Approximately 1 in 8 couples have trouble getting pregnant or sustaining pregnancy in the United States. There are huge costs associated with infertility treatment since medical assistance for infertility is generally not covered by health insurance plans unless required by a state mandate. To date, 19 states have enacted some form of the infertility insurance mandate to address a perceived need for coverage. I investigate the impact of state infertility insurance mandates on educational choices of women. Results show that state infertility insurance mandates increase the probability of investing in advanced education when females are more confident in their ability to delay fertility.

According to the Centers for Disease Control and Prevention (CDC), about 12% of women aged 15 to 44 years in the United States have impaired fecundity. To date, 19 states have enacted some form of the infertility insurance mandate, and 14 of those laws include in-vitro fertilization (IVF) coverage.

The dependent variable, Advanced Degree, is a dummy indicating whether a woman in state \( s \) from birth cohort \( k \) has completed an advanced degree in calendar year \( t \). PostMandate\( _{st} \) equals 1 if the survey year is at least 2 years after the mandate year in a mandate state and equals 0 for all years for all control states. \( \beta_3 \) measures the DDD effect of the mandates on women’s choices to pursue advanced degree for women 35 or younger at the time of the mandate.

Robustness checks

- Change the age cutoff
- Explore the impacts on men
- Limit to women who are private insurance holders since the infertility treatment mandates target only private insurance plans

Conclusions

- Infertility insurance mandates make women more likely to pursue advanced education.
- A larger effect is found among white women.

Moving forward

- Do infertility insurance mandates affect women’s timing of pursuing advanced education?

References


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