



**TESTIMONY IN SUPPORT OF H.1041/S.598
AN ACT RELATIVE TO PRESERVING FERTILITY
BEFORE THE COMMITTEE ON FINANCIAL SERVICES
October 17, 2023**

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians and medical students and advocates on behalf of patients for a better health care system, and on behalf of physicians, to help them to provide the best care possible. **The Medical Society wishes to be recorded in support of House bill 1041 and Senate bill 598, *An Act Relative to Preserving Fertility***, which requires insurance coverage for fertility preservation for those facing a medical diagnosis or treatment that can impair fertility, thus allowing patients to build families in the future.

According to the Kaiser Family Foundation (KFF), approximately 10% of women in the United States report that they or their partners have ever received medical help to become pregnant.¹ Despite the vast need, fertility services often remain out of reach for so many primarily because of cost. We should be proud that Massachusetts was one of the first states to mandate commercial insurance coverage for medically necessary expenses of infertility diagnosis and treatment. Despite our leadership, our laws have not kept up with important medical developments.

Fertility preservation is the process of saving or protecting eggs, sperm, or reproductive tissue so that a person can use them to have biological children in the future. These services are critical for people with certain diseases, disorders, and life events that affect fertility, including, for example, endometriosis, people who need to undergo treatment for cancer or an autoimmune disease, or those that may have a genetic disease that affects future fertility. Cryopreservation of embryos, sperm, and oocytes is no longer considered experimental, but rather standard medical care, conducted by experts in assisted reproductive technology, and policies and guidelines recommending fertility preservation for at-risk populations have been published by the American Society of Reproductive Medicine,² the American Society of Clinical Oncology,³ and the American Academy of Pediatrics.⁴

Access to these services can be extremely time-sensitive, especially for patients whose treatment must be completed before chemotherapy or surgery for cancer, many patients are unduly stressed financially and emotionally when such treatment is not covered by insurers and must decide immediately whether they can afford the fertility treatment to freeze gametes or embryos or forgo forever their only chance to become a parent. Whether patients can access or afford fertility preservation services impacts physical

¹ <https://www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-u-s/>

² Fertility preservation in patients undergoing gonadotoxic therapy or gonadectomy: a committee opinion. ASRM.

³ <https://www.asco.org/research-guidelines/quality-guidelines/guidelines/patient-and-survivor-care/#/9661>

⁴ Klipstein S, Fallat ME, Savelli S. Fertility preservation for pediatric and adolescent patients with cancer: Medical and ethical considerations. *Pediatrics*. 2020;145(3):e20193994. <https://pediatrics.aappublications.org/content/145/3/e20193994>. doi: <https://doi.org/10.1542/peds.2019-3994>.

and mental health, as the depression and anxiety associated with a loss of fertility may increase the negative impact on existing medical conditions or pending treatment.

A foundational tenet of reproductive justice is the ability to have and care for the family that one desires. For those who require it, this encompasses access to fertility services, including fertility preservation. As documented by the KFF, beyond fertility services generally, “[r]acial inequities may exist for fertility preservation...a [study](#) of female patients in NY with cancer found disproportionately fewer Black and Hispanic patients utilized egg cryopreservation compared to White patients. On average, more Black, Hispanic, and AI/AN people live below the federal [poverty level](#) than people who are White or of Asian/Pacific Islander descent. The high cost and limited coverage of infertility services make this care inaccessible to many people of color who may desire fertility preservation, but are unable to afford it.”⁵ Hence, a lack of coverage contributes to inequities in access to fertility preservation services, resulting in racial disparities in outcomes for those desiring to become a parent.

Currently, most of the major insurers in Massachusetts have voluntarily offered fertility preservation benefits, so this bill does not reflect a fully new expense. Unfortunately, the existing benefits are limited and there is inconsistency in coverage amongst carriers. While H.1041/S.598 aims to establish comprehensive fertility preservation coverage to *all* patients with a medical need, the Medical Society would note this legislation does not require coverage for fertility preservation services for MassHealth patients. This omission will exclude some of our most vulnerable residents and will no doubt perpetuate inequities in access to care and reproductive justice. If the Commonwealth truly endeavors to improve the health and lives of our residents and reduce racial disparities in reproductive justice, we encourage the Committee to expand the scope of the required coverage to include MassHealth.

Thank you for your consideration, we respectfully urge a favorable report on H.1041/S.598.

⁵ <https://www.kff.org/womens-health-policy/issue-brief/coverage-and-use-of-fertility-services-in-the-u-s/>