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HOUSE JOINT RESOLUTION NO. 545

Offered January 13, 2021

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Directing the Health Insurance Reform Commission to study mandating insurance coverage for infertility treatment including in vitro fertilization and standard fertility preservation procedures that are medically necessary to preserve the fertility of a covered individual due to the covered individual receiving cancer treatment that may directly or indirectly cause iatrogenic infertility. Report.

Patrons—Helmer, Keam and Lopez

Referred to Committee on Rules

WHEREAS, in the United States, approximately 12 percent of women age 15 through 44 have difficulty getting or staying pregnant and 132,350 individuals of reproductive age are diagnosed with cancer each year, and approximately 3,193 of these individuals are in Virginia; and

WHEREAS, chemotherapy, radiation, and surgery can cause medically induced (iatrogenic) infertility by damaging gametes, reproductive organs, or endocrine functioning; such treatments may also impact the ability to carry a pregnancy. Most cancer patients of reproductive age would face at least some risk for infertility due to their cancer treatments and could, therefore, benefit from having the opportunity to preserve their fertility prior to treatment; and

WHEREAS, only one in four people get the treatment needed to overcome infertility and cost is often cited as the most significant barrier to infertility treatment and fertility preservation. The average costs of an in vitro fertilization (IVF) cycle is \$15,000, and preservation costs can range from several hundred dollars for sperm banking to approximately \$15,000 for egg banking, underscoring the additional costs faced by females over males. These costs are also exacerbated by the short window of time that cancer patients have before starting potentially sterilizing treatment. Such costs put infertility treatment and fertility preservation out of reach for many; and

WHEREAS, Virginia led the way in pioneering IVF; the Jones Institute for Reproductive Medicine, located in Norfolk, had the first IVF program in the United States and the first United States IVF birth in 1981. Virginia is also home to Shady Grove Fertility, one of the largest and most successful fertility clinics in the country, which attracts patients from across the United States to its nine offices in Virginia, while this nationally renowned care remains out of reach for many in the Commonwealth who lack infertility insurance; and

WHEREAS, other states mandate insurance coverage for infertility treatment and fertility preservation. Colorado recently passed legislation requiring IVF and fertility preservation coverage with a fiscal impact of just \$ 3,337 for fiscal year 2020-2021. In analyzing a fertility preservation mandate, the New York State Department of Financial Services estimated that premiums would increase 0.02 percent for mandating fertility preservation for iatrogenic infertility. In addition to the low cost of providing coverage, comprehensive fertility care can result in long-term health care savings; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Health Insurance Reform Commission be directed to study mandating insurance coverage for infertility treatment including in vitro fertilization and standard fertility preservation procedures that are medically necessary to preserve the fertility of a covered individual due to the covered individual receiving cancer treatment that may directly or indirectly cause iatrogenic infertility.

In conducting its study, the Health Insurance Reform Commission shall, pursuant to § 30-343 of the Code of Virginia, work with the Bureau of Insurance and the Joint Legislative Audit and Review Commission to assess the social and financial impact and the medical efficacy of the proposed mandate that shall include an estimate of the effects of the proposed mandate on the costs of health coverage in the Commonwealth, including any estimated additional costs that the Commonwealth may be responsible for pursuant to § 1311(d)(3)(B) of the Patient Protection and Affordable Care Act (P.L. 111-148).

The Office of the Clerk of the House of Delegates shall provide administrative staff support. The Division of Legislative Services shall provide legal, research, policy analysis, and other services as requested by the Health Insurance Reform Commission. Technical assistance shall be provided to the Health Insurance Reform Commission by the Bureau of Insurance and the Joint Legislative Audit and Review Commission. All agencies of the Commonwealth shall provide assistance to the Health Insurance Reform Commission for this study, upon request.

The Health Insurance Reform Commission shall complete its meetings by November 30, 2021, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of

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59 its findings and recommendations no later than the first day of the 2022 Regular Session of the General
60 Assembly. The executive summary shall state whether the Commission intends to submit to the General
61 Assembly and the Governor a report of its findings and recommendations for publication as a House or
62 Senate document. The executive summary and report shall be submitted as provided in the procedures of
63 the Division of Legislative Automated Systems for the processing of legislative documents and reports
64 and shall be posted on the General Assembly's website.