

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 801  
(I-22)

Introduced by: Young Physicians Section

Subject: Parity in Military Reproductive Health Insurance Coverage for All Service Members and Veterans

Referred to: Reference Committee J

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- 1 Whereas, The World Health Organization (WHO) defines infertility as “the failure to achieve a  
2 pregnancy after 12 months or more of regular unprotected sexual intercourse;”<sup>1</sup> and  
3  
4 Whereas, Our AMA also recognizes infertility as a disease (AMA policy H-420.952);<sup>2</sup> and  
5  
6 Whereas, In an Ethics Committee Opinion, the American Society for Reproductive Medicine  
7 (ASRM) states that “individuals and couples should have access to fertility services irrespective  
8 of marital status, sexual orientation, or gender identity;”<sup>3</sup> and  
9  
10 Whereas, This ASRM Ethics Committee Opinion also states that “results of research suggested  
11 that the development, adjustment, and well-being of children are not markedly impacted by the  
12 marital status, sexual orientation, or gender identity of the parents;”<sup>3</sup> and  
13  
14 Whereas, This ASRM Ethics Committee Opinion also states that “programs should treat all  
15 requests for assisted reproduction equally without regard to marital status, sexual orientation, or  
16 gender identity;”<sup>3</sup> and  
17  
18 Whereas, “Compared to the general population, military families face unique challenges that  
19 can complicate family building and planning;”<sup>4</sup> and  
20  
21 Whereas, “During military service, active duty service members may experience exposures to  
22 potential chemical, physical, and environmental hazards such as jet fuel, burn pits, spent  
23 uranium, nuclear power plants, and exposures associated with submarines and aviation, all of  
24 which may be linked to negative effects on reproductive health;”<sup>4</sup> and  
25  
26 Whereas, “Exposure to endocrine-disrupting chemical agents including lead, mercury, or certain  
27 pesticides is shown to result in altered semen quality and sterility in men as well as menstrual  
28 cycle interference in women;”<sup>4</sup> and  
29  
30 Whereas, “Several studies demonstrate an association between military service and Post  
31 Traumatic Stress Disorder, depression, toxic exposures, and their negative impact on fertility;”<sup>4</sup>  
32 and  
33  
34 Whereas, “The Department of Defense (DOD) does not provide coverage for infertility services  
35 for most with military insurance, including artificial (intrauterine) inseminations, costs related to  
36 sperm or oocyte donation...;”<sup>4</sup> and

1 Whereas, For veterans, Veterans Health Administration Directive 1334 (12 February 2018)  
2 specifically excludes fertility coverage for single women or same-sex couples that would  
3 otherwise be covered;<sup>4,5</sup> and  
4

5 Whereas, For active duty servicemembers, the Department of Defense (DoD) Policy for  
6 Assisted Reproductive Services for the Benefit of Seriously or Severely Ill/Injured (Category II or  
7 III) Active Duty Service Members (ADSMs) specifically states that “Third party donations and  
8 surrogacy are not covered benefits;”<sup>6</sup> and  
9

10 Whereas, Our AMA also “supports: (1) insurance coverage for fertility treatments regardless of  
11 marital status or sexual orientation when insurance provides coverage for fertility treatments;  
12 and (2) local and state efforts to promote reproductive health insurance coverage regardless of  
13 marital status or sexual orientation when insurance provides coverage for fertility treatments  
14 (AMA policy H-185.926);”<sup>7</sup> therefore be it  
15

16 RESOLVED, That our American Medical Association support expansion of reproductive health  
17 insurance coverage to all active-duty service members and veterans eligible for medical care  
18 regardless of marital status, gender or sexual orientation. (New HOD Policy)

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

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References:

1. “Infertility is a global public health issue” on the website of the World Health Organization, at <https://www.who.int/news-room/fact-sheets/detail/infertility>, accessed 30 April 2022.
2. AMA policy H-420.952 Recognition of Infertility as a Disease, at <https://policysearch.ama-assn.org/policyfinder/detail/infertility?uri=%2FAMADoc%2FHOD.xml-H-420.952.xml>, accessed 30 April 2022.
3. Access to fertility treatment irrespective of marital status, sexual orientation, or gender identity: an Ethics Committee Opinion, at [https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/ethics-committee-opinions/access\\_to\\_fertility\\_treatment\\_by\\_gays\\_lesbians\\_and\\_unmarried\\_persons-pdfmembers.pdf](https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/ethics-committee-opinions/access_to_fertility_treatment_by_gays_lesbians_and_unmarried_persons-pdfmembers.pdf), accessed 30 April 2022.
4. Hamai CJ, Groves SD, Kostandinis T, Girald-Berlinger S, Simon KE, Christy AY, Hsu AL. “Helping Military Families Grow”: Increasing Infertility Coverage for Active-duty Servicemembers and Veterans. *Fertil Steril Dialog*. Published online 7 Mar 2022: <https://www.fertstertdialog.com/posts/helping-military-families-grow-increasing-infertility-coverage-for-active-duty-servicemembers-and-veterans>.
5. Veterans Health Administration (VHA) Directive 1334 Assisted Reproductive Technology (ART) Services, including IN Vitro Fertilization (IVF) for the Benefit of Veterans with Service-Connected Illness or Injury Resulting in Infertility – Frequently Asked Questions (12 February 2018), accessible at: <https://www.fertstertdialog.com/documents/vha-directive-1334-bb1012b6-de5f-4626-a161-4e1a76b93f04>, accessed 30 April 2022.
6. DoD Policy for Assisted Reproductive Services for the Benefit of Seriously or Severely Ill/Injured (Category II or III) Active Duty Service Members (ADSMs), accessible at <https://www.fertstertdialog.com/documents/dod-policy-guidance>, accessed 30 April 2022.
7. AMA policy H-185.926 Reproductive Health Insurance Coverage, at <https://policysearch.ama-assn.org/policyfinder/detail/fertility?uri=%2FAMADoc%2FHOD-185.926.xml>, accessed 30 April 2022.

## RELEVANT AMA POLICY

### Reproductive Health Insurance Coverage H-185.926

Our AMA supports: (1) insurance coverage for fertility treatments regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments; and (2) local and state efforts to promote reproductive health insurance coverage regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments.

Citation: Res. 804, I-16

### Recognition of Infertility as a Disease H-420.952

Our AMA supports the World Health Organizations designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.

Citation: Res. 518, A-17

### **Health Care Disparities in Same-Sex Partner Households H-65.973**

Our American Medical Association: (1) recognizes that denying civil marriage based on sexual orientation is discriminatory and imposes harmful stigma on gay and lesbian individuals and couples and their families; (2) recognizes that exclusion from civil marriage contributes to health care disparities affecting same-sex households; (3) will work to reduce health care disparities among members of same-sex households including minor children; and (4) will support measures providing same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded opposite-sex households.

Citation: CSAPH Rep. 1, I-09; BOT Action in response to referred for decision Res. 918, I-09; Reaffirmed in lieu of Res. 918, I-09; BOT Rep. 15, A-11; Reaffirmed in lieu of Res. 209, A-12; Reaffirmed: CSAPH Rep. 1, A-22

### **Health Disparities Among Gay, Lesbian, Bisexual, Transgender and Queer Families D-65.995**

Our AMA supports reducing the health disparities suffered because of unequal treatment of minor children and same sex parents in same sex households by supporting equality in laws affecting health care of members in same sex partner households and their dependent children.

Citation: Res. 445, A-05; Modified: CSAPH Rep. 1, A-15; Res. 16, A-18

### **Eliminating Health Disparities - Promoting Awareness and Education of Sexual Orientation and Gender Identity Health Issues in Medical Education H-295.878**

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues related to sexual orientation and gender identity; and (3) encourages medical education accreditation bodies to both continue to encourage and periodically reassess education on health issues related to sexual orientation and gender identity in the basic science, clinical care, and cultural competency curricula in undergraduate and graduate medical education.

Citation: Res. 323, A-05; Modified in lieu of Res. 906, I-10; Reaffirmation A-11; Reaffirmation A-12; Reaffirmation A-16; Modified: Res. 16, A-18; Modified: Res. 302, I-19

### **Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991**

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.
4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people. Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18

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