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Advancing Fertility Care: Insights for Providers, Employers, and Payers in a Growing Landscape

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The Evolving US Fertility Care Landscape: Strategies for Addressing Increasing Demand

INFERTILITY IS A COMMON CONDITION that affects millions of individuals in the US. According to data from the National Survey of Family Growth, between 2015 and 2019, infertility, in some form, affected approximately 7.8% of married or cohabitating women (aged 15-49 years), whereas approximately 11.4% of men (aged 15-49 years) had some form of infertility, defined as sterility or subfertility, during the same time period.¹ One in 8 women (aged 15-49 years) will seek infertility services during her lifetime.² Same-sex couples and those who are single and desire to have a child also may require fertility assistance.

Key Trends in ART Use and Birth Rates

Assisted reproductive technology (ART) is one of several potential management strategies in infertility treatment. It includes fertility treatments during which eggs or embryos are handled ex vivo (outside the body).³ The most common form of ART is vitro fertilization (IVF), which accounts for more than 99% of ART procedures in the US.² Eggs are aspirated from the ovaries and combined with sperm to form embryos. These embryos may then be placed in a woman's uterus, frozen for future use, or donated to others.³

In the US, the use of ART more than doubled between 2012 and 2021, and the number of infants born who were conceived through ART increased by 50%. Approximately 86,146 infant births (an estimated 2.3% of all infant births in the US) resulted through the use of ART in 2021. For women aged 40 to 45 years, 9% of live births were conceived through ART, and for women older than 45 years, nearly one-third of live births were conceived through ART.²

Mandated Coverage of Infertility Treatment

Many US states mandate coverage of at least some kind of infertility treatment (**Figure 1**)^{4,5}; however, individuals who subscribe to self-insured, employer-sponsored health insurance coverage are exempt from state mandates.⁶⁻⁸ Furthermore, state Medicaid coverage of fertility services is often incomplete; some states may cover basic diagnostic services, but many do not provide treatment coverage.⁴ Some state mandates apply only to certain kinds of health insurance policies, for example, health maintenance organizations (HMOs), whereas others specify certain types of infertility treatment covered under the mandate.

Employer Considerations

The number of employees that a company has also may impact infertility coverage. In some states, an organization must have a set number of employees for that company to be mandated to provide infertility coverage. If an employer has fewer than that number, they may not offer coverage.⁵ The majority of employers offer infertility coverage that includes some type of treatment limit. The results of a national survey of small and large employers conducted by Mercer and RESOLVE: The National Infertility Association found that 88% of survey respondents placed limits on infertility coverage.⁹ The most common limit on infertility coverage (included by 60% of employer respondents) was stipulating

a lifetime maximum benefit. As the Affordable Care Act (ACA) bans dollar caps on coverage, infertility coverage laws that have been passed since the ACA do not include dollar maximums. Instead, limits on employees' infertility coverage include limiting the number of IVF cycles covered and a separate maximum number of drug therapies and limitations on egg preservation and storage.⁹

Definitions of infertility also can influence treatment coverage. Historically, infertility was defined as a lack of pregnancy despite 12 months of contraceptive-free intercourse with the same partner during each of those months.¹ In 2023, the American Society for Reproductive Medicine (ASRM) broadened the accepted definition of infertility to incorporate would-be parents beyond heterosexual couples, including those who cannot become pregnant for medical, sexual, or other reasons, as well as those who need medical interventions such as donor eggs or sperm to become pregnant.¹⁰ For example, in Delaware, intrauterine insemination (IUI) is required prior to receiving coverage for IVF, regardless of the appropriateness of this procedure for the given condition that led to infertility or the circumstance that led an employee to seek family expansion.¹¹

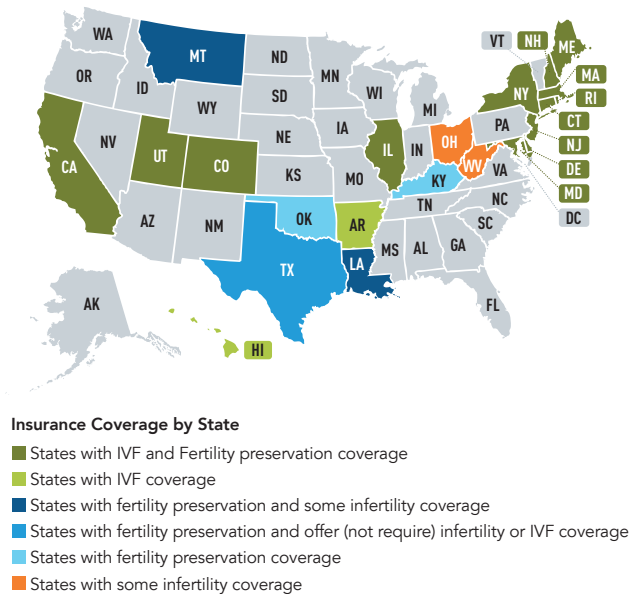
Considerations for LGBTQ+ Individuals

LGBTQ+ individuals may experience barriers and discrimination related to family planning and fertility care.¹² In some states, fertility coverage may require a diagnosis of infertility that is defined by a year of heterosexual intercourse before fertility benefits can even be triggered, or plans may limit coverage to iatrogenic infertility. Some states have additional stipulations stating that IVF services must use the couple's own eggs and sperm, not gametes from a donor, which would only be possible for heterosexual couples with egg and sperm available for embryo formation.¹² The results of a recent survey administered by Progyny on the state of LGBTQ+ fertility and family building revealed that 68% of respondents said they could not access fertility care because of heteronormative definitions of infertility or diagnoses of infertility, even when their employer did offer a fertility benefit.¹³ Approximately 51% of respondents indicated that they attempted to expand their families, but that cost was a major barrier and source of worry.

Assessing the Financial Accessibility of Fertility/Infertility Care

Costs for infertility treatment vary widely depending on the required medications and procedures targeting the likely cause. If ART is needed, the cost for a single cycle of IVF is estimated to range between \$15,000 to \$20,000 and can exceed \$30,000. With an average number of 2.5 cycles needed to achieve pregnancy using IVF, treatment costs can exceed \$40,000.²

FIGURE 1. US States With An Infertility Insurance Law^{5,a}



IVF, in vitro fertilization.

^aStates indicated in gray either do not have an infertility insurance law or the status is unknown.

Repurposed with permission from RESOLVE: The National Infertility Association. Insurance Coverage by State. Updated September 30, 2024. Accessed December 5, 2024. <https://resolve.org/learn/financial-resources-for-family-building/insurance-coverage/insurance-coverage-by-state/>

The results of a survey of Northern California fertility clinics found that the average out-of-pocket (OOP) cost per person for fertility care over 18 months was more than \$24,000. In cases where fertility medication was the only intervention needed, the average cost for successful pregnancy outcome was about \$5894 OOP. Because multiple cycles are often needed, the average OOP costs for IVF that led to a successful pregnancy outcome exceeded \$61,000. The most costly OOP intervention was found to be IVF using a donor egg, in which the average OOP cost per person was \$38,015 per cycle and \$72,642 per successful outcome.¹²

These high costs can mean that, despite government insurance coverage, fertility care is inaccessible for many people in the US, particularly those in lower income brackets.¹² OOP expenses for fertility care vary considerably depending on the patient and their state of residence and insurance coverage. Beyond treatment costs, patients often face additional OOP expenses for office visits, diagnostic and genetic testing, gamete donation, and storage fees. These financial burdens are frequently exacerbated by lost wages due to time off for testing and treatment, with multiple treatment cycles often required to achieve pregnancy. For example, for those with New York Medicaid,

the maximum annual income for a 2-person household is approximately \$26,000 (US\$ 2024). For individuals with very limited insurance coverage, the cost of IVF—averaging \$30,000 per cycle and often exceeding \$40,000 with multiple rounds—would be insurmountable.¹⁴

A Look to the Future: Why Are More Employers Covering Fertility Services?

Mercer and RESOLVE survey questions also assessed employers' reasons for providing fertility benefits. The most common reasons cited were to ensure employees have access to quality, cost-effective care and to be able to competitively recruit top talent. Fifty percent of the respondents wanted to be recognized as a family-friendly employer. Additional reasons for providing fertility benefits included supporting equity, diversity, and inclusivity efforts; responding to employee requests; viewing infertility treatment coverage as commensurate with maternity benefits; mitigating the risk of high-risk pregnancies (such as in the case of multiple births); generating positive public relations; and complying with state laws. Of respondents, 47% stated that if they were aware that infertility coverage costs would be offset by cost savings from the elimination of other medical plan costs, they would be more likely to provide infertility coverage.⁹

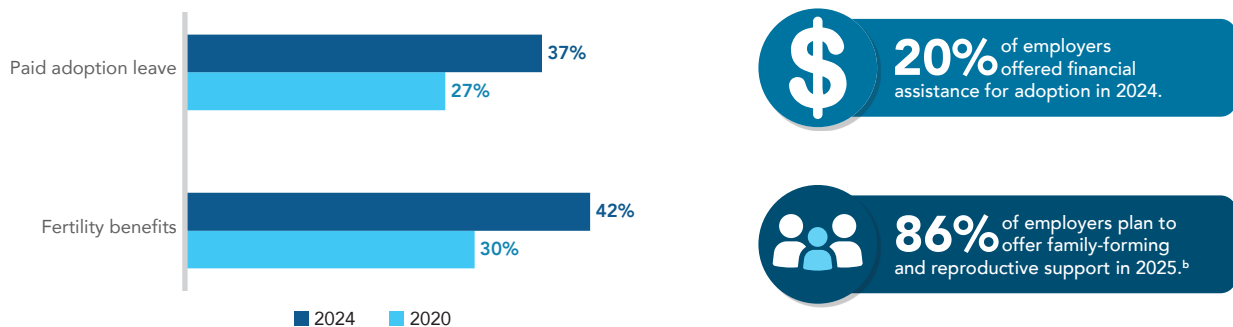
When asked whether covering infertility benefits resulted in increases in medical plan costs, 97% of employers said that they had not experienced a significant cost increase. This included employers who cover IVF. Many employers stated that they were also interested in expanding to IVF coverage for their employees. Of survey respondents, 18% said it was *very likely* or *somewhat likely* that coverage

for IVF would be added. In terms of other fertility planning elements, 12% of employers said it was *very likely* or *somewhat likely* that they would add egg preservation as a coverage benefit.⁹

In addition, the majority (two-thirds) of organizations stated they do not require a fertility diagnosis to have IVF covered. This means that same-sex couples and single parents have an increased likelihood of receiving coverage for IVF services from their plan. These considerations also extend to other fertility planning services including fertility preservation, which is defined as the process of collecting, freezing, and storing eggs to help people retain their ability to have children in the future.¹⁵

In 2023, \$8.9 billion was spent at fertility clinics, and the demand is expected to continue to grow at a compounded annual growth rate of 13.6% until 2028, when projected spending will be \$16.8 billion.¹⁶ In addition, recent data from the International Foundation of Employee Benefit Plans Employee Benefits Survey (which includes data from 625 organizations representing nearly 20 industries, ranging in size from fewer than 50 to more than 10,000 employees) show that, in 2024, 32% of organizations surveyed offered IVF coverage to their employees, demonstrating an upward trend from 13% in 2016 and 30% in 2022.¹⁷ When overall fertility benefits were evaluated in 2024, 42% of companies provided fertility coverage, trending upward from 30% in 2020 and 40% in 2022. Future projections suggest that 86% of companies plan to offer family-forming and reproductive support in 2025 (Figure 2).¹⁷⁻¹⁹ A key driver of increased demand for fertility services includes increased awareness of services.

FIGURE 2. Growth in Fertility Benefits and Adoption Leave Among US Employers (2020-2024)^{17-19,a}



^aBased on results of the, The International Foundation of Employee Benefit Plans Employee Benefits Survey 2024 report that includes data from 625 organizations representing almost 20 industries and ranging in size from fewer than 50 to more than 10,000 employees.¹⁷

^bBased on responses from 160 employers surveyed between January 2024 and February 2024 in the 15th Annual Employer-Sponsored Health and Well-being Survey, fielded by Business Group on Health and Fidelity Workplace Consulting.¹⁹

Strategies for Expanding Access to Fertility Services

Strategies for expanding access to fertility services are critical to providing equitable infertility care. Expansion in access to fertility services is also necessary to increase access to genetic carrier screening, IVF for genetic disease prevention, expanding options for the LGBTQ+ community, and offering additional family planning services such as fertility preservation. There is a deficiency of reproductive endocrinology, infertility, and ART services available to meet this demand. One strategy to meet this increasing demand is to recruit and train more reproductive endocrinology and infertility (REI) fellows and to utilize non-REI clinicians (eg, advanced practice providers, nurses, and ultrasonographers), who can perform clinical tasks consistent with their level of training to assist. The ASRM also recommends embracing validated technology (eg, medication management and patient communication applications, patient education and informed consent software, the use of AI to improve ovarian stimulation and embryo selection) to improve outcomes and decrease overall cost of care.²⁰

Another option is the use of specialty vendors to provide or administer fertility services. Specialty vendors focused exclusively on fertility services can offer targeted benefit packages with enhanced member services and are able to adapt quickly to technological advancements.^{9,21} As many as 12% of large companies utilize specialty vendors to provide fertility care. Mercer and RESOLVE survey results found that the larger the company, the higher the likelihood of their using specialty vendor services for infertility (21% of survey respondents at companies with greater than 5000 employees used specialty vendors, compared with 14% of survey respondents at companies with 500 or more employees, and only 2% of survey respondents at companies with between 10 and 499 employees).⁹ Examples of specialty vendors include ARC Fertility, Carrot, Kindbody, Progyny, and WINFertility.

Models to Improve Comprehensive Family Planning and Fertility Services

Potential models that could provide more comprehensive and universal family planning coverage include following value-based care plans and the incorporation of specialty vendors.²¹ The strategy of the value-based care model for fertility outcomes, such as time to pregnancy (TTP), ongoing pregnancy rates (OPR), or live birth rates, has not yet been introduced in fertility care.²² By viewing fertility benefits through a value-based lens and the outcome as the rate of pregnancy, the focus can shift to prevention of infertility and interventions to aid in family planning.²¹ Results of a Netherlands-based study evaluating value-based care and the creation of realistic expectations that result in increased patient value show that the TTP

and OPR as proxies for the outcome of live birth rate are relevant outcome measures to discuss with infertile couples.²² By developing a digital dashboard and using anonymized patient data to help illustrate to patients the possible outcomes for others who have similar fertility challenges, these individuals and their care providers can use a shared decision-making approach to fertility care; this helps patients have more realistic expectations for the infertility treatment process, likelihood of ongoing pregnancy rate, and the average time it takes to become pregnant. However, the authors noted that the results of this value-based care model need to be validated to provide more actionable results.

Conclusions

Infertility is a prevalent condition affecting diverse populations, necessitating equitable access to comprehensive fertility services. Advances in ART and broader coverage mandates have improved outcomes, but gaps remain, particularly for LGBTQ+ individuals, single parents, and those in lower income brackets. Strategies such as value-based care models, the inclusion of specialty vendors, and innovative technologies offer promising avenues for addressing unmet needs. By prioritizing accessible, cost-effective, and inclusive fertility care, stakeholders can support family-building goals while advancing equity and innovation in reproductive health services. ♦

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Clinical Considerations in Managing Infertility and Expanding Fertility Benefits

A Q&A With G. David Adamson, MD, FRCSC, FACOG, FACS



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AJMC®: How has the clinical definition of infertility changed over the past few years, and what factors have contributed to this evolution?

ADAMSON: There are several reasons why the definition of infertility has changed. Historically, the definition of infertility has been the inability to get pregnant after a year of trying. And this definition applies only to heterosexual couples who are having intercourse. There's been a sense for quite a while that, obviously, everyone has the right to found a family, and this definition did not include single people and those in the LGBTQ+ community. I'm actually very proud of my role as chair of the committee at the World Health Organization, which is actually a nonstate actor, an NGO [nongovernmental organization] called the International Committee for Monitoring Assisted Reproductive Technologies. We published a glossary in 2006 that had definitions surrounding reproductive medicine including a definition of *infertility*, which was the traditional definition of attempting to get pregnant for a year and not being successful. In 2017, we added a clause to this definition that said that infertility also included individuals who could not get pregnant when they wanted to have a family because of other reasons, and these could include disabilities or any type of reason. This expanded definition was accepted by many professional organizations around the world. It's important to note [that] the World Health Organization, for many reasons, still uses the conventional definition of not getting pregnant in a year. But all the professional organizations and people providing fertility care around the world use the definition that infertility can affect anyone, heterosexuals with a classical definition, or the expanded definition that includes single people, women, men, those in the LGBTQ+ community, and [people of any gender]—it's a very inclusive definition now.

AJMC: What role do cultural and demographic shifts play in shaping policies (eg, eligibility criteria) around infertility treatment coverage and employer-sponsored benefits?

ADAMSON: Cultural and demographic shifts over the past decade have significantly influenced policies on infertility treatment coverage and employer-sponsored benefits. Increased awareness of gender inequality highlighted social injustices in the workplace and beyond. The COVID-19 pandemic further shifted priorities, as many reassessed work-life balance and placed greater value on family time and personal well-being.

Generational changes have also played a role, with newer workforce entrants prioritizing flexible benefits including reproductive health options. Additionally, political developments around reproductive rights have amplified the call for equitable access to fertility services for both women and men. Combined, these factors have driven a growing recognition of infertility as a health issue and have motivated employers to address reproductive health more inclusively both [to retain talent] and to support diverse family-building paths. As a result, we're seeing a notable increase in policies that support reproductive medicine and infertility benefits today.

AJMC: What barriers are there to reproductive care?

ADAMSON: There are a number of barriers to reproductive care. The primary one [involves] cost and affordability. Affordability is the out-of-pocket cost relative to net disposable income. In many of the more developed countries of the world and [in] Europe, when it comes to infertility treatment, there [are] government subsidies or national health plans that cover infertility. Because of the nature of the US health care system, subsidies or additional funding provided by government has by and large not been present in any meaningful way. About a decade ago, [up to] 20% to 25% of people who needed fertility care could access it, and when they could access it, the financial coverage for it through their health plans was very limited. The primary barrier has been affordability for patients who couldn't get access to care.

In addition to that, there are other reasons that these benefits haven't been brought in. When fertility care first developed and became more efficient, there was a high level of multiple-pregnancy rates with IVF [in vitro fertilization] and with fertility care. Multiple-pregnancy rates result in higher costs for pregnancy and for neonatal intensive care units. Perception among employers rapidly developed that infertility care was very expensive, and, as a result, they did not want to provide benefits. This is a primary reason for many years that employers did not want to provide these benefits. When you provide this care properly, the multiple-pregnancy rate, which used to be about 30% for twins, is now down to 5% or 6%, which is just a little over what the naturally occurring twin rate is. The twin rate has been brought down, and [that] reduced the cost, but the perception is still out there that this is a very expensive benefit when it is not.

The third reason [that] these benefits have not been brought in is because of traditional cultural perspectives around reproduction. The bottom line is people don't talk about it much. I remember the days when people wouldn't talk about breast cancer, HIV [infection], prostate cancer, erectile dysfunction, menopause, and periods. Those days are changing now. Our society has become more open about discussing reproductive issues, rights around reproduction, and gender inequity. We're discussing social determinants of health [SDOH] that prevent many people in marginalized communities from getting access to care. This is a problem across all sectors of our health care system and all sectors of society, not just [in] reproductive medicine. The old perceptions of reproduction, gender, and marginalized communities have changed a lot, but those reasons prevented employers from being able to say, "We think this is something that's good for our employees, and it's good for our company, and so we'll do it." That's changed, and we're very grateful that these issues are changing.

AJMC: How can increased awareness and understanding of infertility contribute to better patient advocacy and support within health care systems?

ADAMSON: Increasing awareness and understanding of infertility is essential to improving patient advocacy and support within health care systems. Infertility remains a deeply private issue [that is] often shrouded in cultural myths and stigma, which [have] limited open discussions and access to fact-based information. Educating the public and patients with accurate, unbiased information can challenge outdated beliefs and promote gender equity in reproductive health.

When individuals gain factual knowledge, they are more likely to discuss these topics openly, advocate for reproductive rights, and support policy changes. This growing awareness shifts societal expectations, encouraging health care systems, insurers, and employers to recognize the importance of providing accessible fertility services. Ultimately, as awareness increases, it drives systemic changes including greater support from government and private insurers and improved employer-sponsored benefits, helping to ensure that all individuals have the right and opportunity to build a family if they choose.

AJMC: How are clinics and providers being impacted by the increase in employer-sponsored fertility benefits? What operational or patient-care adjustments do clinics have to make?

ADAMSON: The rise in employer-sponsored fertility benefits is driving significant demand at fertility clinics, creating operational and patient-care challenges. Clinics are facing a workforce shortage [that is] exacerbated by the growing number of patients accessing fertility services. This shortage spans all levels from reproductive endocrinologists and embryologists to nurses and support staff. For example, embryologists require extensive training including years of education and [laboratory] work, and [they] work under intense schedules, making it challenging to meet the increased patient volume.

This demand surge has pressured clinics to adjust their workflows and manage expectations for timely, personalized care. Although recent private equity investments have standardized processes within many clinics, they have also introduced financial pressures, which can affect the quality of care and increase patient wait times.

To address these challenges, the fertility sector is working to increase the pipeline of trained professionals, improve diversity, and explore digital solutions like AI [artificial intelligence] to boost operational efficiency. However, the adoption of digital tools in health care, such as electronic medical records, has often fallen short in improving provider quality of life and patient care. Concerns exist

that AI's primary focus might remain on profitability rather than enhancing patient care or provider support. Therefore, careful integration of technology is essential to retain the high-touch, empathetic care that patients facing sensitive reproductive issues require.

Finally, advancements in genetics, biomimics, robotics, and other technologies could further improve efficiencies in the [laboratory], reducing manual work for embryologists. However, implementing these complex technologies in fertility care will require continued research and cautious application. The fertility field stands to benefit from both operational adjustments and careful technology integration to meet rising patient needs and improve overall care quality.

AJMC: What strategies can currently address the personnel shortage at fertility clinics?

ADAMSON: To address the personnel shortage at fertility clinics, several strategies can be implemented in the short term. First, increasing awareness and education is key. Patients who are better informed about lifestyle factors that impact fertility—such as avoiding smoking [and] excessive alcohol use and practicing safe sex—are more likely to make healthier decisions that can reduce the need for medical intervention. Preventive measures like these can not only decrease infertility rates but also improve patients' chances of getting pregnant without requiring extensive medical care.

Second, by providing patients with better education and resources, [we make them] more likely to seek care earlier. Early intervention leads to faster diagnoses and more effective treatment plans, which ultimately reduces inefficiencies and waste in the system. This approach also eases the burden on providers by ensuring that patients receive the appropriate care at the right time, reducing unnecessary tests or treatments that do not contribute to better outcomes.

Technology plays a critical role in this process, particularly in streamlining communication and patient education. However, technology must be designed around the patient's needs [and] not just cost-saving goals. Integrating tools like digital apps, AI, and virtual support into fertility care can improve the patient experience, but human interaction remains essential for emotional support and personalized care. An effective care navigator—supported by technology—can guide patients through their fertility journey, helping them make informed decisions and connecting them with the right providers sooner.

Fertility clinics should also optimize their use of ancillary providers such as nurse practitioners, medical assistants, and IVF coordinators. This can improve clinic efficiency by delegating tasks appropriately and creating a more integrated care system.

Ultimately, by focusing on efficiency, reducing waste, and enhancing patient and provider support, fertility clinics can better manage their workforce shortages and improve patient outcomes. Creating a more sustainable and rewarding work environment for providers with adequate compensation and reduced burnout will also help attract more professionals [to] the field. This comprehensive approach will benefit both the workforce and the patients [served].

Increasing awareness and understanding of infertility is essential to improving patient advocacy and support within health care systems.

AJMC: What new payer requirements or step therapy protocols have you encountered from employer-sponsored fertility benefits? How do these requirements impact your clinical decision-making and patient care strategies?

ADAMSON: The landscape of employer-sponsored fertility benefits has evolved significantly over the past few decades. Historically, most employers did not offer any fertility coverage and even basic diagnostic tests—like semen analysis for men—were often excluded. Early fertility benefits were limited to diagnostic tests and basic treatments like ovarian stimulation [clomiphene citrate] and intrauterine insemination [IUI], with IVF coverage rare and often minimal.

Around 10 years ago, IVF coverage began to expand, although it was still limited. Employers also started covering treatments for male infertility, which had been largely overlooked. In recent years, gender equity and [SDOH] have prompted employers to broaden coverage to include a wider range of fertility services. For example, egg freezing for women—whether for personal or medical reasons—became more commonly covered, and more employers also began offering coverage for sperm freezing.

The inclusion of the LGBTQ+ community in fertility benefit offerings has gained traction, reflecting a broader recognition of reproductive rights across all genders.

Coverage caps today typically range from \$20,000 to \$25,000, [although] some employers now offer up to \$100,000, while others remain limited to \$1000 or \$2000.

Over the last few years, employer-sponsored fertility benefits have become more comprehensive, expanding beyond traditional fertility treatments to include preconception genetic testing, pregnancy support, and postbirth services like lactation [consultation] and early childcare resources. Additionally, there has been growing recognition of the need for support throughout the reproductive life cycle including menopause care for women and andropause care for men. These trends reflect a broader shift toward inclusive, holistic health care benefits that [address not only] fertility but also reproductive health at all stages of life. For clinicians, these evolving employer requirements necessitate adjustments in clinical decision-making and patient care strategies. With increased coverage and more inclusive benefits, clinicians can better support diverse patient needs and navigate a broader range of fertility and reproductive health issues while ensuring [that] care aligns with the expanding scope of benefits offered by employers. These changes also provide an opportunity to enhance patient outcomes by reducing barriers to necessary treatments and offering a more personalized, patient-centered approach to fertility and reproductive care.

AJMC: How do step-therapy protocols in employer-sponsored fertility benefits impact patient care, and what strategies can clinicians use to address these challenges?

ADAMSON: Step-therapy protocols in infertility care present significant challenges for both clinicians and patients. These protocols, which have been in place for decades, often require patients to undergo a series of ineffective treatments—such as multiple cycles of ovarian stimulation and [IUI]—before progressing to more advanced options like [IVF]. Typically, patients may be required to complete as many as 3 to 6 cycles of IUI before moving on to other treatments, even when such treatments may not be appropriate for their specific needs.

This approach wastes valuable time, money, and emotional energy. Delaying access to the most effective treatments reduces the chances of a successful pregnancy, especially as time progresses. Additionally, patients are often required to stay with a generalist rather than seeing a fertility specialist, which can lead to misdiagnosis and unnecessary delays in treatment. The result is a cycle of ineffective care, prolonged emotional distress, and wasted financial resources—both for the patient and the health care system.

For patients, the financial burden is compounded by the out-of-pocket costs of treatments that are unlikely to succeed. With deductibles and co-pays attached to each

cycle, patients may spend significant amounts on ineffective treatments, leaving them with less financial flexibility when more effective options like IVF become necessary. This financial strain combined with the emotional toll of failed treatments adds stress and further jeopardizes the patient's chances of success.

From a clinical perspective, step-therapy protocols fail to align with evidence-based practices that prioritize individualized care. [Results of] research consistently [show] that early referral to a fertility specialist, with an accurate diagnosis and tailored treatment plan, is the most cost-effective way to achieve successful outcomes. Protocols that apply a *one-size-fits-all* approach ignore the reality that infertility is a complex, individualized condition. The best outcomes are achieved when treatment is personalized based on the unique needs of the patient.

To address these challenges, the key is to adopt a more flexible, patient-centered approach. Clinicians should have the freedom to make decisions based on individual patient needs rather than being constrained by rigid step-therapy protocols. Early access to specialists, accurate diagnosis, and personalized treatment plans should be prioritized to minimize delays, reduce unnecessary treatments, and improve both outcomes and patient satisfaction. This approach not only enhances care quality but also leads to better cost management, as it avoids the waste associated with prolonged, ineffective treatments.

Ultimately, while managed care protocols are intended to control costs, they should not come at the expense of patient outcomes. Evidence-based, individualized care offers the best solution for achieving both cost-effectiveness and high-quality fertility treatment.

AJMC: What does the typical patient journey look like for patients with infertility looking to get IVF? How has this journey evolved in terms of accessing treatments and services, particularly regarding the use of medical versus pharmacy benefits?

ADAMSON: The typical patient journey for those seeking IVF varies widely depending on individual circumstances, but [it] generally follows a predictable pattern. For many couples, conception is straightforward, with pregnancy occurring within the first 6 months of trying. However, about 1 in 5 couples faces infertility, and their journey is often marked by delays and emotional strain. Typically, couples will try to conceive for several months before seeking help, with most waiting around a year before seeking medical advice. However, it often takes 2 to [2.5] years before they consult a specialist.

Initially, many patients will see a generalist, who may recommend basic treatments such as ovulation induction with clomiphene IUI. These treatments are often trialed for 3 to 6 months, [although] 3 months is usually sufficient to

determine if they will be effective. If [this is] unsuccessful, some patients may give up on treatment due to emotional stress, lack of insurance coverage, or financial barriers, while others may turn to adoption. Unfortunately, the emotional and financial toll often results in a significant number of patients discontinuing care before reaching more advanced options like IVF.

For those who persist, the journey becomes more specialized. Once referred to a fertility specialist, patients will receive a thorough evaluation, which could involve diagnostic testing and treatments such as reproductive surgery for conditions like endometriosis or fibroids. Many patients who eventually need IVF may not require the procedure immediately, as there are often other solutions such as treating male infertility or hormonal imbalances. However, in some cases, IVF is necessary, and, for certain patients, additional interventions like donor eggs, sperm, or embryos or even gestational carriers may be required.

Protocols that apply a one-size-fits-all approach ignore the reality that infertility is a complex, individualized condition. The best outcomes are achieved when treatment is personalized based on the unique needs of the patient.

The patient journey is further complicated by the evolving landscape of insurance and benefits. Historically, many patients faced challenges in accessing IVF and other fertility treatments due to limited insurance coverage. Today, the inclusion of fertility benefits including coverage for pharmaceuticals, diagnostics, and IVF is improving, [although] significant gaps remain especially regarding medication costs and coverage for procedures like egg retrieval. Many patients still face high out-of-pocket expenses especially for fertility medications, which can significantly impact their ability to continue treatment.

In this context, the use of medical versus pharmacy benefits has also evolved. Increasingly, fertility medications are covered under pharmacy benefits, but many of these treatments are prohibitively expensive without insurance coverage. This can create a barrier for patients trying to access the medications needed to proceed with IVF or other assisted reproductive technologies. Navigating these

benefits and understanding the insurance landscape is an important part of the patient journey, and having professional support—both medical and financial—is crucial.

In summary, the IVF journey is complex, emotionally taxing, and often delayed. Early consultation with a fertility specialist can lead to better outcomes, but patients face challenges related to insurance coverage, out-of-pocket expenses, and emotional stress. As fertility treatments become more accessible and comprehensive, personalized support from health care providers is essential to guide patients through the process, ensure [that] they receive appropriate care, and help them [to] navigate the financial aspects of treatment.

AJMC: In your experience, what does a good fertility protocol look like under the expanded benefits coverage?

ADAMSON: A good benefits package for infertility and reproductive benefits has several features. The first one is that it should be inclusive—every individual has the right to found a family. Regardless of whether they're a heterosexual couple [or] single, LGBTQ+, or other gender, everyone should have access. There should be a special attention to those in marginalized communities who may have other barriers (eg, geographic, cultural)—a robust awareness and education program is needed. This will be digital these days with apps and web site information, but fact-based, patient-facing information is the first attribute of a really strong benefit, and it should be inclusive for everyone.

The second aspect is strong navigation and support. The health care system is complicated, especially when [there are] at least 2 patients—[such as] a woman and a man, 2 women or 2 men, a third party, a sperm or egg donor, embryo donation, [or] a surrogate. It's a complex journey, and you need to have navigation from people who understand this. You need to have a program that also creates financial solutions, because affordability is such a huge issue. This often means a combined program where there's some family-forming benefit from the employer but also an option to get additional funds (eg, direct-to-consumer lending with unsecured lending), because many employers want to make these benefits available but can't afford \$100,000 or \$200,000 for gestational or surrogate [assistance] or \$50,000 for egg donor's cycles. They want to do something, but they can't do everything that some patients might need. Many patients need far less, a couple [of] thousand dollars, but some might need a lot. Having the flexibility of an integrable financial solution, which involves unsecured lending for patients, can help address the affordability issues around access to care.

Finally, emotional support throughout is important. [Additionally,] for a good program, the employers want to

look at the comprehensive reproductive health journey. This includes women's, but also men's, services around preconception for [genetic] testing, [home tests for women and men], and healthy lifestyle to prevent disease. There should be pregnancy support for leave benefits and referrals to doulas and postpregnancy/postpartum support with lactation, early childcare resources, and return to work. There should also be later-life support for the reproductive journey with menopause support, andropause support, and sexual health [information]. These are the attributes of a program that an employer will want to incorporate.

What's important to point out is that employers who [initiate] these programs find out [that] there's a high return on investment. The cost is not nearly as much as employers think it's going to be, and, with the improved engagement and productivity of employees who are helped by this, there's a net profitability for the company.

A good fertility protocol is also one that minimizes waste in the health care system by focusing on evidence-based treatments that avoid unnecessary interventions. This approach reduces the costs associated with ineffective reproductive care within the general medical plan, ultimately leading to better clinical outcomes, fewer multiple births, and less miscoding.

From a financial perspective, a well-designed fertility benefit offers a strong return on investment (ROI). Employers who provide comprehensive family-forming benefits see significant savings through reduced health care costs, improved employee productivity, and higher engagement. Moreover, offering these benefits enhances employee loyalty and satisfaction, making the company a more attractive place to work. It also demonstrates the company's commitment to diversity, equity, and inclusion (DEI) by supporting reproductive rights alongside other essential health care services.

Employers who adopt family-forming benefits often find that the costs are minimal, with 97% reporting satisfaction with the financial and cultural returns. By offering comprehensive fertility benefits, companies not only meet profitability and DEI goals but also address critical [SDOH], ensuring [that] marginalized populations have access to high-quality care. This type of benefit is a win-win for both employees and employers, driving both individual and organizational success.

In summary, an effective fertility benefit protocol not only supports employees' reproductive health needs but also contributes to a positive workplace culture, better employee retention, and improved business performance. With growing awareness and the availability of these programs, employers are increasingly recognizing their value.

AJMC: Have you noticed any gaps in patient or provider awareness of available pharmacy benefits or fertility treatments?

ADAMSON: The US pharmacy benefits landscape, particularly for fertility treatments, is incredibly complex, contributing to significant gaps in both patient and provider awareness of available options. The high cost of medications is one of the primary barriers, with the US consistently having the most expensive drugs globally. This is due to a combination of factors including the lack of government-negotiated drug pricing, extensive marketing costs, and the significant investments pharmaceutical companies make in research and development. Although the US leads in drug innovation, the financial burden of these developments is largely shouldered by American consumers and employers, further complicating access to care.

These complexities create substantial challenges for both patients and providers in understanding and accessing the most cost-effective treatment options, particularly in fertility care. Many patients may not fully understand the availability of pharmacy benefits for fertility medications, and providers may not always be equipped with up-to-date information on how to guide patients through these options.

To address these gaps, it's crucial to improve both patient and provider education on pharmacy benefits and fertility treatment options. As part of this, I emphasize the importance of educating patients about available resources to lower the cost of medications; [these include] discount programs or pharmacy assistance programs. Providers also need to be equipped with clear, accessible information on how to navigate these benefits and help patients understand their options, especially when it comes to costly fertility medications like injectable hormones used in IVE.

From a provider standpoint, we are implementing initiatives to improve awareness of these pharmacy benefits. This includes collaborating with pharmacy benefits managers and insurance companies to ensure that clinicians are aware of the most current benefit structures and cost-saving programs available for fertility medications. Additionally, some programs focus on offering more transparency about the actual cost of treatments and medications, helping both patients and providers make more informed decisions.

Overall, improving awareness and education about pharmacy benefits is a shared responsibility among providers, insurers, and pharmaceutical companies. By providing better information and access to resources, we can help patients increase the affordability of fertility treatments, improve care delivery, and ultimately make fertility treatments more accessible for those in need. ♦

Employer Considerations in Managing Fertility and Infertility Benefits

A Q&A With Gloria Richard-Davis, MD, MBA, NCMP, FACOG, MSCP



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AJMC®: What trends have you observed in the types of benefits being offered for fertility and infertility treatments by employers?

RICHARD-DAVIS: Recent trends in fertility and infertility treatment benefits reflect a significant increase in both demand and awareness. Historically, infertility was stigmatized and rarely discussed. But today, more individuals are openly sharing their fertility journeys. This cultural shift has led to greater awareness and, consequently, a rise in demand for fertility services.

Additionally, women are waiting longer to have children, and age has a considerable impact on fertility success. This trend is driving greater use of assisted reproductive technologies [ARTs] such as in vitro fertilization [IVF]. As a result, the need for fertility services continues to grow.

From a coverage perspective, the landscape has evolved as well. Currently, 29 states mandate fertility treatment coverage, and more states are considering similar legislation. At the federal level, a bill supporting nationwide fertility mandates is under discussion, although it has not yet passed. Together, these developments are shaping a broader, more accessible framework for fertility care, increasing the demand for services and awareness within the specialty.

In summary, the combination of shifting cultural attitudes, delayed family planning, and changing legislation is driving a marked increase in the need for comprehensive fertility benefits.

AJMC: What are the primary factors driving companies to expand their fertility treatment coverage?

RICHARD-DAVIS: In terms of employers and looking at expansion of fertility coverage, there are a couple of drivers. A large percentage of our workforce are women—and young women as well as midlife women—so demographics is 1 thing that is driving that. Our company just recently added fertility coverage, and when I asked our HR [human resources] manager about the drivers, the factors that drove that decision was to attract a younger population in terms of employees and to be competitive in that market. We're seeing that with the technology industry and with many of the corporations that are competing for the talent pool, offering fertility services is one of those things that is valued. When you ask individuals about whether they have fertility coverage or not and how that impacts their perspective of their employer, they will tell you that they feel much more supported when those services are provided. They are less apt to leave, so you have a higher retention rate. And while in treatment, there's less fear, there's less worry, and so they can focus more on their job. There's increased productivity in the group of patients who do have fertility coverage. For the employer, those things make a major difference in their ability to recruit talent and retain talent.

AJMC: How do you see the relationship between a company's benefits package, particularly concerning fertility benefits, and employee engagement, well-being, and retention?

RICHARD-DAVIS: The fertility journey is inherently stressful, and when family planning doesn't go as expected, it can significantly impact an individual's

well-being and productivity. The emotional and financial burden of infertility can create considerable stress for employees, especially if they lack support. However, when companies offer fertility benefits, they provide much-needed financial and psychosocial support, reducing stress and helping employees navigate the process more effectively.

The good news is that adding fertility coverage is not a high-cost proposition for employers. In fact, the return on investment is often substantial. Employees who have access to fertility benefits are less likely to experience anxiety or disruptions in their treatment due to financial concerns, which helps them stay focused and engaged at work. This leads to a more satisfied and loyal workforce.

By addressing the emotional and financial challenges of infertility, companies foster a healthier, more productive work environment. The holistic support offered through fertility benefits not only helps employees during a difficult time but also enhances overall employee engagement, well-being, and retention.

The combination of shifting cultural attitudes, delayed family planning, and changing legislation is driving a marked increase in the need for comprehensive fertility benefits.

AJMC: Is there increasing pressure on payers to include fertility benefits as part of their coverage, and how is this influencing the structure of benefits?

RICHARD-DAVIS: There is increasing pressure on payers to include fertility benefits in their coverage that is largely driven by employer demands. However, the structure of these benefits often includes constraints—such as requiring multiple cycles of intrauterine insemination before moving on to IVF. These step-therapy protocols can delay effective treatment and reduce success rates by forcing patients to undergo less effective and more time-consuming interventions before accessing more advanced care.

Instead of prescribing specific treatment sequences, payers would be better served by offering coverage with reasonable caps while allowing specialists and patients to make treatment decisions based upon individual needs. This approach aligns with best practices, for which decisions are made collaboratively between the physician and patient to ensure that the care provided is both timely and appropriate for achieving the best possible outcomes.

AJMC: How do companies measure the effectiveness of their fertility benefits in supporting employees?

RICHARD-DAVIS: While quantifying the return on investment for fertility benefits can be challenging, companies often assess effectiveness through employee engagement metrics such as reduced absenteeism, lower presenteeism, and increased job satisfaction. Employees who feel supported by fertility benefits tend to have greater loyalty to the company.

As more companies adopt fertility coverage, businesses competing for talent must recognize that employees increasingly prioritize these benefits. Companies that do not offer fertility coverage risk higher attrition rates particularly among women of reproductive age, who often represent a significant portion of the talent pool.

AJMC: How are employees adapting to using their fertility benefits, and what challenges are they facing when trying to navigate these new options?

RICHARD-DAVIS: For employees to utilize their fertility benefits, there are several things that are important. One is that they have a good understanding of what that coverage is. When you look at fertility coverage benefits, if you've seen 1 plan, you've seen 1 plan—it's very complicated and complex. Utilizing resources can help the employee better understand their plan. There are resources like RESOLVE: The National Infertility Association, which is a support and advocacy group for infertility patients. The practice typically has financial counselors who help patients to navigate their plan. But for the patient or for the employee, it's important to get as much as you can in writing from your insurance company so that you can see what's covered and then have that conversation with your provider and the team that's taking care of you.

AJMC: How do you think the complexity of benefits affects employees' decisions regarding treatment options?

RICHARD-DAVIS: The complexity of the fertility benefits affects the employee's ability to use it significantly, because there are so many different tiers to it—so many different levels. For example, there may be mandates to provide fertility coverage, but that coverage may only cover

diagnostic services. It doesn't cover any of the treatments, so when patients enter into the care arena, and you go through the diagnostic aspect, and the coverage stops, now they have to step back and make decisions about whether they can afford to go forth. That may delay their treatment. If you have coverage, it's understanding how much coverage you have and what the best way is to optimally utilize that coverage. Some plans prescribe what you can do. For example, there are plans for single women that require that you're married. If you're a single woman considering going through fertility treatment, that's something you need to know up front about your plan. If you are part of our LGBTQ+ community, there are some plans that require that you use your own egg and your own sperm. That's not really an option for couples who are looking to reproduce in our LGBTQ+ community. So those nuances are really important to understand coverage, and they are why I would highly recommend that employees get their coverage in writing so that they can clearly see what's outlined. If there's ever any question about it, they can go back to their plan and ask for clarification.

AJMC: How do you see benefit plans evolving to better support LGBTQ+ individuals and women who may not want to marry? What strategies are being implemented to address these changes?

RICHARD-DAVIS: As societal attitudes evolve, there will be increasing pressure and advocacy for changes in benefit plans to better serve diverse populations including LGBTQ+ individuals and women who may not wish to marry. Organizations like RESOLVE and the American Society for Reproductive Medicine [ASRM] are actively working to drive these changes. Additionally, our government relations team monitors both benefit plans and relevant laws that could negatively impact patients and advocates for necessary reforms. Our profession remains committed to identifying and addressing legal and policy barriers that affect patient care while also pushing for policies that improve access and equity in reproductive health care.

AJMC: What additional resources or support do employees typically seek when dealing with fertility issues?

RICHARD-DAVIS: Employees often aren't aware of the resources available to them, which makes it essential for practices and support organizations like RESOLVE to proactively educate patients. RESOLVE, for example, offers a toolkit with template letters and detailed information on state mandates and coverage options, which are invaluable for patients navigating fertility treatments. In addition, many practices and organizations including the ASRM provide educational materials that empower employees

to make informed decisions. The more informed patients are, the better equipped they are to advocate for themselves and choose the best course of action for their fertility journey.

AJMC: How can companies advocate for better fertility benefit structure with payers?

RICHARD-DAVIS: Companies can advocate for better fertility benefit structures by pushing for plans with minimal restrictions and more flexibility. Coverage should allow for individualized treatment plans for which decisions are made collaboratively between the patient and their provider rather than being dictated by prescriptive guidelines. For instance, some plans exclude ART, which can lead patients with conditions like severe tubal disease to undergo unnecessary, costly surgeries that do not improve outcomes. By advocating for less restrictive coverage, employers empower specialists to make the best treatment decisions based on the patient's unique needs, ultimately improving patient care and reducing unnecessary costs.

AJMC: How well do employees and employers understand the fertility benefits available, and what percentage of employees are using their fertility benefits?

RICHARD-DAVIS: Exact data on the percentage of employees using fertility benefits is not readily available, but it's clear that employees with access to fertility coverage are more likely to use these services. In states with mandated fertility coverage, there is higher use of fertility and ART services, suggesting that when coverage is provided, employees are more likely to take advantage of it.

For employers, understanding and structuring fertility benefits can be complex. It's essential for HR professionals to conduct thorough research and consult with experts to design coverage that best meets the needs of their employees. Organizations like RESOLVE are valuable resources in this regard. Employers should avoid making cursory decisions and instead make informed, thoughtful choices to ensure comprehensive support for their workforce.

Regarding the distinction between medical and pharmacy benefits, it's crucial for employees to fully understand their coverage. Some plans separate fertility services from pharmacy benefits, while others bundle them together under a single cap. Fertility medications—especially those used in ARTs—can be expensive, making it critical for patients to know how their pharmacy benefits are structured. If these are separate, employees will likely use their pharmacy benefits to help offset the high costs of treatment drugs, as these can be significant, particularly for more advanced fertility procedures.

AJMC: What steps can employers take to ensure that fertility benefits are inclusive and accessible to all employees?

RICHARD-DAVIS: For employers, what I would encourage them to do is to think about inclusion. When I say that, it's looking at the entire body of your employees, because we are a very diverse society whether race, gender orientation, sexual orientation, or single people building families is involved. Families are built in all sorts of ways now, and I would encourage employers to be very sensitive to that and to try to work with employees, understand what they need, and design benefit packages that are as inclusive as they possibly can be.

AJMC: What strategies have you found effective in raising awareness about available fertility benefits among employees?

RICHARD-DAVIS: Raising awareness about available fertility benefits can be effectively achieved through several strategies, starting with HR. When new employees join the company, HR should highlight fertility benefits as a key perk, especially for those of reproductive age. This ensures that employees are aware of the support available to them from the outset.

Additionally, companies can partner with organizations to host employee health fairs or offer educational webinars and seminars. These events provide valuable opportunities to educate employees about fertility benefits. Often, employees may not be aware of their need for these services until the conversation is initiated, at which point it becomes clear how many would benefit from the coverage.

Incorporating broader educational outreach and collaborating with local fertility professionals can further enhance awareness and support for employees. By opening

these discussions, employers can ensure that employees are informed and able to access the resources that best support their needs.

AJMC: How can employers create a supportive environment for employees undergoing fertility treatment? What resources or benefits should be highlighted to help them?

RICHARD-DAVIS: Recognizing the emotional and physical stress of the fertility journey is crucial for both employers and employees. Many employees hesitate to share their fertility struggles, which can add unnecessary stress. Workplaces that are inclusive and sensitive to these challenges create an environment where employees feel supported and comfortable seeking help.

Additionally, it's important for employers to ensure employees are aware of how to use benefits like the Family and Medical Leave Act. Many fertility treatments require time away from work, and employees may not always be aware that they are eligible for leave. By educating employees on these benefits, HR can help reduce stress and ensure that employees have the support they need during this difficult time. ♦

Society For Assisted Reproductive Technology (SART) Tools

Find an IVF Clinic	https://www.sartcorsonline.com/members/
IVF Prediction Tool	https://w3.abdn.ac.uk/clsm/SARTIVF/home/about
Understanding the SART Clinic Report	https://www.sart.org/patients/fyi-videos/understanding-the-sart-clinic-report/

IVF, in vitro fertilization.

NOTES
