

# HB 192 1st Substitute, FERTILITY TREATMENT

AMENDMENTS, (Ward, R)

### **Anticipated Fiscal Impact:**

\$511,358 per year (\$2.05 PEPM)

#### **Summary**

The original version of HB 192 required coverage of fertility treatment and preservation services for state employees between the ages of 18 and 35 who are diagnosed with cancer and receive treatment that jeopardizes future-ability to have children. We estimated the costs of HB 192 at \$179,762 given average female fertility costs of \$79,213, average males costs of \$22,995, and birth-related costs and complications of \$77,554.

1st Sub 192 extends coverage beyond HB 192 by: (1) making fertility treatment available for any disease that has undergone any treatment recognized to cause a risk of sterility or iatrogenic infertility—not just cancer, (2) requiring coverage for any procedure not identified as experimental or investigational by the American Society of Reproductive Medicine or the American Society of Clinical Oncology, which may include treatment outside of Utah, (3) removing procedure limits, and (4) removing age limits. These changes increase costs by \$331,596 for a total cost of \$511,358 per year.

### **Assumptions and Analysis**

- 1. **Removing limits to the number of procedures:** HB 192 placed a three-cycle limit on fertilization services. Removal of that limit under 1<sup>st</sup> Sub 192 would increase costs by \$10,871.
- 2. Coverage of services for members greater than age 35: 1st Sub HB 192 expands the rate of birth for members of the state insurance risk pool from the ages of 35 to 45. Historically, the number of children born to members of these ages is low. Accounting for historic births, this would increase costs by \$13,910.



- 3. **Broadening the procedure list:** 1st Sub 192 requires coverage for any procedure not identified as experimental or investigational by the American Society of Reproductive Medicine or the American Society of Clinical Oncology. As such: (1) PEHP would be unable to manage the benefit based on comparative effectiveness and independent clinical analysis and (2) PEHP may be required to pay for treatment even if it only available outside of Utah and regardless of cost. This would increase costs by \$102,272.
- 4. Coverage of iatrogenic infertility: 1st Sub 192 makes fertility treatment available for any disease that has undergone any treatment recognized to cause a risk of sterility or iatrogenic infertility. This is a significant expansion beyond cancer. We would expect at least as many members would access the benefit under the expansion language as would under the cancer language. The would increase costs by \$204,543.

## **Average Yearly Cost**

Service	<b>Average Yearly Cost</b>
Baseline costs for coverage HB 192	\$179,762
Removing utilization limits	\$10,871
Coverage of services for members >35 years	\$13,910
of age	
Coverage of broader procedure list	\$102,272
Coverage of iatrogenic infertility	\$204,543
Total	\$511,358