



The American Society for Reproductive Medicine

Administrative Office

1209 Montgomery Highway
Birmingham, Alabama 35216-2809
tel (205)978-5000 • fax (205)978-5005 • email asrm@asrm.org
www.asrm.org • www.reproductivefacts.org • www.asrmcongress.org

J. Benjamin Younger

Office of Public Affairs
409 12th Street S.W., Suite 602
Washington, D.C. 20024-2155
tel (202)863-4985 • fax (202)484-4039

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April 18, 2017

Senator Diane Savino
New York Senate
315 Legislative Office Bldg.
Albany, NY 12247

Assemblywoman Aravella Simotas
LOB 652
Albany, NY 12248

Dear Senator Savino and Assemblywoman Simotas:

On behalf of the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technology (SART), we are writing to applaud introduction of your legislation, S 3148/A 2646.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others. SART is an organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and minimum standards of care. SART is also actively involved in the collection of data outcomes from its member programs.

Your bills would update New York's law regarding required insurance coverage of infertility services to make it more comprehensive and in line with the standard of care today. Your bills require coverage of in vitro fertilization (IVF) and fertility preservation for patients facing treatments for other diseases where the treatments may result in infertility. IVF is required to treat some forms of infertility and is also the standard of care when less invasive forms of treatment have proven unsuccessful. To deny coverage of IVF may result in riskier birth outcomes, such as multiple births, which are more common when IVF is not the form of treatment.

IVF is also required for fertility preservation services for iatrogenic infertility due to other medical treatment that is likely to affect the reproductive organs or processes. Science has advanced faster than the law

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with regards to fertility preservation, and S 3148/A 2646 would close the gap.

With advances in medical treatment, many diseases once thought fatal or chronic, such as cancer, are now treated and cured more than 85% of the time. However, the very treatment that saves lives also routinely costs both men and women the potential of biological children. For some, this is more devastating than the cancer diagnosis. Surveys and anecdotal information from treating physicians suggest one-third of patients, if not able to obtain fertility preservation services, choose less effective medical care in an attempt to protect their fertility. This results in worse outcomes, resulting in more expensive treatment.

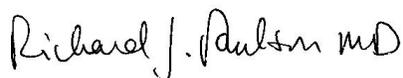
Insurance coverage for foreseeable iatrogenic harm from cancer treatment is not new. This is precisely why decades ago the decision was made to cover reconstructive surgery after mastectomy, following reports which showed women chose less effective breast-sparing surgery instead of mastectomy when reconstruction was not available. These women also faced worse outcomes and more expensive treatment in the long run.

Virtually all other side effects of cancer treatment are covered, including wigs, but not the one that might make the most difference to a young person, being able to have a biological family after their cancer is cured. For a person in their childbearing years, particularly those who have not already had children, however grateful one is for their life; they are also devastated by the price of their life being the death of this dream. Patients without the option for fertility preservation score significantly worse on life regret scales than those who had the option, even if they chose not to exercise it.

As the medical professionals that treat patients with infertility, we know how devastating this diagnosis is for most. S 3148/A 2646 preserves fertility options for those likely to face infertility due to their medical diagnosis and we urge you to give those patients that opportunity.

Thank you for your leadership on behalf of those needing infertility care and for understanding the need to update New York's law to make it more meaningful and comprehensive.

Sincerely,



Richard Paulson, MD
President, ASRM



Kevin Doody, MD
President, SART