



2020 Cancer Control Program Pilot Project Award

A pilot study to assess multi-level implementation of state-level fertility preservation insurance benefit mandates for adolescent and young adult cancer survivors

Sara McMenamain, PhD

Irene Su, MD

Scientific Abstract:

Adolescents and young adults who are diagnosed with cancer (AYA survivors) face increased risks of infertility as a result of cancer treatments. Evidence-based guidelines on providing fertility preservation services before cancer treatment (i.e., fertility risk counseling and oocyte, embryo, or sperm banking) exist to prevent infertility. As costs are a major barrier, state-level legislation mandating insurance coverage for fertility preservation services recently passed in 8 states. To address knowledge gaps in policy implementation, we will conduct a mixed-methods pilot study to characterize the variations, barriers, and facilitators in the implementation of state-level health insurance benefit mandates for fertility preservation in California, Illinois, and New York. First, we will characterize variations in benefit mandate implementation at the level of insurance regulators, insurers, and clinics, and explore differences by plan type (commercial vs. Medicaid) and state. Second, guided by the exploration, preparation, implementation and sustainment (EPIS) framework, we will systematically assess determinants in the outer context (mandate, regulator, patient), inner context (oncology and fertility clinics), and bridging factors (insurers) that act as barriers or facilitators to utilization of fertility preservation insurance benefits. We will conduct surveys and interviews with 4 insurance regulators, 15 insurers, 3 oncology clinics, 3 fertility clinics across the 3 states and analyze data using rapid assessment methods. Responsive to NCI's focus on AYA survivors and implementation science research, the pilot study will support an R21 application to develop a toolkit with multi-level implementation strategies to increase access to fertility preservation services and decrease financial burden for AYA survivors.

Lay Abstract:

Adolescents and young adults who are diagnosed with cancer (AYA survivors) face increased risks of infertility as a result of cancer treatments. Evidence-based guidelines on providing fertility preservation services before cancer treatment (i.e., fertility risk counseling, and oocyte, embryo, or sperm banking) have been developed to prevent infertility. As costs serve as a major barrier, state-level legislation requiring insurance coverage for fertility preservation services recently passed in 8 states. To address knowledge gaps in policy implementation, we will conduct a pilot study—comprised of qualitative and quantitative methods—to evaluate the variations, barriers, and facilitators in the implementation of state-level insurance benefit mandates for fertility preservation in California, Illinois, and New York. We will describe variations in benefit mandate implementation at various levels of the healthcare delivery system (i.e., insurance regulators, insurers, and clinics) and explore differences by plan type (commercial vs.

Medicaid) and state. Guided by an implementation science framework, we will assess factors related to the outer context (mandate, regulator, patient), inner context (oncology and fertility clinics), and bridging factors (insurers) that may hinder or enhance the utilization of fertility preservation services. We will conduct surveys and interviews with 4 insurance regulators, 15 insurers, 3 oncology clinics, 3 fertility clinics across the 3 states and analyze data to understand multi-level implementation processes and practices. This pilot study will support an R21 application to develop a toolkit comprised of implementation strategies to increase access to fertility preservation services and decrease financial burden for AYA survivors.