



Fertility Preservation Principles of Coverage

The Alliance for Fertility Preservation (AFP) is a 501c3 charitable organization representing a team of professionals who have joined together to advance the field of fertility preservation. Our members are recognized leaders with expertise in all aspects of fertility preservation including, oncology, reproductive endocrinology, urology, psychology, oncology nursing, and reproductive law.

Our focus is fertility preservation for cancer patients. Based on our collective clinical experience, we understand how overwhelming a diagnosis of cancer can be. So many aspects of an individual's life are altered the moment they hear those words, "You have cancer." And while many organizations address various facets of cancer and cancer treatment, we have chosen to help alleviate one of the most distressing, life-altering consequences of cancer treatment – infertility.

Key Principles

The AFP believes that all patients have right to be fully informed about the possible effects of their medical treatment on their reproductive system and their ability to have children in the future. Patients must be told not just about the risks, but also about the options for preserving and protecting their ability to have genetic offspring and/or become a parent in the future. Ideally, patients should be referred to a fertility specialist for a thorough consultation.

Fertility preservation options are only true options if patients can access them. Without insurance coverage for medically necessary fertility preservation treatments, many patients simply cannot afford sperm, egg, embryo, or tissue banking, especially in the midst of urgent, distressing, and often, costly, cancer treatment.

In furtherance of these principles, the AFP believes that *ideal* fertility preservation coverage should:

- Apply to all insurance plans issued within the state, including Medicaid.

- Include anyone who is at risk for iatrogenic infertility due to needed treatment for any disease or medical condition.
- Not impose limits based on age, marital status, disability, or any other non-medical and/or discriminatory basis.
- Allow the oncologist, reproductive endocrinologist, or other appropriate treating physician to determine the medical necessity of fertility procedures for patient.
- Cover expenses for standard fertility preservation services as defined by the American Society for Reproductive Medicine and recognized by the American Society of Clinical Oncology.
- Include expenses for evaluations, laboratory assessments, medications and treatments associated with cryopreservation procedures.
- Cover costs for storage of oocytes or sperm until the patient is able to use them or no longer needs them. At a minimum, initial storage of oocytes or sperm for a period of one year and/or until the patient completes cancer treatment should be covered. For pediatric patients, storage of reproductive tissues until age 18, at a minimum should be included.
- Allow medical personnel to determine the number of procedures necessary to optimize an individual's fertility.
- Not include religious exemptions which would unduly burden patient access.
- Not include insurer-driven criteria concerning selection of clinics, physicians, or facilities.

The AFP has been working in collaboration with local cancer groups, interested professionals, nonprofits, and patients to advance efforts to expand access for fertility preservation in several states. We stand ready to assist local stakeholders interested in advocating for this coverage at the state level. Let's work together to ensure deserved, equitable access to fertility preservation services for anyone in need.