



Society for Assisted  
Reproductive Technology

## A Message from the SART President



Timothy Hickman,  
M.D. SART President  
2021-2022

Did you know that SART is more than just data collection? SART is the primary organization of professionals dedicated to the practice of assisted reproductive technologies (ART) in the United States. The Society for Assisted Reproductive Technology promotes and advances the standards for the practice of ART to the benefit of our patients, members, and society at large.

As of September 2022, there are 389 clinics members of SART; that's roughly 80% of the IVF clinics in the United States, and SART member clinic cycles account for roughly 95% of all IVF cycles done in the country. Recent increased emphasis on the health of mothers and babies has proved to be very successful. We're happy to announce that in SART member clinics, over 93% of the live births are now singletons, and over 78% of all embryo transfers are single embryo transfers.

SART is an affiliate medical society of ASRM, and like ASRM, SART has an extensive number of individuals involved in positions and committees. The SART Executive Council is a multi-disciplinary group with 29 members including the Presidential Chain, Chairs of each SART Committee, Treasurer, Clinical Director, and Laboratory Director. In addition, members of the SART EC include the SART's CDC liaison, SART's CAP liaison, SART's Joint Commission representative, and representatives from Society for Reproductive Biologists and Technologists, Nursing Professional Group, Mental Health Professional Group, Association of Reproductive Managers, Legal Professional Group, and Society for Reproductive Endocrinology and Infertility. The Genetic Counselors Professional Group was added as an attendee in 2021 which has been highly valuable given the importance of genetics in reproductive medicine alone.

In addition to addressing current concerns regarding workforce issues, presenting outcome data in a more patient-friendly manner, and presenting data in a manner more consistent with current-day ART practice (non-linear), many other efforts are ongoing. A few of these efforts are highlighted here in this newsletter. Please take a look and **remember to join us on October 13th at 7:30 pm ET/4: 30 pm PT for our virtual SART members meeting before we see one another in person in Anaheim. To sign up for the SART Virtual meeting please sign up at [https://us06web.zoom.us/webinar/register/WN\\_xT-z2K4RSqW8SFp8aopjtg](https://us06web.zoom.us/webinar/register/WN_xT-z2K4RSqW8SFp8aopjtg)**

# SART Committee Reports

## **CDC Liaison: Jim Toner, M.D.**

Since both SART and the CDC collect and report IVF data to the public, it is essential to synchronize the data collection process so that the reporting is based on a shared set of data. To this end, the SART's Liaison and Presidential Chain have monthly teleconferences with the CDC ART Team to 1. review changing clinical practice, 2. discuss revisions to the data collection system, and 3. coordinate messaging to IVF programs. This regular interchange has been collegial and productive.

Two recent issues deserve attention: First, the CDC has transitioned "Data Finalization" to an in-house process using SAMS (Secure Access Management Services). This requires Medical Directors to register in the SAMS system before they can finalize their data at year's end. We and Westat will continue to send reminders about the process this Fall.

Second, we have become aware of Egg Banks that do not otherwise treat infertility patients, and have worked with the CDC to affirm that all Egg Banks are legally obligated to report cycle details of donor egg cycles, even if they do not otherwise treat infertility patients. The CDC will be issuing a letter to all programs clarifying this requirement.

Lastly, in my other role as Chair of the informed Consent Committee, I am happy to report that an updated set of Consent forms are now available on the Member Resources section of the SART website (<https://www.sart.org/professionals-and-providers/sart-members/>), and include some new consents as well.

## **SART Advertising Committee: Eli Reshef, M.D.**

SART is unique as a medical organization in creating and enforcing advertising oversight for its member clinics. SART advertising policy is intended to preserve truth in advertising for protection of patients and for maintenance of equitable standards among SART clinics. Each year, the websites of a third of SART clinics are reviewed by AC members. Feedback is given to clinics with advertising violations until compliance is attained. Compliance with advertising policy and corrective actions by clinics with violations have been exemplary, especially for an organization with voluntary membership.

SART Advertising Policy is revised periodically by the AC, most recently in July 2022. It contains guidance to appropriate advertising practices and description of corrective actions when violations occur. Even though there are defined steps in the policy for action by the AC against noncompliant clinics, the AC's measured and collegial approach to violations has resulted in minimal adversarial actions and very high compliance rates among member clinics.

The AC also handles advertising complaints by clinics against other clinics, and complaints by non-SART clinics or members of the public against SART member clinics. The AC has 11 members from diverse geographical and professional backgrounds and a chairperson. It meets by teleconference every other month and physically once a year at the ASRM annual conference.

## **SART Advocacy Representative: Amy Sparks, Ph.D.**

When someone reaches the final year of their service on SART's, 6-year presidential chain, they become the Advocacy Representative. This is great opportunity to represent the interests of our members and patients. Here are a few highlights from the past year:

### RESOLVE's Annual Advocacy Day

While virtual meetings with members of Congress cannot replace face-to-face interactions, the virtual format certainly has enabled many more patients and healthcare providers to participate in Advocacy Day. This year, 47 ASRM members participated in Advocacy Day. The focus of this year's meetings was advocating for insurance coverage for infertility care for all Americans, including those who work for the largest employer – the US federal government. Additional topics included removing barriers to family building for active military service members and veterans. If you have not had to opportunity to participate in Advocacy Day in the past, please consider doing so in the future. It is a rare opportunity to work side-by-side with patients and colleagues to advocate for healthcare coverage for family building.

### Women's First Research Coalition

Founded in 2019, the Women First Research Coalition (WFRC) was formed to unite key women's health organizations to raise awareness about the urgent need for increased and prioritized federal investment in women's health research. Support for this critical research remains inadequate and vulnerable to decreased prioritization. SART, ASRM and SREI are part of the WFRC and SART's Advocacy Representative attends their monthly meetings. Recent achievements include:

- The WFRC requested the creation of a Research Condition, Disease Categorization (RCDC) category for menopause at the NIH in the report that accompanies the final FY 2023 Labor-HHS appropriations bill. The response to this request was favorable and the menopause RCDC is now reflected in the Senate's draft of the FY 2023 Labor-HHS Appropriations Bill.
- Providing consolidated feedback to the Office of Research on Women's Health (ORWH) as they develop their 5 year strategic plan. Input is being sought for research opportunities in the NIH strategic plan for women's health research FY 2019 -2023 that should be modified to account for scientific advances. The WFRC also responded to the ORWH's request for information seeking input on research gaps, clinical practice needs, and research opportunities to inform research priority setting and the intersection of the SARS-CoV-2/COVID-19 pandemic and the health of women.
- Most recently, WFRC members have initiated discussions regarding maternal health research needs in response to the Supreme Court's decision in Dobbs vs Jackson Women's Health, which overturned Roe vs. Wade and Casey vs. Planned Parenthood ending the constitutional right to an abortion

### Coalition to Protect Parenthood After Cancer

The SART Advocacy Representative is invited to participate in quarterly meetings of the Coalition to Protect Parenthood After Cancer (CPPAC). The CPPAC is collaboration of nonprofit organizations, patient advocates, academic researchers, health care professionals and companies working to preserve the opportunity for parenthood after treatment for cancer and other diseases by advocating for insurance coverage of fertility preservation. The coalition's activities include:

- Advocate for changes in policy to achieve fertility preservation coverage by insurance companies
- Support legislative, regulatory, and private efforts to improve access for patients in need of fertility preservation;
- Serve as a resource and provide content expertise for policymakers; and
- Bring together stakeholders to unify efforts and maximize impact

States that provide fertility preservation coverage and those that had active legislation as of June 15, 2022 are depicted in Figure 1.

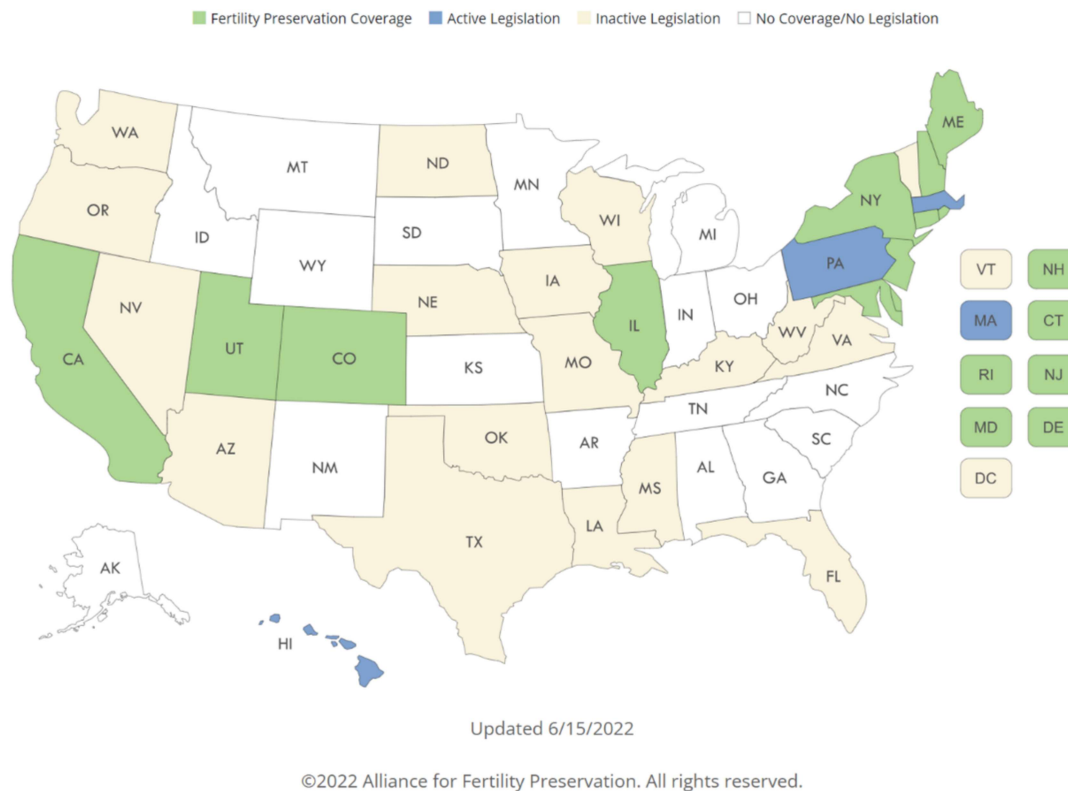


Figure 1

Similar to the WFRC, members of the CPPAC expressed concerns about the potential impact of the Supreme Court’s decision in *Dobbs vs Jackson Women’s Health* on fertility preservation services.

Clearly there is much more work to be done and SART’s advocacy for patient care and research is vital! It has been my honor to serve in this capacity.

**Branding Committee: William Petok, Ph.D.**

The SART Branding Committee is an outgrowth of the five-year strategic plan, developed in 2018. Of the three top priorities identified in that plan, the second was “To build the SART brand so that member clinics, patients and policymakers associate SART uniquely with quality and safety.” Originally a subcommittee of the Electronic Communications Committee (ECC), Branding became its

own entity in 2020 and continues to work closely with ECC, the chairs of each committee serving on their respective counterpart's committee.

Early on it became apparent that improving the SART brand in the patient and potential patient community would require targeted outreach, most likely via social media. The initial project developed a hashtag (#StartWithSART) and a video that describes the oversight function that SART provides to ensure high quality standards for its member clinics. The video resides on YouTube and is a valuable resource for patient education.

A critical task for Branding is to create awareness that SART and IVF are synonymous. Missing from our name, the Society for Assisted Reproductive Technology, is IVF. Presenting us with a unique challenge. To that end, the hashtag #IVF Success Starts with SART, was developed and is in use on much of our branding materials.

Subsequent campaigns on social media, primarily Twitter and Instagram, have directed patients to the SART website and content of interest to those considering an IVF clinic. "The Did You Know" campaign brought visitors to the Facts and Figures section of the website, which contains visual information on how SART has helped improve outcomes for IVF. Other campaigns are designed to bring visitors to other parts of the website and raise general awareness of the Society.

Branding is developing a partnership with various "influencers" to further improve general awareness of our work and the quality of the clinics who make up the SART membership. We continue to work closely with the ECC in support of the SART Fertility Experts Podcast series and other projects.

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### **Society for Assisted Reproductive Technology**

An Affiliated Society of the American Society for Reproductive Medicine

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