

orientation, or economic status; and

Whereas, Same-sex couples, uncoupled adults, and asexual adults, among others, uniquely experience fertility and infertility challenges; and

Whereas, According to the Center for Reproductive Rights, fertility implicates and affects multiple human rights, including the rights to plan the timing and spacing of children, benefit from scientific progress, health, sexual and reproductive health, and non-discrimination; and

Whereas, According to Columbia University Medical Center, infertility impacts individuals across socioeconomic, racial, ethnic and religious lines, and cost is the number one barrier to seeking family building assistance, as 46% of affected people lack insurance coverage for treatment of infertility; and

Whereas, According to the Center for Reproductive Rights, issues of infertility can create devastating social stigma rooted in harmful stereotypes, particularly for same-sex couples and individuals seeking fertility care and treatments; and

Whereas, The price for fertility treatment ranges between \$10,000 to \$20,000 per attempt at conception through In Vitro fertilization (IVF), according to American Society for Reproductive Medicine, keeping the possibility of a child out of reach for many; and

Whereas, As of January, 2020, New York Insurance Law §§ 3221(k)(6)(C) and 4303(s)(3) requires large group insurance policies and contracts that provide medical, major medical, or similar comprehensive-type coverage in New York to cover 3 cycles of IVF used in the treatment of infertility; and

Whereas, The existing state law provides up to 3 IVF cycles to people who are insured through an employer with over 100 employees who provides qualifying coverage; and

Whereas, The existing state law also provides medically necessary fertility preservation treatments for people facing infertility caused by medical intervention or conditions; and

Whereas, The existing state law prohibits the delivery of insurance coverage from discriminating based on age, sex, sexual orientation, marital status, or gender identity; and

Whereas, There are still limitations and mandates that exclude many New Yorkers from these services such as (1) People on Medicaid; (2) People who receive their health insurance from the Exchange in New York; (3) Employees of small companies of fewer than 100 employees; (4) Employees of companies that self-insure with over 1,000 employees; (5) and People with health insurance provided by the Federal government; and

Whereas, Although the State's requirement for some IVF coverage is relatively inclusive compared to other states, many plan participants who need such services to build families are excluded from coverage due to the requirement for an infertility diagnosis; and

Whereas, An infertility diagnosis under the law is defined as a disease or condition characterized by the incapacity to impregnate another person or to conceive, due to the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or therapeutic donor insemination for a female 34 years of age or under, or after 6 months of regular unprotected sexual intercourse or therapeutic donor insemination for a female 35 years of age or older; and

Whereas, The State's requirement for an infertility diagnosis operates to exclude IVF coverage for couples and individuals who do not have an infertility diagnosis, particularly, same-sex couples, uncoupled adults, asexual adults, and others; and

Whereas, Many other treatments and services are related to family building, particularly those services most often utilized for family planning by same-sex couples, uncoupled adults, and asexual adults, including gamete and embryo freezing surrogacy, and adoption, and such services are not necessarily covered under the existing law; and

Whereas, According to Kaiser Family Foundation, the high cost and limited coverage of fertility services make this care inaccessible to many low income people, communities of color, LGBTQ populations, and other marginalized groups who may need it, but are unable to afford it; and

Whereas, Broadening the definition and understanding of infertility and guaranteeing fair distribution of fertility treatments is imperative so that everyone has an equal opportunity to plan their families, regardless of

gender or gender identity, race, relationship status, or sexual orientation; and

Whereas, It is time for New York State to guarantee insurance coverage for all fertility treatments to achieve greater equity, and fulfill a fundamental human right to basic reproductive essential health care; and

Whereas, S-6118-A, introduced by New York State Senator Brad Hoylman-Sigal, and its companion bill A-6177-A, introduced by New York State Assembly Member Amy Paulin, would amend the definition of infertility in the insurance law and expand IVF coverage to include donor cycles, which would expand coverage to include individuals that are same-sex couples, uncoupled adults, and asexual adults, among others, now, therefore be it

Resolved, That the Council of the City of New York calls upon New York State Legislature to pass, and the Governor to sign, S-6118-A/A-6177-A, known as the Equity in Fertility Treatment Act.

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