

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 804
(I-16)

Introduced by: Young Physicians Section

Subject: Parity in Reproductive Health Insurance Coverage for Same-Sex Couples

Referred to: Reference Committee J
(Candace E. Keller, MD, Chair)

1 Whereas, The World Health Organization (WHO) has classified infertility as a global public
2 health issue, and has “calculated that over 10% of women are inflicted (sic) – women who have
3 tried unsuccessfully, and have remained in a stable relationship for five years or more.
4 Estimates in women using a two year time frame, result in prevalence values 2.5 times larger;”¹
5 and
6

7 Whereas, In an Ethics Committee Opinion, the American Society for Reproductive Medicine
8 (ASRM) states that “ethical arguments supporting denial of access to fertility services on the
9 basis of marital status or sexual orientation cannot be justified;”² and
10

11 Whereas, This ASRM Ethics Committee Opinion also indicates that:

- 12 - Single individuals, unmarried heterosexual couples, and gay and lesbian couples have
13 interests in having and rearing children;
- 14 - Overall results of research suggest that the development, adjustment, and well-being of
15 children with lesbian and gay parents do not differ markedly from that of children with
16 heterosexual parents;
- 17 - Data do not support restricting access to assisted reproductive technologies on the basis of
18 a prospective parent’s marital/partner status or sexual orientation; and
- 19 - Programs should treat all requests for assisted reproduction equally without regard to
20 marital/partner status or sexual orientation;”² and
21

22 Whereas, The American College of Obstetricians and Gynecologists (ACOG) said of physicians
23 who refuse to provide infertility services to same-sex couples: “Allowing physicians to
24 discriminate on the basis of sexual orientation would constitute a deeper insult, namely
25 reinforcing the scientifically unfounded idea that fitness to parent is based on sexual orientation,
26 and, thus, reinforcing the oppressed status of same-sex couples;”³ and
27

28 Whereas, According to AMA Policy D-135.997, our AMA will “support measures providing
29 same-sex households with the same rights and privileges to health care, health insurance, and
30 survivor benefits, as afforded opposite-sex households;” and
31

32 Whereas, On 26 June 2015, the Supreme Court ruled that states cannot ban same-sex
33 marriage; and

1 Whereas, According to ASRM, “Six states (Connecticut, Illinois, Maryland, Massachusetts, New
2 Jersey, and Rhode Island) provide comprehensive or near-comprehensive coverage for
3 infertility treatment to at least some residents through state law mandates. These mandates
4 require that private insurers cover diagnosis and treatment of infertility, including IVF. Although
5 mandated coverage can result in better overall access, several state mandates carry significant
6 restrictions (e.g., Maryland imposes a two-year waiting period, exempts religious employers,
7 covers only married couples, and requires that the husband’s sperm be used);”⁴ and
8

9 Whereas, Several insurance companies have been found to cover infertility treatments for
10 heterosexual couples but decline those treatments for same-sex couples; and
11

12 Whereas, Some of these insurance companies will cover donor sperm insemination for
13 heterosexual couples, but not for same-sex couples or single women; and
14

15 Whereas, The reasons for insurance companies to deny fertility coverage to same-sex couples
16 are varied, but are ultimately discriminatory, as they would often cover fertility treatments for a
17 heterosexual couple with azoospermia (lack of sperm), but not for a same-sex couple with a
18 similar lack of available sperm; and
19

20 Whereas, For married same-sex couples, the Maryland legislature in 2015 eliminated
21 restrictions that had (1) previously excluded lesbians from in vitro fertilization coverage
22 (because the previous law called for the use of the husband’s sperm, in order for the couple to
23 receive coverage), and (2) previously required couples to demonstrate a history of infertility of at
24 least two years’ duration before being eligible for fertility treatments (but now allows lesbians to
25 substitute six artificial insemination attempts instead);^{5,6} therefore be it
26

27 RESOLVED, That our American Medical Association support parity in insurance coverage for
28 fertility treatments for same-sex couples, when insurance provides coverage for fertility
29 treatments (New HOD Policy); and be it further
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31 RESOLVED, That our AMA support local and state efforts to promote parity in reproductive
32 health insurance coverage for same-sex couples when insurance provides coverage for fertility
33 treatments. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/26/16

References:

1. “Infertility is a global public health issue” on the website of the World Health Organization, at <http://www.who.int/reproductivehealth/topics/infertility/perspective/en/>. Accessed 9/18/15.
2. “Access to fertility treatment by gays, lesbians, and unmarried persons: a committee opinion. Ethics Committee of the American Society for Reproductive Medicine. *Fertil Steril* 2013; 100: 1524-7.
3. ACOG Committee Opinion No 385. The limits of conscientious refusal in reproductive medicine. *Obstet Gynecol* 2007; 110:1203-8.
4. “Disparities in access to effective treatment for infertility in the United States: an Ethics Committee opinion. *Fertil Steril* 2015; *in press*.”
5. “Maryland clears restrictions to in vitro fertilization coverage for same-sex couples.” in Med City News, 7/10/15. Accessed at: <http://medcitynews.com/2015/07/in-vitro-fertilization-coverage-same-sex-couples/>.
6. “In vitro mandate bill for same-sex couples passes both chambers.” In The Baltimore Sun, 3/24/15. Accessed at: <http://www.baltimoresun.com/news/maryland/politics/blog/bal-in-vitro-mandate-bill-for-samesex-couples-passes-both-chambers-20150324-story.html>.

RELEVANT AMA POLICY

H-65.973 Health Care Disparities in Same-Sex Partner Households

Our American Medical Association: (1) recognizes that denying civil marriage based on sexual orientation is discriminatory and imposes harmful stigma on gay and lesbian individuals and couples and their families; (2) recognizes that exclusion from civil marriage contributes to health care disparities affecting same-sex households; (3) will work to reduce health care disparities among members of same-sex households including minor children; and (4) will support measures providing same-sex households with the same rights and privileges to health care, health insurance, and survivor benefits, as afforded opposite-sex households.

(CSAPH Rep. 1, I-09; BOT Action in response to referred for decision Res. 918, I-09: Reaffirmed in lieu of Res. 918, I-09; BOT Rep. 15, A-11; Reaffirmed in lieu of Res. 209, A-12)

D-65.995 Health Disparities Among Gay, Lesbian, Bisexual and Transgender Families

Our AMA supports reducing the health disparities suffered because of unequal treatment of minor children and same sex parents in same sex households by supporting equality in laws affecting health care of members in same sex partner households and their dependent children.

(Res. 445, A-05; Modified: CSAPH Rep. 1, A-15)

Health Care Needs of Lesbian Gay Bisexual and Transgender Populations H-160.991

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian gay bisexual and transgender (LGBT) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBT; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBT Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBT patients; (iii) encouraging the development of educational programs in LGBT Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBT people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBT communities to offer physicians the opportunity to better understand the medical needs of LGBT patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for women who have sex with women to undergo regular cancer and sexually transmitted infection screenings due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; and (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBT health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBT people.

CSA Rep. C, I-81 Reaffirmed: CLRPD Rep. F, I-91 CSA Rep. 8 - I-94 Appended: Res. 506, A-00 Modified and Reaffirmed: Res. 501, A-07 Modified: CSAPH Rep. 9, A-08 Reaffirmation A-12 Modified: Res. 08, A-16

Eliminating Health Disparities - Promoting Awareness and Education of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Issues in Medical Education H-295.878

Our AMA: (1) supports the right of medical students and residents to form groups and meet on-site to further their medical education or enhance patient care without regard to their gender, gender identity, sexual orientation, race, religion, disability, ethnic origin, national origin or age; (2) supports students and residents who wish to conduct on-site educational seminars and workshops on health issues in Lesbian, Gay, Bisexual, and Transgender communities; and (3) encourages the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) to include LGBT health issues in the cultural competency curriculum for both undergraduate and graduate medical education; and (4) encourages the LCME, AOA, and ACGME to assess the current status of curricula for medical student and residency education addressing the needs of pediatric and adolescent LGBT patients.

Res. 323, A-05 Modified in lieu of Res. 906, I-10 Reaffirmation A-11 Reaffirmation A-12 Reaffirmation A-16