

FL 931, INFERTILITY TREATMENT COVERAGE AMENDMENTS, (Escamilla, L)

Anticipated Fiscal Impact: no fiscal impact

Summary

This bill would convert the expanded infertility treatment coverage pilot program from a pilot to a plan benefit.

Assumptions and Analysis

1. **ART cost under the pilot.** The ART costs for the 2021-22 and 2022-23 plan years for the \$4,000 ART benefit were \$252,542.
2. **Costs per participating member.** Non-ART costs for the two years prior to the change to an eSet (elective single embryo transfer) benefit averaged \$23,124 per participating member. Costs for the two years after the change (totals to date – some pregnancies are still in progress) averaged \$16,578. The difference in the two averages costs is \$6,547.
3. **Costs for members with births.** For members with births, non-ART costs for the two years prior to the change to eSet averaged \$49,103. Costs for the two years after the change averaged \$35,217. The difference in the two averages costs is \$13,885.
4. **Two measures to view savings.** In the cost per participating member scenario, 60 members participated over the past two years. Using the average cost difference between the rollout of eSet, the savings to the State was:

$(60 \text{ members} \times \$6,547 \text{ avg savings} - 252,542 \text{ ART costs}) / 2 \text{ years} = \$70,139$
savings

In the cost per member with a birth scenario, 26 members had a birth over the past two years. Using the average cost difference between eSet benefit change, the savings to the State was:

$(26 \text{ members} \times \$13,885 \text{ avg savings} - \$252,542 \text{ ART costs}) / 2 \text{ years} = \$54,234 \text{ savings/year.}$

Both measures of estimated costs savings (total participants vs. members with births) result in a similar net savings estimate.

5. **Savings are built into the State medical renewal.** The costs for the pilot were funded through State medical reserves. Converting the pilot to a plan benefit projects a small net savings to the State based on pilot experience. Since the medical renewal accounts for the budgetary impact of those savings, no further fiscal impact adjustment is needed.