

Fertility Preservation Coverage (A3150/S2133)

Mandates health benefits coverage for fertility preservation services under certain health insurance plans

Under current law, NJ hospital service corporation contracts that provide hospital or medical expense benefits for groups with 50 or more persons are not required to provide coverage for standard fertility preservation services when medically necessary treatment may directly or indirectly cause infertility.

Common fertility preservation treatments as established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology and other reputable professional organizations include:

- Embryo cryopreservation
- Egg freezing (oocyte cryopreservation)
- Ovarian transposition (oophoropexy)
- Sperm cryopreservation
- Gonadal shielding

These treatments often come with high out-of-pocket costs for patients because of the aforementioned absence of requirements for insurance companies to provide coverage for them. For example, the costs to collect and freeze embryos for embryo cryopreservation average anywhere from \$10,000 to \$15,000 per cycle.

Infertility caused by medical treatments is called "iatrogenic infertility." This bill mandates that fertility preservation services are covered under certain health insurance plans for patients who are at risk of iatrogenic infertility as a result of needed medical treatments.

There are numerous health procedures and treatments with likely side effects of iatrogenic infertility established by the same reputable professional organizations mentioned above including surgery, radiation, chemotherapy and other treatments affecting the reproductive organs or processes that can ultimately cause infertility.

No one should have to choose between their health and being able to have a family. The same way that health benefits cover other often unavoidable side effects to medical treatments, women and men should be provided the opportunity to preserve their fertility to live the fullest life they can after treatment. If this legislation is passed, New Jersey would have the most comprehensive fertility preservation law in the U.S.

This bill provides that the provision of standard fertility preservation services must not be determined based on a covered person's expected length of life, present or predicted disability, degree of medical dependency, perceived quality of life, or other health conditions, or based on personal characteristics, including age, sex, sexual orientation, marital status or gender identity.

This bill also specifically defines "standard fertility preservation services", which distinguishes medically appropriate, accepted services from experimental or investigative services. "Standard" services can expand and contract as the science/practice evolves. Deference is given to appropriate medical professionals instead of insurers through the specification that the "standard services" are defined by reputable professional organizations like the American Society for Reproductive Medicine or the American Society of Clinical Oncology.

Fertility preservation is often possible in people undergoing treatments for cancer. However, some preservation methods will delay the start of treatment by 2-6 weeks. Because of this, those at risk of iatrogenic infertility are given a short timeframe to make a decision about what options they want to pursue and consider the financial impact they will have to endure without insurance coverage.

Broader application of fertility preservation methods is limited by several factors: lack of knowledge about the risk of infertility with current cancer treatments, failure to discuss and consider options before treatment, and the investigational status of some fertility preservation methods.

This legislation deals with one of the greatest challenges faced: a lack of insurance coverage for most procedures with consequent high out of pocket costs. Without proper insurance coverage, fertility preservation is only an option for those with the means to afford it on their own. Without this legislative protection, low-income New Jersey residents without the means to afford expensive fertility preservation procedures are forced to choose between medically necessary treatments and their ability to have a family.

It is important for iatrogenic infertility to be treated and covered by insurance companies the same way any iatrogenic side effect would be covered. Patients should not have to completely sacrifice their ability to have their own children because of medically necessary and unavoidable health treatments.

If you have any questions, please contact:
Kay LiCausi (201) 459-0502 or Kay@HobokenStrategy.com