Whereas, Individuals of child-bearing age face unique challenges related to their treatment because of the effects many anti-cancer treatments can have on the reproductive system; and

Whereas, Chemotherapy can damage reproductive cells, resulting in infertility related to damaged sperm, ovaries, and eggs; and

Whereas, Radiation therapy to the pelvis and abdomen can damage reproductive organs, and radiation for brain malignancies can have negative impact on fertility if there is damage to the pituitary gland; and

Whereas, Surgery for cancers of the reproductive system also carries risk, including scarring or other harm to organs that affect fertility; and

Whereas, Patients receiving bone marrow or stem cell transplants often are exposed to high doses of radiation and chemotherapy, which can cause infertility1; and

Whereas, Despite clear risk to fertility posed by cancer treatment, many payers deem fertility care as not medically necessary and either limit or exclude coverage of this benefit; and

Whereas, Due to coverage gaps and high cost, fertility care in the United States remain inaccessible for many patients with cancer; and

Whereas, Cost and coverage issues for fertility preservation are particularly acute in populations already facing access to care issues, including Medicaid beneficiaries; and

Whereas, New findings show that more than 32,000 newly diagnosed adolescent and young adult patients may lose or face compromised fertility preservation care each year due to legislation that has been enacted or is expected to be enacted in in some states following the Supreme Court’s recent ruling in Dobbs vs. Jackson Women’s Health2; and

Whereas, The Dobbs vs. Jackson Women’s Health ruling could interfere with fertility preservation for adolescent and young adult patients with cancer due to new restrictions on genetic testing, storage, and disposal of embryos; and

Whereas, Potential fertility preservation restrictions could widen geographical and socioeconomic disparities in access to fertility preservation; therefore be it

---

RESOLVED, That our American Medical Association advocate for state 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 treating physician (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate that “fertility preservation therapy services” should include cryopreservation of embryos, sperm, and oocytes (Directive to Take Action); and be it further

RESOLVED, That our AMA advocate against the prosecution of physicians for eliminating or transporting unused embryos created during and subsequent to the fertility preservation process. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/13/22

RELEVANT AMA POLICY

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.
3. Our AMA encourages the inclusion of impaired fertility as a consequence of gender-affirming hormone therapy and gender-affirming surgery within legislative definitions of iatrogenic infertility, and supports access to fertility preservation services for those affected.

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; Appended: Res. 012, A-22