

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 302
(A-22)

Introduced by: Resident and Fellow Section

Subject: Resident and Fellow Access to Fertility Preservation

Referred to: Reference Committee C

1 Whereas, The average age at completion of medical training in the United States is
2 approximately 31.6 years overall¹ and 36.8 years for surgical trainees²; and
3

4 Whereas, Female fertility is known to decrease substantially after age 35,^{3,4} with a nearly 50%
5 drop from the early 20s to late 30s⁵; and
6

7 Whereas, Female physicians have a chance of infertility that is twice that of the general
8 population (24.1% vs. 10.9%), with an average age at diagnosis of 33.7 years¹; and
9

10 Whereas, The demands of residency increase the risk of pregnancy complications, with a higher
11 rate of gestational hypertension, placental abruption, preterm labor, and intrauterine growth
12 restriction among female residents⁶⁻⁸; and
13

14 Whereas, A majority of recent trainees perceive a stigma associated with pregnancy during
15 training⁹ and have concerns about workplace support,¹⁰ which may deter medical students from
16 choosing a career in a surgical or other field with longer and demanding training; and
17

18 Whereas, Approximately one third of program directors have reported discouraging pregnancy
19 among residents in surgical training programs¹⁰; and
20

21 Whereas, Oocyte cryopreservation is an established method of preserving fertility¹¹ that can
22 cost \$10,000 per cycle, often with multiple cycles required, and \$500 per year for storage,¹² in
23 addition to requiring timely injection of ovarian stimulation medications and numerous outpatient
24 visits for cycle monitoring and egg retrieval¹³; and
25

26 Whereas, Companies such as Google, Apple, and Facebook have been offering oocyte
27 cryopreservation benefits to their workforce, who are similarly largely of reproductive age, for
28 several years¹⁴; therefore be it
29

30 RESOLVED, That our American Medical Association support education for residents and
31 fellows regarding the natural course of female fertility in relation to the timing of medical
32 education, and the option of fertility preservation and infertility treatment (New HOD Policy); and
33 be it further
34

35 RESOLVED, That our AMA advocate inclusion of insurance coverage for fertility preservation
36 and infertility treatment within health insurance benefits for residents and fellows offered through
37 graduate medical education programs (Directive to Take Action); and be it further

1 RESOLVED, That our AMA support the accommodation of residents and fellows who elect to
2 pursue fertility preservation and infertility treatment, including the need to attend medical visits
3 to complete the oocyte preservation process and to administer medications in a time-sensitive
4 fashion. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000

Received: 04/04/22

References:

1. Stentz NC, Griffith KA, Perkins E, Jones RD, Jaggi R. Fertility and childbearing among American female physicians. *J Womens Health*. 2016;25(10):1059-1065.
2. Jeekel J. Crucial times for general surgery. *Ann Surg*. 1999;230(6):739.
3. Gilbert WM, Nesbitt TS, Danielsen B. Childbearing beyond age 40: Pregnancy outcome in 24,032 cases. *Obstet Gynecol*. 1999;93(1):9-14.
4. Cleary-Goldman J, Malone FD, Vidaver J, et al. Impact of maternal age on obstetric outcome. *Obstet Gynecol*. 2005;105(5 Pt 1):983-990.
5. Dunson DB, Colombo B, Baird DD. Changes with age in the level and duration of fertility in the menstrual cycle. *Hum Reprod Oxf Engl*. 2002;17(5):1399-1403.
6. Grunebaum A, Minkoff H, Blake D. Pregnancy among obstetricians: A comparison of births before, during, and after residency. *Am J Obstet Gynecol*. 1987;157(1):79-83.
7. Behbehani S, Tulandi T. Obstetrical complications in pregnant medical and surgical residents. *J Obstet Gynaecol Can*. 2015;37(1):25-31.
8. Klevan JL, Weiss JC, Dabrow SM. Pregnancy during pediatric residency. Attitudes and complications. *Am J Dis Child*. 1990;144(7):767-769.
9. Turner PL, Lumpkins K, Gabre J, Lin MJ, Liu X, Terrin M. Pregnancy among women surgeons: Trends over time. *Arch Surg*. 2012;147(5).
10. Garza RM, Weston JS, Furnas HJ. Pregnancy and the plastic surgery resident. *Plast Reconstr Surg*. 2017;139(1):245-252.
11. Practice Committees of American Society for Reproductive Medicine, Society for Assisted Reproductive Technology. Mature oocyte cryopreservation: A guideline. *Fertil Steril*. 2013;99(1):37-43.
12. Cost of Egg Freezing. USC Fertility. <https://uscfertility.org/egg-freezing/cost/>. Accessed June 14, 2019.
13. The Egg Freezing Process. USC Fertility. <https://uscfertility.org/egg-freezing/egg-freezing-process/>. Accessed June 14, 2019.
14. Weller C. What you need to know about egg-freezing, the hot new perk at Google, Apple, and Facebook. Business Insider. <https://www.businessinsider.com/egg-freezing-at-facebook-apple-google-hot-new-perk-2017-9>. Accessed June 14, 2019.

RELEVANT AMA POLICY

Disclosure of Risk to Fertility with Gonadotoxic Treatment H-425.967

Our AMA: (1) supports as best practice the disclosure to cancer and other patients of risks to fertility when gonadotoxic treatment is used; and (2) supports ongoing education for providers who counsel patients who may benefit from fertility preservation.

Citation: Res. 512, A-19

Infertility and Fertility Preservation Insurance Coverage H-185.990

1. Our AMA encourages third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility.
2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician.

Citation: Res. 150, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CMS Rep. 4, A-08; Appended: Res. 114, A-13; Modified: Res. 809, I-14

Infertility Benefits for Veterans H-510.984

1. Our AMA supports lifting the congressional ban on the Department of Veterans Affairs (VA) from covering in vitro fertilization (IVF) costs for veterans who have become infertile due to service-related injuries.

2. Our AMA encourages interested stakeholders to collaborate in lifting the congressional ban on the VA from covering IVF costs for veterans who have become infertile due to service-related injuries.
3. Our AMA encourages the Department of Defense (DOD) to offer service members fertility counseling and information on relevant health care benefits provided through TRICARE and the VA at pre-deployment and during the medical discharge process.
4. Our AMA supports efforts by the DOD and VA to offer service members comprehensive health care services to preserve their ability to conceive a child and provide treatment within the standard of care to address infertility due to service-related injuries. Citation: CMS Rep. 01, I-16Appended: Res. 513, A-19

Right for Gamete Preservation Therapies H-65.956

1. Fertility preservation services are recognized by our AMA as an option for the members of the transgender and non-binary community who wish to preserve future fertility through gamete preservation prior to undergoing gender affirming medical or surgical therapies.
2. Our AMA supports the right of transgender or non-binary individuals to seek gamete preservation therapies. Citation: Res. 005, A-19