AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 101
(A-24)

Introduced by: Medical Student Section

Subject: Infertility Coverage

Referred to: Reference Committee A

Whereas, fertility assistance and preservation are commonly used by patients diagnosed with or at risk for infertility (including iatrogenic infertility due to medical interventions, such as cancer treatment or hormone replacement therapy), LGBTQ+ patients, military and veteran patients, and patients who desire future pregnancy at advanced reproductive age; and

Whereas, cost for services such as in vitro fertilization or oocyte cryopreservation ranges from $10,000 to $13,000, not including medications, further tests, multiple cycles, and cryostorage fees; and

Whereas, the average cost for semen analysis by emission is around $750, with additional costs for cryostorage; and

Whereas, cost due to lack of insurance coverage and need for supplemental insurance is the most common barrier for patients with infertility, often leading them to end treatment; and

Whereas, in states where employer plans cover assisted reproductive technology, the cost of in vitro fertilization (IVF) is 13% of average annual disposable income compared to 52% in other states, indicating that coverage regulations drastically affect affordability; and

Whereas, Medicaid covers fertility drugs in only one state, covers infertility diagnostics in only a few states, and does not cover other fertility assistance or preservation services; and

Whereas, TRICARE only covers infertility care that enables “natural conception,” and the VA only covers care for infertility due to service-related injuries and only if donor eggs and sperm are from a couple, excluding LGBTQ+ and unmarried individuals; and

Whereas, 25 states and DC have various regulations at least partially restricting coverage of some fertility diagnostics or services in at least a portion of employer plans offered, although sex and gender-based restrictions, cost-sharing, age cutoffs, marital requirements, exemptions for small and large employers, and other stipulations vary widely; and

Whereas, states with private coverage for fertility services do not experience significant premium increases, with estimates ranging from 0.5-1% ($1-5), while demonstrating 150-300% greater use of fertility services compared to states without; and

Whereas, Black women may have higher infertility rates but are less likely to use fertility services, and Black, Hispanic, and Asian women all experience poorly understood lower success rates for fertility services, alongside many financial and logistic barriers; and
Whereas, women of color also report hearing comments disregarding their fertility concerns or perpetuating stereotypes (that they can become pregnant easily or that they should not become pregnant at all)\(^20\); and

Whereas, LGBTQ+ individuals and unmarried individuals are often excluded from conditions and requirements for fertility services\(^10,11,21,22\); and

Whereas, unlike the IHS, other federal health programs such as the Veterans Health Administration and Federal Employees Health Benefit Program, provide a spectrum of coverage for infertility diagnostics and treatment\(^23\); and

Whereas, the prevalence of infertility and impaired fecundity (reproductive fitness) among American Indian and Alaska Native (AI/AN) persons is 7.0% and 13.2%, respectively, which is greater than that of the U.S. population (6.4% and 11.0%)\(^24\); and

Whereas, positive pregnancy (PP) and ongoing pregnancy/delivery (OP/D) rates are estimated to be 15% and 10% per IUI cycle in the general population, respectively, but AI/AN patients have marked PP/OP/D disparities (5.10% PP and 3.3% OP/D)\(^25\); and

Whereas, the IHS defines Level 5 (Excluded Services) as services and procedures considered purely cosmetic in nature, experimental or investigational, or with no proven medical benefit and includes IVF and related services in this category, preventing IHS, Tribal, and Urban Indian Health Programs from paying for this care\(^26-28\); therefore be it

RESOLVED, that our American Medical Association amend Policy H-185.990, “Infertility and Fertility Preservation Insurance Coverage” by addition and deletion to read as follows;

1. Our AMA encourages third party payer health insurance carriers to make available insurance benefits that ensure insurance coverage by all payers 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.

3. Our AMA will work with interested organizations to encourage the Indian Health Service to cover infertility diagnostics and treatment for patients seen by or referred through an Indian Health Service, Tribal, or Urban Indian Health Program. (Modify Current HOD Policy); and be it further

RESOLVED, that our AMA study the feasibility of insurance coverage for fertility preservation for reasons other than iatrogenic infertility (Directive to Take Action); and be it further

RESOLVED, that our AMA support the review of services defined to be experimental or excluded for payment by the Indian Health Service and for the appropriate bodies to make evidence-based recommendations for updated health services coverage. (New HOD Policy)
Fiscal Note: Modest - between $1,000 - $5,000

Received: 4/5/2024

REFERENCES


RELEVANT AMA POLICY

H-185.990 Infertility and Fertility Preservation Insurance Coverage
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. [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]

H-65.956 Right for Gamete Preservation Therapies
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. [Res. 005, A-19]

H-185.922 Right for Gamete Preservation Therapies
3. Our AMA supports insurance coverage for gamete preservation in any individual for whom a medical diagnosis or treatment modality is expected to result in the loss of fertility. [Res. 005, A-19]

H-510.984 Infertility Benefits for Veterans
1. Our AMA supports: (A) 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; and (B) 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; and (C) additional research to better understand whether higher rates of infertility in servicewomen may be linked to military service, and which approaches might reduce the burden of infertility among service women.
2. Our AMA encourages: (A) 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, and (B) 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. [CMS Rep. 01, I-16; Appended: Res. 513, A-19]