

**From:** [REDACTED]  
**To:** [ETF SMB Board Feedback](#)  
**Subject:** State Health Insurance Comment  
**Date:** Tuesday, May 14, 2024 11:14:20 AM

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To Whom it May Concern,

I am writing on behalf of the 1 in 6 who struggle conceiving or carrying a pregnancy to term. [REDACTED]  
[REDACTED]

In 1998 The US Supreme Court defined infertility as a disability under the American's with Disabilities Act (ADA). In subsequent Court rulings they said it was okay to deny those with this disability equal treatment. I consider this to be an unjust ruling on a minority group and hope you do too. Often employers believe that adding an infertility coverage benefit will increase health care costs. However, recent studies indicate that including comprehensive (including IVF and FET) infertility coverage in a health benefit package may actually reduce costs and improve outcomes.

For example, a recent employer survey conducted by the consulting firm William M. Mercer found that 91 percent of respondents offering infertility treatment have not experienced an increase in their medical costs as a result of providing this coverage. As also proven in the following studies, the perceived cost of infertility treatment is typically overstated.

In states with mandated infertility insurance, the rate of multiple births is lower than in states without coverage. (New England Journal of Medicine, "Insurance Coverage and Outcomes of In Vitro Fertilization," August 2002). Fewer multiple births has proven to provide huge savings as couples with insurance coverage are free to make more appropriate decisions with their physicians based on medical necessity rather than financial considerations which often result in multiple births and a high rate of complications during and post-pregnancy; the cost of these pregnancies exceed the cost of fertility treatments.

Comprehensive infertility coverage may actually reduce premium expense by as much as \$1 per member/per month. According to The Hidden Costs of Infertility Treatment in Employee Health Benefits Plans (Blackwell, Richard E. and the William Mercer Actuarial Team, 2000), many insurance premiums now indirectly provide coverage for "hidden" infertility benefits such as surgeries to remove scarring in the fallopian tubes for women or varicose vein removal for men. The "hidden infertility benefits" pay for procedures that are often needless and ineffective yet done in the place of less expensive fertility treatments such as ovulation induction, intrauterine insemination, and even in vitro fertilization.

The cost of infertility services as a percent of the total health premiums went down after the 1987 Massachusetts Mandate which made infertility coverage mandatory. (Study by Griffin and Panak, Fertility & Sterility, 1998). According to a 2003 Harris Interactive Poll, 80% of the general population believes infertility treatment should be covered by insurance. (Harris Interactive Inc., Survey, 2003).

In vitro fertilization accounts for less than 3% of infertility services. According to the American Society of Reproductive Medicine (ASRM), 85%-90% of infertility cases can be treated with

conventional medications. (ASRM website, Quick Facts About Infertility). There are currently 14 States + DC that have infertility laws for coverage and I think Wisconsin should be the next to offer this.

Please let me know if you would like any additional information on this issue, I am confident I am in contact with someone who can answer them if I cannot answer them myself. I hope my company will consider offering infertility coverage and support family building efforts. Thank you for your consideration. Here is a link to a fact sheet with more detailed information: <https://resolve.org/wp-content/uploads/2022/08/IVF-Fact-Sheet-2022.pdf>

Sincerely,

Erin Schwark, PE

[Redacted signature block]



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June 14, 2024

Erin Schwark  
[REDACTED]

Dear Erin Schwark,

Thank you for your email regarding coverage of infertility care coverage in the Group Health Insurance Program (GHIP).

ETF understands that access to infertility treatment is a growing concern for families. The Group Insurance Board (Board) carefully considers the coverage provided by the GHIP each year to provide the most comprehensive benefits while keeping premium costs low for members. We review benefit requests from members and health plans annually. Infertility benefits were most recently presented to the Board in [May 2022](#).

At that time, Segal (the Board's actuary) estimated that costs could range from an additional \$5M to \$20M based on the wide variety of services under the infertility category. Segal also estimated that around 5% of families would use these services. ETF does not have cost and use data available for services not covered by our programs, and so we rely on Segal to estimate the cost of new services. Segal did not report opportunity for savings that would reduce the above amounts, and under Wis. Stats. §40.03(6)(c), ETF cannot recommend adding services if they are not cost neutral, money-saving, or required by law.

ETF will follow up with Segal regarding the articles you provided indicating adding fertility coverage did not result in a significant increase in health plan cost. Requests for benefit changes for the 2025 plan year were approved by the Board at their February 2024 meeting, and so this will be revisited for the 2026 plan year.

Thank you again for reaching out to express your concerns. If you have any additional questions, please feel free to contact me by email at [Luis.Caracas@etf.wi.gov](mailto:Luis.Caracas@etf.wi.gov)

Sincerely,

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