

Mph503 - infertility and public health module 3 - slp



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Introduction Infertility, or the inability to conceive after at least a year of regular and unprotected inter is an existing dilemma that is faced by millions of couples all over the world today affecting the reproductive health (Vayena, Rowe, & Griffin, 2002, p. xv). By the year 2007, the American Pregnancy Association projected that 6. 1 million Americans were considered infertile including men and women of child-bearing age, whether married or not (" What is Infertility?," 2007). As a result, many sectors in some chosen population, the government health-related agencies and other private or public organizations, are working hand in hand to provide appropriate infertility treatment services to those who are identified as suitable recipients to respond to the increasing demand and need of such services; of course, putting emphasis on the existing state policies.

Texas and the Infertility Insurance: Policies and Cost Effectiveness

Texas is one of the states which mandate the provision of infertility insurance and services for the identified recipients. The existing policies regarding infertility and the provision of treatment services are covered by the Health Coverage of the Health Insurance and Other Health Coverages section of the Texas Insurance Code. According to Section 1366. 001, these services are identified and must be provided by (1) an insurer, (2) a group hospital service corporation which provides nonprofit hospital services plan, (3) health maintenance organizations or HMOs, and (4) an employer, multiple employers, union, association, trustee, or other self-funded or self-insured welfare or benefit plan, program, or arrangement (" Insurance Code," n. d.). The state insurance commissioner, furthermore, dictates the application of the enacted laws contained in the specific legislative statutes. These particular statutes necessitate the organizations mentioned above as

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well as the state commissioner to offer coverage of in vitro fertilization (IVF) procedure, one of the assisted reproductive technologies (ART), to those under the group health benefit plan who are considered infertile, whether it be the employee who owns the plan or his/her spouse. In case the offer is rejected by the supposed recipients, the issuer of the services must ensure to put the refusal into writing. The institutions who are affiliated with any religious denomination are also not forced to offer such services especially if conflicting principles exist.

Despite the use of these services in several states such as California, Massachusetts, New Jersey and New York among others, the issue regarding provision of infertility insurance coverage and its cost effectiveness for employers or the insurance provider companies is causing commotion since assumptions surrounding the expensiveness of the procedures continue to endure. However, Martha Griffin and William Panak (1998), authors of the study entitled "The Economic Cost of Infertility-related Services: An Examination of the Massachusetts Infertility Insurance Mandate," found that the companies who provided ART coverage for their employees, such IVF and gamete-intrafallopian transfer or GIFT among others, gained greater benefits as compared to those who only support alternative infertility therapies such as the tuboplasty (as cited in Morris, n. d.). ART procedures were seen to have better efficacy rates than the alternative therapies available; hence, there is no need of reusing the health plans with ART procedures since success of treatment is achieved initially. Griffin and Panak (1998) also assumed that the increased efficacy resulted to competitions between institutions or agencies which offer the same services. In effect, health institutions decide to cut costs to "attract HMO contracts" and more

consumers (as cited in Morris, n. d.) which, again, would lead to lesser monetary investments in part of the issuers or employers in exchange of a more effective treatment for their employees. Although this study only covered the State of Massachusetts, Texas and other states utilizing the same statutes are supposed to demonstrate the same trend.

Conclusion

The issue on infertility as a public concern may be dealt differently by the appropriate agencies from the different countries, states and even in the different localities as they may view its significance in diverse ways. The important thing, nonetheless, is that the statutes such as the Texas Insurance Code which mandates infertility insurance coverage to the said state be deemed functional in all aspects. Meaning, it is not only beneficial to the government as the needs of the public are answered, and to the employers and others HMOs who offer and provide these services, but most importantly, to the people who are in need of these services to be able to fulfill one of man's most important functions, procreation.

References

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