INFERTILITY IN THE WORKPLACE

Helping employees treat this devastating medical condition

For people who want children, infertility comes as one of life’s deepest wounds. It dashes people’s hopes and dreams and can severely strain their emotional and financial resources. People generally discover their infertility in the prime of life, when they are building or established in their careers. Faced with the devastating emotions of infertility, their productivity at work often suffers. Employers can make a real difference in their employees’ lives, and there are excellent reasons to do so. This article outlines the important infertility facts for private insurers:

• Infertility is a medical condition equally affecting males and females.
• Infertility has an impact on employee productivity, disability and other healthcare costs.
• Infertility treatments are highly successful and can help employees return to a full and productive work life.
• Tools are available to help organizations quantify the cost of providing infertility coverage.
• 91% of employers who provide coverage for infertility treatments do not incur greater healthcare costs.

INFERTILITY IS A MEDICAL CONDITION

Most experts describe infertility as a disease of the reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.1 Infertility can strike at any life stage. With its myriad medical, social and environmental causes, infertility now affects between one in eight1 to one in six Canadian couples.3

Infertility can result from problems with either the male or female reproductive system—or both.1 Research conducted for Assisted Human Reproduction Canada has stated that “major causes of infertility generally fall into four categories: disorders of the uterus and fallopian tubes, which prevent delivery of gametes and embryos as well as implantation; disorders of ovulation (e.g., polycystic ovary syndrome); disorders of spermatogenesis; unexplained infertility including advanced maternal age.”3 Other factors that play a role in infertility include treatment for cancer, exposure to certain toxins in the environment, work and life stress, growing obesity rates, smoking, chronic alcohol abuse, and male and female reproductive aging.3

The World Health Organization and the Canadian Royal Commission on New Reproductive Technologies view infertility as a medical condition.4,5 Along the same lines, Dr. Annie Janvier, a pediatrician-neonatologist and clinical ethicist at Sainte-Justine Hospital in Montreal, states:

The ability to reproduce is considered a basic human need, much as the need for love, shelter, food and clothing. Infertility is always caused by a medical problem. If one were consistent with the “nature’s call” argument, I guess one would have to say that cancer is nature’s way of saying that it is time to die, and we would forego C-sections or not treat diabetics. In medicine, most of what we do is to try to counteract nature’s mishaps.6

IMPACT OF INFERTILITY ON THE WORKING POPULATION

Regardless of the terms used to describe infertility, most people who have lived through the experience describe it as profoundly devastating. “For many people, infertility takes as severe an emotional toll as a cancer diagnosis,” says Beverly Hanck,
executive director of the Infertility Awareness Association of Canada. Plagued by shame about being "less of a man" or "an incomplete woman," infertile people become increasingly anxious and depressed as their dream recedes from view, she says.

The list of negative effects of infertility is long and difficult to manage. In a series of articles for the IAAC's journal Creating Families, Sherry Dale, a registered social worker and an infertility counsellor, has described how infertility leads couples to frustration, feelings of worthlessness, depression, loss of dignity, loss of sexual fulfillment and risk of divorce.9

The emotional devastation that often accompanies infertility permeates all aspects of people's lives, including the workplace. A literature review conducted by Britain's Royal College of Obstetricians and Gynaecologists concluded that infertility erodes work attendance, productivity and resources, leading to higher costs.9 Providing coverage for infertility treatment helps reverse these trends, says Lindy Forte, founder and managing director of VALORE Consulting, a healthcare consulting firm based in Toronto. "By being able to take action against their infertility diagnosis, couples with funding for infertility procedures may feel some renewed sense of control in their lives, leading to improved mental health."

FERTILITY ASSESSMENT AND TREATMENT
When couples first see a doctor about infertility, they get a complete reproductive workup, including a hormonal profile for the woman and a semen analysis for the man. Infertility specialists may then order further investigations. If hormonal treatment is required, typically the woman begins by taking a drug called clomiphene citrate to boost ovulation. If she isn't pregnant after a few months of taking this drug, she moves on to more powerful, injectable hormones to stimulate ovulation. The next step (for those willing or able to go that route) is IVF, which involves fertilizing a few of the woman's eggs in a laboratory dish and implanting one or more of them back into her uterus. Depending on the cause of the infertility, some couples move on to donor sperm or eggs.

Fortunately, today's treatments often do culminate in a "take-home baby" if a couple has time and money on their side. In 2009, Ontario's Expert Panel on Infertility and Adoption stated that identified costs are the single greatest barrier to receiving assisted reproduction services.11

WHO PAYS?
Costs related to the diagnosis of infertility are covered under the public healthcare system in all provinces. In contrast, provincial coverage of infertility treatment varies by province. For example, Manitoba pays for infertility treatment through a tax credit, Ontario pays the cost of treatment for women with bilaterally blocked fallopian tubes and Quebec covers the cost of all non-IVF infertility treatment and then the costs for up to three IVF cycles, if required. However, in all too many cases, couples have to shoulder most or all of the costs of treatment. "Coverage is available on many private insurance plans but reimbursement by employers is inconsistent across the country," says Forte. Outside Quebec where coverage is mandatory for employers, about two-thirds of insurance plans provide some level of coverage although "annual and lifetime caps prevent many couples from completing all the required steps that would result in a successful pregnancy," says Forte. A survey of private insurers in Canada revealed that, prior to changes in Quebec, only 30% of plans assisted with the cost of injectable hormones to induce ovulation, and far fewer (about 6%) provided some reimbursement for the high-dose hormones.

SOME CAUSES OF INFERTILITY1,3

<table>
<thead>
<tr>
<th>Male factors (up to 50% of cases)</th>
<th>Female factors (up to 50% of cases)</th>
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</thead>
<tbody>
<tr>
<td>• Low sperm count or absent sperm</td>
<td>• Blocked or damaged fallopian tubes</td>
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<td>• Abnormalities in sperm shape</td>
<td>• Irregular or absent ovulation</td>
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<td>• Poor sperm motility</td>
<td>• Endometriosis</td>
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<td>• Testicular trauma or torsion</td>
<td>• Fibroids or polyps</td>
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<td>• Undescended testicles</td>
<td>• Abnormalities in uterine shape</td>
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<td>• Hernia repair</td>
<td>• Pelvic adhesions</td>
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<td>• Unusually early or late puberty</td>
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COSTS AND OUTCOMES OF INFERTILITY CARE IN CANADA

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<tr>
<th>Procedure</th>
<th>Drug cost per cycle*</th>
<th>Pregnancy rate**</th>
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</thead>
<tbody>
<tr>
<td>Clomiphene citrate</td>
<td>$25 to $150</td>
<td>~ 30%12</td>
</tr>
<tr>
<td>Injected hormones to induce ovulation</td>
<td>~ $2,000</td>
<td>~ 30%13</td>
</tr>
<tr>
<td>High-dose injected hormones used in IVF and other assisted reproductive technologies</td>
<td>Up to $5,000</td>
<td>~ 60%14</td>
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* Treatment cost is based on typical doses and according to the list cost of the most commonly used medications. ** After standard number of treatment cycles.
used in IVF. In Forte’s view, “insurers may not yet recognize the value of providing sufficient care to maximize the chance of success.”

Conditions like heart disease, diabetes, arthritis and cancer receive recognition and support from both the public and private sectors. Infertility deserves the same attention. If stakeholders come together and act responsibly, individuals and society will benefit on multiple levels. Just ask Danielle Alderman, a Toronto mother who battled infertility for six years before conceiving her daughter. “We were lucky that my husband’s company had coverage for infertility drugs,” she says. If they hadn’t had a good drug plan? Alderman doesn’t hesitate. “We wouldn’t have had a child. It’s no exaggeration to say that the coverage changed our lives.” When private payers decide to cover or not cover an infertility drug, they need to understand the impact of their decision,” says Hanck.

ASSESSING THE COSTS OF COVERING INFERTILITY TREATMENT

The costs of fertility treatment may be onerous to individual patients, but organizations with well-designed plans can keep costs reasonable while giving their employees access to life-changing treatment. Because many infertile couples achieve a pregnancy fairly early in the process, only a minority require multiple cycles of the most costly treatments. As it stands, prior to the changes that took place in Quebec in August 2010, private insurers in Canada were collectively spending only $25 million per year on fertility medications—just over one-tenth of what they were spending to prevent pregnancy ($200 million annually).

Based on Quebec insurers’ total projected reimbursement cost of fertility medications (e.g., gonadotropins and ovulatory agents) of $18 million in 2011, it is estimated that the total cost for all Canadian insurers/employers to reimburse fertility medications would be $72 million or about $3.79 per life covered per year—significantly less than the $750 million the sector currently pays annually for cholesterol-lowering medications (statins; a drug class that includes atorvastatin and rosuvastatin) and the $590 million it pours into proton pump inhibitors to reduce stomach acid (which include esomeprazole and omeprazole).

A TOOL TO HELP YOU PLAN

A Fertility Cost Calculator (www.fertilitytreatmentcost.ca) designed specifically for employers and benefits consultants helps plan sponsors determine the expected costs of adding infertility treatment to their employee insurance plan or increasing the current level of coverage.

“It’s a fantastic tool for an employer interested in exploring infertility coverage,” says Cathy Fuchs, an employee benefits consultant with White Willow Benefit Consultants in Stouffville, Ont. “It was developed using evidence-based data and it’s simple to use.” In her dealings with employers, Fuchs says she has sometimes sensed a perception that “infertility costs are hard to control.” The tool gives them “some control over the cost estimation process so they can make more informed decisions about coverage.”

Developed by VALORE Consulting’s Lindy Forte and Equitus Consulting’s Thomas Holloway, the tool estimates how many infertile couples an employer is likely to have—and how many of them are likely to seek and continue treatment. “Users can customize the calculation to reflect the demographics in their organization,” Forte

FERTILITY COST CALCULATOR IN ACTION: CASE STUDY (www.fertilitytreatmentcost.ca)

The tool prompts you through several steps:

Input background information
• Company: “Q software”
• Number of employees: 100
• Estimated proportion of workforce in reproductive years (25 to 45): 60%

Calculation of estimated costs
• An estimated seven employees or dependents will have fertility issues
• Out of those, one is likely to seek hormone therapy
• The estimated average annual cost of hormone therapy is $2,500
• Based on these estimates, the company’s annual cost of providing hormone therapy would be $2,500

Input information about current level of coverage
• $2,000 lifetime maximum
• Employee co-pay: 20%

Calculation of incremental (extra) annual cost to cover hormone therapy
• $400 (assuming 20% employee co-pay remains in place)

The tool also allows you to print out a summary of estimated costs for the insured party, background information about the rationale for covering infertility treatment and a list of infertility medications available in Canada and their costs.
explains. The result is that “employers can predict their costs with some level of certainty.” What they generally find, says Forte, is that “the costs are minuscule compared to the expense of covering other chronic conditions such as diabetes or heart disease.” To put the price tag of infertility treatment in further perspective, treating a disease like rheumatoid arthritis with biologic drugs typically runs above $20,000 per year, while infertility treatment costs might approach that amount over a lifetime.

**THE CASE FOR COVERAGE:**

**DOLLARS AND SENSE**

Vic Medland, president of group insurance services with the Ontario Teachers Insurance Plan (OTIP), encourages the 22 benefits groups he oversees to understand the issues surrounding infertility drug coverage. “Currently our groups go from as little as $2,500 per lifetime to unlimited coverage, and all points in between,” he says. Medland says most plan sponsors he works with understand the value of providing support in this therapeutic area. “They appreciate how coverage can benefit the overall health and productivity of members going through the treatment process,” he says. Noting that “infertility drugs have sometimes been put in the ‘lifestyle’ category,” Medland says that “we at OTIP consider infertility to be a medical condition rather than a simple lifestyle issue”—a view that aligns with the World Health Organization’s definition of infertility as a disease.

As the social stigma surrounding infertility begins to lessen and treatment options continue to prove increasingly successful, private payers have an opportunity to make a real difference in their employees’ loyalty, productivity, mental health and overall well-being.

**WHAT YOU CAN DO RIGHT NOW**

- Assess the experience and impact of infertility in relation to other well-known medical conditions.
- Review your organization’s philosophy surrounding infertility treatment.
- Reevaluate your current level of coverage.
- Using the Fertility Cost Calculator, assess the cost impact of various coverage scenarios.
- Decide what level of coverage best reflects your organizational priorities and constraints.

**REFERENCES**

6. Janvier A. “Québec Stops Multiple Births by Funding IVF,” Creating Families Fall/Autumn 2011;38–43.