

Conceivable Dreams: The OHIP for IVF Coalition

2010 Pre-Budget Presentation to the

Ontario Standing Committee on Finance & Economic Affairs (SCFEA)

February 3, 2010 - 9:30-9:45am

Committee Room 151, Main Legislative Building

CONTENTS

- I. Speech: 2010 Pre-Budget Presentation to SCFEA**
- II. Timeline: Government of Ontario Reviews on Infertility Funding**
- III. Glossary of Terms**
- IV. Contact Information**
- V. About Conceivable Dreams**

I. 2010 PRE-BUDGET PRESENTATION TO THE ONTARIO STANDING COMMITTEE ON FINANCE AND ECONOMIC AFFAIRS (SCFEA)

INTRODUCTION

Good morning Committee Members and thank you for the opportunity to present today.

My name is Joanne Horibe and two years ago, my doctor told my fiancé and I that it would take an act of God for us to get pregnant on our own. Since then, we have postponed our wedding to save money for our treatment, spent tens of thousands of dollars on drugs and medical treatment and suffered disappointment and heartbreak to pursue our dream of having a family.

I am not sure how many of you have children, want children, even like children, but I suspect that all of us can appreciate the importance of strong, healthy families and what they provide, not only personally but for a strong, healthy Ontario and economy as a whole.

I started Conceivable Dreams - The OHIP for IVF Coalition two years ago with two other infertility patients to provide a collective voice for those of us who want to create a family and can't for medical reasons. We now have over 1,100 Ontario members and on behalf of all of us, I am here today to request that you implement funding for in vitro-fertilization.

BACKGROUND: INFERTILITY & NEED FOR TREATMENT

Infertility is a serious medical condition with huge economic, social and personal consequences. One in six Ontario couples struggles with infertility.

In-vitro fertilization – which I will refer to as “IVF” going forward – is one of the most safe and effective infertility

Conceivable Dreams is the OHIP for IVF Coalition asking the Ontario government to implement funding for the treatment of Ontario's infertile couples.

Infertility is a serious medical condition. One

treatments. IVF can control the number of embryos implanted and therefore ensure that one healthy baby is delivered at a time.

Many Ontarians could conceive through the use of IVF, however the cost is beyond the financial reach of most families.

With virtually no public funding of IVF treatment in Ontario, many infertile couples are resorting to less costly, less effective but more dangerous alternatives, such as ovarian stimulation with hormone injections to boost their odds of getting pregnant.

These less-than-optimal treatments significantly increase the risk of multiple, pre-term births and the severe medical and developmental problems that result from these births. For moms, these pregnancies are also associated with an increase in medical complications such as gestational diabetes and hypertension of pregnancy.

So why is this the government's problem?

Pre-term and multiple births resulting from cheaper, less optimal treatments create huge costs for the government including:

- increased health care spending to cover the mother's and infants' hospitalization costs,
- lifelong health care and social services spending to cover the costs of long-term physical and mental disabilities that occur more frequently in multiple pre-term births,
- increased home-care costs,
- increased child-care expenses and the likelihood of one parent ceasing to work, and
- increased need for on-going government-funded medical and social support, sometimes for the life of the pre-term infant.

In fact, the Canadian Institute for Health Information (CIHI) estimates that the average life-time cost of a multiple-birth child in Canada is \$520,000.¹ In Ontario, the rate of multiple births resulting from assisted reproduction

in six Ontario couples struggle with infertility.

Ontario infertility patients can't afford optimal fertility treatment so are resorting to less optimal and less safe alternatives.

Less-optimal treatments increase the risk of pre-term and multiple births with severe medical problems, resulting in a life-long burden on the health-care and social service systems.

The average life-time

technologies is currently estimated to be 27.5%².

As you can see, the current costs to the government are significant. By providing up-front access to optimal, regulated infertility treatment, the government will avoid most of these back-end costs.

***cost of a multiple-birth
child in Canada is
\$520,000.***

INFERTILITY FUNDING IN ONTARIO: MULTIPLE STUDIES

The Government of Ontario has done considerable work including formally commissioning two separate studies to look at what needs to be done to address this critical issue.

In the last four years there have been two expert committee recommendations supporting public funding for IVF in Ontario.

In 2006, the Ontario Minister of Health mandated an arms-length expert committee, the Ontario Health Technology Advisory Council – or OHTAC – to look into the issue of infertility funding.

In January 2007, based on evidence-based analyses, OHTAC made recommendations to the Ontario Health Minister to increase access to IVF treatment.

In 2007, the McGuinty Liberal Party Platform made a commitment that a Liberal government would help more Ontarians realize their dream of having a family by recommending ways to make infertility treatment more affordable.

In July 2008, the Government of Ontario launched its second formal study on infertility funding by creating its own Expert Panel on Infertility and Adoption. One of the mandates of the Expert Panel was to make recommendations to government on how to make fertility treatment more accessible and affordable.

In August 2009, the Government of Ontario's own Expert Panel Final Report once again recommended funding IVF treatment.

Over the past 4 years, the Government of Ontario has undertaken considerable work, including formally commissioning two separate studies that recommend public funding of IVF.

In 2007, OHTAC recommended to the Minister of Health to increase access to IVF treatment.

In 2007, the Liberal Party Platform promised to find ways to make infertility treatment more affordable.

In 2008-09, the McGuinty Government Expert Panel on Infertility and Adoption recommended increasing access to IVF treatment.

ECONOMIC BENEFITS OF FUNDING IVF

The McGuinty Government's Expert Panel concluded that public funding of IVF will not only improve the health of mothers and babies, but it will also reduce hospital and other health care costs.

In fact, the Expert Panel's research found that:

- Ontario could save \$400-\$550 million dollars over the next 10 years by tying public funding of IVF to more stringent criteria limiting the number of embryos transferred and reducing the incidence of multiple births,
- the Province would see another \$300-\$460 million dollars in savings that would have been spent on these children over their lifetimes, and
- the savings in health and social service costs would more than offset the costs of providing assisted reproduction services, estimated to be less than \$60 million per year.

To quote the Expert Panel Chairman David Johnston: "The province can't afford not to finance IVF."³

INFERTILITY FUNDING ELSEWHERE, INCLUDING QUEBEC

I also want to highlight the Expert Panel's conclusions that Ontario is out of step with a number of other jurisdictions that fund IVF.

Australia, the United Kingdom, Israel and almost all members of the European Union publicly fund IVF treatment. Such public funding has resulted in significant decreases to the multiple-birth rate in those countries, for example: Australia's is 11%; Belgium's is 7% and Sweden's is 5%; compared to Ontario's rate of 27.5% that I referred to earlier.⁴

Closer to home, the Quebec Charest Government has acted decisively. During the 2008 Quebec provincial

The Expert Panel concluded Ontario could save \$400-\$550 million over the next 10 years by reducing the number of multiple births and would see another \$300-\$460 million in savings that would have been spent on these children over their lifetimes.

"The Province can't afford not to finance IVF": Expert Panel Chairman David Johnston

The Expert Panel concluded that Ontario is out of step with a number of other jurisdictions that fund IVF.

election, Premier Charest promised to provide support for couples facing fertility challenges. Just a few months later in April 2009, the Charest government announced full funding for 3 IVF cycles and all of the required drugs. We understand that the Quebec funding will start April 1, 2010.

In addition, the Government of Manitoba committed in their 2009 Throne Speech that they will provide financial assistance to assist couples with the expense of fertility treatment within the coming year.

Although Quebec and Manitoba are also suffering in this economic downturn, they realize the importance of investing in infertility treatments now – for our future.

CONCLUSION

Conceivable Dreams would like to applaud the Ontario government for undertaking considerable research since 2006. But the time for study is over, and the time for action is now.

To recap, there has been:

- four years of study
- two separate Government -sponsored reviews
- very clear economic evidence proving the cost-benefit of IVF funding; and
- very clear recommendations in favor of IVF funding from both OHTAC and the Ontario Expert Panel.

Please act now and implement the IVF funding recommendations as part of the 2010 Ontario Budget. We need strong, healthy families to foster a strong and healthy Ontario and we can't afford to wait any longer.

Thank you for taking the time to consider this important request.

The time for study is over, and the time for action is now.

II. TIMELINE

- **2006 Ontario Minister of Health Mandates OHTAC Review** - In 2006, then Ontario Health Minister George Smitherman mandated the Ontario Health Technology Advisory Council (OHTAC), an agency of the Ministry of Health, to look into the issue of infertility funding.
- **2007 OHTAC Recommendations** –In January 2007, OHTAC recommended to the Ontario Health Minister that two indications should have additional access to IVF:
(1) IVF-Intra-Cytoplasmic Sperm Injection (ICSI) for patients with severe male factor infertility; and IVF-Single Embryo Transfer (SET) in infertile women with serious medical contraindications to multiple pregnancy; and
(2) Couples who wish to avoid the risk of multiple pregnancy could consider IVF SET as an option to Intra-Uterine Insemination (IUI), which is currently funded by OHIP.
The McGuinty Government never acted on these recommendations.
- **2007 Ontario Liberal Party Platform: Commitment on Infertility** – In 2007 Premier McGuinty made an election commitment to help Ontarians struggling with infertility. *“Helping Ontarians Start a Family: More and more people are having trouble getting their families started because of infertility. Ontario Liberals believe that everyone should have a fair opportunity to create a family. Over the next four years, we will shine a light on this unspoken problem and help to solve it. We will help more Ontarians realize their dream of having a family. Here’s what we’ll do: (1) Make fertility monitoring available earlier in life, so people know whether or not they are likely to have a problem having children; and (2) Create an expert panel to examine all issues related to fertility treatment and adoption and recommend ways to make it both easier and more affordable.”* (Source: 2007 Ontario Liberal Party Platform).
- **2008 Ontario Expert Panel on Infertility & Adoption** – In July 2008, the Government of Ontario appointed a hand-picked 11-member expert panel on fertility treatment and adoption “to help find solutions for people who are trying to start or expand a family.” Panel members included adoptive parents, people with personal experience with infertility, as well as representatives from the medical and adoption communities. The panel was mandated to (1) make recommendations to government to help make both fertility treatment and adoption more accessible and affordable, as well as to provide advice to the government on (2) improving access to infertility treatment and making fertility monitoring available to women so they know if they are likely to have problems conceiving a child; and (3) improving Ontario's adoption system so that more children can become part of families more quickly.

The Panel established two working groups: one on infertility screening and treatment, and one on adoption and permanency. In November 2008, the Panel launched an online survey to hear from Ontarians, consumers, providers, adoptees, donor conceived individuals, and the general public about their views on infertility and adoption. More than 2,200 responses were received.

- **2009 Ontario Expert Panel on Infertility & Adoption Releases Final Report -**
The Expert Panel submitted its recommendations to the Minister of Children and Youth Services in Spring 2009. In August 2009, the Expert Panel's Final Report, entitled *Raising Expectations*, was made public. Ontario Expert Panel report stated that funding IVF will reduce hospital and other health care costs and improve the health of mothers and babies across the province. [The Expert Panel] estimates that by following [the Expert Panel's] recommendations, Ontario could save \$400-\$550 million over the next 10 years by reducing multiple births born from assisted reproduction. The Province would see another \$300-\$460 million (2009 dollars) in savings that would have been spent on these children over their lifetimes. The savings in health costs could be used to offset the costs of providing assisted reproduction services. (Source: Expert Panel Report, page 114).

- **2010 - Awaiting Government of Ontario Action On Its Own Recommendations**

III. GLOSSARY OF TERMS

- **ART: Assisted Reproductive Technologies** - Defined in the broadest sense, the term assisted reproductive technologies (ART) could be applied to any therapy used to improve the chances of conception.
- **ICSI: Intracytoplasmic Sperm Injection** - Intracytoplasmic sperm injection (ICSI) is done in combination with IVF to increase the chances of fertilization. In brief, this procedure involves injecting a single sperm into an egg using a microscope and specialized instruments. ICSI is the treatment of choice for severe male infertility and can be used for unexplained infertility.
- **IUI: Intrauterine Insemination** - Intrauterine insemination (IUI) is used for women with unexplained infertility, inadequate cervical mucous, for antisperm antibodies and in men with mild to moderate sperm abnormalities. The procedure is fairly simple and can be done in a healthcare provider's office around the time of ovulation. It increases the likelihood of pregnancy regardless of the infertility treatment prescribed. IUI is performed when a woman is releasing eggs (ovulation). Sperm is collected from the man prior to the procedure and it is washed with a special solution in the laboratory. It is then injected into the uterus using a thin tube (catheter) attached to a plastic syringe. IUI is also used if sperm shows poor motility (swimming ability) or if there is an ejaculatory problem, but the effectiveness of IUI is naturally higher if sperm parameters are within the normal limits. Results depend on the age of the female partner, diagnosis and the treatments done in conjunction with IUI.
- **IVF: In vitro Fertilization** - In vitro fertilization (IVF) is the most common procedure and has grown in demand since the first child was conceived by IVF in 1978. IVF is a multi-step process in which eggs (oocytes) are extracted from the woman's ovary (where the eggs are produced), fertilized by sperm in a laboratory, cultured into early embryos and then transferred into the woman's uterus.
- **OHTAC: Ontario Health Technology Advisory Council** - The Ontario Health Technology Advisory Committee (OHTAC) is an arms-length expert committee that makes recommendations to the Ontario health care system and the Ontario Ministry of Health and Long-Term Care (MOHLTC) about the best health technologies for Ontario. Established in October 2003, OHTAC bridges the worlds of science and health care decision-making by applying the best available evidence from around the world and across the province, to the unique needs of Ontario patients, providers, facility administrators and policy decision-makers. Decisions are based on evidence-based analyses conducted by the Medical Advisory Secretariat of the Ministry of Health and Long-Term Care.

- **SET: Single Embryo Transfer IVF** – The transfer of one embryo during an IVF cycle (rather than the multiple embryos that are often transferred). SET aims to achieve one healthy baby is delivered at a time, and significantly reduces the risk of multiple pregnancy and reduces the risk of health risks to mothers and babies.

IV. CONTACT INFORMATION

- **Joanne Horibe**
Co-Founder, Conceivable Dreams
Email: info@conceivabledreams.org
Website: www.conceivabledreams.org

- **Kerri Stanford**
Co-Founder, Conceivable Dreams
Email: info@conceivabledreams.org
Website: www.conceivabledreams.org

V. ABOUT CONCEIVABLE DREAMS

Conceivable Dreams - The OHIP for IVF Coalition was founded by infertility patients, Joanne Horibe, Ashley Bulley and Kerri Stanford in the fall of 2008. We decided to use the social networking tool, Facebook, to unite infertility sufferers and their friends, families and supporters and provide a collective voice to request that the Ontario government fund treatment for in-vitro fertilization.

On May 10, 2009, over 200 members of Conceivable Dreams marched from Nathan Phillips Square to Queen's Park pushing empty baby strollers (aka prams) in the Pram Push for IVF Funding on Mother's Day. On December 2, 2009, the Virtual Rally for IVF Funding resulted in over 1000 members sending e-mails to their Members of Provincial Parliament (MPPs) to request that they support funding IVF.

We currently have over 1100 members who represent a broad cross-section of Ontarians, couples, singles, straight, gay, from all ethnicities and from all across the Province. It is our dream that infertility will be treated like any other medical condition such as high blood pressure or diabetes - a medical condition funded by OHIP.

Please visit us at www.conceivabledreams.org or on Facebook under Conceivable Dreams – the OHIP for IVF Coalition to learn more.

ENDNOTES

¹ Infertility Awareness Association of Canada.

² Ontario Expert Panel on Infertility and Adoption Report *Raising Expectations*.

³ Ontario Expert Panel on Infertility and Adoption Chairman David Johnston quoted in the *Globe, CanWest, Sun* (and other others) August 26, 27th - "The province can't afford not to finance IVF...It is cost effective for Ontario to invest in these fertility treatments to offset costs that are otherwise being experienced in the public health-care system."

⁴ Ontario Expert Panel on Infertility and Adoption Report *Raising Expectations*.