

FERTILITY PRESERVATION UTILIZATION BY TRANSMASCULINE & NON-BINARY PERSONS IN A LARGE HEALTH MAINTENANCE ORGANIZATION: TRENDS AFTER IMPLEMENTATION OF A STATEWIDE MANDATE

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Background: Transgender individuals have been historically underserved in their access to fertility care. This is in part due to definitions of infertility that often exclude LGBTQIA+ individuals, affecting insurance coverage for fertility services.¹ On January 1, 2020, California enacted Senate Bill 600 (SB-600), requiring private insurers (excluding Medi-Cal) to provide coverage for fertility preservation (FP) for iatrogenic infertility from gender-affirming treatments.²

Objective: To compare FP utilization by transmasculine/non-binary patients assigned female at birth (AFAB) before and after implementation of SB-600.

Materials and Methods: Retrospective observational cohort study of transmasculine/non-binary AFAB patients who were referred for FP from January 2012 to April 2023. Data was extracted from electronic health records from ten institutions at a large health maintenance organization network. The primary outcome measure was the interval increase in referrals after implementation of the mandate. Secondary outcomes included the percentage of referrals that resulted in completed consultations and the percentage of consultations that resulted in oocyte cryopreservation (cycle conversion rate). Patient demographics and referral outcomes were analyzed with t-test and chi-square test.

Results: There were no statistically significant differences in patient demographics before and after SB-600 implementation, including age (24.4 yrs \pm 6.1 vs 24.2 yrs \pm 6.2, $p=0.68$), BMI (27.9 kg/m² \pm 6.8 vs 27.4 kg/m² \pm 7.4, $p=0.49$), prior testosterone use at time of referral (33% vs 36%, $p=0.85$), and years on testosterone (4.3 yrs \pm 3.0 vs 3.9 yrs \pm 3.5, $p=0.46$). Before SB-600 was enacted, there were a total of 24 referrals from 2012-2019, an average of 2.9/year. Of these referrals, 6 patients (25%) completed consultation with an FP cycle conversion rate of 33.3% ($n=2$). After SB-600, there were a total of 411 referrals from 2020-2023, an average of 124.5/year. Of these referrals, 40 were publicly-insured and fell outside the criteria of the insurance mandate. Of the 371 insurance-eligible referrals, 137 patients (37%) completed their formal consultations and evaluation. The FP cycle conversion rate was 60.6% ($n=83$). There was a 16-fold increase in the number of referrals for FP after implementation of SB-600 and a 40-fold increase in the number of FP cycles completed.

Conclusions: Implementation of an insurance mandate through SB-600 resulted in an increase in utilization of FP services by transmasculine/non-binary AFAB patients. Legislation that broadens the definition of infertility to be inclusive of LGBTQIA+ patients and mandates

insurance coverage can improve access to fertility care for this underserved population. Further work remains to expand access for individuals with publicly-funded insurance.

Financial Support: N/A

References:

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