

UPDATE on 5/19/2019: All signs point to a vote at the June 10th SEBC meeting at 2pm in Dover DE. The committee has a proposal in hand about how to expand benefits, and as far as we can tell, everyone has a chance to ask questions and get all the info they need before voting. You can see the proposal for expanded benefits at <https://dhr.delaware.gov/benefits/sebc/documents/2019/0506-infertility-benefits.pdf>. There are a lot of great features to these expanded benefits, so now we just need them to vote yes! Please consider attending the June 10th meeting for a show of solidarity. The more people we have there in support, the more we can encourage them to vote yes. Please email me (Lisa) at DEfertility@gmail.com if you are thinking of attending so we can coordinate!

UPDATE on 1/10/2019: The SEBC did not end up discussing SB139 at the October, November, or December meetings since they were processing new info about costs and benefits of adopting the bill. SB139 is back of the SEBC agenda for Jan 14. There will likely be a brief discussion but no vote this month.

UPDATE on 9/24/2018: The committee had a lengthy discussion concerning the adoption of SB 139 during today's meeting. The discussion largely revolved around a cost-benefit analysis of how it would affect the state's group health insurance plan. A few committee members discussed how they were in favor of adopting some or all of the bill, which was very encouraging. The discussion ended with a promise to return to the issue again at the next meeting and continue the cost-benefit analysis. During the subsequent public comment period, Christie Gross (the champion of the original bill) shared information about how the costs should actually not be as high as they estimated. It sounds like the next meeting will potentially (or hopefully) revolve around a new cost-benefit analysis with those numbers in mind.

UPDATE on 8/20/2018: The SEBC met today and discussed SB 139 in depth. They were also supposed to vote today (since they clearly indicated during the July meeting that a vote was planned). However, the vote was delayed because committee members had questions about various financial pieces of the bill. The state benefits people will be looking into those questions and addressing them at the September meeting, and thus a vote may potentially happen at that time. Kimberly and I will definitely be attending the September meeting. Stay tuned (either here or on our facebook group <https://www.facebook.com/groups/164774840906129/>) for next steps!

UPDATE ON 8/1/2018: The SEBC briefly discussed SB139 at their July meeting and said they will make a final vote at their August 20th meeting when they vote on the entire fiscal year 2019 budget.

Adopt SB139 for State of DE Employees

***Note that this is an issue specific to state employees, and thus we only need state of DE employees and their romantic partners to engage in these advocacy efforts. If you are not a state employee or their romantic partner, please pass this along to anyone you know who is!

This includes people who work for UD, Del State, Del Tech, K-12 public education, the state government, and state law enforcement.

***Note that you do NOT need to be currently experiencing infertility to engage in advocacy. Any state employee who thinks this will be beneficial is welcome to help and support those who are.

Sections:

- 1) Background
- 2) Action Plan
- 3) Why Should the SEBC Adopt SB 139

1) Background:

On June 30, 2018, the DE Governor signed SB139 into law. You can read the full-text of the bill at <http://legis.delaware.gov/BillDetail?legislationId=26219>. SB139 is a historic bill that requires health insurance offered in this State to provide infertility treatment coverage. Unfortunately, companies who are self-insured are exempt from the bill, and the state of DE is self-insured. This means that the bill DOES NOT automatically apply to state of DE employees.

In order for the bill to apply to state employees, the State Employee Benefits Committee (SEBC) must vote to adopt the policy. Accordingly, Christie Gross, the patient advocate who championed the original bill passed, and a group of concerned state employees are working on advocacy efforts to encourage the SEBC to adopt this bill.

2) Action Plan:

Please participate in advocacy in whatever way works for you!

- **Attend an SEBC meeting in Dover**
 - There are meetings once per month as per the schedule listed here: <https://ben.omb.delaware.gov/sebc/index.shtml>
 - You can either attend and speak - members of the public get 3 minutes to speak at each meeting (we will help you prepare what to say) - or just attend without speaking
 - The advocacy organizers need to know ahead of time if you will be attending in person, so we can properly organize our efforts. Email DEfertility@gmail.com to let us know you are coming.
- **If you can't make it in person, write a letter to the SEBC based on the info in section 3 and your personal story.**
 - Note that a letter will not be as effective as attending in person, so please consider attending - and know that those few hours could have a life changing impact!

- The advocacy organizers will personally deliver this to the SEBC on your behalf if you send it to DEfertility@gmail.com before the next meeting (see schedule <https://ben.omb.delaware.gov/sebc/index.shtml>)
 - If possible, include your actual signature on the letter, rather than just a typed signature
- **Even if you attend in person or sign a letter, please also sign our petition.** <https://chn.ge/2NM3vrT> We will hand deliver the petition and signatures to the SEBC at the next meeting.
- Please help us with this effort - share this document and/or the petition with anyone you know who is a state employee. We only have 1 chance to make this happen!
- Consider joining our facebook group to receive updates about our advocacy efforts. <https://www.facebook.com/groups/164774840906129/>

3) Why Should the SEBC Adopt SB139

- According to the National Infertility Association, RESOLVE, infertility affects 1 in 8 couples. 3 in 4 never obtain needed treatment, often because they cannot afford it.
- Even the best state insurance available provides minimal infertility treatment coverage.
 - For the BCBS PPO plan, there is a maximum *lifetime cap* of 10,000 for treatment and 15,000 for medication; coverage is for 75% of costs.
 - This may sound like a lot, but it only covers 75% of a single in-vitro fertilization (IVF, a common treatment) retrieval and transfer - essentially a single cycle/month of IVF. This means that a couple has 1 chance for IVF to “work” before their insurance runs out. On average, it takes 2-3 cycles to conceive.
 - 75% coverage means that 25% is the responsibility of the patient. Because IVF is so expensive, this means that the patient is responsible for ~\$7,000-10,000 in out of pocket expenses for a single cycle/month AFTER insurance coverage. And then 100% of charges for any subsequent cycles
 - The financial burden of infertility treatment is thus very high.
- Infertility is a medical diagnosis and should be adequately covered just like any other medical diagnosis.
- If the SEBC fails to adopt this bill, it puts the state at a competitive disadvantage.
 - State of DE employees who are experiencing infertility may intentionally find another job in order to get adequate coverage.
 - People experiencing infertility may not be interested in or apply for state jobs due to inadequate coverage

- Adopting SB139 is a good financial decision
 - Due to the high cost of IVF, many women demand multiple embryos be transferred at a single time, which increases the cost of multiple births.
 - Single births have medical costs of 13,000, whereas twins have costs of 100,000 (triplets and more are 400,000). These medical costs are covered under a person's "normal" (i.e., non-infertility) coverage.
 - Thus, adopting this bill would reduce multiple births, saving the state on medical costs caused by multiple births
 - For every 100 pregnancies from IVF that are single births but could have been twins, about \$8.7 million dollars is saved
 - IVF and the prescriptions used for IVF have a different cost structure for insurance versus self-pay patients, with self-pay being significantly cheaper. Thus, the state isn't getting a good deal on the existing coverage they provide.
 - Psychological treatment expenses (therapy) will also be higher with inadequate coverage (see next point)

- Infertility is a huge emotional burden
 - Being unable to conceive a child is very difficult emotionally
 - People who are experiencing infertility or are unable to afford treatment are more likely to seek psychological counseling, which is covered under the state health insurance plans → this adds to the financial burden of inadequate infertility coverage
 - At an estimated \$100 per hour for a single therapy session, a single person attending therapy once per week would cost \$4,800 per year in health coverage