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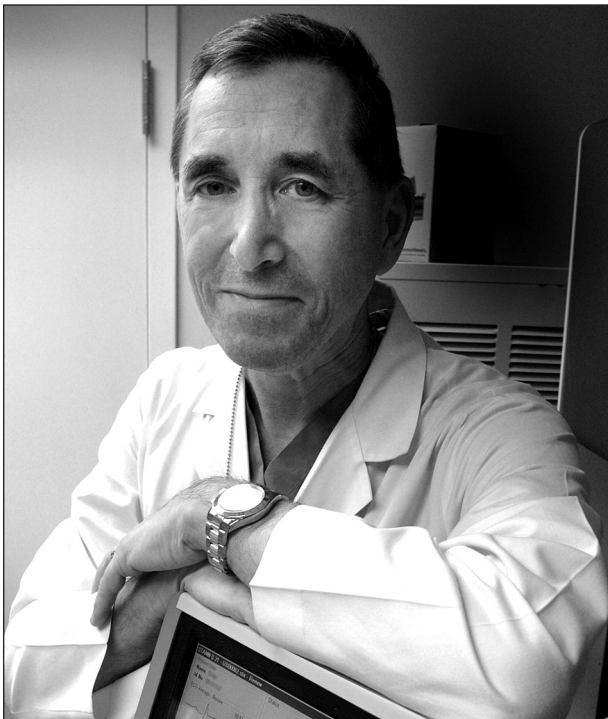
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A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the January-February 2013 Editor-in-Chief's page. This is a new year in many respects, and this month's editorial note departs from our usual format. Instead of focusing on several articles,

and there are certainly some excellent clinical studies included in this issue, I am going to direct our readers' attention to a particularly relevant brief communication that deals with the coming changes in our healthcare system.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue:

- *Impact of Health Care Reform on Reproductive Service Providers*
R. G. Stefanacci

In one year Americans will see the rollout of much of the Affordable Care Act (ACA). Among the important changes in health care delivery will be the establishment of insurance exchanges that will enable previously uncovered patients to receive essential health care services. Dr. Stefanacci's clear-cut review attempts to explain how these exchanges could vary on a state-by-state basis. An obvious concern raised by this paper deals with the ACA's impact on coverage for reproductive services, particularly those involving infertility and assisted reproductive technologies. Also outlined is how these services are covered differently for plans purchased by employers or individuals. Other points addressed include the conditions that these new plans must meet and the basics of how they will work for those now included in them.

Editor's Comments:

Like it or not, health care providers and their patients will soon see the transaction of the health services undergo a significant and fundamental change. Some of the ACA has already been implemented, including the extension of insurance coverage for adult children up to age 26 and the requirement that businesses with more than 50 workers provide their basic health care benefits. With the expansion of Medicaid eligibility and subsidies to those who cannot completely pay for their health insurance premiums, millions of previously uninsured individuals will now enter the ranks of the insured. As these new beneficiaries created by the ACA present for care, it will be in-

teresting to see how the providers of reproductive services will address their needs. While there are more than a dozen states that currently mandate that commercial insurance plans cover infertility services, the details of what these plans cover is varied. Given the current expense of these reproductive services, will they really be available to those newly designated recipients of federally supported health care coverage, particularly in those states with limited tax revenues and, therefore, a smaller share of the federal pie? Perhaps an even more basic question is whether reproductive services really constitute the essential services that insurance exchanges must cover. My carefully considered answer, at this time, would be no.