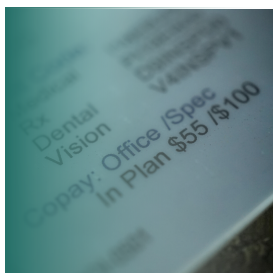
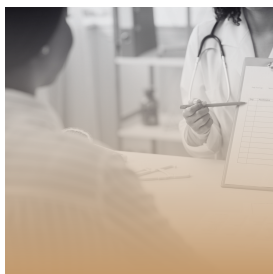


Expanded Health Insurance Coverage for Fertility Preservation for Cancer Patients SB333 & SB335 Sen. Salim; HB278, Del. Helmer

FACT SHEET



These bills would mandate both private insurance and state Medicaid health care plans to cover persons who seek fertility preservation in cases of cancer where the cancer treatment is likely to negatively affect fertility.



- In good news, cancer is no longer always a death sentence. Medical advances mean that many forms of cancer are both treatable and beatable. However, for certain cancers, **the treatment has the unfortunate side-effect of negatively impacting a person's fertility.** At the same time, more people are delaying having children until their 30s and 40s. So, what happens to a young person's plans for children after receiving a cancer diagnosis? Often, they need to **scramble to preserve their fertility** because the time between finding out a diagnosis and having to begin treatment can be quite short.
- Even though fertility preservation is an available technology, **the cost associated with fertility preservation can put it out of reach for many** if not most of those already facing the financial burdens associated with cancer and cancer treatment.
- **Neither Medicaid nor most private insurance covers fertility preservation,** even when it is medically advisable. This means that a person who has cancer normally only has a very brief window of time to secure the funding necessary to preserve their fertility. Many, many people fail in this task. **The idea that your access to wealth is what determines whether you can have a family is contrary to the principles of reproductive justice, fairness, and of compassion.**
- We know from research that black and brown patients are less likely to be told about fertility preservation. This is because of unconscious and conscious biases their providers might have about their financial status or ability to pay for these treatments.

The 2-Sentence Talking Points:

Often, when a young person receives a cancer diagnosis, they need to scramble to preserve their fertility because the time between diagnosis and having to begin treatment can be quite short. These bills would mandate both private insurance and state Medicaid health care plans to cover persons who seek fertility preservation in cases of cancer where the cancer treatment is likely to negatively affect fertility.

What Has Been Done in Other States?

Coverage for IVF and infertility benefits varies immensely by state; however, **many states have at least some mandate for some forms of coverage in certain circumstances:**

Medicaid:

- New York has passed Bill A 2817 to require some Medicaid coverage for IVF (2019).
- Utah has just passed Bill HB. 192, requiring Medicaid to cover some forms of fertility preservation (2023).
- Illinois has a provision allowing for sperm preservation under Medicaid for cancer patients (2018).
- Washington DC has passed legislation, Bill 25-34 that will mandate coverage of IVF services through private insurance and Medicaid. Coverage through Medicaid will go into effect in 2024.
- Some states specifically cover infertility diagnostic services; GA, HI, MA, MI, MN, NH, NM, and NY all offer at least one Medicaid plan with this benefit, but the range of diagnostics covered varies.
- Connecticut (HB 6617) and Washington (SB 5647/HB 1730) are working on passing legislation to cover IVF fertility benefits through Medicaid

Private Insurance:

- Fifteen states (MT, UT, IL, AR, WV, OH, NY, NH, MA, RI, CT, NJ, DE, MD, and VT) have laws in effect requiring certain health plans to cover at least some infertility treatments (a “mandate to cover”).
- Illinois has also passed a bill, HB 2617 to cover fertility preservation under private insurance for cancer patients (2018).

Veterans Affairs:

- Infertility services are currently covered by the VA medical benefits package if infertility resulted from a service-connected condition.
- This includes infertility counseling, blood tests, genetic counseling, semen analysis, ultrasound imaging, surgery, medications, and IVF (as of 2017).
- The couple seeking services must be legally married, and the egg and sperm must come from said couple (effectively excluding same-sex couples).
- Donor eggs/sperm, surrogacy, or obstetrical care for non-veteran spouses are not covered.