

RESOLUTION NUMBER: F- 01

REFERRED TO: Reference Committee on Medical Services and Insurance

SUBJECT: Fertility Preservation for Medical Students

SUBMITTED BY: Allie Conry, Madeline Holt

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1           **WHEREAS;** the World Health Organization (WHO) designates infertility as a disease  
2 state that requires various interventions to advance treatment and intervention;<sup>1</sup> and

3           **WHEREAS;** an estimated 25% of female physicians experience infertility and the rate of  
4 female physicians seeking fertility evaluation and requiring the use of reproductive technology is  
5 six times higher than that of the general population,<sup>2,3,4</sup> and

6           **WHEREAS;** the rate of miscarriage among medical and surgical residents in North  
7 America is almost three times higher than that of their non-physician counterparts;<sup>3</sup> and

8           **WHEREAS;** female physicians have reported that their careers significantly influenced  
9 their family planning and childbearing decisions, with many delaying childbearing to achieve  
10 certain career milestones or balance a less “family-friendly” specialty;<sup>5</sup> and

11           **WHEREAS;** 68.5% of medical students report taking one or more gap years in between  
12 their undergraduate institution and medical school in 2021 compared with 66.3% and 65.2% in  
13 2020 and 2019 respectively, effectively increasing the average age of medical school matriculants;  
14 <sup>10, 11, 12;</sup> and

15           **WHEREAS;** the average age for women to complete their medical training is 31, and most  
16 female physicians first give birth at 32, on average.<sup>13</sup> The median age for nonphysicians to give  
17 birth is 27;<sup>13</sup> and

18           **WHEREAS;** ACOG reports peak fertility occurs in the late teens and early 20’s <sup>14</sup> and  
19 has previously issued a committee opinion acknowledging that fertility decreases drastically in a  
20 woman’s early 30’s;<sup>15</sup> and

21           **WHEREAS;** mothers considered to be of advanced maternal age have been found to be at  
22 greater risk of adverse pregnancy outcomes, including chromosomal abnormalities, adverse  
23 maternal outcomes, and miscarriage or stillbirth;<sup>16</sup> and

24           **WHEREAS;** studies show that the average cost of an IVF cycle is \$12,400 and a successful  
25 IVF pregnancy cost upwards of \$61,377;<sup>6,7</sup> and

26           **WHEREAS;** 73% of medical school graduates finished with education debt in 2021 with  
27 an average of \$203,062 for those indebted, not including any accumulated undergraduate debt;<sup>8</sup>  
28 and

29           **WHEREAS;** only seventeen states have laws that require insurers to either cover or offer  
30 coverage for infertility diagnosis and treatment<sup>8</sup>; and

31           **WHEREAS;** coverage of fertility benefits for students at US Medical Schools in states,  
32 even in states with legislation requiring infertility diagnosis and treatment coverage or options,  
33 vary widely in their application, particularly for cycle and coverage limitations for IVF coverage  
34 and limited fertility preservation;<sup>9</sup> and

35           **WHEREAS;** a study conducted in 2020 analyzing fertility success among physicians in a  
36 large South Carolina hospital system revealed that 21% of survey respondents experienced  
37 difficulty with their pregnancy, of which the most common problems were ovulatory dysfunction  
38 and advanced maternal age;<sup>18</sup> and

39           **WHEREAS;** South Carolina Senate bill, “Reproductive Health Rights Act” states that  
40 every health maintenance organization, health insurance policy, or contract issued or renewed in  
41 this State must offer coverage for assistive reproductive technologies including, but not limited to,  
42 ovulation induction, egg retrieval, sperm retrieval, artificial insemination, in vitro fertilization,  
43 genetic screening, intracytoplasmic sperm injection, and any other non-experimental treatment, as  
44 determined by the Director of the Department of Health and Environmental Control in consultation  
45 with appropriate professional and patient organizations such as the American Society for  
46 Reproductive Medicine; therefore be it

47           **RESOLVED**; that our SCMA support the increase of access to strategies by which medical  
48 students can preserve fertility (such as cryopreservation of oocytes, sperm, and embryos), with  
49 associated mechanisms for insurance coverage.

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