ShadyGroveFertilityCenter_FAV_SB988
Uploaded by: Beall, Dr. Stephanie
Position: FAV

Testimony of
Shady Grove Fertility Center
before the
Senate Finance Committee

Bill: SB 988 – Health Insurance – In Vitro Fertilization - Revisions

Hearing Date: February 26, 2020

Position: SUPPORT

Thank you for allowing me to speak on behalf of the men and women who will benefit from improved fertility coverage and in support of Senate Bill 988.

My name is Stephanie Beall and I am a physician at Shady Grove Fertility Center. Shady Grove Fertility Center is the largest fertility practice in Maryland. Our practice is comprised of 61 Reproductive Endocrinologists and 2 Urologists and we perform approximately 10,000 inseminations and over 8000 in vitro fertilization cycles a year. At Shady Grove Fertility, we help individuals and couples build families.

So what is infertility? **The American College of Obstetricians and Gynecologists (ACOG) and the American Society for Reproductive Medicine (ASRM), define infertility as a disease characterized by the failure to achieve a clinical pregnancy after 12 months of regular unprotected sexual intercourse for women younger than 35 years of age or within 6 months in women older than 35 years of age.** The diagnosis of infertility knows no boundaries. It affects individuals regardless of gender, race, sexual orientation or marital status. Female factors include age, ovulatory dysfunction, structural abnormalities such as blocked fallopian tubes or fibroids, and endometriosis. Male factors include low sperm counts, low sperm motility, and in 15% of men with infertility it is due to absent viable sperm in the ejaculate.

Given the anticipated age-related decline in fertility, and the increased incidence of pregnancy loss and having a child a child with a chromosomal abnormality, it is important not to delay fertility care for an individual or couple who have a clinical diagnosis of infertility. Delaying care from one year to two years of unprotected intercourse does not significantly increase the probability of a spontaneous pregnancy. In addition, continuing IUI cycles past the time in which there is a reasonable expectation of success, has a higher overall cost and delays access to more effective treatment options. Furthermore, the delay in access to care could significantly decrease the probability of success with treatment and increase the risk of age related pregnancy complications.

The probability of conceiving a clinical pregnancy decreases with increasing female age and increasing time trying to conceive. The Pregnancy Study Online (PRESTO)

is an ongoing prospective cohort study of North American couples attempting conception. For women 36 years of age and younger, 55-60% achieved a pregnancy within 6 months and 70-80% of women achieved a clinical pregnancy within 12 months of unprotected intercourse. For women 37-39, the probability of pregnancy decreased to 46% within 6 months and 67% within 12 months. Between 40-45 years of age, the probability of pregnancy was 27% and 55% within 6 and 12 months respectably.[1] For couples who do not conceive within 12 months, the probability of pregnancy each additional month attempting is low (Figure 1).[2]

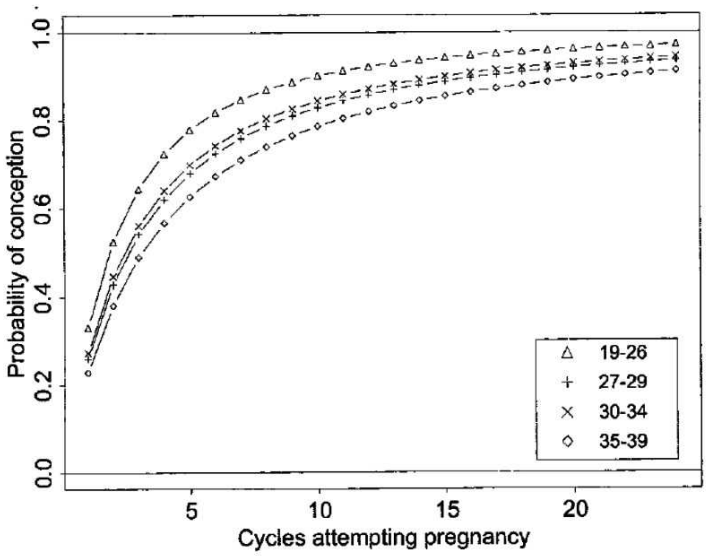

Figure 1: Clinical pregnancy decreases with increasing female age and time trying to conceive (Dunson 2004).

Treatment for infertility includes ovulation induction, ovulation induction with intrauterine insemination (IUI), and in vitro fertilization (IVF). About 50% of treatment cycles performed at Shady Grove Fertility include ovulation induction and IUI. Ovulation induction involves using a medication to stimulate the ovary to mature and ovulate one or more eggs during a treatment cycle. IUI involves placing sperm inside a woman's uterus just prior to ovulation. IUI can be performed with or without ovulation induction.

In vitro fertilization is a procedure in which a physician will remove one or more eggs from the ovaries. The eggs are then fertilized by sperm in the embryology laboratory. The resulting embryos are maintained in culture and then transferred inside the woman's uterus. In vitro fertilization is the most successful treatment available for infertility. On average, 48% of women at Shady Grove Fertility conceive from an embryo transfer. Common indications for in vitro fertilization treatment include Fallopian tube damage or removal, endometriosis, low sperm count and low sperm motility.

Historically there has been the practice of starting treatment with IUI as long as there were no other complicating medical factors precluding its probability of success (i.e. blocked fallopian tubes). The per cycle success rate starts to decline

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[1] Wesselink et al. Age and fecundability in North America preconception cohort study. Am J Obstet Gynecol. 2017 Dec: 217(6): 667.e1-667.e8.
[2] Dunson et al. Increased Infertility with Age in Men and Women. Obstet Gynecol 2004 Jun;103(1):51-6.

after 3 cycles, therefore there is a minimal increase in the cumulative success rate of IUI after 3-4 cycles (Figure 2). The FASTT trial, a randomized control trial designed to evaluate optimal treatment for unexplained infertility, demonstrated an increased pregnancy rate at a lower overall cost for the patients who underwent 3 cycles of IUI followed by IVF compared to 6 cycles of IUI followed by IVF. The observed incremental difference was a savings of $2624 per couple and 0.06 more live births.[3]

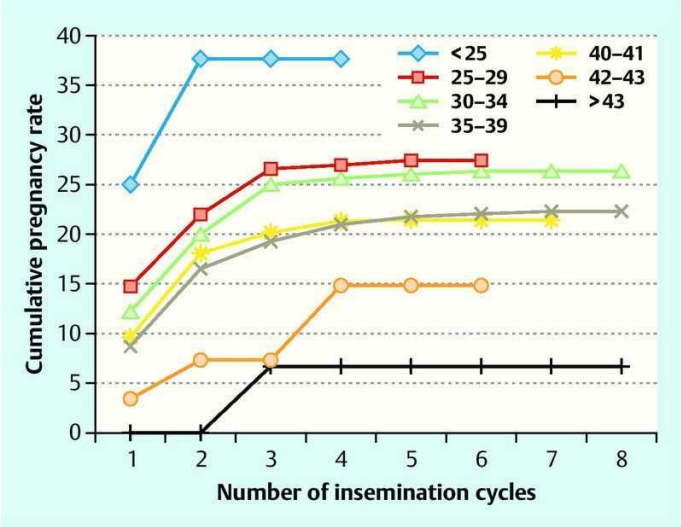

Figure 2: Cumulative pregnancy rates after each insemination cycle for the different age groups (Schorsch et al 2013).

The probability of pregnancy with fertility treatment also decreases progressively with increasing age. The percentage of IUI cycle starts that resulted in a clinical pregnancy was 11.6% for women under 35 years of age, 8.84% for women 35-39, 9.01 for women 40-41, 6.25 for women 42-43, and 3.45% for women older than 43.[4] A similar decline in treatment success is seen with IVF. Nationally, the percentage of IVF egg retrieval cycle starts that resulted in a live birth was 46.8% for women less than 35 years of age, 34.4% for women 35-37, 21% for women 38-40, 10.1% for women 41-42 and 3.1% for women older than 42 years of age.[5]

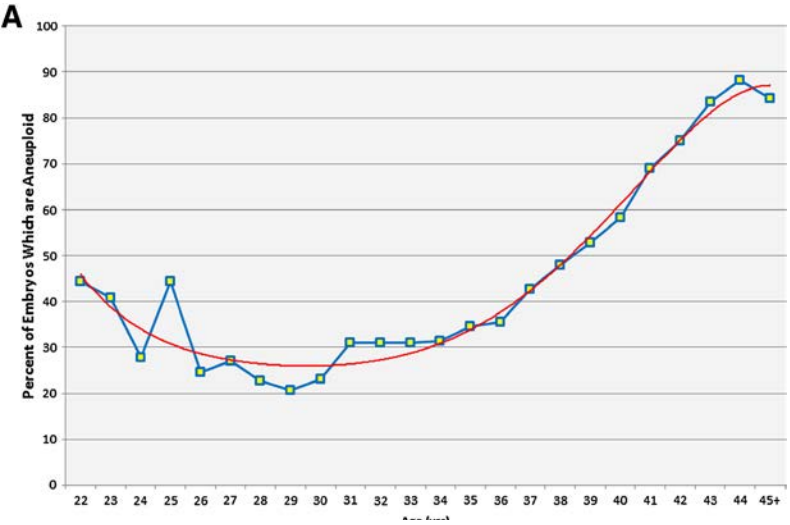

Figure 3: Increase in aneuploidy associated with increased female age (Franasiak et al 2004).

The age related decline in fertility reflects primarily a decrease in egg quality. With advancing female age there is an associated increase in rates of aneuploidy (embryos with an abnormal number of chromosomes) (Figure 3) which ultimately results in decreased fertility, an

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[3] Reindollar et al. A randomized clinical trial to evaluate optimal treatment for unexplained infertility: the fast track and standard treatment (FASTT) trial. Fertil Steril 2010 Aug; 94(3): 888-99.

[4] Schorsch M et al. Success Rate of Inseminations Dependent on Maternal Age? An Analysis of 4246 Insemination Cycles. 2013. Geburt Frauen, 73(8) 808-811.

[5] www.sartcorsonline.com/rptCSR_PublicMultYear.aspx?reportingYear=2017

increased risk of having a child with a chromosomal abnormality and an increased risk of a miscarriage (Figure 4).[6,7]

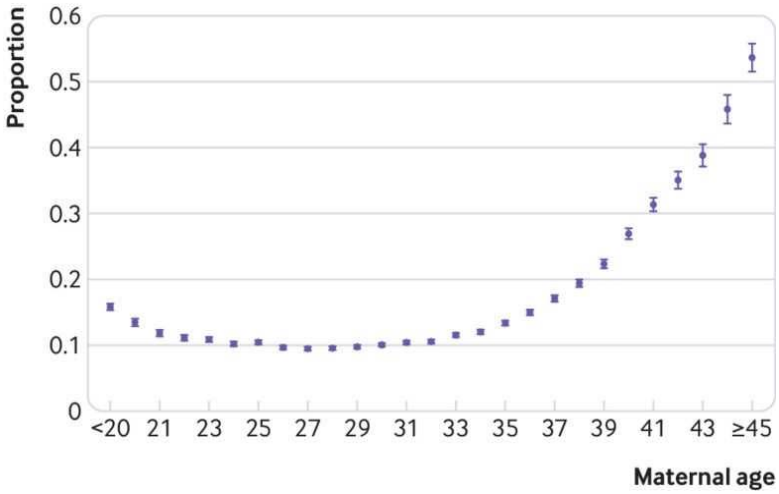

Figure 4: Miscarriage increases with increasing maternal age (Magnus et al 2019).

Thank you for the opportunity to speak with you today. I am happy to answer any questions on the medical aspects infertility care.

Stephanie Beall, M.D., Ph.D.

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[6] Franasiak et al. The nature of aneuploidy with increasing age on the female partner: a review of 15,169 consecutive trophectoderm biopsies evaluated with comprehensive chromosomal screening. 2004 Fert Steril March 101(3): 656-663.
[7] Magnus et al. Role of maternal age and pregnancy history in risk of miscarriage: prospective register based study. BMJ 2019; 364:1869.

ACNMFAV_SB 988
Uploaded by: Elliott, Robyn
Position: FAV

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 988**

Bill Title: **Health Insurance – In Vitro Fertilization - Revisions**

Date: **February 26, 2020**

Position: **Support**

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *Senate Bill 988 – Health Insurance – In Vitro – Revisions*. The bill reverses the exclusion of unmarried women from in vitro benefits as well as brings Maryland's law closer to clinical protocols for in vitro treatment.

- **Coverage for Unmarried Individuals:** Our current law is unfair. State-regulated insurance policies must cover in vitro services for married couples, but not single women. This bill fixes this problem, so that women, regardless of marriage status, will be able to access this coverage; and

- **Clinical Protocols:** Maryland's law requires women, in most circumstances, to experience two-years of infertility before in vitro services will be covered. However, guidelines from the American Society for Reproductive Medicine state that the waiting period should be only one year for women under the age of 35 year and six months for women over 35 years. This bill moves Maryland closer to the standards by lowering the waiting period for in vitro coverage from two to one year.

We ask for your favorable report. Maryland's law should not discriminate against unmarried individuals and it should reflect appropriate clinical standards. If we can provide any further assistance, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

MLAW_FAV_SB988
Uploaded by: Elliott, Robyn
Position: FAV

Women's Law Center of Maryland
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BILL NO:	Senate Bill 988
TITLE:	Health Insurance – In Vitro Fertilization - Revisions
COMMITTEE:	Finance
HEARING DATE:	February 26, 2020
POSITION:	**SUPPORT**

The Women's Law Center of Maryland is a statewide, non-profit law firm that provides direct legal representation to survivors of domestic violence and advocates legislatively on issues related to the physical safety, economic security, and bodily autonomy of women in Maryland. Part of that advocacy includes supporting all women in their reproductive choices so that they are able to build their families how and when they want. Senate Bill 988 is a small bill that updates Maryland's current provisions regarding insurance coverage for in vitro fertilization (IVF) so that it matches our beliefs regarding equity as well as current medical standards.

There are two changes in the law that SB 988 seeks to create. The first is to ensure that all women, regardless of their marital status, are able to avail themselves of insurance coverage for IVF procedures. Currently, the law is restricted to married individuals only, ignoring that couples, particularly those who have been previously married, may wish to start a family together without entering into a new marital relationship, or that single individuals may not wish to wait until marriage before having children. These choices are often considered in light of the fact that infertility rates increase exponentially as women age, and waiting until marriage may mean some women will have to forgo the opportunity to have children of their own. The WLC feels that excluding unmarried individuals from the coverage is an unfair practice, with no legal or medical rationale.

The second issue SB 988 seeks to address is the length of time a patient must wait before accessing IVF coverage. Infertility is defined by the American College of Obstetrics and Gynecology, and the American Society for Reproductive Medicine, as an inability to establish a pregnancy after twelve months of regular attempts to conceive. Yet Maryland's current law states that infertility is demonstrated by "intercourse of at least 2 years' duration failing to result in pregnancy". SB 988 would change the definition, from 2 years to 1 year, to match current clinical guidelines. It would further make the necessary corresponding reduction to the number of failed attempts of Intrauterine Insemination (IUI) from six to three.

These changes are practical ways to bring Maryland's laws regarding artificial reproductive technology up to date with our belief system and the medical field. They will allow all individuals who wish to start a family access to the same benefits, regardless of their marital status. The WLC respects and supports the rights of all Marylanders to create their families on their own terms and SB 988 will help them achieve those goals.

Therefore, the Women's Law Center of Maryland, Inc. urges a favorable report on Senate Bill 988.

MedChi, MDACOG_Danna Kauffman_FAV_SB0988
Uploaded by: Kauffman, Danna
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ACOG
The American College of Obstetricians and Gynecologists
Maryland Section

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Shelly Hettleman

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Richard A. Tabuteau

DATE: February 26, 2020

RE: **SUPPORT** – Senate Bill 988 – *Health Insurance – In Vitro Fertilization – Revisions*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), we submit this letter of **support** for Senate Bill 988. Senate Bill 988 accomplishes two tasks. First, it lifts the exclusion against unmarried individuals being able to qualify for the in vitro fertilization benefit. Second, it changes the timeframe for when a patient can be considered "qualified" for in vitro fertilization to better align with recognized clinical protocols.

Maryland's current law requires that a patient and the patient's spouse must have a history of involuntary infertility of at least two years' duration. However, the American College of Obstetricians and Gynecologists defines infertility as a disease characterized by the failure to achieve clinical pregnancy after 12 months of regular, unprotected sexual intercourse for women younger than 35 years or within six months in women older than 35 years of age. Reducing this requirement to one-year better aligns with clinical protocols. Therefore, we urge a favorable report.

For more information call:
Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Richard A. Tabuteau
410-244-7000

NARAL_FAV_SB988
Uploaded by: NARAL, NARAL
Position: FAV

SB0988 Health Insurance – In Vitro Fertilization – Revisions
Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee
February 26, 2020 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges the Senate Finance Committee **a favorable report on SB0988 Health Insurance – In Vitro Fertilization – Revisions**, sponsored by Senators Shelly Hettleman and Susan Lee.

Our organization is an advocate for reproductive health, rights, and justice. As a part of our mission to advocate for the reproductive freedom for all Marylanders, we work to ensure everyone has the right to parenthood. In doing so, we support the rights for couples and individuals to access healthcare coverage for in vitro fertilization (IVF) and discourage marital status discrimination from healthcare providers.

According to the Maryland Insurance Administration, employees who work for religious organizations that employ more than fifty workers may be denied healthcare coverage for IVF, while small group healthcare coverage plans exclude IVF altogether.[1] Infertility is one of the main reasons why patients seek IVF. Infertility may hurt one's chances to a become a parent, and may affects mental wellbeing as they face anxiety, depression, and isolation for not being to realize their family formation goals. [2] From 1981 to 2017, over 1.2 million babies have been born thanks to IVF. [3] Infertility affects both cisgender men and women equally, but we also acknowledge that trans and gender non-binary people suffer with the inability to get pregnant with their partner or just themselves. If not being covered for IVF, trans patients can face a greater financial burden because they may have to profit for hormone therapy after fertility preservation. [4] SB0988 acknowledges same-sex couples want in creating a family and the struggles they may face with heteronormative healthcare environments. Lesbian couples may choose IVF for the following reasons: preferring an unknown sperm donor, the inability to conceive using other methods of reproductive technology, and health safety. [5]

A couple's sexuality or an individual's marital status should not jeopardize their ability to access IVF. Equal to married couples, SB0988 mandates unmarried patients are people with the right to access healthcare coverage for IVF, affirms that the family unit includes couples of all gender identities and sexual orientations, and recognizes the right to single parenthood. SB0988 acknowledges challenges that couples and individuals may have with reproduction and supports all patients to have the medical assistance they rightfully deserve. One's identity and/or marital status should not determine their capability in being a parent. Marylanders should be provided with the financial coverage to assist them in the types of reproductive technology options they need in order to have the benefit of parenthood. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0988.** Thank you for your time and consideration.

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[1] "Health Insurance," Maryland Insurance Administration, Accessed 11 Feb. 2020. https://insurance.maryland.gov/Consumer/Pages/HealthCoverage.aspx
[2] "Infertility," Society for Assisted Reproductive Technology, 2020, Accessed 11 Feb. 2020. https://www.sart.org/topics/topics-index/infertility/
[3] Ibid
[4] Jones, C. A., L. Reiter, and E. Greenblatt. 2016. "Fertility Preservation in Transgender Patients." International Journal of Transgenderism 17 (2): 76-82.
[5] Hayman, Brenda, Lesley Wilkes, Elizabeth Halcomb, and Debra Jackson. 2015. "Lesbian Women Choosing Motherhood: The Journey to Conception." Journal of GLBT Family Studies 11 (4): 395-409.

ASRM_FAV_SB988
Uploaded by: Racowsky, Catherine
Position: FAV

The American Society for Reproductive Medicine

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February 26, 2020

The Honorable Delores Kelley
Chair, Finance Committee
Maryland Senate
11 Bladen St., Annapolis, MD 21401

RE: SB 988 – *Health Insurance – In Vitro Fertilization Revisions*

Dear Chair Kelley and Members the Committee:

On behalf of the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART), we write to express support for SB 988, which would ensure all Maryland citizens have the opportunity to realize their dream of becoming parents.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others. SART is an organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and minimum standards of care.

Specifically, this legislation aims to ensure equitable access – regardless of whether a woman is married – to coverage, under certain insurance plans, of in vitro fertilization services. While Maryland is one of 16 states that mandates some form of coverage for these services, it is also one of just five that offers this coverage only to married couples, according to a Maryland Department of Legislative Services analysis. Passage of this bill would keep Maryland on pace with national trends and states like New York and New Jersey, which recently updated their laws to ensure unwed women have coverage.

Moreover, Maryland law requires most health insurance providers to cover the cost after a couple has failed to conceive through less costly infertility treatments such as artificial insemination. SB 988 will, in alignment with ASRM's practice guidelines, decrease the time any woman must try and fail to conceive by other methods before insurance must provide coverage – reducing the requirement from two years to one.

We support and encourage swift passage of SB 988. Thank you for your consideration and support.

Sincerely,

Catherine Racowsky, PhD
President, ASRM

Paul Lin, MD
President, SART

Hettleman_FAV_SB988
Uploaded by: Senator Hettleman, Senator Hettleman
Position: FAV

SHELLY HETTLEMAN
Legislative District 11
Baltimore County

Judicial Proceedings Committee

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The Senate of Maryland
ANNAPOLIS, MARYLAND 21401

TESTIMONY OF SENATOR SHELLY HETTLEMAN

SB 988 - HEALTH INSURANCE – IN VITRO FERTILIZATION – REVISIONS

SB 988 addresses a gap in our current law for the treatment of infertility. Maryland has required insurance coverage for in vitro fertilization (IVF) for married couples since 2000. In 2015, we expanded it to cover same sex married couples.

This bill would reflect current trends in parenting and current clinical practice, expanding coverage to couples and individuals who are not married. It would also change from 2 years to 1 year the amount of time one would have to document infertility before being eligible for IVF, which would apply to both married couples and unmarried individuals.

Current Maryland law requires that couples try to conceive for 2 years, reflecting an outdated clinical approach. Guidelines on infertility from the American College of Obstetrics and Gynecology and the American Society for Reproductive Medicine define it as an inability to become pregnant after twelve months of consistent attempts to conceive. This bill would update these clinical guidelines and would allow women access to IVF earlier, improving the chances of success because we know that age can be an aspect of infertility. The bill also reduces the number of attempts at artificial insemination one would have to make – from six attempts to three.

I will offer an amendment to strike anti-discrimination language that we have agreed is unnecessary and, with that, the insurance carriers are not opposed to the bill.

Thousands of Marylanders have difficulty becoming pregnant and deserve access to today's modern technology that will assist them. This bill brings our law up to date, reflecting modern patterns in both medicine and parenting. I respectfully request your support for SB 988. Thank you.

MD Health Care Comm_INFO_SB 988
Uploaded by: Renfrew, Megan
Position: INFO

STATE OF MARYLAND

Andrew N. Pollak
CHAIR

Ben Steffen
EXECUTIVE DIRECTOR

MARYLAND HEALTH CARE COMMISSION

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February 26, 2020

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, MD 21401

RE: SB 988 – Health Insurance – In Vitro Fertilization - Revisions – LETTER OF INFORMATION

Dear Chair Kelley and Committee Members:

The Maryland Health Care Commission (Commission) is pleased to provide the Senate Finance Committee with information related to Senate Bill 988 (SB 988). SB 988 would expand the current in vitro fertilization (IVF) health insurance mandate[1] to unmarried patients.

In December 2019, the Commission submitted to the General Assembly a final report on the "Study of Mandated Health Insurance Services", as required under Insurance Article §15-1502, Annotated Code of Maryland. A link to the full report can be found on the Commission's website.

In this study, NovaRest, Inc., the Commission's consulting actuarial firm, analyzed both the full and marginal costs of all current Maryland health insurance mandates which apply to the fully-insured individual, small group, and large group markets, and/or the State employee plan. The report indicates that the full cost of the current IVF mandate as a percentage of premiums is 0.17% in the individual market and 0.19% in the large group market.

The report also included voluntary compliance for covering mandated benefits in Maryland's self-insured market. According to the analysis in the report, approximately 90 percent of self-insured health plans in Maryland offer an IVF benefit.

[1] Insurance Article § 15-810, Annotated Code of Maryland. Note the current IVF mandate has not been adopted in the small group market, although NovaRest, Inc. estimated the cost of such a mandate in the small group market would be 0.21% of premiums.

Note: The Maryland Health Care Commission is an independent State agency. The position of the Commission may differ from the Maryland Department of Health.

Since coverage for IVF services is already mandated in Maryland for fully insured plans in the individual market and large group market, the Commission favors parity and believes the benefit should apply to all members of covered health insurance plans, regardless of marital status. However, the Commission strongly believes that although each individual mandate (or expansion of an existing mandate) has a minimal cost impact on insurers (and consumers), it is important to consider that the cumulative impact of health insurance mandates on health care costs can be significant.

I hope you find this information useful. Please feel free to contact me at (410) 764-3566 or Ben.Steffen@maryland.gov, or Megan Renfrew, Government Affairs and Special Projects, at (410) 764-3483 or Megan.Renfrew@maryland.gov if you have any questions.

Sincerely,

Ben Steffen
Executive Director
Maryland Health Care Commission

Note: The Maryland Health Care Commission is an independent State agency, and the position of the Commission may differ from the position of the Maryland Department of Health.