



# At a Glance

## Context



**Infertility** is the inability to have a child and is a complex condition that can take many forms. Persons attempting to have a child may experience **primary infertility** or **secondary infertility**, either of which may be related to the inability to become pregnant or successfully carry a pregnancy to term.

2.1%

2.1% of all births in the United States resulted from assisted reproductive technology

19%

19% of all married women with no live births are **infertile** (primary infertility).

## Bill Summary



AB 2029 would require commercial and CalPERS health plans and policies to provide **"coverage for the diagnosis and treatment of infertility and fertility services."** The bill would also **limit cost sharing** to the same structure as for "major medical" and would **prohibit other coverage limitations** that are different from those of other services.

## Insurance Subject to the Mandate

14.8 million enrollees have insurance that would be subject to the mandate.

- Commercial/CalPERS** enrollees in plans regulated by DMHC
- Commercial** enrollees in policies regulated by CDI
- Does not apply to the coverage of **Medi-Cal** beneficiaries enrolled in **DMHC-regulated plans**

## Medical Effectiveness

CHBRP found **clear and convincing evidence** that:

- IVF is an effective treatment for infertility
- Health insurance mandates are associated with an increase in utilization of fertility services
- IVF mandates are associated with a decrease in the number of embryos transferred per IVF cycle
- IVF mandates are associated with lower pregnancy rates and lower likelihood of other adverse birth outcomes

## Public Health Impacts



**Mental health** and **quality of life** would improve for the **additional 6,000 persons and couples** who would have live birth deliveries resulting from fertility treatments postmandate. **Harms** associated with **multiple gestation pregnancies** would also decrease.

## Benefit Coverage and Cost Impacts



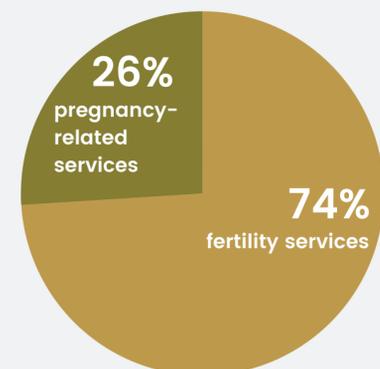
At baseline, **23% of enrollees** with health insurance that would be subject to AB 2029 have infertility coverage that includes IVF. **0% of enrollees** have cost sharing in compliance with the bill.

**Postmandate**, benefit coverage would increase to **100%** for all enrollees with health insurance subject to AB 2029.



AB 2029 would increase total net annual expenditures by **\$714,800,000** or **0.48%**, due to:

- a **decrease** in cost sharing for services covered at baseline
- a **decrease** in out-of-pocket costs for services not covered at baseline
- an **increase** in utilization of fertility services
- an **increase** in resulting pregnancies



About 74% of **increase in premiums** is attributable to the increase in fertility services and about 26% is attributable to increases in pregnancy-related services.