Fertility Within Reach

February 8, 2022

Committee on Health Coverage, Insurance and Financial Services
% Legislative Information Office
100 State House Station
Augusta, ME 04333

Dear Senate Chair Sanborn, House Chair Tepler, and members of the HCIFS Committee,

I am the co-Founder of the national non-profit organization, Fertility Within Reach and am considered an expert in the cost of fertility benefits. I have assisted in cost analyses around the country, including being interviewed by NovaRest for the "Review and Evaluation of LD 1539, An Act to Provide Access to Fertility Care and LD 922, An Act to Help Cancer Patients with Fertility Preservation." I am hopeful that you will vote LD 1539 "Ought to Pass."

I am registered for the committee work session today, prepared to highlight data and critical calculations that resulted in cost inflation and some misinformation associated with LD 1539. I am available to address questions and concerns you have.

- **NovaRest acknowledges throughout the report they were not provided with claim information or resources to back the cost estimates provided by the insurance carriers**.[1]
    - Insurance carriers in other states, share their claim information during cost analyses. (TN, ND, etc. I can provide these upon request)
    - Without claim information provided by the insurers, the cost analysis cannot properly project how many Maine residents would utilize these new benefits.
        - Some carriers already have benefit plans they are providing to Maine employers. Without data, NovaRest could not subtract existing population using benefits from the people of reproductive age who would potentially pursue treatment.
    - NovaRest multiplied the number of projected IVF cycles by the cost that patients pay, which exceeds how much insurers reimburse providers. It would have been more accurate (and cheaper) to multiply the number of projected cycles by what the insurers reimburse for Diagnostic Codes related to fertility health care rather than cash prices paid by patients.

- NovaRest shared outdated information pertaining to other state mandates. They cited The National Conference of State Legislatures (NCSL) data, which has not updated their information in years.
    - The NCSL is missing seven new or expanded mandates in the last five years. Increasing benefits in recent years demonstrates the cost of care is not a burden to the states.
        - Rhode Island (2017), Maryland (2018), Illinois (2021), New York (2019), New Jersey (2020), Utah (2021), California (2019)[2]

- NovaRest reported concerns (not data) that employers will shift to self-insurance to avoid mandated benefits. However, a study of employers from the insurance brokerage firm Willis Towers Watson shows a trend of self-insured employers offering fertility benefits to recruit and retain workers, regardless of whether the state has an insurance mandate or not.[3]

- The report did not examine the mandate benefit reviews from states that already provide a similar mandate.
    - Connecticut's original mandate projection was $3.75 PMPM. After the mandate review utilizing actual claims data, the new estimate was dropped to $1.06 PMPM.[4]

- The report chose to include additional births, which is uncommon in analyses like this.

- The maternity projections for Maine do not subtract the infertile population, therefore births of successful fertility patients have already been calculated within maternity benefits.
- Tennessee's Fiscal Review Committee did not include maternity/birth costs within their benefit total for fertility treatment and preservation. Their total projected cost was $0.90 PMPM.[5]

The errors in calculation and evaluation add up. My goal is to help you have a better understanding of how health benefits should have been calculated to reflect an accurate projection of need and expense, as well as provide data to address concerns. Thank you for considering these clarifications. I hope you find this information helpful and vote LD 1539 "Ought to Pass."

Sincerely yours,

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References

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