Legislation Details (With Text)

File #:	Res 1433-2017	**Version:**	*	**Name:**	Amend the NYS insurance law to include the coverage of in vitro fertilization treatments. (A.528)
Type:	Resolution			**Status:**	Filed (End of Session)
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Title: Resolution calling upon the New York State Legislature to pass and the Governor to sign A.528, which would amend the New York State insurance law to include the coverage of in vitro fertilization treatments

Sponsors:

Indexes:

Attachments: 1. April 5, 2017 - Stated Meeting Agenda with Links to Files, 2. Committee Report 6/27/17, 3. Hearing Testimony 6/27/17, 4. Hearing Transcript 6/27/17

Date	Ver.	Action By	Action	Result
4/5/2017	*	City Council	Introduced by Council	
4/5/2017	*	City Council	Referred to Comm by Council	
6/27/2017	*	Committee on Health	Hearing Held by Committee	
6/27/2017	*	Committee on Health	Laid Over by Committee	
12/31/2017	*	City Council	Filed (End of Session)	

Res. No. 1433

Resolution calling upon the New York State Legislature to pass and the Governor to sign A.528, which would amend the New York State insurance law to include the coverage of in vitro fertilization treatments

By Council Members Levin, Rosenthal, Cumbo and Johnson

Whereas, In vitro fertilization (IVF) is a series of medical procedures, or one treatment cycle, used to assist with the conception of a child; and

Whereas, In IVF mature eggs are collected from a woman's ovaries and fertilized by a sperm in a lab and implanted in the woman's uterus; and

Whereas, While the number of babies born in the United States since 2007 has decreased, the number of women seeking IVF treatments has steadily increased since 2003; and

Whereas, The New York State legislature amended the insurance law in 2002, to require that all private

group health insurance plans issued or delivered by the state provide coverage for hospital, surgical, and medical care for the diagnosis and treatment of infertility for patients between the ages of 21 to 44, as long as they were covered by the policy for 12 months; and

Whereas, While New York State has expanded fertility coverage in respect to certain medical needs, the New York State insurance law excludes coverage for costly IVF treatments; and

Whereas, According to the Society for Assisted Reproductive Technology (SART) 175,000 cycles of IVF were conducted in 2013, which was a 6% increase from 2012 and a 65% increase since 2003; and

Whereas, According to the Centers for Disease Control (CDC), infertility can have many different causes and is not exclusive to one gender; and

Whereas, Infertility is usually determined by the inability to conceive after 12 consecutive months of unprotected intercourse; and

Whereas, According to the CDC, 12% of women in the United States between the ages of 15 and 44 have difficulty getting pregnant or carrying a pregnancy to term; and

Whereas, According to a survey conducted by the Reproductive Medicine Associates of New Jersey (RMANJ) in 2015, the ability to conceive becomes increasingly more difficult as a woman gets older; and

Whereas, According to the American Society for Reproductive Medicine (ASRM), fertility in women declines after a woman turns 30, and particularly declines further after a woman turns 35; and

Whereas, According to the survey conducted by RMANJ, in the United States, many women are choosing to wait until they are over the age of 30 to start a family; and

Whereas, In the United States the live birth rate for each IVF cycle is roughly 41-43% for women under the age of 35; and

Whereas, According to Advanced Fertility Services (AFS), a New York based fertility clinic, IVF has a 33% success rate of live birth after the first round of treatment, but a 70% success rate after the third round, many couples should prepare for multiple rounds of treatment; and

Whereas, One IVF cycle can cost roughly $12,000 to $17,000, which does not include additional hormonal medications a woman may need to take and IVF coverage is not mandatory under New York State law; and

Whereas, Currently, eight states require IVF health insurance coverage by law, with only certain limitations on either the maximum amount covered or the number of treatment cycles covered; and

Whereas, Many couples choose to travel out of their home state to seek treatment from a state that includes IVF treatment in their insurance law, this forces couples to factor in travel expenses in addition to the overall treatment cost; and

Whereas, According to a 2014 study released by the CDC, there is a disparity in the use of fertilization assistance; and

Whereas, Many women who use IVF services are married, non-Hispanic white, with a higher level of education, and more affluent than non-users; and

Whereas, Public misconceptions about infertility make IVF appear to be an unnecessary procedure, rather than a necessary medical treatment; and

Whereas, IVF is not only used to help heterosexual couples conceive, but also assist same sex-female couples conceive; and

Whereas, 15% of heterosexual couples and 15% of same sex couples seek out and use IVF; and

Whereas, According to a 2016 survey conducted by the International Foundation of Employee Benefit Plans (IFEBP), 19% of large employers cover IVF treatments; and

Whereas, Employers who offer a greater amount of fertility coverage are more likely to recruit and retain younger employees, who are preparing for the future; and

Whereas, In January 2017, New York State Assembly Member Linda Rosenthal introduced A.528, which relates to insurance coverage of in vitro fertilization treatments; and

Whereas, Including IVF treatment in the health insurance law, will allow families struggling to

conceive, to receive the necessary treatment without worrying about the cost of service; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature to pass and the Governor to sign A.528, which would amend the New York State insurance law to include the coverage of in vitro fertilization treatments.

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3/16/17