

# REGIONAL DISPARITIES IN INFERTILITY WORKUP COSTS ACROSS THE UNITED STATES

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## Background

Infertility profoundly affects individuals and couples across the United States (U.S.). While infertility treatment is known to be costly, there has been limited analysis of the expenses associated with initially recommended diagnostic workups to address fertility concerns. Initial cost to obtain a diagnosis is the first barrier to equitable infertility treatment.

## Objective

The primary objective was to investigate potential variations in infertility workup costs among the selected regions, shedding light on the affordability of infertility diagnostic services in the United States.

## Methods

Four major U.S. regions from 2022 Census data with selection of the most populous state as a representative cohort: California (West), New York (East), Illinois (Midwest), and Texas (South). The five most populous cities from reliable sources in each state were identified from the Census, and price data were collected from reliable sources, including fairhealthconsumer.org and hfcostlookup.org. Costs for the ASRM recommended infertility workup components, including laboratory hormone tests (FSH/LH/AMH, estradiol, progesterone), semen analysis, transvaginal ultrasound (TVUS), and hysterosalpingography (HSG), were compiled. One-way ANOVA tests were conducted for mean comparisons. Secondary variables, such as racial/ethnic composition and median household income, were collected to provide demographic context.

## Results

Our findings indicated non-significant regional variations in fertility workup costs. For serum hormone tests, Illinois had the highest costs averaging at \$149 per test, and New York the lowest at \$129 ( $p=0.64$ ). For semen analysis, Illinois was the cheapest, averaging at \$128, versus California of \$231 ( $p=0.15$ ). Illinois appeared to be the most expensive for TVUS, averaging at \$292 ( $p=0.29$ ), and New York the costliest for HSG ( $p=0.11$ ). Texas was the least expensive cumulatively for an infertility workup, attributable with its low median household income per 2022 Census ( $p=0.90$ ). However, California ranked 2<sup>nd</sup> least expensive cumulatively despite having the highest median household income.

## Conclusions

This study provided an initial exploration of regional disparities in infertility workup costs in the United States. While our findings suggested potential variations, the lack of significance suggests an equitable financial cost to initially engage in infertility care. As healthcare cost transparency increases, larger sample sizes and more comprehensive data will allow better understanding of the affordability and accessibility of infertility diagnostic services across regions. These insights are crucial in addressing the financial challenges faced by individuals and couples seeking infertility diagnosis and treatment.

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**References**

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