

## Crowdfunding a baby: hashtagging to bridge the gap between insured and under/ uninsured fertility care



The approach to infertility involves more than just diagnosis and treatment; one of the greatest challenges in assisted reproductive technology (ART) is providing patients access to insurance coverage (1). It is important to highlight that this issue is related to the absence of coverage, not simply the cost of the treatment. Public insurance typically does not cover ART, and private insurance differs vastly in coverage depending on the plan and location (2–5). Even in states where insurance mandates are being implemented, a large financial gap remains between insurance coverage and what patients end up paying out of pocket (2–4). Overall success of these mandates generally is unknown and unreported (2). As we try and improve access to care and equality in the field of reproductive endocrinology, we are severely limited because of this dilemma.

Lai et al. (3) address this important question of coverage in their retrospective cohort study looking at a decade of data from the crowdfunding website, GoFundMe. They explored the role of insurance mandates by examining the number of campaigns to raise finances for infertility in states with insurance mandates to those without. Of all campaigns on GoFundMe in the last decade, 0.13% were infertility-related. They identified 3,332 campaigns in total, with only one-fourth (22.8%) of the campaigns meeting their total funding goal. From these campaigns, approximately \$52 million in funds were requested to help those with infertility using the GoFundMe website. The primary conclusion of the study was that states with insurance mandates had fewer campaigns compared with those without, likely because of the implementation of these mandates. There also were larger absolute fundraising goals in those states, which the investigators attributed to higher costs of ART in these areas. Overall, the data showed that campaign goals were roughly one-fourth of the average median income. When analyzing the types of campaigns, they found that insurance was mentioned as a reason for fundraising in 37.7% of the campaigns and cancer related to infertility was mentioned in 21%. Compared with GoFundMe campaigns regarding oncologic care, more money was raised for ART, highlighting the wider insurance coverage for cancer-related procedures and treatments. It remains unknown if this fertility coverage included LGBTQ populations in either states with or without mandates. The investigators concluded that this study demonstrates lack of access for insurance for ART and how people are using social media and other crowdfunding platforms to help address their unmet needs.

Overall, the results are not surprising and come to the same conclusion as previous studies. Crawford et al. (1) looked

specifically at New Jersey and Connecticut and compared their ART use to nonmandated states, where they found an increased use in ART with mandates while also seeing a decrease in the number of embryos transferred. The investigators believed this was due to more single embryo transfers performed without the weight of “maximizing” each cycle (1).

It is important to highlight one of the greatest limitations of the study—state mandates vary significantly across state lines. For example, the Illinois mandate covers up to 6 in vitro fertilization cycles, whereas Arkansas gives a lifetime maximum of \$15,000, with the requirement of attempting conception for 2 years before treatment. Within even mandated states, not all plans follow the recommended mandate, and many have specific requirements for coverage (1, 3). Only certain states, such as New York and recently Illinois, have statements against discrimination based on age, sex, sexual orientation, marital status, or gender identity.

Patient access to insurance coverage for ART remains an obstacle to treatment, and crowdfunding seems to be one answer to this problem. GoFundMe and other similar programs can help have a huge role in spreading the word for patients to raise funds and bypass the need for insurance, for at least part of the cost (2). It also allows for normalization of infertility and a platform for others to support each other financially and emotionally (2). On the basis of the data from Lai et al. (3), a significant amount of funds were raised through the GoFundMe website; this likely would not have happened a decade ago in the same context. However, gaps still exist, and patients are still being excluded from coverage. It is rather surprising when we compare coverage in the United States to international mandates for ART; for example, in Hungary, the Act on Health legislation passed in 2007 covers fertility treatments, like legislation instituted in Denmark and France (5). Countries in Europe also are beginning to extend coverage specifically to same sex couples and single patients (5). Until this happens in the United States, crowdfunding remains an option to help address the unmet needs of all patients desiring fertility treatment.

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