

## **1S HB 214, INSURANCE COVERAGE MODIFICATIONS,**

(Ward, R)

### **Anticipated Fiscal Impact:**

Anticipated savings would more than offset anticipated costs for the State Health Insurance Risk Pool

The first substitute removes the requirement for health plans to count manufacturer coupons toward an employee's cost sharing requirements, including deductibles and out-of-pocket maximums. This removes the original estimate of \$1.1M from the bill.

The remaining provision of the first substitute would generate sufficient savings to offset anticipated costs.

The first substitute directs the state health insurance pool to cover in-vitro fertilization (IVF) procedures, including genetic testing of an embryo, for an employee and partner who expect to have children, but have been diagnosed with a genetic trait for cystic fibrosis (CF), spinal muscular atrophy (SMA), Morquio Syndrome, myotonic dystrophy or sickle cell anemia. The substitute allows the couple to elect IVF in favor of natural conception to reduce the chances of a child born with the parents' disease.

As detailed in our analysis of the original bill:

- The cost of IVF is about \$16,800 per cycle.
- The cost of treatment for the listed conditions is no less than \$14,000 per year and as much as \$2.1M for a single treatment
- These are very rare conditions, making it impossible to accurately predict actual cost savings, since it is not possible to know when and with which condition a couple may present themselves for IVF treatment.
- For purposes of this fiscal analysis, PEHP assumes that: (1) anyone requesting IVF under this bill would otherwise be able to successfully conceive; (2) IVF would result in a pregnancy of an individual without the genetic-related diseases listed; and (3) state coverage for a child with one of the genetic-related diseases would last for more than one year.