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The Effect of Infertility Mandates on Marriage and Fertility Decisions

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Objetivos (Objectives):

Infertility treatments or Assisted Reproductive Therapies (ART), in particular in-vitro fertilization (IVF), have been available since the late 70's and more and more people turn to them when facing fertility problems (CDC 2006). In the US the first IVF was accomplished in 1981. Since then, this technology became available at clinics across the country while technological advances boosted its success rates. In addition, by 1995 several US states had enacted mandates forcing health insurance companies to incorporate infertility treatments to different extents. Considering the high financial cost of infertility treatments, this type of policy intervention may importantly affect fertility trends, marriage decisions, and, ultimately, population age structures.

We contribute to this debate by providing short and long-run estimates of the impact of the fertility mandates in some of the US states on important outcomes measures: the women's timing of first marriage; the age at which women have their first child.

Metodologia (Methodology):

We use Abadie et al. (2007)'s synthetic control method, a data-driven procedure, to construct "ideal" control groups. This methodology does not rely on an ad-hoc pre-determined control group but instead constructs the control group by choosing a weighted average of control units which becomes the "synthetic" control group. The weights to construct the synthetic control group are chosen in order to maximize the similarity with the treated group in terms of pre-treatment characteristics and outcomes.

We use data from the Marriage and Divorce Data of the National Vital Statistics System for the periods 1968-1995. Further, we use the data on maternal age-at-first-birth from the National Vital Statistics System of the National Center for Health Statistics for the period 1968-2006. Finally, for all exercises we use data from the cps-march extracts in order to control for education, labour market conditions, and demographic characteristics.

Resultados (Results):

Preliminary results show that infertility insurance mandates effects on women's age at first marriage and age at first birth are heterogenous across states and lasting over several years.

Conclusões (Conclusions):

Our results about the unintended consequences of ART contribute to a more general debate about these treatments not only in the United States but also in Europe. While the "Family building Act of 2005" increased coverage of fertility treatments at the Federal level in the US, in Europe, the response by the National Health Services (NHS) to the treatment of infertility problems has not been as swift as one would expect. Secondly, our results on the mid to long-term consequences of ART are central to the European debate on possible solutions to an ageing population, i.e. can ART be part of a package of policies intended to increase fertility rates in Europe (Grant, 2006). The answer to this question is complex because the short-run effect of the increasing in coverage for fertility treatment may be very different from the long-run effect. In the short-run, we expect an increase of the fertility rate due to an increase in fertility rates among the eldest women (which would otherwise not be able to conceive a child). In the long-run though, the wide availability of these treatments may induce women to delay childbearing under too optimistic perceptions about fertility treatments effectiveness, which in the end may result in lower total fertility rates. If overall there is an increase in total fertility rates than this would press for more public coverage of fertility treatments.