

Mandated coverage for fertility preservation featured in NEJM

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This summer, it was [announced](#) that Rhode Island became the first state to pass a law explicitly requiring coverage for fertility preservation prior to gonadotoxic medical therapy, treatment that could directly or indirectly cause infertility. A perspective on this mandated coverage in Rhode Island and similar legislation in Connecticut has been published in the October 26, 2017 edition of the *New England Journal of Medicine*.

The perspective was written by Eden R. Cardozo, MD; Warren J. Huber, MD; and Ruben J. Alvero, MD, of the Fertility Center at Women & Infants Hospital of Rhode Island, and Ashley R. Stuckey of Women & Infants' Program in Women's Oncology/Breast Health Center, the team that initiated the legislative process in Rhode Island, co-wrote the bill, and, along with patients, testified on behalf of its passage at hearings at both the Rhode Island House of Representatives and Senate.

In the perspective, the authors write, "There are two general approaches to legislatively mandating fertility-preservation coverage: establishing a new mandate defining fertility preservation as an extension of cancer treatment, or revising a current infertility coverage mandate by either redefining 'infertility' (as Connecticut revised its definition to cover cases in which 'such treatment is medically necessary') or providing an additional definition for fertility preservation (as Rhode Island has done). The separate definition allows for explicit coverage of [fertility preservation](#) for iatrogenic infertility as part of medical treatment, without risking interpretation as an elective infertility benefit."

The authors offer recommendations to other states considering establishing new mandates and warn about potential resistance related to provisions in the Affordable Care Act that are "intended to discourage states from passing mandates that exceed the essential health benefits requirements ... A potential alternative approach, particularly promising in states that lack an existing infertility mandate, is to revise an existing non-infertility-related mandate, such as one related to cancer (every state has at least one, including the Women's Health and Cancer Rights Act)."

The authors concluded, "Though we recognize the challenges posed by the national economic and [health](#) policy environment, we hope other [states](#) will soon follow the lead of Rhode Island and Connecticut. As [health care providers](#), we believe it's our obligation to work to preserve our patients' reproductive futures."

More information: Eden R. Cardozo et al. Mandating Coverage for Fertility Preservation—A Step in the Right Direction, *New England Journal of Medicine* (2017). [DOI: 10.1056/NEJMp1709585](https://doi.org/10.1056/NEJMp1709585)

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