



Context and Policy Issues

Infertility affects 8% to 16% of reproductive age couples.¹ In vitro fertilization (IVF) is an assisted reproductive technology that increases the chance of pregnancy for those who cannot conceive naturally. In the past, universal IVF has not been publicly funded in Canada.² On average, one cycle of IVF costs about \$10,000, but the cost can increase to \$20,000 for women who require higher doses of medication.³ Approximately 15% of couples affected by infertility can afford IVF treatment.⁴ Another option for infertile couples is ovarian stimulation with hormone injections, but this has been shown to significantly increase the risk of multiple pregnancies (e.g., two or more babies during one pregnancy).⁵ Furthermore, many couples who pay for IVF have more than one embryo implanted to increase the chances of a live birth. The result is a high rate of multiple births. Of 2,553 Canadian children conceived through IVF in 2007, 781 (30.6%) were of multiple births.⁶

Long-term health complications for both the mother and the fetuses have been associated with multiple-birth pregnancies. Maternal complications include, pregnancy-induced hypertension, preeclampsia, gestational diabetes, Caesarean delivery, and postpartum hemorrhage.¹ Babies from multiple pregnancies are at a significantly higher risk of early death, prematurity, and low birth weight, as well as physical and cognitive disabilities.¹ These complications lead to high perinatal and neonatal health care costs, as well as the need for long-term support for physical and

cognitive disabilities.^{1,7} IVF, using single embryo transfer, has been shown to decrease the chance of multiple pregnancies.¹

Given the economic implications associated with multiple pregnancies, the issue of access and provincial funding for IVF is of interest.

Objectives

This report is an update to an environmental scan published by the Canadian Agency for Drugs and Technologies in Health (CADTH) in March 2009 (*Assisted Reproductive Technologies in Canada*).

The purpose of this report is to provide information regarding the availability of public funding for IVF in Canada and internationally. The following questions will be addressed:

- Which Canadian jurisdictions fund IVF?
- What are the eligibility criteria for public access to IVF treatment?
- What is the status of public funding for IVF internationally?

Summary of Findings

The findings of this environmental scan are not intended to provide a comprehensive review of the topic. The results of this report are based on a limited literature search. This report is based on information gathered as of October 29, 2010.

Information regarding public funding for IVF, provided by Canadian health care officials or for which information was available on the Internet, is presented in Table 1.

In August 2010, Quebec became the first Canadian jurisdiction to offer full coverage for IVF.⁸ The provincial plan funds up to three IVF treatment cycles. Health Minister Yves Bolduc anticipates that 3,500 fertilization cycles will be administered in 2010 at a cost of \$25 million. That figure could climb to \$63 million by 2014. The subsidized procedures will take place in both private and public clinics. Quebec's association of obstetricians and gynecologists have questioned whether the health care system can handle the surge of new pregnancies, especially in light of a shortage of gynecologists in the province.⁸ To help curb increased health care requirements, only the cities of Montreal and Quebec currently have centres fully covering IVF. Eventually, a predetermined number of IVF procedures will be made available on a pro rata basis, based on the populations in the province's various regions. Quebec also offers a refundable tax credit for expenses related to IVF worth up to 50% of the cost to a maximum of \$10,000 a year.⁹

In Manitoba, a fertility treatment tax credit took effect in October 2010.¹⁰ The tax credit covers 40% of treatment costs related to infertility, including IVF, to a maximum of \$8,000 a year, and is expected to cost the province \$800,000 a year.¹¹ When combined with the existing provincial and federal medical expenses tax credits, up to 66% of fertility treatment expenses could be reimbursed. The province currently has no plans to fully fund IVF.

Since 1994, Ontario has covered IVF treatment exclusively in women with two blocked fallopian tubes, a diagnosis that represents 1% of all cases of infertility.¹² In July 2008, Ontario appointed an eleven-member expert panel to report on ways to

make fertility treatment more accessible and affordable.¹³ In August 2009, the report issued by the panel called on the province to fund up to three cycles of IVF for women under the age of 42 years.¹⁴ The panel noted that intracytoplasmic sperm injection, freezing and storing of embryos, and up to two frozen embryo transfers per egg retrieval should also be funded for each cycle of IVF. So far, no action has been taken by the Ontario government regarding these recommendations.^{15,16}

At this time, Alberta is committed to considering new information that may affect policy decisions regarding IVF funding. No plans have been made by British Columbia, Saskatchewan, Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador to revisit the issue of public funding for IVF.

A recent economic analysis indicated that if single-embryo transfer in IVF were to be publicly funded in Alberta, savings from the reduction of multiple pregnancies and births would be offset by the number of additional single embryo transfer cycles needed to produce acceptable birth rates and health outcomes.⁷ An Ontario-based economic analysis showed that cost savings associated with a reduction in multiple pregnancies after single-embryo transfer in IVF does not compensate for the cost of universal IVF coverage by the province.¹

Many countries including, Austria, Spain, Sweden, the Netherlands, the United Kingdom, Finland, and Israel offer funding for IVF treatments, provided that eligibility criteria for coverage are met (Appendix 2). Australia covers IVF under the universal health insurance plan, which guarantees that all residents have access to IVF.

Table 1: Status of Public Funding for IVF in Canada			
Province	Covered (yes, no, partial)	Coverage Information	Additional Information
British Columbia	No	NA	<p>The British Columbia Medical Services Plan does not cover the cost of IVF, but it does cover physician visits and procedures related to infertility.</p> <p>The Hope Fertility Fund provides financial assistance for fertility procedures not covered by the British Columbia health insurance policy, including IVF.¹⁹</p>
Alberta	No	NA	<p>The Alberta publicly funded health care plan covers medical consultations and the radiological and laboratory services required to diagnose infertility. Treatment and surgery to correct a physiological or anatomical cause of infertility are also part of the public plan. Assisted reproductive technology services, including IVF, are not part of the publicly funded plan.</p> <p>The Regional Fertility Program offers financial help for those unable to pay for IVF.²⁰</p>
Saskatchewan	No	NA	
Manitoba	Partial	A fertility treatment tax credit can be used toward the cost of IVF. A total of 40% of fertility treatment fees paid to an accredited clinic in Manitoba, for a maximum credit of \$8,000, can be shared with a spouse or common-law partner. ¹⁰ When combined with the provincial (10.8%) and federal (15%) medical expenses tax credits, up to 66% of fertility treatment expenses could be reimbursed. ¹¹	Manitoba Health insures all examinations and tests that are required to determine the reasons for infertility, as well as corrective surgery to rectify the cause of infertility.

Table 1: Status of Public Funding for IVF in Canada			
Province	Covered (yes, no, partial)	Coverage Information	Additional Information
Ontario ¹	Yes	<p>Eligibility Criteria Restricted to women with two blocked fallopian tubes.</p> <p>Number of IVF Cycles Covered Three cycles</p> <p>Number of Embryos that Can Be Transferred per Cycle NR</p> <p>Plans to Restrict the Number of Embryos NR</p>	The Ontario Health Insurance Plan covers the cost of IVF for women meeting the eligibility criteria, excluding the cost of drugs.
Quebec ²¹	Yes	<p>Eligibility Criteria All women (regardless of sexual orientation) of child-bearing age</p> <p>Number of IVF Cycles Covered Three stimulated cycles or six natural cycles.</p> <p>Number of Embryos that Can Be Transferred per Cycle One embryo per cycle. The physician may, under exceptional conditions, transfer a maximum of 2 embryos if the woman is 36 years of age or younger, and a maximum of 3 embryos if the woman is 37 years of age or older.</p> <p>Plans to Restrict the Number of Embryos NR</p>	<p>The medications used for the purpose of assisted procreation are covered by the Public Prescription Drug Insurance Plan.</p> <p>Quebec also offers a refundable tax credit for expenses related to the treatment of fertility, including IVF.⁹ The credit is equal to 50% of all eligible expenses with a maximum credit of \$10,000 per year. To be entitled to the credit, the applicant must have been a Quebec resident as of December 31, 2008.</p>
Nova Scotia ²	No	NA	
New Brunswick	No	NA	Testing up to the point of diagnosis of infertility is covered. The cost of ultrasounds is covered after the diagnosis of infertility has been made.
Prince Edward Island	No	NA	IVF is a non-insured service in Prince Edward Island.
Newfoundland and Labrador	No	NA	IVF is specifically identified in the Newfoundland Medical Care Insurance Insured Services Regulations as a non-insured service.

IVF = in vitro fertilization; NA = not applicable; NR = not reported.

Conclusions

Currently, universal IVF is publicly funded in Quebec. Manitoba has recently initiated a fertility treatment tax credit to help cover the cost of IVF treatments. Ontario covers the cost of IVF treatment, excluding drugs, in women with two blocked fallopian tubes.

Complementing this environmental scan, CADTH recently prepared two summaries on this topic, one pertaining to the clinical and cost-effectiveness of IVF and the other to the success rates of infertility treatments.

These summaries are available for free on the CADTH website.^{17,18}

Canadian Guidelines and Recommendations

Joint SOGC-CFAS Clinical Practice Guidelines:

Elective Single Embryo Transfer Following In Vitro Fertilization, April 2010.
<http://www.sogc.org/guidelines/documents/gui241CPG1004E.pdf>

Guidelines for the Number of Embryos to Transfer Following In Vitro Fertilization, September 2006.
<http://www.sogc.org/guidelines/documents/182E-CPG-Septembre2006.pdf>

Pregnancy Outcomes After Assisted Reproductive Technology, March 2006.
<http://www.sogc.org/guidelines/documents/JOGC-march-06-Preg-Out-Assi-Rep-Tech-CPG.pdf>

Recommendations of the Expert Panel on Infertility and Adoption. *Raising Expectations, August 2009.*
<http://www.children.gov.on.ca/htdocs/English/infertility/index.aspx>

Medical Advisory Secretariat. Ontario Ministry of Health and Long-Term Care for the Ontario Health Technology Advisory Committee. *In Vitro Fertilization and Multiple Pregnancies, October 2006.*
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Appendix 1: International Status of Public Funding for IVF*

Country	Covered (yes, no)	Coverage Information	Additional Information
Australia	Yes	<p>Eligibility Criteria IVF is covered under Australia’s universal health insurance, Medicare. As such, all Australian residents are guaranteed access to IVF.</p> <p>Each of the individual states have different legislative arrangements regarding who can access IVF based on social criteria, such as marital status.</p> <p>These criteria are slowly being modernized to be more reflective of current social values. People ineligible in their home state could travel to interstate clinics to access treatment.</p> <p>Number of IVF Cycles Covered Medicare has provided unlimited lifetime coverage since 2000; before that, reimbursement was limited to a total of six full stimulated cycles in a woman’s lifetime.</p> <p>Number of Embryos that Can Be Transferred per Cycle There is no limit. In 2002, the Fertility Society of Australia recommended single-embryo transfer in all women under 35 years of age and never more than a two-embryo transfer per cycle. However, it is not mandatory to follow this recommendation (i.e., funding is not contingent on single-embryo transfer), but there appears to be a high level of voluntary compliance.</p> <p>Plans to Restrict the Number of Embryos NR</p>	<p>Additionally, IVF is provided by private clinics in Australia. There are a limited number of public treatment programs. As such, there are “gap” fees associated with IVF treatment – individual clinics charge different rates, which may be higher than the amount reimbursed by Medicare.</p> <p>This may indirectly limit coverage by preventing people who do not have the money to cover the gap fee from accessing treatment.</p> <p>Medicare does not cover advanced genetic techniques associated with IVF, such as pre-implantation genetic diagnosis, or the costs charged by clinics to store frozen embryos or gametes, but it does cover intracytoplasmic sperm injection, both fresh and frozen embryo transfer, and egg donation cycles.</p> <p>Recent changes have been made under a secondary funding model called the Extended Medicare Safety Net, which has decreased the total amount that a patient can be reimbursed for a cycle of IVF. This is not directly linked to the number of cycles covered, but may indirectly affect the number of cycles that patients undertake, given that the individual patient will most likely need to contribute more to the cost of their treatment cycles.</p>

Country	Covered (yes, no)	Coverage Information	Additional Information
Austria	Yes	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> Heterosexual couples only Maximum age of 40 for women and 50 for men at the beginning of a cycle Sterility in one of the partners, diagnosed by specialist doctors (sterility must not have been caused intentionally) All other measures to induce gestation have been utilized unsuccessfully Valid social or private insurance <p>Number of IVF Cycles Covered</p> <ul style="list-style-type: none"> Four cycles maximum A gestation of at least three months is required before a claim for another four cycles can be submitted Sperms and ova must be sourced from the couple <p>Number of Embryos that Can Be Transferred per Cycle One embryo per cycle</p> <p>Plans to Restrict the Number of Embryos NR</p>	70% of the total IVF costs, including medication, are covered by a public fund (supplied by a family sponsoring budget, social insurance, public sickness welfare, and private insurances).
Taiwan	No	NA	In private clinics, no more than 4 embryos can be transferred per cycle.
Spain	Yes	<p>Eligibility Criteria All women older than 18 years (regardless of marital status or sexual orientation) with full legal capacity can access IVF, provided written consent has been given.</p> <p>Number of IVF Cycles Covered NR</p> <p>Number of Embryos that Can Be Transferred per Cycle Three embryos per cycle</p> <p>Plans to Restrict the Number of Embryos NR</p>	According to the Royal Decree 1030/2006, IVF can be used after a diagnosis of infertility or another established clinical indication, as set by the IVF program.

Country	Covered (yes, no)	Coverage Information	Additional Information
Ireland	No	NA	
Sweden	Yes	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> • Women aged 24 to 37 years • Men aged 24 to 55 years • At least one person in the couple is childless • BMI < 30 for women • Normal follicle function (FSH < 10) • Childless longer than 3 years if woman is younger than 32 years of age, or longer than 2 years if woman is older than 32 years of age • Priority given to couples that have tried to conceive for a longer period • The couple must be living in the county <p>Number of IVF Cycles Covered Three</p> <p>Number of Embryos that Can Be Transferred per Cycle Usually one embryo per cycle</p> <p>Plans to Restrict the Number of Embryos NR</p>	Coverage varies by county in Northern Sweden.
Netherlands	Yes	<p>Eligibility Criteria Eligibility criteria are not well defined. The Netherlands College of Obstetrics and Gynecology is developing a new guideline that will be published at the end of this year.</p> <p>Number of IVF Cycles Covered Three</p> <p>Number of Embryos that Can Be Transferred per Cycle Two embryos per cycle, possibly followed by the transfer of cryopreserved embryos</p> <p>Plans to Restrict the Number of Embryos NR</p>	The Dutch Minister of Health decides which clinics are licensed to do IVF and requires them to monitor their results. There is a law that outlines the way embryos should be handled.
United Kingdom	Yes	<p>Eligibility Criteria</p> <ul style="list-style-type: none"> • Women aged 23 to 39 years 	Coverage is based on the National Institute for Health and

Country	Covered (yes, no)	Coverage Information	Additional Information
		<p>at the time of treatment</p> <ul style="list-style-type: none"> One or both individuals have been diagnosed with a fertility problem (such as having no sperm or both fallopian tubes being blocked) Couple has experienced infertility for at least 3 years <p>Number of IVF Cycles Covered Three</p> <p>Number of Embryos that Can Be Transferred per Cycle Two embryos per cycle</p> <p>Plans to Restrict the Number of Embryos NR</p>	<p>Clinical Excellence (NICE) guidance for infertility treatment,²² which is currently being updated²³</p> <p>The Human Fertilisation and Embryology Authority (HFEA) provides a code of practice²⁴ for both private and publicly funded IVF cycles, which covers egg and embryo transfers and the prevention of multiple births.</p>
Finland	Yes	<p>Eligibility Criteria According to the law, there is no age limit, but the individual must be capable of taking care of the child.</p> <p>According to the National Health Insurance Institute, there is an age limit of about 40, but if good reasons are given by the doctor, older women can be covered. There are variations between the local offices.</p> <p>Number of IVF Cycles Covered In the public sector, three cycles are usually covered. In the private sector, there is no limit, but the procedure is only partly covered and there are variations between the local National Health Insurance offices.</p> <p>Number of Embryos that Can Be Transferred per Cycle Not regulated, but usually one to two embryos per cycle.</p> <p>Plans to Restrict the Number of Embryos Currently no plans for further restrictions.</p>	<p>Women can receive treatment for infertility in the public or private sector. In the public sector, treatments are free and 60% of the drug costs are covered by the National Health Insurance Institute. Higher income women can be treated in the private sector, which covers about 60% of the drug costs and 40% to 60% of the costs of treatment through the National Health Insurance Institute.</p>

Country	Covered (yes, no)	Coverage Information	Additional Information
Israel	Yes	<p>Eligibility Criteria All women (maximum age of 44 years).</p> <p>Number of IVF Cycles Covered Cycles are covered until the birth of two live children.</p> <p>Number of Embryos that Can Be Transferred per Cycle Two embryos per cycle for each of the first three embryo transfers.</p> <p>Special circumstances may be considered for the transfer of more than 2 embryos:</p> <ul style="list-style-type: none"> • Following three IVF treatments in which two embryos were transferred but no pregnancy ensued • Woman is over 35 years of age and has had embryos transferred twice with no ensuing pregnancy • Woman is over 41 years of age at the first transfer <p>Even under special circumstances, the maximum number of embryos that can be transferred per cycle is four.</p> <p>Plans to Restrict the Number of Embryos Currently no plans for further restrictions.</p>	
United States (Veterans Affairs)	No	NA	Maternity and infertility services, excluding IVF and abortions, are included in the Veterans Affairs medical benefits package.

*Information presented is based on an informal INAHTA environmental scan.
 BMI = body mass index; FSH = follicle-stimulating hormone; INAHTA = International Network of Agencies for Health Technology Assessment; IVF = in vitro fertilization; NA = not applicable; NR = not reported.

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