

Implementation of state health insurance benefit mandates for cancer-related fertility preservation: following policy through a complex system

This study aimed to document and understand the multi-level environment, relationships, and activities involved in using state benefit mandates to facilitate patient access to fertility preservation services.

The Challenge

In 2019, California passed the fertility preservation benefit mandate known as Senate Bill (SB) 600, which was intended to improve access to fertility preservation services for individuals at risk of infertility due to cancer treatments. However, the implementation of this mandate has been inconsistent and led to variability in how the mandate was interpreted, applied, and ultimately how it impacted patients' access to these essential services.

The Approach

The study's objective was to use the policy-optimized exploration, preparation, implementation, and sustainment (EPIS) framework to investigate California's fertility preservation benefit mandate implementation in a health system comprised of state insurance regulator, insurers, and clinics and identify key policies, processes, and actors within and between contexts that impact access to a mandated fertility preservation health insurance benefit. Researchers reviewed public documents on the mandate's creation, passage, and implementation and conducted interviews with stakeholders who used fertility preservation in California. Using the findings from the document review and interviews, the researchers were able to specify where policy, systems, and service entities existed within the implementation process and characterize the contexts and interrelationships among these entities.

The Impact

This research outlines the critical factors and roles involved in fertility preservation service access related to the benefit mandates, providing insights for evaluating implementation determinants and improving future mandates and strategies.

RESEARCH HIGHLIGHTS

- Laws that mandate health insurance coverage for services are implemented through a complex system of insurance regulators, insurers, and clinics before reaching patients.
- At each level of implementation, policies made by that level about fertility preservation health insurance coverage reshaped and diluted the mandate, resulting in unintended outcomes and challenges in patient access.
- These policies are targets for future interventions to improve the delivery of fertility preservation care to young cancer patients.

Key Benefits



COMMUNITY

Healthcare Accessibility- *Potential*

The study's findings about disparities in coverage and the challenges patients faced in accessing fertility preservation services despite the mandate provide critical data to potentially inform future efforts to improve accessibility.



COMMUNITY

Healthcare Delivery- *Potential*

highlighted variations in how insurers and clinics applied the mandate, which impacted service delivery and patient experience. The study's evaluation of these processes contributes to improving healthcare delivery by identifying where miscommunication or policy gaps led to suboptimal care.



POLICY

Policies & Legislation- *Demonstrated*

By tracking how the state-level mandate was operationalized through various contexts and roles, this investigation contributes to the broader understanding of barriers and facilitators to the implementation, adaptation, and sustainability of policies.

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Translational Science Benefits Model

IMPACT PROFILE

Additional Resources:

- Su, H. I., Kaiser, B. N., Crable, E. L., Ortega, R. F., Yoeun, S. W., Economou, M. A., Fernandez, E., Romero, S. A. D., Aarons, G. A., & McMEnamin, S. B. (2024). Implementation of state health insurance benefit mandates for cancer-related fertility preservation: following policy through a complex system. *Implementation science : IS*, 19(1), 14. <https://doi.org/10.1186/s13012-024-01343-1>
- Crable, E. L., Lengnick-Hall, R., Stadnick, N. A., Moullin, J. C., & Aarons, G. A. (2022). Where is "policy" in dissemination and implementation science? Recommendations to advance theories, models, and frameworks: EPIS as a case example. *Implementation science : IS*, 17(1), 80. <https://doi.org/10.1186/s13012-022-01256-x>
- Portantino: Senate Bill No. 600: an act to add Section 1374.551 to the Health and Safety Code, relating to health care coverage., in California So (ed), 2019.

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