POLICY BRIEF

SEPTEMBER 2026

Expanding Access to Fertility Care Through Advanced Practice Providers

A Policy Framework for States

EXECUTIVE SUMMARY

Infertility affects approximately one in six people, yet access to fertility care remains uneven across the United States. Workforce shortages, geographic disparities, and inconsistent insurance coverage lead to delayed diagnosis and treatment, particularly in rural and underserved communities. Advanced Practice Providers (APPs)—including nurse practitioners, physician associates, and certified nurse-midwives—are an evidence-based workforce solution that can expand access while maintaining high-quality, physician-led care. States can play a critical role by modernizing regulations, supporting education and training, aligning reimbursement, and investing in research.

THE ACCESS CHALLENGE BY THE NUMBERS

~500
fertility clinics reported in the United States (2024)[1]

~1,250
reproductive endocrinologists actively practicing in the U.S.[1]

449,772
ART cycles performed annually (2024)[2]

1,236
Average ART cycles per clinic[1]

16 STATES
have fewer than two fertility clinics[3]

1. ASRM SART CORS 2024
2. ASRM SART CORS 2024
3. CDC (ART Clinic Location Data)

WHY THIS MATTERS

- ✓ Longer wait times for appointments and treatment
- ✓ Greater travel distances and costs
- ✓ Disparities for rural, minority, and lower-income communities
- ✓ Emotional, financial, and physical burden on individuals and families

This is a public policy issue with real consequences.

1 THE POLICY PROBLEM

Growing demand, limited workforce, and geographic and financial barriers result in delayed care and unequal access across the country.

FIGURE 1. THE ACCESS EQUATION



2 EVIDENCE SUPPORTING WORKFORCE EXPANSION

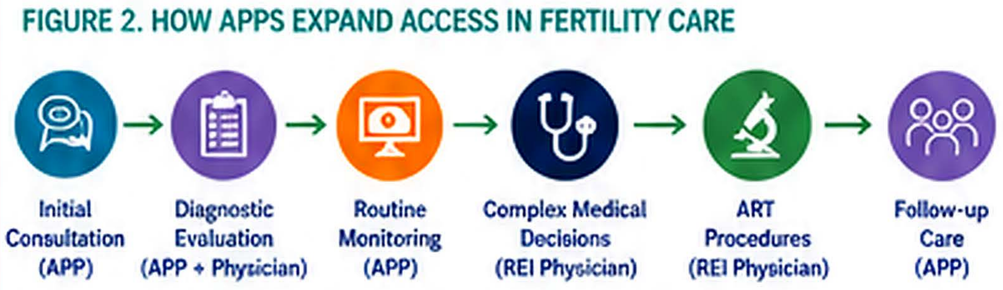
Research across multiple speciaities demonstrates that APPs improve access, efficiency, and patient satisfaction without compromising quality. Emerging evidence in reproductive medicine supports similar benefits.

- APPs improve access to care and reduce wait times.
- APPs increase practice efficiency and continuity of care.
- APPs reduce physician burnout and allow focus on complex care.
- REIs who collaborate with APPs report greater confidence in APP clinical capabilities.[4]
- APPs are cost-effective for many outpatient services, though fertility-specific economic data are limited.

3 APPS AS A POLICY SOLUTION

APPs can safely extend the reach of fertility care within physician-led, collaborative teams. This model expands access while preserving physician leadership for complex reproductive decision-making and procedures.

FIGURE 2. HOW APPS EXPAND ACCESS IN FERTILITY CARE



Team-based care improves access, enhances patient experience, and allows REIs to focus on the most complex aspects of care.

4 CURRENT POLICY BARRIERS

Inconsistent regulations and payment policies limit the full potential of APPs in fertility care.

- Variation in state scope-of-practice laws and permitted clinical activities
- Inconsistent physician supervision and institutional requirements
- Limited and inconsistent reimbursement for APP-delivered services
- Lack of standardized postgraduate education, fellowships, and competency standards
- Insufficient data on long-term outcomes, cost-effectiveness, and patient satisfaction in fertility care

5 POLICY RECOMMENDATIONS

States can take meaningful steps to expand access while maintaining quality and safety.

MODERNIZE SCOPE-OF-PRACTICE LAWS
Review and, as appropriate, update laws to allow APPs to practice to the full extent of their education and training within physician-led fertility care teams.

SUPPORT STANDARDIZED EDUCATION
Encourage development of national competencies, postgraduate fellowships, and specality-specific training and certification pathways.

ALIGN REIMBURSEMENT POLICIES
Ensure state Medicaid programs and commercial insurers reimburse APP-delivered services when provided within qualifying collaborative models.

INVEST IN RESEARCH AND DATA
Support studies on long-term outcomes, cost-effectiveness, patient satisfaction, access, and the impact of state policies on workforce and wait times.

6 WHAT WE KNOW—AND WHAT WE STILL NEED TO LEARN

WHAT WE KNOW	WHAT EVIDENCE SUGGESTS	WHAT STILL REQUIRES STUDY
✓ Infertility affects ~1 in 6 people.	✓ APPs improve access and reduce wait times in other specialties.	✓ Long-term fertility outcomes with APP involvement.
✓ REI workforce shortages and geographic disparities exist nationwide.	✓ Collaborative models increase efficiency and continuity of care.	✓ Cost-effectiveness of APP models in fertility care.
✓ Demand for fertility care is increasing.	✓ REIs with APP collaboration report greater confidence in APP capabilities.	✓ Patient satisfaction across different care models.
✓ Insurance coverage for fertility treatment remains inconsistent.	✓ APPs are likely cost-effective for many outpatient services.	✓ Impact on rural access and health equity.
		✓ Best practices for training, supervision, and competency.

POLICY ACTION FRAMEWORK

PROBLEM	POLICY OPPORTUNITY
Workforce shortage	Modernize scope-of-practice regulations
Long wait times	Expand collaborative care models
Geographic disparities	Increase APP utilization in underserved areas
Variable training	Develop national competency standards and fellowships
Limited evidence	Invest in implementation and outcomes research

Expanding access to fertility care will require innovative policy solutions and a strong, collaborative workforce. By modernizing policy, supporting education, aligning reimbursement, and investing in research, states can help more individuals and families build the families they envision.

For references, please see endnotes throughout.