



## POSITION STATEMENT

# HEALTH INSURANCE COVERAGE FOR IATROGENIC INFERTILITY

### **PURPOSE**

Health insurance in the United States is currently inconsistent in its coverage for fertility preservation in cases of iatrogenic infertility caused by cancer treatments,<sup>i</sup> which limits patient access to care, potentially reduces survival rates, and may result in unnecessary costs for health insurance providers. Accordingly, it is our position that health insurance providers should provide coverage for all standard fertility preservation services for individuals at risk for iatrogenic infertility from necessary medical treatments.

### **BACKGROUND**

Annually, approximately 133,000 men and women are diagnosed with cancer during their reproductive years (under age 45) and subsequently at risk for iatrogenic infertility from treatments such as chemotherapy, radiation and surgery.<sup>ii,iii</sup> Infertility caused by cancer treatments is iatrogenic, which refers to adverse conditions in a patient resulting from medical treatments. Iatrogenic infertility differs greatly from traditional infertility and, accordingly, health insurance coverage should address coverage for each separately.<sup>iv</sup>

Fortunately, the 5-year overall survival rate for cancer patients diagnosed during their reproductive years is 79%, and several standard fertility preservation treatments are available to help mitigate iatrogenic harm. Unfortunately, however, there are several factors that impede access to fertility preservation treatments, including a very short window of opportunity to receive fertility preservation treatment and a lack of insurance coverage.<sup>v</sup> Despite the fact that treatment for other iatrogenic side effects of cancer treatments, such as nausea, fatigue, neutropenia, breast-reconstruction, and amputation, is currently routinely included in health insurance coverage, consistent coverage addressing iatrogenic infertility is absent.

Several standard fertility preservation treatments are routinely covered by health insurance policies to address iatrogenic infertility.<sup>vi</sup> However, the two most successful fertility preservation options to address iatrogenic infertility, sperm and embryo cryopreservation, are rarely included.<sup>vii</sup> Even when traditional insurance coverage of infertility exists, cancer patients are often denied coverage because they do not meet the strict criteria of the definition of infertility, which limits coverage to those who have been trying to conceive by regular and unprotected heterosexual intercourse for at least six months to one year. This definition excludes most cancer patients attempting to access fertility preservation treatment.

The cost of covering fertility preservation in instances of potential iatrogenic infertility for cancer patients is extremely low – approximately \$0.03 per member per month or 0.12% of the annual cost of cancer care.<sup>viii</sup> Furthermore, some patients decide to undergo less-efficacious cancer treatment to reduce reproductive harm, potentially reducing their chances of survival, and subsequently increasing their cancer care costs.<sup>ix</sup> Furthermore, covering iatrogenic infertility may be cost-saving for insurance companies when the following is taken into consideration: improved patient decision-making about

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treatment<sup>x</sup>; prevention of grief, anxiety, and/or depression from post-treatment infertility<sup>xi, xii</sup> and improved quality of life for cancer survivors.<sup>xiii</sup>

**POSITION**

Accordingly, it is the position of **LIVESTRONG** and the Cancer Legal Resource Center (CLRC) that:

- Consistent with the standard of care recommendations outlined by the American Society for Clinical Oncology, all cancer patients should be informed of their risks of iatrogenic infertility as early in cancer treatment planning as possible<sup>xiv</sup>
- All health insurance providers should provide coverage for all standard fertility preservation treatments when necessary medical treatments may directly or indirectly cause iatrogenic infertility<sup>xv</sup>
- Any risk of iatrogenic infertility should be determined by the licensed physician prescribing and/or performing the treatment posing harm to the patient's fertility (e.g., oncologist)
- Health insurance coverage for standard fertility preservation services for iatrogenic infertility should be dependent on a diagnosis of a medical condition requiring treatment that may cause infertility, not a diagnosis of infertility
- All coverage language should be written so that when experimental fertility preservation treatments become standard practice as determined by appropriate professional societies, such as the American Society for Reproductive Medicine or the American Society for Clinical Oncology, they, too, become covered<sup>xvi</sup>
- Patients should be charged the same copayment, coinsurance, and deductible rates as other comparable hospital, medical, pharmaceutical, or surgical services covered under the policy or health plan service contract for standard fertility preservation services
- Standard fertility preservation services shall be subject to the same annual and lifetime limits as other comparable hospital, medical, pharmaceutical, or surgical services covered under the policy or health plan service contract

The positions listed above are what **LIVESTRONG** and CLRC considers to be the minimum standard for health insurance coverage to address the iatrogenic infertility crisis at the time of a cancer diagnosis and should not be interpreted as our position on suggested coverage for long-term gamete or embryo storage, use of frozen gametes or embryos to try to achieve pregnancy post-treatment, pre-implantation genetic diagnosis, donor egg, sperm or embryos, or gestational carriers.

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<sup>i</sup> The majority of treatments that cause iatrogenic infertility are used to treat cancer; however, other medical conditions may use similar treatments that also present a risk of iatrogenic infertility, including lupus, erythematosus, sickle cell disease, and rheumatoid arthritis. LIVESTRONG and the CLRC primarily serve cancer patients, but support the application of this position statement to other such diseases.

<sup>ii</sup> National Cancer Institute: <http://seer.cancer.gov/statfacts/html/all.html>

<sup>iii</sup> ACS Cancer Facts & Figures: [http://www.cancer.org/docroot/stt/stt\\_0.asp](http://www.cancer.org/docroot/stt/stt_0.asp)

<sup>iv</sup> LIVESTRONG – Iatrogenic Infertility Due to Cancer Treatments: A Case for Fertility Preservation Coverage

<sup>v</sup> The average cancer patient has between two and six weeks between diagnosis and treatment. It is during this short window of time that patients must undergo fertility preservation services, or risk losing all opportunities to have biological children after their cancer treatment is concluded.

<sup>vi</sup> Nerve sparing retroperitoneal lymph node dissection (men and women), Radical trachelectomy, Ovarian transposition, Radiation shielding, Sperm banking, and Embryo freezing.

<sup>vii</sup> Campo-Engelstein L, Consistency in Insurance Coverage for Iatrogenic Conditions Resulting From Cancer Treatment Including Fertility Preservation, *J Clin Oncol*. 2010 Mar 10;28(8):1284-6

<sup>viii</sup> See supra footnote iv

<sup>ix</sup> Ruddy KJ, Partridge AH, Breast cancer in young women: clinical decision-making in the face of uncertainty, *Oncology*, 2009 May;23(6):474, 477

<sup>x</sup> The average cost to treat metastatic breast cancer is \$35,000-\$100,000 per year for an average of 7 years, resulting in a total average cost of approximately \$245,000-\$700,000 per patient. Comparatively, providing access to fertility preservation treatments through health insurance coverage at an average cost of \$13,750 per patient may result in significant long-term cost savings.

<sup>xi</sup> Carter, J et al: A cross-sectional study of the psychosexual impact of cancer-related infertility in women: third-party reproductive assistance. *J Cancer Surviv*. 2010 Apr 7

<sup>xii</sup> Lee SJ, Schover LR, Partridge AH, et al: American Society of Clinical Oncology recommendations on fertility preservation in cancer patients. *J Clin Oncol* 24:2917-2931, 2006

<sup>xiii</sup> Ibid.

<sup>xiv</sup> Ibid.

<sup>xv</sup> As determined by appropriate professional societies, standard fertility preservation procedures currently include nerve sparing retroperitoneal lymph node dissection (men and women), radical trachelectomy, ovarian transposition, radiation shielding, sperm banking, and embryo freezing.

<sup>xvi</sup> As determined by appropriate professional societies, experimental fertility preservation treatments currently include egg freezing, ovarian tissue freezing and testicular tissue freezing.