

A REVIEW OF THE LITERATURE ON THE BENEFITS OF PUBLIC FUNDING FOR ASSISTED REPRODUCTIVE TECHNOLOGIES FROM AN IRISH PERSPECTIVE

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Abstract Body

Introduction: Infertility affects approximately one in four couples in Ireland, many of whom avail of assisted reproductive technologies (ART) which are not subject to statutory control. The average number of children born to women who had completed their family in Ireland reduced from 2.55 (2011) to 2.33 (2016). Currently, there is no public funding for ART in Ireland and private health insurance providers cover a fraction or provide a contribution towards certain costs. Therefore, ART is limited to individuals with private health insurance/self-paying. Patients can deduct 20% of costs against their tax-bill and fertility drugs are covered under the Drugs Payment Scheme, which limits prescribed drug costs. This review explores benefits of ART public funding in Ireland. Methods: A review of the literature was undertaken to explore benefits relating to public funding of ART in Ireland. Results: Public funding of ART would improve access to ART treatment, especially for individuals with limited insurance/resources. Publicly funded ART would provide more standardized interventions, such as encouraging single embryo transfer and consequently reducing high-risk multiparous pregnancy. By funding ART, individuals would be better able to exercise family building options. Conclusions: Establishing public funding for ART is a difficult balance in terms of optimizing family building options versus financial implications. Criteria should be established based on clinical assessments including age, underlying medical conditions, BMI, substance use, smoking and number of children, as examples, to optimize public funding. Acknowledgements: I would like to thank Dr Gloria Bachmann at the Women's Health Institute and Dr Javier Escobar and his team at the Global Health Institute at RWJUH for facilitating my research.