



Spotlight on Parliaments in Europe

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In vitro fertilisation (IVF) availability in national health services' provisions

Over the last years in vitro fertilisation has been the subject of three enquiries through the ECPRD network. The last one (request 3134), on 24 May 2016, by the UK House of Commons concerned the availability of in vitro fertilisation in National (State) Health Services and the criteria for eligibility. It was an update of request 1254 posted in 2009. The replies from 24 Chambers show that IVF treatments have some kind of financial support and coverage in the vast majority of the responding countries, but criteria of admissibility and restrictions vary considerably according to age, marital status and sexual orientation. Medically assisted pregnancy can in some cases be viewed as the individual right of a woman (regardless of her marital status and sexual orientation) or, in other cases, as a privilege reserved to opposite sex couples. What follows is a summary of the two above mentioned requests.

Austria

The IVF is co-financed in Austria since 2000 when a specific fund was established (Federal Law Gazette BGBl. I No. 180/1999). The fund finances up to 70% of the treatment and medication costs if the following requirements are met: the (heterosexual) couple must be married or in civil union; the woman must not be older than 40 and the man not older than 50; one of the partners must have been diagnosed a fertility dysfunction; the couple must have an health insurance, the couple must have Austrian or EU citizenship or Austrian residence permit; the treatment must be carried out at an IVF-clinic with a contract with the IVF fund.

Belgium

Since 2003, laboratory costs for 6 IVF cycles are reimbursed for women up to the age 43. Since 2008, a flat-rate reimbursement covers pharmaceutical specialities used in the context of intra-uterine insemination or ovarian stimulation if prescribed by a gynaecologist and delivered in a hospital. Services connected with medically assisted procreation are partially covered by sickness and invalidity insurance. Medically Assisted Procreation (MAP) is not restricted to heterosexual. The 2007 “Act on Medically Assisted Reproduction and the Disposition of Supernumerary Embryos and Gametes” indicates that each fertility centre in Belgium is free to accept or refuse requests from homosexual couples as well as for other persons but the centre must communicate the reason of the refusal, medically or ethically, and indicate the applicant another fertility centre. MAP is also possible for single women and for women not living in a heterosexual couple.

Croatia

The Croatian Health Insurance provides financial support to in vitro fertilisation and other MAP treatments. The access to the treatments is allowed to heterosexual infertile couples and to single infertile women in case of unsuccessful or impossible infertility treatment or to avoid the transmission of a serious hereditary disease during natural conception. Assisted reproductive treatments (up to 4 intrauterine insemination procedures and up to six attempts of IVF provided that two attempts are made during a natural cycle) are covered by the social health insurance for women up to 42 years. Medically Assisted Reproduction treatments may be provided to a woman older than 42 upon certified health reasons.

Cyprus

In Cyprus no IVF treatment is provided by the country's health service.

Czech Republic

Par. 15 of the “Law on Public Health Insurance” (N) 48/1997 Col.), public health insurance partly covers costs of in vitro fertilisation for women with bilateral tubal obstruction in age from 18 to 39 years and for every other woman from 22 to 39 years. IVF is restricted to married heterosexual couples. The health insurance covers the costs of maximum three transfers in a lifetime. A forth transfer can be covered in case only one embryo had been transferred during fertilisation.

Denmark

In Denmark IVF treatment is covered under the public health service if specific conditions are met. Spoiled uterine tubes, inexplicable infertility, poor semen quality, failed insemination with either semen from the husband or by a third donor, endometriosis, and sterilization give access to the treatments.

Estonia

The “Artificial Insemination and Embryo Protection Act” of July 1997 regulates IVF in Estonia. Women up to 40 years of age, who are insured under the Health Insurance Act are entitled to compensations for in vitro fertilisation and embryos’ transfer. Currently, the treatments are provided by five health care providers that have contracts with the Estonian Health Insurance Fund. Adult women, up to 50 years of age and with active legal capacity, can undergo the treatments if justified by medical indications and duly prescribed. However, women over 40 shall finance the IVF procedures by themselves. In 2013, 398 children were born in Estonia through the IVF procedures, accounting 2,9 % of all new-borns that year.

Finland

The public health service provides infertility treatments. Partial reimbursement may be requested from the social insurance institution by patients treated privately. Reimbursement is possible only if there is a medical reason to the infertility. The Act on Assisted Fertility Treatments (1237/2006) forbids the treatments if the person receiving the treatment has not given written consent; either party of the couple receiving treatment is married to a third person; pregnancy would pose a substantial risk to the health of the woman or of the child due to the age or health of the woman; consent to the provision of treatments has been withdrawn or the person who gave the consent died; it is apparent that the child’s balanced development cannot be guaranteed; there is reason to presume that the child would be given up for adoption. The treating doctors are entitled to ascertain whether all conditions are met. The act does not restrict the treatments on the basis of age, sexual orientation, disability or marital status. However, in public health care, fertility treatments are normally offered only to women aged 40 and younger. As a rule, treatment options do not include donated sperm or eggs, post-sterilisation treatment, or treatment to couples who have already had two biological children together. Only a limited range of treatment can be offered to persons with a high-risk infectious disease.

France

IVF is covered by the French social security system. The law allows IVF procedures exclusively from gametes coming from at least one of the members of the couple involved. Only patients aged less than 43 on the day of the egg retrieval are covered, and for a maximum of four attempts. IVF is allowed only for heterosexual couples, of reproductive age, who can’t naturally conceive a baby for medical recognized reason. It must be proved that the couple lived together for at least two years and the two partners must be alive at the moment of fertilisation. The criteria apply throughout the whole country.

Germany

IVF treatments are partially covered by statutory health-insurance providers. The providers generally cover 50% of the costs for treatment and medication for three cycles of IVF after a treatment plan has been submitted. The following criteria must be met: the couple is married and only their own eggs and sperm cells are to be used; both spouses are at least 25 years old, the woman is not older than 40 and the man not older than 50; the treatment must be medically advisable and a doctor has attested that there is sufficient chance of success; both partners must undergo an HIV test; a third doctor not involved in the treatment has advised the partners on the medical, psychological and social aspects involved. Some health-insurance providers offer additional coverage for IVF. Since 2012 the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSF) provides additional funding if the State (Land) in which the couple is primarily resident also covers the treatment costs by at least the same amount. The subsidy covers up to 25% of the remaining co-payment in each case. An amendment to the ministry regulation adopted on 7 January 2016 allows heterosexual unmarried couples to access the financial support of the BMFSF: 12.5% of the co-payment for the first three attempts and up to 25% for the fourth attempt.

Greece

IVF treatments are (at least partially) covered by the national health care system provided all conditions set up by the National Health Organization are met (medical examinations, insurance conditions and legal documents. The assistance is restricted to heterosexual couples and is permissible up to the reproductive age of the assisted person (50 years in the case of a woman). Underage treatment is allowed exclusively under exceptional medical circumstances. The number of fertilised eggs transferred vary according to the age of the woman (up to three until 40 years, 4 for women above that age). Prior to the IVF treatments, tests for HIV, hepatitis and syphilis are compulsory.

Hungary

IVF treatments can be provided by the National Health Insurance Fund. The financial support covers up to five transfers, and up to 70-75% of the medicinal products price. The IVF treatment can be provided by the national health system in case of medically proven infertility; the applicant woman does not reach the upper limit of reproductive age (45-49 years); the applicant share no lineal or sibling relationships; the treatment happens of the applicants own request; the couple has an health insurance. The Act on Assisted Fertility Treatment does not restrict treatments on the basis of sexual orientation, disability or marital status.

Ireland

Assisted human reproduction services, including IVF, are not provided for by the Irish public health system. Patients who access IVF treatment privately may claim tax relief on the costs for medical expenses. A defined list of fertility medicines required for fertility treatment is covered under the High Scheme administered by the Health Service Executive. Assisted human reproduction is not yet regulated in Ireland but legislation and public funding has been recently announced by the government and should be realized in the near future. The Minister for Health commissioned an evidence review of international public funding models.

Italy

The majority of reproductive programmes for homologous and heterologous fertilisation are covered by the national health system, with minor regional differences in the cost. In 2004, the Italian parliament adopted a very restrictive law (Legge 40/2004) forbidding surrogacy, but also restricting other reproductive treatments. In 2009 first and in 2014 the Italian Constitutional Court declared the constitutional illegitimacy of subparagraphs banning the cryopreservation and the suppression of embryos and the fertilisation of more than three oocytes at the same time during an IVF treatment, while obliging to implant all the embryos obtained), and declared unconstitutional the prohibition to couples from accessing heterologous medically assisted procreation techniques in case of a diagnosed condition causing complete, irreversible sterility or infertility. As a result of the law, as modified by the interventions of the Constitutional Court, heterosexual couples have the right to apply methods of artificial fertilisation if they provide infertility certificate.

Latvia

The national health service partly covers the costs of counselling and treatment of IVF for a woman until the age of 37 years. Although the treatments have no restrictions based on marital status or gender, the coverage is limited to married heterosexual couples. IVF is regulated by the Sexual and Reproductive Health Law and Cabinet Regulation 716 from 16/12/2003. IVF treatments are provided by medical institutions based in a contractual relationship with the State.

Lithuania

Currently IVF is not regulated by law. IVF is provided by private specialised clinics under rules established by the Order of the Minister of Health that restrict the treatments to married heterosexual couples. A draft law on Fertilisation is under consideration by the parliament and is expected to come into force on 1st January 2017. According to the draft, IVF should be provided by public institutions and financed by the State health insurance fund. The draft at the moment foresees that married women (or in registered partnership) at the age of majority but not older than 45 and having full legal capacity (as well as their spouse or partner) will be eligible for IVF.

Netherland

IVF is included in the standard package of health insurance that everyone living or working in the Netherlands is obliged to take. The government decides on the cover provided by the standard package. In 2016 the standard package included three IVF treatments. The treatment is only performed on medical grounds. To meet the criteria of coverage, the woman must be 42 or younger and traditional pregnancy attempts must have failed for a number of years.

Portugal

The national health service covers the costs of counselling and treatment of IVF. Law 32/2006, as amended by means of the Bill 26/XIII, stipulates that all different sex couples, as well as couples of women, both married or living in partnership, as well as every woman, regardless of civil status or sexual orientation may be beneficiaries of medically assisted procreation techniques. For all authorized beneficiaries, IVF is provided through NHS, in a co-payment system, under conditions defined by the Ministry of Health. The law puts no age limits for admission to fertility consultations, provided there has been previous prescription by a general practitioner. Admission to 1st line of MAP techniques (induction of ovulation and intra-uterine insemination) is restricted to women aged under 42. Up to three such cycles are financed. Admission to 2nd line of MAP techniques (IVF and intra-cytoplasmatic sperm injection) is restricted to women aged under 40. Up to one cycle per year is financed. Couples who are already parents to more than a child (sons/daughters of both members of the couple) are not beneficiaries.

Romania

The Romanian Parliament has not yet adopted legislation but a national *in vitro* fertilisation and embryo transfer subprogram is operating under the patronage of the Health Ministry. The sub programme stipulates criteria for the beneficiaries of the treatments financed by the National Fund for health Insurance and other sources, including donations and sponsorship. Possible beneficiaries are infertile married couples, who could not reproduce, in spite of not using contraception, during one year of conjugal life. If any of the partners has children from previous marriage, the couple cannot enter the programme. Women must be aged between 24 and 40. There must be an assessment of the ovarian reserve, at least one of the partners must be a permanent resident of Romania and to be a contributor to the public healthcare insurance system for at least two years. Centres performing IVF treatment receive 1200 Euros for each fertilisation procedure that met all criteria and was approved by a specialized committee within the Health Ministry. The fertilisation centre will receive additional 300 Euros if the pregnancy exceeds three months.

Slovakia

IVF is included in the Catalogue of the national health care operations. It can be provided by institutions granted a licence from the Ministry of Health. Couples where the woman is not older than 39 are covered by the health insurance companies.

Slovenia

According to the Infertility Treatment and Procedures of Bio medically-assisted procreation Act of 2000 IVF procedures are covered by the Health Insurance Institute of Slovenia. The Act stipulates that the right to bio medically-assisted fertilisation (BAF) is restricted to couples of opposite sex, living in marital or extra-marital union and who, according to medical science, cannot be expected to achieve pregnancy through other infertility treatments. It is also allowed when trying to prevent the transmission of severe hereditary diseases. The woman must be in her childbearing age. The couple must issue a written consent to the IVF and the two partners must receive extensive explanations about BAF and other medical options or adoption. In the case of donated gametes, the written consent by the partners must also include a text on legal consequences. Where the waiting period for a BAF treatment in Slovenia exceeds one year, the couple is entitled to reimbursement of expenses abroad in the amount for the treatment at home (between 1,800 and 2,100 Euros).

Sweden

The Genetic Integrity Act (Swedish Code of Statute 2006:351) stipulates that married couples, registered partners, cohabiting partners and single women can undergo insemination or *in vitro* fertilisation within the Swedish health care system. Assisted fertilisation funded by county councils and regions is offered to couples without common or adopted children, as well as to single women who have not previously been registered as guardians of a child. For the past two years the Swedish Association of Local Authorities and Regions issued a recommendation for a uniform application in the whole country. For insemination with donated sperm, the IVF should be chosen provided it is considered possible after a thorough medical assessment. For sperm donation in the case of IVF, the woman in question, with impediments to natural fertilisation, must have good ovarian capacity. The patient is due to pay a fee in connection with the assisted fertilisation treatment. The fee is determined by each county council in accordance with the Health and Medical service Act. Age limit are 45 years in the case of the return of frozen embryos to the woman and 56 years in case of fertility preservation measures for a man. As for lower age limit the recommendation refers to the age limit that applies for adoption, that is 25 years.

UK

IVF can be provided by the National Health Service. The National Institute for Health and Clinical Excellence (NICE) provides the guidelines. Women aged under 40 should be offered up to three full cycles of IVF if specific medical criteria are met. Women aged 40-42 years should be offered 1 full cycle of IVF if specific medical criteria are met. If the woman turns 40 during a cycle of IVF, she will finish the ongoing cycle but should not be offered further cycles.

