

Political, Policy & Practice Implications of Racial Inequality in the Use of & Access to Assisted Reproductive Technologies

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Learning Objectives

At the conclusion of the presentation, attendees should be able to:

1. Identify racial and ethnic disparities in access to infertility services in the US.
2. Recognize potential factors that contribute to racial and ethnic disparities in infertility services in the US.
3. Identify potential solutions to reducing disparities in access to infertility services in the US.



Disclosures

- None



Procreative Liberty

Eisenstadt v. Baird (US Supreme Court 1972)

“If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision to bear or beget a child.”



Does this right extend to the ability to use ART?

“ It takes no great leap of logic to see that within the cluster of constitutionally protected choices that includes the right to have access to contraceptives, there must be included within that cluster the right to submit to a medical procedure that may bring about, rather than prevent, pregnancy.
... ”

(Lifchez v. Hartigan, 7th Cir. 1990)



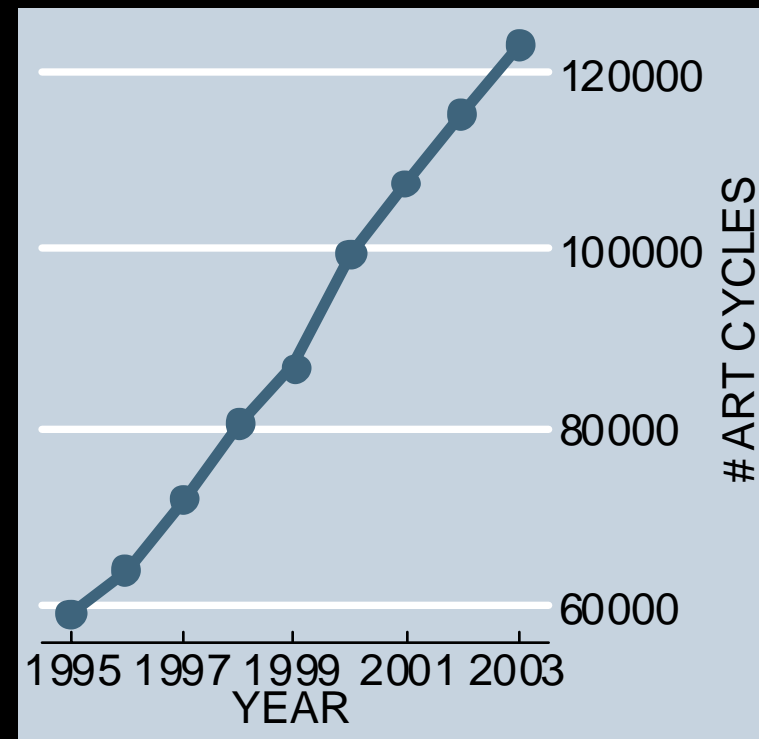
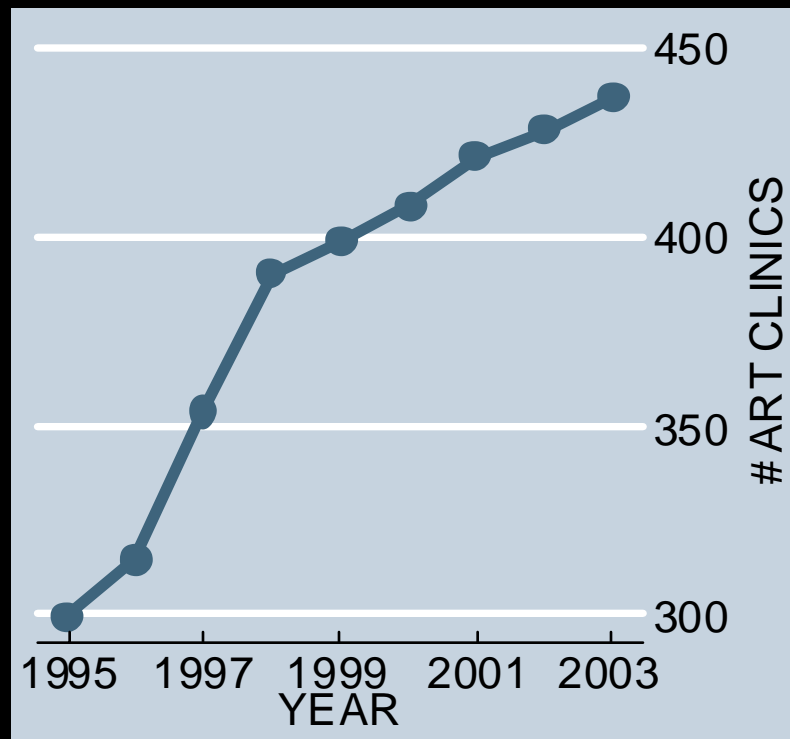
Infertility in the United States

- Approximately 6.1 million women have impaired fertility.
- Leading factors contributing to infertility:
 - Ovulation Disorder
 - Blocked Fallopian Tubes
 - Pelvic Inflammatory Disease
 - Endometriosis
 - Congenital Anomalies

(American Society for Reproductive Medicine)

Infertility Services in the US

Jain et al, NEJM 2004

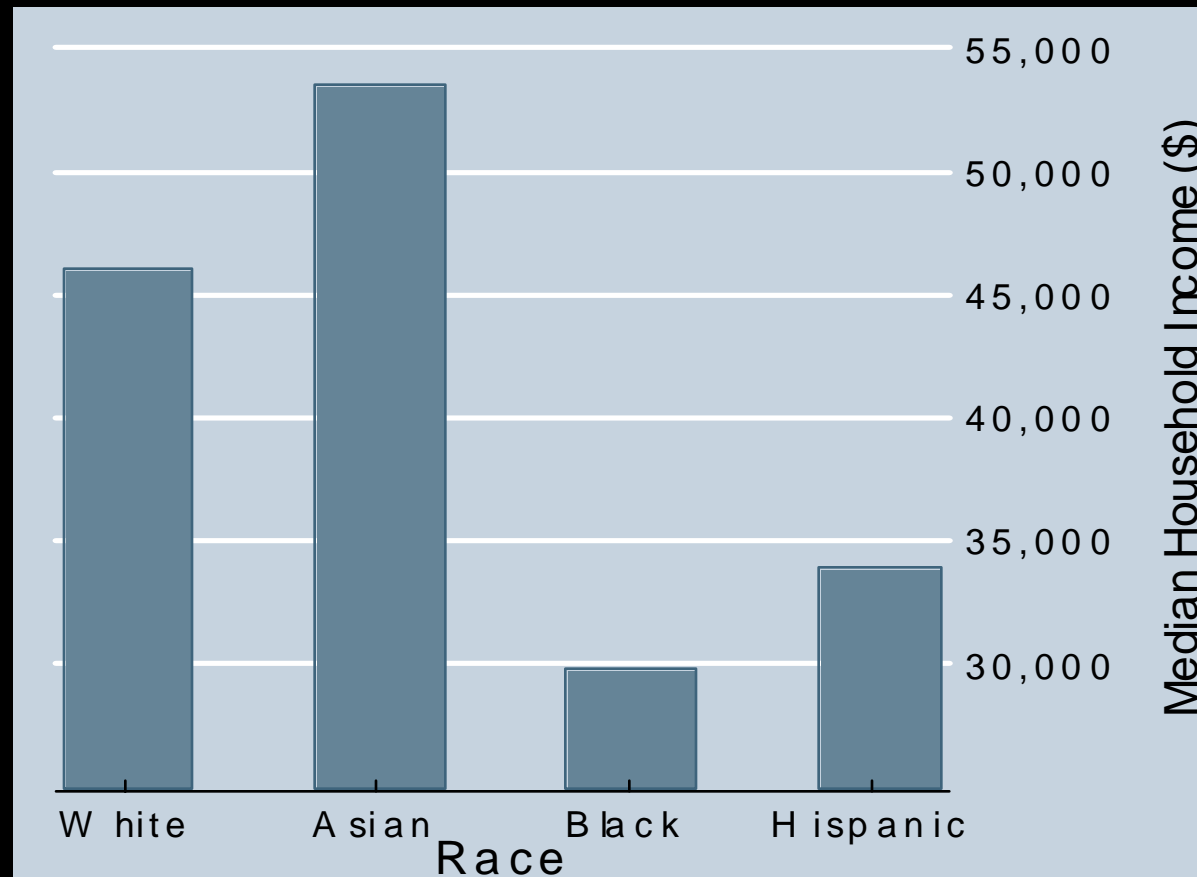




Infertility Services in the US

- US (2002) → mean cost / IVF cycle
\$9,547
- Mean cost in 25 other countries →
\$3,518 (Collins JA, Hum Reprod Update 2002)
- Median US household income
(2002) → \$43,381 (US Census Bureau)

Household Income by Race (US 2002)





Insurance and ART

- At least 15 states mandate coverage or the offer of coverage for fertility treatment.

(National Conference of State Legislatures 2004)

- Is mandated insurance coverage for IVF associated with increased utilization?

Prevalence of Infertility by Race

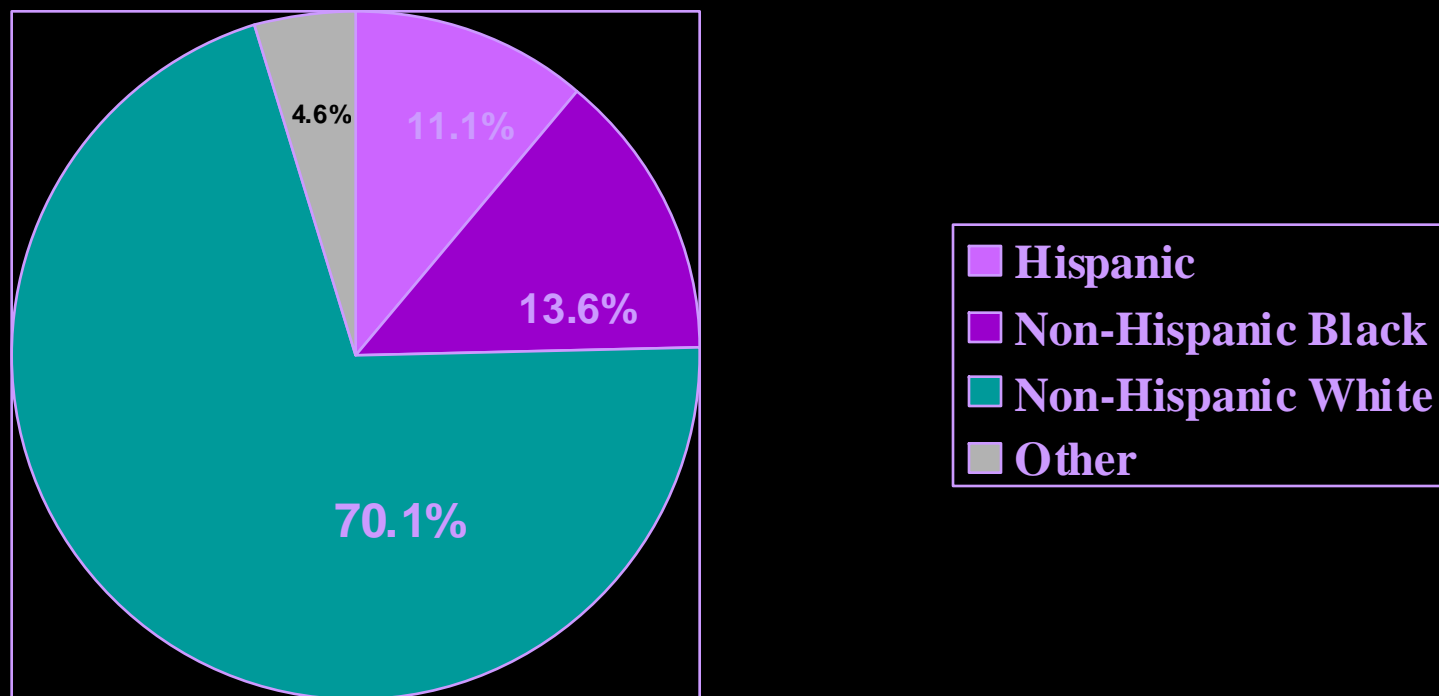


○ Hispanic	7%
○ White	6.4%
○ Black	10.5%
○ Other	13.6%

(“Fertility and Family Planning, and Women’s Health.” US Dept. of Health & Human Services, 1995)

Use of Infertility Services

(Stephen and Chandra, 2000)





National Healthcare Disparities Report AHRQ, December 2006

- Directed by Congress in 1999 to annually track disparities in health care as they relate to racial and socioeconomic factors (2006 is 4rd year of reporting)
- Found that “disparities related to race, ethnicity, and socioeconomic status still pervade the American health care system” with disparities being “observed in almost all aspects of health care”
- From 2003 → 2006, many disparities for AA & Hispanics becoming larger



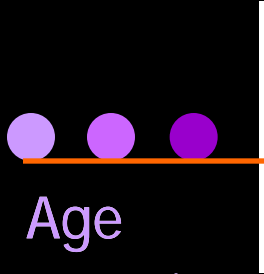
Why Such Disparity?

- Physiological
- Access
 - Financial
 - Physical
- Cultural
- In Collaborative Arrangements, a lack of Donors



Why Such Disparity?

- Recently completed study in Illinois (very good mandate – est. 1991)
- University of Illinois Fertility Center (w/ 2 satellite clinics)
- Self-administered questionnaire by mail
- 1350 consecutive women who presented for infertility care



	WHITE (n=305)	AA (n=208)	HISPANIC (n=134)	ASIAN (n=92)
Age	35.6	34.8	33.5	35.5
Duration of infertility (yrs)	2.5	4.5	4.6	2.2
Master's / doctorate (%)	44.6	5.2	0.7	73.9
Income > \$150k (%)	48.6	2.4	0.7	89.2
Tubal factor (%)	4.9	39.4	41.0	2.2
Distance traveled to fertility ctr (mi)	26.4	9.0	8.3	14.3
Internet access at home (%)	96.7	57.7	56.7	100.0
Internet used to get fertil. info (%)	89.8	23.1	16.4	91.3
INSURANCE COVERAGE (%)				
Have general coverage	98.4	98.1	95.5	100.0
Have complete fertility coverage	68.2	70.7	85.8	91.3
Have partial fertility coverage	15.1	11.5	4.5	4.3
Seek rx if had to pay out of pocket	77.0	19.7	22.4	89.1



WHITE (n=305)	AA (n=208)	HISPANIC (n=134)	ASIAN (n=92)
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HARDER TO GET FERTILITY RX DUE TO (%)

Race / ethnicity	0.7	33.7	27.6	1.1
Profession	0.7	12.5	25.4	0.0
Income level	8.2	60.1	64.2	1.1
Insurance status	20.7	66.4	68.7	7.6

ABILITY TO BEAR CHILDREN

RESTS ON: (1=agree, 5=disagree)

God's will	2.6	1.4	1.8	3.1
A couple's physiology	1.5	3.6	3.2	1.1

IN SEEKING FERTILITY RX, WAS THIS AN IMPORTANT CONCERN:

(1=not important, 5=very important)

Violating religious beliefs	1.4	2.0	2.0	1.3
Historical misuse of medical rx	1.2	2.4	2.2	1.0
Apprehension of technology to conceive	1.5	3.2	3.0	1.3



Lack of Donors

- Real or perceived?
- Does the racial composition of donors available accurately reflect social composition?
- Is this intentional?



How to Reduce Inequality in Access to ART?

- Increase Access
 - Private Insurance
 - Public Insurance
 - Location of Clinics
- Increase Awareness
 - Media
 - Program Marketing
- Rebuild Trust
- More Research & Reporting



Conclusion

“[O]ne of our greatest responsibilities is to consider the full implications of our new knowledge not only for relieving human suffering and distress but for the social and cultural institutions that are as critical as DNA to supporting our individual and collective lives.”

(Harold Shapiro, 9 *Kennedy Institute of Ethics Journal* 209 (1999)).