

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 11.2022-23  
(A-23)**

Introduced by: Cecily Negri, ISMS Member

Subject: Increased Education and Access to Fertility Resources for Medical Students

Referred to: Council on Medical Service

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1           Whereas, the Centers for Disease Control (CDC) and Prevention defines  
2 infertility as the inability to conceive after one year (or longer) of unprotected sex, which  
3 has an increased prevalence in women aged 35 years or older<sup>1</sup>; and  
4

5           Whereas, the American College of Obstetricians and Gynecology (ACOG)  
6 reports peak fertility occurs in the late teens and early twenties and issued a committee  
7 opinion acknowledging that fertility decreases drastically in a woman’s early thirties<sup>2,3</sup>;  
8 and  
9

10           Whereas, ACOG has acknowledged advanced maternal age to be a pregnant  
11 woman who is 35 years of age or older and mothers considered to be of advanced  
12 maternal age have been found to be at greater risk of adverse pregnancy outcomes,  
13 including chromosomal abnormalities, adverse maternal outcomes, and miscarriage or  
14 stillbirth<sup>4,5</sup>; and  
15

16           Whereas, an increasing number of females have been enrolling in medical school  
17 over the years, with 55.5% of 2021-2022 matriculants identifying as female<sup>6</sup>; and  
18

19           Whereas, 68.5% of medical students report taking one or more gap years in  
20 between their undergraduate institution and medical school in 2021 compared with  
21 66.3% and 65.2% in 2020 and 2019 respectively, effectively increasing the average age  
22 of medical school matriculants<sup>7,8,9</sup>; and  
23

24           Whereas, the percentage of students pursuing non-degree research years has  
25 increased in the last 15 years, and only 81% of matriculating MD-only students  
26 graduated in 4 years, the lowest percentage to date<sup>10</sup>; and

27           Whereas, the average age of females completing their medical training is 31 and  
28 on average, female physicians give birth for the first time at 32 years old compared to  
29 27 for non-physicians<sup>11</sup>; and

30  
31           Whereas, an estimated 25% of female physicians experience infertility, and the  
32 rate of female physicians seeking fertility evaluation and requiring the use of  
33 reproductive technology is six times higher than that of the general population<sup>12,13,14</sup>;  
34 and

35  
36           Whereas, the rate of miscarriage among medical and surgical residents in North  
37 America is almost three times higher than that of their non-physician counterparts<sup>15</sup>; and

38  
39           Whereas, female physicians have reported that their careers significantly  
40 influenced their family planning and childbearing decisions, with many delaying  
41 childbearing to achieve certain career milestones or balance a less “family-friendly”  
42 specialty<sup>16</sup>; and

43  
44           Whereas, the most comprehensive study on physician fertility to date found that  
45 nearly 55% of female participants would have attempted to conceive earlier in their  
46 careers if they had known the prevalence of infertility among female physicians was as  
47 prevalent an issue as it is<sup>16</sup>; and

48  
49           Whereas, while medical students are more knowledgeable about fertility than  
50 their non-medical student counterparts, several studies have found medical trainees are  
51 underprepared to address topics such as age-related fertility decline, gamete  
52 preservation, and the effectiveness of assisted reproductive technologies<sup>17,18,19,20</sup>; and

53  
54           Whereas, although 8.8% of matriculating medical students identified as gay,  
55 lesbian, or bisexual and 0.7% identified as transgender or non-binary in 2019, there is  
56 little research on fertility experiences among physicians of sexual and gender minority  
57 backgrounds<sup>21</sup>; and

58  
59           Whereas, transgender and non-binary individuals have complex fertility needs  
60 and face challenges such as lack of timely information regarding gamete preservation,  
61 which may further impact medical trainees in this population<sup>22</sup>; and

62  
63           Whereas, studies show that the average cost of an in vitro fertilization (IVF) cycle  
64 is \$13,000 and a successful IVF pregnancy costs upwards of \$112,799<sup>23,24,25</sup>; and

65           Whereas, oocyte cryopreservation is currently the gold standard for fertility  
66 preservation for female patients with the estimated costs of one cycle being \$7,000-  
67 \$9,253 with a long-term estimated storage cost of \$343-\$1,000 per year as of 2017<sup>26,27,28</sup>;  
68 and

69  
70           Whereas, sperm cryopreservation is the process of retrieving and freezing the  
71 semen sample with an estimated cost for one cycle of \$745<sup>26</sup>; and

72  
73           Whereas, 73% of medical school graduates finished with education debt in 2021  
74 with an average of \$203,062 for those indebted, not including any accumulated  
75 undergraduate debt<sup>29</sup>; and

76  
77           Whereas, only seventeen states have laws that require insurers to either cover or  
78 offer coverage for infertility diagnosis and treatment<sup>30</sup>; and

79  
80           Whereas, coverage of fertility benefits for faculty at the top 14 U.S. medical  
81 schools for research as defined by U.S. News and World Reports vary widely in their  
82 application, particularly for cycle and coverage limitations for IVF coverage and limited  
83 fertility preservation, even in states with legislation requiring infertility diagnosis and  
84 treatment coverage or options<sup>31</sup>; and

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86           Whereas, AMA Policy H-420.952 supports the WHO designation of infertility as  
87 a disease state with multiple etiologies requiring a range of interventions to advance  
88 fertility treatment and preservation; and

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90           Whereas, AMA Policy H-185.922 supports the coverage of gamete preservation  
91 for individuals for whom a medical diagnosis or treatment modality is expected to result  
92 in loss of fertility; and

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94           Whereas, AMA Policy H-310.902 encourages insurance providers to cover  
95 fertility preservation and infertility treatment for residents and fellows, as well as  
96 supports the accommodation of those persons seeking those services and treatments; and

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98           Whereas, although AMA Policy H-185.990 and H-185.926 support insurance  
99 coverage for the diagnosis and treatment of infertility regardless of marital status or  
100 sexual orientation, there is a current lack of policy specifically addressing fertility issues  
101 among medical students; therefore, be it

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103           RESOLVED, that the ISMS support educational initiatives that provide  
104 information about fertility preservation for undergraduate and graduate medical  
105 trainees; and be it further

106           RESOLVED, that the ISMS support access to fertility preservation with  
107 associated mechanisms for insurance coverage for undergraduate and graduate medical  
108 trainees.

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**Fiscal Note:**

None

**Existing ISMS policy related to this issue:**

The Illinois State Medical Society encourages medical schools to create comprehensive informative resources that promote a culture that is supportive of their students who are parents, including information and policies on parental leave and relevant make up work, options to preserve fertility, breastfeeding, accommodations during pregnancy, and resources for childcare that span the institution and the surrounding area. (2021 Annual Meeting; BOT 2020-JUL; Last BOT Review 2020)

**Existing AMA policy related to this issue:**

**Recognition of Infertility as a Disease H-420.952**

Our AMA supports the World Health Organization's designation of infertility as a disease state with multiple etiologies requiring a range of interventions to advance fertility treatment and prevention.

### **Infertility and Fertility Preservation Insurance Coverage H-185.990**

1. Our AMA encourages third party payer health insurance carriers to make available insurance benefits for the diagnosis and treatment of recognized male and female infertility.

2. Our AMA supports payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician, and will lobby for appropriate federal legislation requiring payment for fertility preservation therapy services by all payers when iatrogenic infertility may be caused directly or indirectly by necessary medical treatments as determined by a licensed physician.

### **Reproductive Health Coverage H-185.926**

Our AMA supports: (1) insurance coverage for fertility treatments regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments; and (2) local and state efforts to promote reproductive health insurance coverage regardless of marital status or sexual orientation when insurance provides coverage for fertility treatments.