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## INVITED COMMENTARY

Male Fertility

### Advancement of male health is dependent upon updates to insurance coverage for infertility in the United States

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The insurance environment in the United States has traditionally ignored fertility as a barometer of men's health. However, there is now growing evidence that male infertility is associated with multiple medical comorbidities including a variety of cardiovascular, genetic, endocrine, and malignant conditions.<sup>1</sup> Since insurance providers still fail to recognize these relationships, even when appropriately referred, couples still face barriers to care, including insurance coverage rejections and high costs.

As eloquently discussed by Dr. Dupree in his review,<sup>2</sup> only a very small minority of states in America have laws that require insurers to cover, or even offer, infertility diagnosis and/or treatment-related coverage, especially for the male patient. Recently, some states have expanded reproductive health care through the passage of fertility insurance mandates that guarantee coverage. While this is a substantial benefit to those who live in these respective states, patients who are less geographically fortunate are left to pay out of pocket.<sup>3</sup>

Highlighting the scope of the problem, Eisenberg *et al.* previously estimated that 370 000–860 000 men do not receive an appropriate clinical evaluation when part of an infertile couple.<sup>4</sup> These numbers are staggering and illustrate the importance of increasing awareness of the relationships between male infertility and the presence of comorbid conditions. In the future, policies should include coverage mandates that require male assessment by a designated reproductive health specialist prior to the commencement of any assisted reproductive technology (ART).

Insurance coverage, where it exists, varies substantially in scope. Indeed, some insurers divide policies to include fertility investigations, but deny coverage for treatments. While a step in the right direction, such dichotomous coverage creates issues when patients legitimately need diagnostic interventions such as testicular biopsies in cases of potential nonobstructive azoospermia. The effect of the current Affordable Care Act on access to fertility care remains to be seen; however, current legislation does not expand or provide coverage for infertility benefits.<sup>5</sup>

Despite these shortcomings, advancements are on the horizon. The American Society of Reproductive Medicine (ASRM) recently praised the United States Department of Defense's decision to administer a 2-year pilot project providing fertility preservation benefits to members of the armed forces. Advocacy efforts of groups such as ASRM are essential and should be commended. ASRM's endeavors and those of similar international organizations have reaped dividends for male health policy.

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