



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
2023 SCIENTIFIC CONGRESS & EXPO

BREAKING DOWN BARRIERS FOR SAME SEX FEMALE COUPLES BUILDING FAMILIES: IN VITRO FERTILIZATION UTILIZATION SINCE THE ENACTMENT OF 2021 NEW YORK STATE LEGISLATION

Samantha Lauren Estevez, Bethany Dubois, Katrina S Nietsch, Shawn Kripalani, Isabelle C Band, Dmitry Gounko, Joseph Lee, Margaret Daneyko, Jovana Lekovich, Alan B Copperman, and Eric Flisser

(1) Icahn School of Medicine of Mount Sinai, New York, NY

(2) Reproductive Medicine Associates of New York, New York, NY

OBJECTIVE:

Equal access to fertility care with health insurance coverage has been a challenge for LGBTQIA+ individuals seeking assistance in family building. In 2021, New York State's (NYS) Circular Letter No. 3 expanded the definition of infertility to explicitly include LGBTQIA+ individuals and consequently supports greater insurance coverage of infertility services. Prior to 2021, a 12-month requisite waiting period inequitably created barriers to in vitro fertilization (IVF) and co-IVF treatment for same sex female couples (SSFC). The objective of this study was to evaluate the effect of the 2021 legislation on the utilization of IVF and co-IVF services by SSFC.

MATERIALS AND METHODS:

This retrospective cohort study was conducted at an academic, private fertility center and included all SSFC who underwent IVF or co-IVF between 2004 and 2022. Couples were divided into two cohorts based on first consultation date since enactment of 2021 legislation (Cohort 1: 2004 to 2020; Cohort 2: 2021 to 2022). The primary outcome was time from consultation to utilization of IVF or co-IVF. The secondary outcome was time from consultation to first pregnancy discharged to local obstetrician care. Patient demographics and IVF cycle data were collected and analyzed using chi-squared and Wilcoxon Rank Sum tests. Multivariable linear regression was performed, adjusting for age, body mass index (BMI), and anti-Müllerian hormone (AMH).

RESULTS:

The study evaluated 285 SSFC who underwent IVF or co-IVF (Cohort 1: n=250; Cohort 2: n=35). In Cohort 2, the median (interquartile range) length of time from consultation to start of IVF was significantly shorter than Cohort 1 (173 (182) v. 292 (432) days, $p < 0.01$), with a statistically significant increase in SSFC initiating IVF treatment less than one year after consultation (86% v.



59%, $p=0.02$). On multivariate analysis, Cohort 2 started treatment 250 days earlier (95% CI 103, 397, $p<0.001$) than Cohort 1. Cohort 2 had a shorter, though insignificant, median time from consultation to pregnant discharge to obstetrics care (377 (263) v. 487 (495) days, $p=0.06$) though this data was only complete in $n=15$, 42% of the post-legislation cohort).

CONCLUSIONS:

While barriers to accessing infertility care may be multifactorial, recent changes in NYS legislation has relaxed constraints to insurance coverage for SSFC; as New York State's (NYS) Circular Letter No. 3 has broadened the definition of infertility to explicitly including LGBTQIA+ individuals. Since 2021, SSFCs seeking infertility care have experienced increased access to care. Our study demonstrated a shorter duration from consultation to initiation of IVF treatment and to first pregnancy discharge to obstetric care for SSFCs. Within one year of legislation enactment, fertility centers are beginning to see a higher uptake of IVF services amongst SSFC couples.

IMPACT STATEMENT:

The enactment of NYS Circular Letter No. 3 has broadened the definition of infertility to explicitly include LGBTQIA+ individuals and has decreased the length of time that SSFC take to initiate IVF and co-IVF treatment.

REFERENCES:

N/A