OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 36 – 2025

Introduced by: Medical Student Section

Subject: Inclusive Insurance Coverage for Fertility-Related Healthcare

Referred to: Resolutions Committee No. 2

WHEREAS, fertility-related healthcare can include fertility treatment services such as medications to assist in conception, in vitro fertilization (IVF), and others, as well as fertility preservation services, such as egg retrieval and storage; and

WHEREAS, Ohio law requires that private health insurance cover "infertility services" when medically necessary, with the revised code classifying these services under "preventative health care services" [1,2,3;] and

WHEREAS, Ohio added "reproductive health services" into the Ohio Administrative Code in 2021, allowing those on Medicaid to access "pregnancy prevention services," including "contraceptive management," pregnancy testing and "fertility awareness"[4]; and

WHEREAS, because "medically necessary" and "infertility services" are not defined in Ohio code, private insurance coverage for fertility-related healthcare is only required for diagnosis and treatment of diseases affecting the reproductive system, while leaving coverage for procedures such as IVF open to interpretation by insurance companies[5,6,7,8]; and

WHEREAS, this perception of infertility as a disease affecting the reproductive system excludes single people and many LGBTQIA2+ people from a service that would be otherwise covered for heterosexual couples[1,9,]; and

WHEREAS, Ohio Medicaid does not cover any fertility-related treatment or preservation services such as IVF, artificial insemination, or surgery to promote or restore fertility[5]; and

WHEREAS, there are no laws in Ohio that require coverage of fertility preservation by private insurance or Medicaid, despite such laws existing in 18 other states and the District of Columbia[1,3,9,10]; and

WHEREAS, fertility services are very expensive; out of pocket costs for fertility treatment include intrauterine insemination $300-$1,000, in-vitro fertilization $15,000+ per cycle, and surrogacy prices starting at $110,000, but commonly costs more[11,12,13]; and

WHEREAS, discrimination against queer, transgender, and gender-diverse individuals in fertility service policies, including non-inclusion, limits this population's ability to access medically necessary fertility services by introducing an additional financial barrier; and

WHEREAS, if a person's sexual partner is not receiving the egg/sperm, the donation is considered an anonymous donation, which is mostly done in private clinics costing more[14]; and

WHEREAS, insurance companies do not consider LGBT+ infertility treatment because by their definition, fertility treatment is only when a couple cannot conceive after 12 months of unprotected intercourse, which inherently excludes LGBT+ couples from their definition[15]; and

WHEREAS, the American Society for Reproductive Medicine (ASRM) updated its definition of "infertility" in 2023 to make it more inclusive of all people, including those in the LGBTQ community, who seek fertility-related healthcare[16]; and

WHEREAS, fertility services are medically necessary for same-sex couples and some couples in which one partner has a difference in sex development (DSD) or intersex variation since each partner produces the same gametes; and

WHEREAS, our OSMA supports access to affordable health care insurance, including coverage for diagnosing and treating male and female infertility (Policies 37-1988, 5-2008); and

WHEREAS, our OSMA opposes limitations on access to evidence-based reproductive health services, including fertility treatments (Policy 15-2023); and therefore be it

RESOLVED, that the OSMA supports health insurance coverage for fertility-related healthcare, including treatment for infertility and fertility preservation, regardless of marital status, gender identity, or sexual orientation; and be it further

RESOLVED, that the OSMA rescind OSMA Policy 37 – 1988 – Infertility Insurance Coverage.

Fiscal Note: $ (Sponsor)
$ 500+(Staff)

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Relevant OSMA Policy:

Policy 37-1988 – Infertility Insurance Coverage

1. The OSMA supports health insurance coverage for the diagnosis and treatment of recognized male and female infertility.

Policy 6 – 2024 – Policy on Abortion

1. The OSMA recognizes and supports each individual physician's right to maintain their own personal views. It is neither our duty nor our intent to alter personal views.
2. The OSMA shall take a position of opposition to any proposed Ohio legislation or rule that would:
    - Require or compel Ohio physicians to perform treatment actions, investigative tests, or questioning and or education of a patient which are not consistent with the medical standard of care; or,
    - Require or compel Ohio physicians to discuss treatment options that are not within the standard of care and/or omit discussion of treatment options that are within the standard of care.
3. The OSMA supports an individual's right to decide whether to have children, the number and spacing of children, as well as the right to have the information, education, and access to evidence-based reproductive health care services to make these decisions.
4. The OSMA opposes non-evidence based limitations on access to evidence-based reproductive health care services, including fertility treatments, contraception, and abortion.
5. The OSMA opposes the imposition of criminal and civil penalties or other retaliatory efforts against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing evidence-based reproductive health care services within the medical standard of care.
6. The OSMA collaborates with relevant stakeholders to educate legislators and amend existing state laws so that the term "fetal heartbeat" is not used to inaccurately represent physiological electrical activity.

Policy 22-2016 – Lesbian Gay Bisexual Transgender Queer (LGBTQ) Protection Laws

1. The OSMA supports the protection of Lesbian Gay Bisexual Transgender Queer (LGBTQ) individuals from discriminating practices and harassment.
2. The OSMA advocates for equal rights protections to all patient populations

Policy 01-2017 – Supporting Changes in Health Care Policy that Increase Coverage and Expand Benefits

1. The OSMA supports the elimination of pre-existing condition exclusions from health insurance contracts and supports providing all Ohio citizens with high quality health care.
2. The OSMA opposes changes to healthcare policy that would decrease access to health care coverage for the citizens of Ohio.
3. The OSMA supports the inclusion of young adults up to age 26 on their parents'/guardians' health care plans.
4. The OSMA supports health care policies that allow states and institutions the right to explore and develop individualized models for covering the uninsured.

Policy 5-2008 – Health Insurance Coverage for All Ohioans

1. The OSMA supports guaranteed access to individually owned, affordable and sustainable health care insurance for all Ohio citizens.

Relevant AMA and AMA-MSS Policy:

Reproductive Health Insurance 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.

Preserving Access to Reproductive Health Services D-5.999

1. Our American Medical Association recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right.
2. Our AMA opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion.
3. Our AMA will work with interested state medical societies and medical specialty societies to vigorously advocate for broad, equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion.
4. Our AMA supports shared decision-making between patients and their physicians regarding reproductive healthcare.
5. Our AMA opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients.

6. Our AMA opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services.
7. Our AMA will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services.
8. Our AMA will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion.

Right for Gamete Preservation Therapies H-65.956

1. Fertility preservation services are recognized by our AMA as an option for the members of the transgender and non-binary community who wish to preserve future fertility through gamete preservation prior to undergoing gender affirming medical or surgical therapies.
2. Our AMA supports the right of transgender or non-binary individuals to seek gamete preservation therapies.

Right for Gamete Preservation Therapies H-185.922

Our AMA supports insurance coverage for gamete preservation in any individual for whom a medical diagnosis or treatment modality is expected to result in the loss of fertility.

Infertility and Fertility Preservation Insurance Coverage H-185.990

1. Our American Medical Association advocates for third-party payer health insurance carriers, as well as state and federal initiatives to make available insurance benefits for the diagnosis and treatment of recognized infertility and for reproductive and family planning purposes.
2. Our AMA supports payment for fertility preservation therapy services by all payers including when infertility may be caused directly or indirectly by necessary medical treatments.