

# Significant Insurance Barriers to Accessible and Affordable Medically-Indicated Fertility

## Preservation in a Mandated State

UC San Diego Health

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### BACKGROUND & OBJECTIVE

- Medically-indicated fertility preservation (FP) utilization is low among privately insured patients and lower in historically marginalized groups
- 21 states have passed laws requiring health insurance coverage of medically-indicated FP, however scope of covered services and support for downstream implementation varies widely
- California's FP benefit mandate is among least detailed policies, offering an ideal use case to study implementation of state-level policies on FP benefit quality, affordability, and accessibility
- **Objective: To assess insurance benefit barriers to medically-indicated FP among young cancer patients eligible for California's FP mandate**

### MATERIAL & METHODS

- **Design:** Retrospective cohort study
- **Population:** Females aged 0-42 and males aged 0-49 newly diagnosed with cancer at NCI-designated Comprehensive Cancer Center from 10/21 - 10/24
- **Eligibility:** Insurance subject to CA mandate
- **Exposures:** Social Determinants of Health (SDOH) including sex, age, race, ethnicity, language and Social Vulnerability Index
- **Outcomes:** Insurance barriers defined as: (1) enrollment in a high-deductible health plan (HDHP), upper tertile of in-network (2) coinsurance or (3) out-of-pocket (OOP) maximum, (4) requirement for prior authorization, and (5) lack of coverage for all CPT codes required for sex-specific essential FP services
- Modified poisson regression to model associations between SDOH and insurance barriers

### RESULTS

#### Insurance Barriers by Social Determinants of Health

	Total, n (%) (n=136)	≥1 Insurance Barriers, n (%) (n=110)	No Insurance Barriers, n (%) (n=26)	p-Value	Adjusted RR (95% CI)
<b>Sex</b>					
Female	74 (54.4)	64 (58.2)	10 (38.5)	0.069	ref
Male	62 (45.6)	46 (41.8)	16 (61.5)		0.86 (0.72 - 1.03)
<b>Age Group</b>					
0-39y	84 (61.8)	69 (62.7)	15 (57.7)	0.635	0.99 (0.82 - 1.19)
≥40y	52 (38.2)	41 (37.3)	11 (42.3)		ref
<b>Race</b>					
White	66 (51.2)	52 (50.0)	14 (56.0)	0.951	ref
Asian	17 (13.2)	14 (13.5)	3 (12.0)		1.05 (0.80 - 1.39)
Other	46 (35.7)	38 (36.5)	8 (32.0)		0.97 (0.80 - 1.19)
<b>Ethnicity</b>					
Non-Hispanic	92 (70.2)	70 (65.4)	22 (91.7)	<b>0.012</b>	ref
Hispanic	39 (29.8)	37 (34.6)	2 (8.3)		<b>1.22 (1.03 - 1.44)</b>
<b>Language</b>					
English	130 (95.6)	104 (94.6)	26 (100)	0.595	ref
Non-English	6 (4.4)	6 (5.5)	0 (0)		1.00 (0.87 - 1.15)
<b>Social Vulnerability Index</b>					
Low Vulnerability	75 (55.6)	55 (50.5)	20 (76.9)	<b>0.015</b>	ref
High Vulnerability	60 (44.4)	54 (49.5)	6 (23.1)		<b>1.21 (1.02 - 1.44)</b>

- Among 165 patients newly diagnosed with cancer and insurance subject to mandate, 17% did not have FP benefits per insurer
- If FP benefits confirmed (n=136), 81% had ≥1 barrier to accessible FP coverage, significantly more likely among Hispanic patients and those in highly vulnerable areas

#### Insurance Barriers to Accessible FP Care

Insurance Barrier	n (%) or median (upper tertile)
HDHP	16 (12%)
In-Network Coinsurance	20% coinsurance (35-50%)
In-Network OOP Maximum	\$4500 (\$5400-9200)
Prior Authorization Required	75 (55%)
Not all CPT Codes Covered	35 (26%)

### CONCLUSIONS

- Many patients newly diagnosed with cancer and insurance subject to CA law did not have confirmed FP benefits by their insurer
- 4 out of 5 patients face at least one insurance barrier to accessing affordable FP care, which is more likely in historically marginalized groups
- Interventions should target affordability through legislative and regulatory reform

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