Publicly funded fertility treatment

Publicly funded fertility treatment covers almost all types of treatments. Eligibility is based on the ability to benefit and is calculated using a scoring system called the fertility CPAC.

**THE LEVEL** of public funding of fertility treatment varies around the world; New Zealand falls in the middle of the range. Like all ‘elective’ health services in New Zealand, eligibility is calculated by a Clinical Priority Assessment Criteria (CPAC) system which gives you a score out of a 100. If you gain 65 points or more you are eligible for publicly funded fertility treatment. Many people don’t score 65 points when they first see their fertility specialist but gain points with time, since duration of infertility is an important predictor of the chance of having a child for many types of infertility.

Your fertility specialist will calculate your CPAC score and offer you the opportunity to enrol for publicly funded treatment if you are eligible. If your score is under 65 but is expected to reach 65 or more within the following two years, we will enrol you on ‘Care and Review’ and contact you later to update your score.

The scoring system takes into account your chance of pregnancy without treatment, your chance of pregnancy with treatment, ovarian reserve, how long you have been trying to get pregnant, whether you have children living at home, and whether you have had a tubal ligation or vasectomy. The woman has to be 39 years old or under, a non-smoker and with a BMI in the range of 18-32.

To be eligible, both partners need to be New Zealand residents or meet other residency requirements to access public health services. We may need to see some evidence of residency, such as a birth certificate or passport.
Nearly all types of treatment are covered by public funding. Sometimes you have a choice of treatments but usually this is decided by the characteristics of your infertility. For instance, if your ovarian reserve is very low, you will be offered donor egg treatment instead of IVF using your own eggs since donor eggs give you a better chance of pregnancy.

Public funding covers up to ‘two packages of treatment’. One package consists of:

- One cycle of IVF-type treatment (including ICSI, donor egg, or surrogacy if needed) and the use of any frozen embryos arising from that treatment, OR
- Four cycles of IUI treatment using partner or donor sperm, or ovulation induction (OI) using FSH medications, OR
- Microsurgery on the Fallopian tubes or testes if that is more appropriate than IVF. A cycle is considered complete if there is an embryo to transfer in IVF or insemination takes place in IUI. If the treatment cycle is stopped before this stage, we may offer a second attempt as part of the same package. For PGD, a cycle is considered complete if there is an embryo suitable for testing.

If you do not become pregnant from your first package, you may be eligible for a second package of treatment. You will still need to score 65 points or more and meet the usual criteria when your fertility specialist re-scores you after completing your first package.

If you have a child from private treatment or have conceived naturally while waiting for your publicly funded treatment, your score will change. If you want to try for another child later, you will need to see your fertility specialist again to re-assess your eligibility for publicly funded treatment. You will get fewer points if you already have a child, but many people in this situation still score more than 65 points.

The wait for public treatment once you are enrolled varies across the country, and presently ranges from 6 to 18 months. We will write to confirm your enrolment and tell you when treatment is likely to be offered. If you change address you must tell us. We will contact you 2–3 months before IVF treatment is scheduled to get things started. You need to be in New Zealand for preparation and treatment which could last up to 2–3 months, and longer if you are using donor eggs, donor embryos or surrogacy. If you are not going to be available for any reason, please tell us as soon as possible so we can treat someone else instead. We will try to re-schedule your treatment if you need to delay it for an important reason, but if you postpone it a second time you will need to be re-enrolled, which means starting the wait all over again. If you change partners, CPAC scoring and enrolment also start all over again.

You must still meet all the eligibility criteria when treatment begins, including not smoking and your BMI being in the 18-32 range. Even if you meet all the criteria, public treatment can be withdrawn if it is unlikely to be successful, for instance if you do not respond well to the IVF medications.

Unlike in many other countries, public treatment is totally free – there is no partial payment. However, you do need to pay for your own legal expenses if you are using surrogacy or donor embryo and for any ethics application associated with your treatment. If you complete an IVF cycle and have spare embryos frozen, you’ll need to pay storage fees after the first 18 months.

Travel assistance may be available under some circumstance – the Ministry of Health website has information on what is available.

While the provision of public treatment is usually straightforward, we have guidelines for the various scenarios that occasionally arise. Please feel free to contact us if you have any questions.

For private treatment fees please visit our website www.fertilityassociates.co.nz