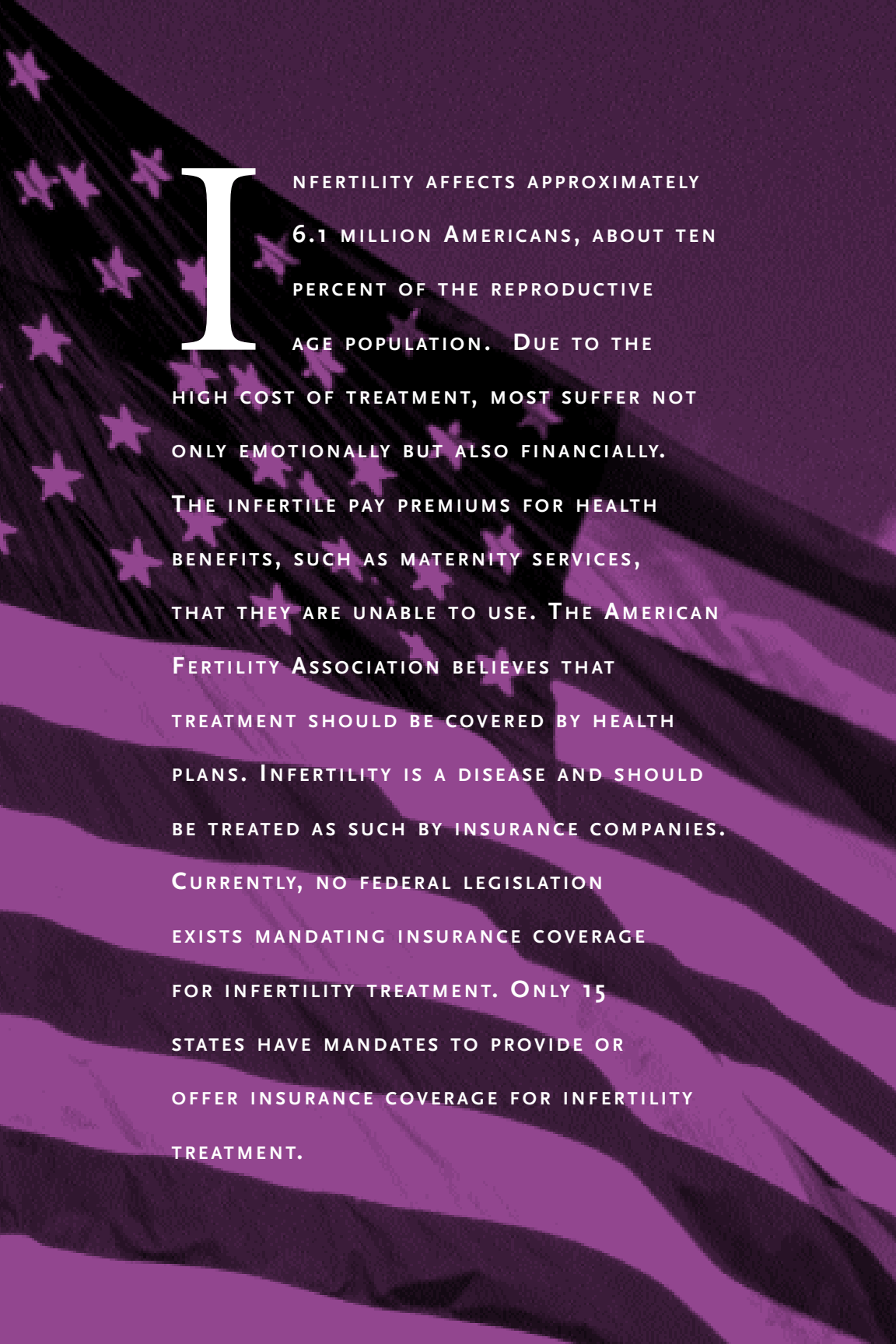


INSURANCE AND ADVOCACY

*handbook*



AMERICAN  
FERTILITY  
ASSOCIATION

The background of the entire page is a stylized, monochromatic American flag. The stars and stripes are rendered in shades of purple and black, creating a textured, wavy effect. The text is overlaid on this background in a clean, white, sans-serif font.

**I**NFERTILITY AFFECTS APPROXIMATELY  
6.1 MILLION AMERICANS, ABOUT TEN  
PERCENT OF THE REPRODUCTIVE  
AGE POPULATION. DUE TO THE  
HIGH COST OF TREATMENT, MOST SUFFER NOT  
ONLY EMOTIONALLY BUT ALSO FINANCIALLY.  
THE INFERTILE PAY PREMIUMS FOR HEALTH  
BENEFITS, SUCH AS MATERNITY SERVICES,  
THAT THEY ARE UNABLE TO USE. THE AMERICAN  
FERTILITY ASSOCIATION BELIEVES THAT  
TREATMENT SHOULD BE COVERED BY HEALTH  
PLANS. INFERTILITY IS A DISEASE AND SHOULD  
BE TREATED AS SUCH BY INSURANCE COMPANIES.  
CURRENTLY, NO FEDERAL LEGISLATION  
EXISTS MANDATING INSURANCE COVERAGE  
FOR INFERTILITY TREATMENT. ONLY 15  
STATES HAVE MANDATES TO PROVIDE OR  
OFFER INSURANCE COVERAGE FOR INFERTILITY  
TREATMENT.

## HEALTH INSURANCE

*Due to the high cost of healthcare, most Americans obtain health insurance in order to share the burden of cost.* The US healthcare system offers two types of health insurance, public and private. Public health insurance is government funded, such as Medicare, Medicaid, and long or short-term disability. Private insurance is maintained by an individual or a group and is often funded, in whole or part, by an employer.

### TYPES OF PRIVATE HEALTH INSURANCE PLANS

*There are two types of private health insurance plans.* **Indemnity plans** allow individuals to choose their own doctors and pay for medical expenses in full, in part, or up to a specific amount per day for a specified number of days.

**Managed health care** plans provide broader coverage, but involve an arrangement between the insurer and a selected network of healthcare providers. Managed health care plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point of Service (POS) plans. These distinctions become particularly important when determining whether a state insurance law applies to your insurance plan.

*In addition, private health insurance plans can be purchased by a group or an individual.* Group insurance policies spread the risk among all the members in the group and generally offer lower premiums. Individual insurance policies can be purchased by an individual or a family and are typically more expensive.

THE US HEALTHCARE SYSTEM OFFERS TWO TYPES OF HEALTH INSURANCE, PUBLIC AND PRIVATE. PUBLIC HEALTH INSURANCE IS GOVERNMENT FUNDED, SUCH AS MEDICARE, MEDICAID, AND LONG OR SHORT-TERM DISABILITY. PRIVATE INSURANCE IS MAINTAINED BY AN INDIVIDUAL OR A GROUP AND IS OFTEN FUNDED BY AN EMPLOYER.

### ADDITIONAL COSTS

*In addition to monthly premiums, there may be other out-of-pocket costs for a patient.* A **co-payment** is the amount paid each time you visit a health insurance provider or need a prescription and is typically required by HMOs. A **deductible** is the amount paid toward medical expenses (usually annually) before the insurance company begins to pay claims and is generally required by indemnity plans. **Co-insurance** is the percentage of medical costs the beneficiary will have to pay after the deductible that has been applied has been reached.

## INSURANCE COVERAGE FOR INFERTILITY TREATMENT

*Although no federal law requires insurance coverage for infertility treatment, 15 states have enacted some type of infertility insurance coverage law.* Laws vary according to each state, but generally can be described as either a mandate to cover or a mandate to offer. A mandate to cover is a law requiring that health insurance companies provide coverage of infertility treatment as a benefit included in every policy.

The policy premium includes the cost of infertility treatment coverage. A mandate to offer is a law requiring that health insurance companies make available for purchase a policy that offers coverage of infertility treatment. The law does not require employees to pay for the infertility treatment coverage.

**Since laws change all the time, we recommend you check with your state concerning its current regulations on infertility coverage.**

*Every insurance policy is different and it is important to thoroughly understand your particular plan, paying specific attention to covered benefits, exclusions and restrictions.*

Don't be taken by surprise when an insurance claim is denied. You can prepare yourself by thoroughly understanding your

plan and ensuring that you follow appropriate steps and have accurate information. Coverage of treatment for infertility varies from plan to plan and state to state. Refer to this guide and to your plan to determine what specifically is covered. If you are uncertain about your coverage or your insurance company is not offering coverage, some states have a department of insurance that can provide information. Check your state's Web site for contact information.

### PRESCRIPTION DRUGS

MOST INSURANCE COMPANIES HAVE A FORMULARY SYSTEM, ALSO KNOWN AS: PREFERRED DRUG LISTS, BRAND NAME DRUG RESTRICTIONS OR THERAPEUTIC CONSULTATION SERVICES. THESE LISTS OF APPROVED DRUGS DEPEND IN PRINCIPLE ON THE RELATIVE COST AND EFFECTIVENESS OF ALTERNATIVE PRODUCTS. IN ADDITION TO DRUG SELECTION, THE SYSTEM ENCOMPASSES DRUG UTILIZATION REVIEW AND OTHER TOOLS IN PRESCRIBING, DISPENSING, ADMINISTERING, AND MONITORING OF OUTCOMES. MOST FORMULARIES INCLUDE FERTILITY DRUGS, BUT CHECK YOUR PLAN AND FIND OUT WHICH PRESCRIPTIONS ARE COVERED.

*As you move forward, ask your doctor to check diagnosis and procedure codes for accuracy.* Document each stage of the medical and insurance process, write down the name of every person you talk with, the time and date you spoke, and keep backups of all correspondence and paperwork.

## DIAGNOSIS AND TREATMENT OF INFERTILITY: AM I COVERED?

*We have listed questions to ask your health insurance company, HMO (Health Maintenance Organization), or employer (Human Resources or Benefits Department), to help you evaluate your benefits.*

We recommend that you verify the answers you receive.

To do this, simply call the company 24 hours or so after the initial phone conversation, and ask another representative the same questions. If the answers do not agree, send a letter to the company stating exactly what you understand your benefits to be, and request that they reply with a written confirmation of this information.



### CONTACTING YOUR EMPLOYER OR INSURER

Before calling your insurance company, HMO, or employer, have this information at hand:

- Name of the insured individual
- Employee/Patient ID # or Social Security #
- Name of employer
- Name of plan
- Group code/number
- Patient's name and date of birth

Be sure to get the name of the person to whom you are speaking and his or her telephone and extension numbers. Answers to the following questions will help you understand which procedures will be covered and reimbursed during the course of your therapy for infertility. The information you obtain will also be useful to the insurance counselor at your doctor's office. Remember, if you are unsatisfied with the answers you receive, ask to speak to a supervisor or to another representative who is more familiar with the infertility benefits.

**QUESTIONS FOR YOUR EMPLOYER (HUMAN RESOURCES OR BENEFITS REPRESENTATIVE):**

1. Are infertility treatments covered on my current health plan?
2. Is there another plan that has infertility coverage? If so, what is the cost difference, can I change plans, and when can I change plans?
3. Are there restrictions to the infertility benefits?
4. What is the waiting period before I can start treatment for pre-existing infertility conditions?

**QUESTIONS FOR YOUR INSURANCE COMPANY:**

- What are my infertility benefits?
- What is excluded?
- Is there an age restriction for infertility treatment? If so, what is it?
- What do the benefits cover?
  - Do they cover diagnostic procedures?
  - Do they cover treatment procedures?
  - Do they cover drug therapy?
- Which of the following are covered?
  - Blood work?
  - Progesterone and estrogen levels?
  - FSH, LH, TSH, and prolactin levels?
  - Semen analysis?
  - Endometrial biopsy?
  - Post-coital test?
  - HSG (hysterosalpingogram)?
  - Ultrasound?
- Which drugs are reimbursable?
  - clomiphene citrate, eg, Clomid®\*? (clomiphene citrate tablets, USP)
  - gonadotropin releasing hormone antagonists or agonists, eg, Antagon™ (ganirelix acetate) Injection?
  - hMG (human menopausal gonadotropin)?
  - hCG (human chorionic gonadotropin), eg, Pregnyl® (chorionic gonadotropin for injection, USP)?
  - FSH, eg, Follistim® (follitropin beta for injection)?
- Do I need to use specific pharmacies or mail-order pharmacies?
- What types of treatments are covered?
  - IUI (intrauterine insemination — ie, artificial insemination)?
  - IVF (in vitro fertilization)?
  - GIFT (gamete intrafallopian transfer)?
  - ZIFT (zygote intrafallopian transfer)?
  - ICSI (intracytoplasmic sperm injection)?

- Do I need a referral for diagnostic procedures?
- Do I need a referral for treatment?
- Do I need to undergo specific tests before being referred to a specialist?
- How do I get a referral?
- Do I need a precertification?
  - *What does the precertification cover?*
  - *How do I get a precertification?*
  - *For how long is the precertification valid?*
- Do I have a lifetime maximum benefit?
  - *If so, what is the limit?*
- Do I have a calendar year maximum benefit?
  - *If so, what is the limit?*
- Is infertility therapy included in the lifetime maximum benefit?
- Is infertility therapy included in the calendar year maximum benefit?
- What are the maximum allowed attempts for non-IVF procedures, such as ovulation induction and IUI?
- What are the maximum allowed attempts for ART procedures (ie, IVF, GIFT, ZIFT, and ICSI)?
  - *Does this number include only stimulation cycles or does it also include thaw cycles for embryos?*
- Are freezing and thawing charges for embryo cryopreservation covered?
- Does the plan have a discounted rate for additional ART cycles?
- Are donor sperm and/or egg options covered?
- Is the egg donor covered by my plan if she has complications?
- Am I restricted to using certain specialists and ART (assisted reproductive technology) centers?
- Do you have any physician profiles or comparative data to help choose a physician or ART center?
- Who can I contact at my plan's affiliated reproductive medicine clinics/programs to get more information about the services offered?
- Which clinics does the plan use for ART procedures?
  - *Am I restricted to using these clinics?*
- Does the plan contract with outside providers to do vaginal ultrasounds or lab work?
  - *If so, which ones?*
- Which hospitals are affiliated with my plan?
- Will the plan pay for me to get another medical opinion from a physician outside the health plan?

## DENIED CLAIMS

*If your health insurance claim is denied, and you are certain that your plan includes infertility treatment, consider applying for an in-person appeal hearing.* Most plans allow the patient to attend at least one appeal hearing. You may also ask your doctor to contact the insurance company on your behalf, to try to clear up any miscommunications that may be obstacles to acceptance of your claim.

*If you do decide to go through with an appeal, it is a good idea to familiarize yourself with the specifics of your plan's process, as every plan is different.* You may only have a limited time from the date you had the procedure. Depending on your plan's required course of action, you may have to submit a letter, or speak with a certain department on the telephone. Be sure to follow all directions carefully.

*After this appeal to your insurer (known as an "internal" appeal) has been submitted, if the insurer will not reconsider your case, you do have one more possible course of action.* You may then file an "external" appeal, which will be directed to your state department of insurance. Many state governments grant patients the right to a review by an independent board of experts.

*It is a good idea throughout both internal and external appeals to keep thorough records of your progress.* You may consider sending all letters by certified mail so you have a record of sending the letter and a receipt that it was received by your insurance plan.

*Finally, if you are pursuing an appeal, have a positive mental attitude and be persistent.* If your insurance plan does not offer coverage and your state does not mandate coverage, write to your insurance company and state legislators.

## STATES WITH MANDATES FOR COVERAGE OF INFERTILITY TREATMENT

### ARKANSAS

*The state of Arkansas requires that all health insurers that cover maternity benefits must also cover the cost of in vitro fertilization (IVF).* HMOs however, are exempt from the law. IVF benefits are subject to the same deductibles and co-insurance payments as maternity benefits. The law also limits coverage to a lifetime maximum of \$15,000. Patients must also meet certain conditions as well, so it is important to understand your specific medical situation.

#### WHO IS COVERED?

**To be eligible for coverage, you must be the policy-holder or the spouse of the policy-holder and be covered by the policy.** Your eggs must be fertilized with your spouse's sperm. In addition, you and your spouse must have at least a two-year history of unexplained infertility or the infertility must be associated with one or more of the following conditions:

- Endometriosis
- Fetal exposure to diethylstilbestrol, also known as DES
- Blocked or surgically removed fallopian tubes that are not a result of voluntary sterilization
- Abnormal male factors contributing to infertility

**You also are eligible for coverage if you have not been able to achieve conception through a less costly treatment that may be available under the policy.** The IVF procedure you undergo must also be performed at a medical facility licensed or certified by the Arkansas Department of Health, conforming to the American College of Obstetricians and Gynecologists guidelines for IVF clinics or meet the American Fertility Society's minimal standards for programs of in vitro fertilization.

#### WHO IS NOT COVERED?

**If neither you nor your spouse is the policy-holder covered by the policy, you are not necessarily eligible.** Also, if your eggs are not fertilized with your spouse's sperm, or if you do not have a two-year history of infertility, you will not be covered. If you have been covered for over \$15,000 worth of IVF practices and/or procedures, you will not be eligible for more coverage in the future.

## CALIFORNIA

*The State of California requires certain insurers to offer coverage for infertility diagnosis and treatment.* However, the law does not require those insurers to provide the coverage, nor does it force employers to include it in their employee insurance plans.

### WHO IS COVERED?

**Assuming your insurance is one that offers this coverage, you are eligible to purchase it.** Your treatment would include, but not be limited to diagnosis and diagnostic testing, medication, surgery, and GIFT (Gamete Intrafallopian Transfer).

### WHO IS NOT COVERED?

**The law specifically exempts insurers from having to offer IVF coverage, so if it is not included in your insurance plan, you are ineligible.** Also, the law does not require employers of religious organizations to offer coverage if it conflicts with the organization's religious and ethical purposes.

## CONNECTICUT

*Connecticut requires health insurers to offer coverage for infertility diagnosis and treatment, including IVF.* Insurers must let employers know this coverage is available; however, the law does not require those insurers to provide the coverage, nor does it force employers to include it in their employee insurance plans.

### WHO IS COVERED?

**If you are under an insurance plan that offers coverage and if you meet the criteria involved in determining infertility, you are covered.** That criterion defines infertility as the condition of a presumably healthy individual who, over the course of a year, is unable to get pregnant or unable to carry a pregnancy to term.

### WHO IS NOT COVERED?

**If your insurance plan is not required to provide coverage, you will not automatically receive it, but with a "mandate to offer," you can purchase a policy offering that same coverage.** Further, if you are not considered infertile by the state, you may not be eligible.

## HAWAII

*Hawaii requires certain insurance plans to provide a one-time only benefit for outpatient costs resulting from IVF.* Those plans include individual and group health insurance plans, hospital contracts or medical service plan contracts that provide pregnancy-related benefits. Patients also need to meet certain conditions in order to get their IVF covered.

### WHO IS COVERED?

**In order to receive coverage, your eggs must be fertilized with your spouse's sperm.** You must have had at least a five-year history of infertility, and have been unable to get and stay pregnant through other infertility treatments covered by insurance. Also, in order to receive coverage, your IVF procedures must be performed at medical facilities that conform to standards set by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists. Your infertility must be associated with one or more of the following conditions:

- Endometriosis
- Fetal exposure to diethylstilbestrol, also known as DES
- Blocked or surgically removed fallopian tubes
- Abnormal male factors contributing to the infertility

## ILLINOIS

*Illinois requires insurance policies that cover more than 25 people and provide pregnancy-related benefits to cover costs of the diagnosis and treatment of infertility.* The law defines infertility as the inability to get pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

### WHO IS COVERED?

**If you are under an insurance policy covering over 25 people and providing pregnancy-related benefits, you are eligible as long as you are deemed “infertile” by the state.**

Coverage includes, but is not limited to:

- In vitro fertilization (IVF)
- Uterine embryo lavage
- Embryo transfer
- Artificial insemination
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Intracytoplasmic sperm injection (ICSI)
- Four completed egg retrievals per lifetime
- Low tubal egg transfer

Coverage for IVF, GIFT and ZIFT is required only if:

- You have used all reasonable, less expensive and medically appropriate treatments and are still unable to get pregnant or carry a pregnancy
- You have not reached the maximum number of allowed egg retrievals
- The procedures are performed at facilities that conform to standards set by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists

#### WHO IS NOT COVERED?

**If you are employed by a religious organization, the law exempts those groups that believe the covered procedures violate their teachings and beliefs.**

### LOUISIANA

*The state of Louisiana does not mandate coverage for infertility.* However, it does not exclude coverage for a correctable medical condition on the basis of infertility.

#### WHO IS COVERED?

**If you are diagnosed with a correctable medical condition, such as endometriosis, which results in infertility, your insurance plan is required to cover the cost of treatment.**

#### WHO IS NOT COVERED?

**If your doctor does not diagnose you with a correctable medical condition, your insurance plan is not required to cover fertility drugs, in vitro fertilization, reversal of tubal ligation, a vasectomy, or any other method of sterilization.**

### MARYLAND

*Maryland requires health and hospital insurance policies that provide pregnancy-related benefits to also cover the outpatient costs of IVF.* Policies that must provide the coverage include those covering people who live and work in the state, regardless of whether or not the policy is issued inside or outside the state. HMOs must provide IVF benefits to the same extent as the benefits provided for other infertility services.

#### WHO IS COVERED?

**In order to have your IVF practices covered, your eggs must be fertilized with your spouse's sperm.** In addition, if you have been unable to get pregnant through less expensive, covered treatments, you are also

eligible. Your IVF must be performed at facilities that conform to standards set by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists and you or your spouse must have at least a two-year history of infertility. If not, your infertility must be associated with one or more of the following conditions:

- Endometriosis
- Fetal exposure to diethylstilbestrol (DES)
- Blocked or surgically removed fallopian tubes
- Abnormal male factors, including oligozoospermia

Your coverage may be limited to three IVF attempts per live birth and a maximum lifetime benefit of \$100,000.

#### WHO IS NOT COVERED?

**If you are employed by a religious organization, you may not be eligible.**

The law exempts those groups that believe the covered procedures violate their teachings and beliefs.

### MASSACHUSETTS

*Massachusetts requires HMOs and insurance companies that cover pregnancy-related benefits to cover infertility diagnosis and treatment.*

The law defines infertility as “the condition of a presumably healthy individual who is unable to conceive or produce conception during a one-year period.”

#### WHO IS COVERED?

**If you are under an HMO or insurance company that covers pregnancy benefits, you are eligible as long as you are deemed “infertile” by the state.** Benefits covered include:

- Artificial insemination
- In vitro fertilization (IVF)
- Gamete intrafallopian tube transfer (GIFT)
- Sperm, egg and/or inseminated egg retrieval, to the extent that those costs are not covered by the donor’s insurer
- Intracytoplasmic sperm injection (ICSI) for the treatment of male infertility
- Zygote intrafallopian transfer (ZIFT)

Insurers may, but are not required to, cover experimental procedures, surrogacy, and reversal of voluntary sterilization or cryopreservation of eggs.

## MONTANA

*Montana requires HMOs to cover infertility services as part of basic preventive health care services.* The law does not define infertility or the extent to which these services are offered. Other than HMOs, the law excludes infertility coverage from the required scope of health benefits those insurers must provide.

## NEW JERSEY

*New Jersey, through the Family Building Act, requires insurance policies that cover more than 50 people and provide pregnancy-related benefits to cover the cost of the diagnosis and treatment of infertility.*

### WHO IS COVERED?

**The State of New Jersey defines infertility as the disease or condition that results in the inability to get pregnant after two years of unprotected sex for females under the age of 35 or one year of unprotected sex for females over the age of 35.** If you fall into either category, and are under the necessary insurance policy, then you are eligible. Coverage includes, but is not limited to:

- Diagnosis and diagnostic testing
- Medications
- Surgery
- In vitro fertilization (IVF)
- Embryo transfer
- Artificial insemination
- Gamete intrafallopian transfer (GIFT)
- Zygote intrafallopian transfer (ZIFT)
- Intracytoplasmic sperm injection (ICSI)
- Four completed egg retrievals per lifetime

Coverage for IVF, GIFT, and ZIFT is required only if the patient has used all less expensive and medically appropriate treatments and is still unable to get pregnant or carry a pregnancy to term, if the patient has not reached the maximum number of allowed egg retrievals and the patient is 45 years of age or younger, and if the procedures are performed at facilities that conform to standards set by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists.

### WHO IS NOT COVERED?

**If you are employed by a religious organization, the law exempts those groups that believe the covered procedures violate their teachings and beliefs.**

## NEW YORK

*The State of New York passed a bill, signed on May 29, 2002 stating that it will assist those in need of fertility treatments through mandating insurance coverage.* The mandate is effective for policies issued or renewed on or after September 1, 2002 and coverage provides for those previously covered under the policy for at least one year.

### WHO IS COVERED?

**Before you can determine what type of coverage you will receive from the State of New York, you must find out whether or not you are in fact eligible.** Although the bill was passed mandating coverage, it only refers to every "group policy" in New York that provides coverage for regular hospital care. If you are under a group policy, then you are insured during the diagnosis and treatment of infertility. The bill also states that you may receive this coverage only if you are between the ages of twenty-one and forty-four.

Assuming you are under a group policy that provides coverage for other types of hospital care, making you eligible for fertility treatments, you will be covered during surgical or medical procedures that would attempt to correct infertility. Coverage also includes diagnostic tests and hospital procedures that help to determine infertility, as well as FDA approved prescription drugs for such diagnosis and treatment.

### WHO IS NOT COVERED?

**If you are not part of a group policy in New York that provides coverage for hospital care, then you are not necessarily eligible.** For example, if you work for a multi-state corporation based outside of New York or your company is self-insured, you are not covered out of luck. (This is true of all state mandates). Those companies are bound only by federal mandates, and if you don't have any insurance or are on Medicaid, then you're not covered. Also, if you are not between the ages of twenty-one and forty-four years or have not been under the policy for at least one year, then you are not necessarily eligible. Coverage is not required to include the diagnosis and treatment of infertility in connection with:

- In vitro fertilization (IVF)
- Gamete intrafallopian tube transfers (GIFT)
- Zygote intrafallopian tube transfers (ZIFT)
- The reversal of elective sterilizations
- Sex change procedures, cloning
- Experimental medical or surgical services or procedures.

### ASSISTANCE FOR THOSE NOT COVERED

**In order to assist New York residents with insurance plans that do not cover in vitro fertilization and gamete intrafallopian tube transfers, a \$10**

**million grant has been issued to cover a percentage of some costs.** The New York Commissioner of Health has established this program to provide grants to health care providers for the purpose of improving access to infertility services, treatments, and procedures for all in need. The grant assistance will be through a limited number of fertility clinics across the state. Co-payment for treatments is based on household income, but a broad range of incomes is included. Ask your provider if his/her clinic has agreed to the use of this grant for its patients and if you qualify.

## OHIO

*Ohio's law requires HMOs to cover basic preventive health services, including infertility.* The Ohio Department of Health has no written definition of infertility services, but states that the procedure must be medically necessary. Experimental procedures are not covered.

## RHODE ISLAND

*Rhode Island requires insurers and HMOs that cover pregnancy services to cover the cost of medically necessary expenses of diagnosis and treatment of infertility.* The law defines infertility as “the condition of an otherwise healthy married individual who is unable to conceive or produce conception during a period of one year.” The patient’s co-payment cannot exceed 20%.

### WHO IS COVERED?

**If your HMO or insurance company covers pregnancy costs, you are eligible as long as you meet the definition of being “infertile.”**

## TEXAS

*Texas requires certain insurers that cover pregnancy services to offer coverage for IVF.* However, the law does not state that they must provide the coverage, nor does it force employers to include it in their health plans. Patients need to meet certain conditions to get their IVF covered.

### WHO IS COVERED?

**If you are under a health plan covering pregnancy services and are offered IVF coverage, you may choose to purchase it.** You also are eligible if you meet the following conditions:

- You must be the policyholder or the spouse of the policyholder and be covered by the policy
- Your eggs must be fertilized with your spouse’s sperm

- You have been unable to get and stay pregnant through other infertility treatments covered by insurance
- The IVF treatment is performed at medical facilities that conform to standards set by the American Society for Reproductive Medicine or the American College of Obstetricians and Gynecologists
- You and your spouse must have had at least a continuous five-year history of unexplained infertility, or the infertility must be associated with one or more of the following conditions:
  - Endometriosis
  - Fetal exposure to diethylstilbestrol (DES)
  - Blocked or surgical removal of one or both fallopian tubes
  - Oligospermia

#### WHO IS NOT COVERED?

**If you are employed by a religious organization, the law exempts those groups that believe the covered procedures violate their teachings and beliefs.**

#### WEST VIRGINIA

*West Virginia requires HMOs to cover basic health care services, including infertility services, when medically necessary.* The West Virginia Insurance Commissioner does not define infertility services.

(Resource: ASRM State Infertility Insurance Laws)

## ADVOCACY

*The AFA hopes that you will join our advocacy efforts. Advocacy does not take a lot of time. You can become an at home advocate through our Action Center on The AFA Web site; [www.theafa.org](http://www.theafa.org). With our sample letters and links to contact information, you can easily write a letter or make a phone call. In addition, we have included sample letters at the end of this handbook. Please use these letters and make them your own by including personal experiences. Help us make changes in state and federal legislation or within your own insurance plan.*



## INSURANCE COMPANIES AND EMPLOYERS

*Does your insurance plan include coverage of infertility treatments? If not, contact your employer and/or your insurance company.*

Write letters, or make personal contacts explaining the need for infertility insurance coverage. Direct your letters to the Medical Director of the insurance company and/or to the Employee Benefits Manager/Human Resources Director at your workplace.

## LOCAL LEGISLATORS

*Help other advocates work toward the enactment of infertility insurance mandates in your state. If your state does not mandate insurance coverage, contact your local state legislators and let them know of the need for infertility insurance coverage.*

## FEDERAL LEGISLATORS

*Representative Rob Andrews (D-NJ) of the 108th Congress of the US House of Representatives sponsored HR 969, new legislation that would provide for Medicare coverage of infertility treatment services for individuals entitled to health insurance benefits under that program by reason of a disability.*

HR 969 was referred to the House Ways and Means Committee and the House Energy and Commerce Committee.

Representative Andrews is also the sponsor of The Equity in Fertility Coverage Act of 2003, HR 1852, which would require all health plans that cover Viagra® and similar medications to also cover the treatment of infertility. This bill was referred to the House Education and the

Workforce Committee, the House Energy and Commerce Committee, and the House Government Reform Committee.

Rep. Anthony Weiner (D-NY) has introduced The Family Building Act of 2003, HR 3014, legislation requiring insurance coverage of infertility treatments (including up to four IVF attempts) by all group health plans that also cover obstetrical benefits. Rep. Weiner's legislation would amend ERISA (Employee Retirement Income Security Act of 1974) to require coverage in self-insured health plans. ERISA, a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans, currently exempts self-insured plans from benefits mandates enacted at the state level.

The AFA supports Representatives Andrews and Weiner and their proposed bills. Contact your two senators and your one representative in Congress and ask them to support infertility insurance legislation. Encourage them to cosponsor any infertility insurance legislation that is introduced in the coming year.

## FINDING YOUR LEGISLATORS

*To find contact information for your senators and for senate committee members go to <http://www.senate.gov>. To find contact information for your representative and for house committee members go to <http://www.house.gov>. You can reach any member of the senate or the house through the Capitol switchboard, at 202-224-3121. You can also write to senators and representatives at the following addresses:*

Senator (name)  
Representative (name)  
United States Senate  
United States House of Representatives  
Washington, DC 20510

**For more information on coverage for infertility treatment and the latest on federal and state legislation, as well as sample advocacy letters visit The AFA Web site at [www.theafa.org](http://www.theafa.org). Support, referral, and additional information are available from our patient support line at 888-917-3777.**

## SAMPLE LETTER TO INSURANCE COMPANIES

Date  
Company Name  
Address

Dear (Name and title of person to whom you are writing):

I'm writing to ask you to improve the infertility insurance coverage currently offered through your health insurance plan. Infertility is a medically recognized disease and is experienced by over six million couples. All insurers should cover diagnostic procedures and medical treatments for infertility, as is done for most diseases. Such coverage will not present an unreasonable cost burden.

In 1998 The United States Supreme Court ruled that reproduction is a major life activity under the Americans with Disabilities Act. Thus, infertility, in which the ability to reproduce is impaired, has far reaching impact. The ruling supports the need for infertility insurance coverage. Those with infertility are unfairly discriminated against when denied coverage for this disease while most other diseases are covered.

Studies show that coverage adds only a few dollars per year to an insurance premium. Infertile couples pay the same premiums as fertile couples, but are not able to access this needed care. Although many diseases and medical conditions are covered by your insurance plan, the disease of infertility is currently excluded.

I encourage you to reevaluate your company's coverage of infertility. As a member of your health plan, I ask you to provide a fair, equitable, quality health care for patients struggling with the disease of infertility.

Thank you for considering this important health care concern. For more detailed information on the subject, please contact The American Fertility Association (AFA) at (888) 917-3777.

Sincerely,  
Your name  
Address

## SAMPLE LETTER TO STATE LEGISLATORS

Date  
The Honorable (Name)  
Address

Dear Representative/Assemblyperson or Senator (Name):

I'm writing to ask for your support of (bill number, bill name), which requires insurance companies to provide coverage for the diagnosis and treatment of infertility. As one of the more than six million men and women across the country impacted by infertility, I have faced obstacles in my attempts to build a much-wanted family; the most challenging is the lack of insurance coverage. This legislation will end the discriminatory practices of insurance companies and provide couples struggling with the disease of infertility with the opportunity to build a family.

Infertility is a medically-recognized disease. Still, many insurance companies do not provide coverage for treatment to overcome this disease. The financial burden that some of the treatments may place on couples can be large, and the emotional and physical consequences of experiencing infertility can be overwhelming. The strong desire to build a family gives me the strength to face these obstacles, but I also need your support.

Well-managed insurance coverage will not place a large burden on insurance companies. Studies have shown that coverage adds just a few dollars per year to an insurance premium. Infertile couples pay the same premiums as fertile couples, but are not able to access needed care. Most diseases and medical conditions are covered by insurance. The disease of infertility is often singled out for exclusion. Such discrimination is unfair.

The United States Supreme Court issued a ruling in 1998 in which it stated that reproduction is a major life activity under the Americans with Disabilities Act. This ruling demonstrates the importance of reproduction and the impact that infertility, in which the ability to reproduce is impaired, has on the lives of men and women. The ruling supports the need for infertility insurance coverage so that those with infertility are not unfairly discriminated against when denied coverage for this disease while most other diseases are covered.

Many affected by infertility do not feel comfortable speaking publicly about this very private struggle, but we represent all racial, religious, and ethnic groups, as well as both sexes. We are neighbors, co-workers, friends and relatives, and we just want to experience the joy of raising a family, an experience that so many fertile couples take for granted.

Thank you for your consideration of this important issue. I urge you to support (name/number of bill) and help fulfill the dreams of thousands of couples. For more information about infertility and about the costs and benefits of insurance coverage, contact The American Fertility Association, at (888) 917-3777.

Sincerely,  
Name  
Address

## SAMPLE LETTER TO FEDERAL LEGISLATORS

Date  
The Honorable (Name)  
Address

Dear Representative/Senator (Name):

First paragraph for writing to Representatives:

I'm writing to encourage you to support legislation requiring health care plans to cover infertility diagnosis and treatment. Bills introduced by Rob Andrews (D-NJ), HR 969 and HR 1852, and more recently by Anthony Weiner (D-NY). Rep. Weiner has introduced legislation requiring insurance coverage of infertility treatments (including up to four IVF attempts) by all group health plans that also cover obstetrical benefits.

First paragraph for writing to Senators:

I'm writing to encourage you to support legislation requiring health care plans to cover infertility diagnosis and treatment. As a constituent, I am writing to ask that you introduce legislation to require health plans to cover the diagnosis and treatment of infertility (S. 874 in the 107th Congress). As one who has faced obstacles in my attempts to build a much-wanted family, including a lack of insurance coverage, I know first-hand the impact that the disease can have on those experiencing it.

There is a great need for this legislation, which will assist the more than 6 million women and men struggling with the disease of infertility. I have faced my own obstacles while attempting to build a family, including a lack of insurance coverage, and I understand first-hand the impact that the disease can have on those experiencing it.

Although infertility is a medically recognized disease, many insurance companies do not provide coverage for treatment. The large financial burden of some infertility treatments combined with the emotional and physical consequences of experiencing infertility is overwhelming. My desire to build a family helps me to face these obstacles, but I also need your support.

In 1998 The United States Supreme Court ruled that reproduction is a major life activity under the Americans with Disabilities Act. Thus, infertility, in which the ability to reproduce is impaired, has far reaching impact. The ruling supports the need for infertility insurance coverage. Those with infertility are unfairly discriminated against when denied coverage for this disease while most other diseases are covered.

Well-managed coverage will not burden insurance companies. Studies show that coverage adds only a few dollars per year to an insurance premium. Infertile couples pay the same premiums as fertile couples, but are not able to access this needed care. Although many diseases and medical conditions are covered by insurance, the disease of infertility is often excluded.

Thank you for your time and consideration. I hope that you will support efforts to provide greater coverage of infertility treatments. Such legislation will help to fulfill the dreams of thousands of couples. For more information about infertility and about the costs and benefits of insurance coverage, I encourage you to contact The American Fertility Association, at (888) 917-3777.

Sincerely,  
Name  
Address



AMERICAN  
FERTILITY  
ASSOCIATION

305 Madison Avenue • Suite 449 • New York, NY 10165

Support line: 888-917-3777 [www.theafa.org](http://www.theafa.org)

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Organon Usa Inc.  
347 Mount Pleasant Ave.  
West Orange, NJ 07052  
(973) 325-4500

[www.organonusa.com](http://www.organonusa.com)