Financial Issues Surrounding ART- Insurance Coverage for Families in Poverty

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Abstract

Assisted reproductive technologies (ART) are used in a variety of medical procedures designed to increase a patient’s likelihood of conceiving a child (IC, 2019). There are many such treatments that have successfully helped thousands of couples become parents (Hawkins, 2016). Despite how common these costly procedures are, they are mostly covered by insurance companies (Fallon & Rossell, 2016). The financial inaccessibility of assisted reproductive technologies exemplifies that infertility screening and treatments are often an unaffordable treatment for low income and minority families (Vázquez et al., 2010). Many states have passed laws that require states to offer coverage however, these are unique to each state (Fallon & Rossell, 2014). We are going to discuss the disparities that arise between people who are able to receive and pay for treatments. Routine issues affect people of all socioeconomic backgrounds however, treatment is often limited to those that are able to afford it. We argue that infertility insurance should be mandated to increase access to ART services and help make the distribution for ART more equitable.

Biological Overview

ART Technologies

- Intracytoplasmic sperm injection (ICSI)
  - Insemination fertilizes the egg inside a woman’s womb. This is a more affordable option for IVF, though it has slower success rates. It works best for women trying to get pregnant without a partner, for people with unexplained infertility and when the man’s sperm has issues traveling to the egg often due to low motility, but sometimes due to sperm DNA abnormalities. Sometimes, during ICSI, the endometrial lining develops too quickly due to progesterone levels increasing earlier than normal due to ovarian stimulation and is unable to properly support the embryo.
  - ICSI allows the embryo to be transferred into the woman’s body at week 1.
  - ICSI can also be used by families who choose to select the gender of the embryo by doing a biopsy and then freezing the embryo.
- Pronuclear stage tubal transfer (PROST) (Saba)
  - This procedure involves using ICSI with a frozen embryo from a previous IVF cycle. Frozen Embryo Transfer is done to increase the efficacy from in vitro fertilization.
  - Pronuclear stage tubal transfer allows for in vitro fertilization in advance. The release of progesterone and the development of the endometrial lining must be synchronized for successful implantation.
- Intrauterine sperm injection (IUI)
  - Intrauterine sperm injection involves removing or removing one or more eggs from the woman’s body. Then a mature egg is injected into a single healthy sperm. When the eggs develop normally, this is transferred back to the woman’s body. Still, it works best when there are severe sperm issues. For example, a man with very low sperm motility or very few sperm might select this option. Sometimes a man has normal sperm count and morphology, but significant DNA damage that decreases fertility or increases the risk of an early miscarriage. IUI allows a doctor to select the healthiest sperm and inject it in the egg. A woman typically takes fertility drugs to boost egg production and normalizes her cycle before an IUI procedure.
- IVF
  - IVF was associated with a statistically significant increase in preterm delivery, gestational hypertension, placentation abnormality, preterm birth, and amniocentesis delivery.
  - Oral contraception was associated with a statistically significant increase in spontaneous abortion, total loss after 24 weeks, stillbirths, and severe congenital anomalies.
- Patients who underwent induction labor were 2.4 times more likely to have a spontaneous abortion (OR: 2.1-3.4) and 2.6 times more likely to be born after 24 weeks (OR: 2.4-3.3) compared with patients who achieved pregnancy on their own. Patients who used IVF were 2.7 times more likely to develop preeclampsia (OR: 1.7-4.6), 2.4 times more likely to have a spontaneous abortion (OR: 1.5-3.5), and 2.3 times more likely to undergo a cesarean delivery (OR: 1.8-2.8) compared with controls.
- Intracytoplasmic sperm injection (ICSI) has been shown special efficacy in cases of oligospermia and asthenospermia.
- During a healthy pregnancy, progesterone is released causing the endometrial lining to develop and support the fertilized egg. The release of progesterone and the development of the endometrial lining must be synchronized for successful implantation.
- Sometimes, during IVF, the endometrial lining develops too quickly due to progesterone levels increasing earlier than normal due to ovarian stimulation and is unable to properly support the embryo.
- FET allows the embryo transfer to be delayed until the next cycle which provides time for hormone levels to return to normal and for the woman to be re-stimulated. This version of IVF has been shown special efficacy in cases of oligospermia and asthenospermia.
- When the man’s sperm has issues traveling to the egg often due to low motility, but sometimes due to sperm DNA abnormalities.
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