



## Infertility and the power of word choice

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In a world where we are bombarded with information from social media, unprompted alerts on our phone, as well as the more conventional outlets of television and print media, branding matters. The news alert flashing on our smart watch screens comprises only a few lines, but that is the only part of the story that most will read. Beliefs are constantly being shaped by 10 words or less. Language matters. The selection of one word over another can have a profound effect on public opinion.

Condition. Disability. Disease. These are words used to describe infertility. Webster's dictionary defines "condition" as "a (...) defective state of health." The word "condition" is used in the definitions of both "disability" and "disease" as "a condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions" and "a condition (...) that impairs normal functioning," respectively [1]. In 1998, the US Supreme Court ruled in *Bragdon v Abbott* that reproduction is a disability protected under the Americans with Disabilities Act (ADA) [2]. At the 2017 American Medical Association Annual Meeting, delegates voted to support the World Health Organization (WHO)'s declaration of infertility as a disease [3].

Infertility affects 1 in 8 couples, yet its treatment is often not covered by insurance. Currently, only 19 states have passed infertility treatment insurance laws; 13 of which include coverage for in vitro fertilization (IVF) and a mere 10 states have passed legislation for iatrogenic infertility [4]. Resolve is a national organization that works tirelessly to advocate for patients struggling with infertility. A great deal of persistence and activism was required to pass legislation for infertility

insurance coverage in those 19 states and there is much more work to be done. Why is it an uphill battle? Words matter.

In this study by Mancuso et al., survey respondents were 4.6 and 1.7 times more likely to support insurance coverage for infertility treatment when randomized to read a description about infertility referring to it as a "disability" or "disease," respectively, as opposed to a "condition." Heart disease. Chronic obstructive pulmonary disease. Chronic kidney disease. Pelvic inflammatory disease. Cancer. These diagnoses have treatments which are covered by health insurance, as are countless other diseases. Yet, infertility coverage continues to fall by the wayside for many types of insurance.

Let's examine Massachusetts, for example, a state that has had an infertility insurance mandate for several decades. On October 8, 1987, *An Act Providing A Medical Definition of Infertility* was approved by the Massachusetts legislature. It was the premise of this new state law that infertility is a disease and as such, its treatment must be covered by health insurance. The current definition of "infertility," as recognized by Massachusetts state law is "the condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35," which is in accordance with American Society for Reproductive Medicine guidelines [5]. Notice, Massachusetts legislation uses "condition" to describe infertility. Not "disease." Not "disability." "Condition," a word that has just been demonstrated to be associated with less public support of insurance coverage for infertility treatment.

Despite Massachusetts often being regarded as the model for state infertility mandates, most insurance categories are exempt from covering infertility services. Medicare, Medicaid, US military insurance (including active military personnel, civilian employees of the military, and members of the Veteran's Association), insurance for employees of the federal government as managed by the Office of Personnel Management, and self-insured employer sponsored insurance are all excluded from the legislation. The Employee

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Retirement Income Security Act (ERISA) of 1993 is a federal law that exempts all self-insured employer sponsored health insurance plans from state mandates. This means 43.9% (513,380/1,169,186) of reproductive age women in Massachusetts are exempt from the infertility insurance mandate solely because they have self-insured employer sponsored health insurance [6]. After accounting for all the exceptions, only a third of the reproductive aged population in Massachusetts has health insurance that is subject to the infertility insurance mandate [6].

A report published by the Center for Health Information and Analysis in 2013 outlined the cost of each of the 27 mandated health insurance benefits in Massachusetts. The estimated required direct cost per member per month (PMPM) for the infertility mandate is \$3.67. How does the cost of the infertility mandate compare to other mandated benefits? The five most expensive mandated benefits in Massachusetts are mental health, home health care, infertility, diabetes care, and contraception. Overall, infertility treatment is the third most expensive, but still only about a third of the cost of mental health care [7]. The 2021 Survey on Fertility Benefits demonstrated that 97% of private sector employers offering infertility coverage did not experience a significant increase in medical insurance costs [8]. Additionally, coverage for IVF among employers with >20,000 employees increased from 30% in 2020 to 42% in 2021 [8].

We have established that the cost of infertility insurance mandates, at least the mandate in Massachusetts, is not prohibitive. What does the evidence regarding outcomes in states with infertility mandates suggest? A study by Jain et al. used data from the Centers for Disease Control and Prevention and the US census to assess utilization of IVF services according to the status of insurance coverage by state. IVF utilization in states that required comprehensive insurance coverage was much higher (3.35 cycles/1000 reproductive age women) than in states that required partial or no insurance coverage (1.46 and 1.21 cycles/1000 reproductive age women, respectively,  $P < 0.001$ ) [9]. A retrospective analysis of data from the Society for Assisted Reproduction by Martin et al. examined IVF outcomes in states with and without an infertility insurance mandate. Compared with mandated states, non-mandated states had higher pregnancy rates (47.3% vs. 43%,  $P < 0.001$ ) and live birth rates (41.6% vs. 37.6%,  $P < 0.001$ ). However, non-mandated states had more embryos transferred per cycle (2.6 vs. 2.2,  $P < 0.001$ ), and higher rates of multiple births (36.3% vs. 33.6%) [10]. These data demonstrate higher utilization of IVF and lower rates of multi-fetal gestations in states with infertility insurance mandates.

Infertility affects 12% of couples, making it one of the most common diseases. States with infertility insurance mandates

have lower rates of multi-fetal gestations compared with non-mandated states. The cost of an infertility insurance mandate is nominal at only \$3.67 PMPM. Yet, despite valiant advocacy efforts, only 19 states have infertility mandates and only 13 of those include coverage for IVF. Public opinion matters. Perceiving infertility as a “disease” or “disability” as opposed to a “condition” alters public support for insurance coverage of infertility treatment. Words matter.

“Throughout human history, our greatest leaders and thinkers have used the power of words to transform our emotions, to enlist us in their causes, and to shape the course of destiny. Words cannot only create emotions, they create actions. And from our actions flow the results of our lives.”

—Tony Robbins

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