



We call on the University of Michigan to expand Reproductive Health Insurance to include fertility treatments.

Comprehensive reproductive justice includes agency over one's own body and the ability to have children if, when, and how one chooses with access to all necessary resources. Failing to offer this coverage discriminates against individuals experiencing the disease of infertility and disproportionately affects already marginalized groups such as women of color and the queer community.

What is infertility?

Infertility is defined as the inability to achieve successful pregnancy after twelve months of well-timed unprotected intercourse or donor insemination (the latter important to infertility diagnosis of lesbian couples and single women). Difficulties conceiving occur in about 1 out of every 8 cases. The American Society of Reproductive Medicine, the Center for Disease Control, and the World Health Organization each recognize infertility as a disease and acknowledge that it is becoming a public health priority. The University of Michigan currently does not offer any options for health care covering fertility treatments, even the purchase of additional coverage.

Who needs fertility treatment?

The picture of who needs fertility treatment is much more diverse than you might think. Infertility can be the result of a disease or condition of the reproductive system for people of any gender. Survivors of cancer treatments and people who have been injured in their lower extremities (including military veterans) commonly face infertility. Certain health conditions and lack of medical diagnoses place women of color at higher risk of reproductive complications. Queer couples and single individuals wishing to have children commonly rely on reproductive technology and face additional barriers to accessing services even where fertility coverage is available.

Why is this an issue for GEO?

The simple answer is, members experiencing infertility decided to take action! When a member spoke up about her own experiences it became clear that this is an issue likely to affect many of our members. The realities of life in academia commonly mean that precise timing of childbearing is vital to degree completion and postgraduate success. Any barrier to reproduction, such as the inability to access or afford fertility treatments, can dramatically affect our career paths.

Why is this a good idea for the University?

It can affect the University's competitiveness when recruiting faculty and graduate students. In a recent meeting of SACUA, the faculty senate, faculty members raised concerns that Michigan's benefits package could prevent the University from recruiting top researchers. In a career that commonly pushes women to delay having children to remain competitive, failure to cover fertility treatments sends the message that women's labor is not valued and that the University is not committed to a diverse workplace.



What is it you want the University to provide?

We are asking that the University make fertility treatment coverage available to the University community and stop considering it a “cosmetic procedure.” Further, we are asking that the University make the process by which such insurance coverage decisions are made more transparent.



How much does it actually cost?

Fertility issues related to ovulation problems or egg quality can be treated with controlled ovarian stimulation (COS) with costs ranging from \$50 to \$2000. Some male infertility factors can be overcome simply by introducing the sperm directly into the uterus (IUI) with a cost range from \$300 to \$2000. However, some infertility diagnoses are more effectively treated by in vitro fertilization (IVF). Without insurance, the total cost for drugs, harvesting and insemination of eggs, and transfer of embryos costs an individual \$15,000-\$25,000.



Does anyone provide this coverage?

Fifteen states mandate some form of coverage for infertility treatments: Arkansas, California, Connecticut, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, Texas, and West Virginia.

Selected universities that offer some form of infertility treatment coverage:

Michigan State University	MIT
Duke University	Harvard
Carnegie Mellon	Yale
Dartmouth	Columbia
Emory	University of Chicago
Georgetown	NYU
University of North Carolina	Notre Dame

*Bold universities are NOT in states that mandate infertility treatment coverage.



Won't insurance premiums go up if infertility treatments are covered?

Not likely, and here's why: In states where full coverage is provided, such as Massachusetts, costs from infertility diagnoses actually decrease. This is a result of patients getting the proper treatments (not just the ones covered by insurance) and having alternatives to the commonly chosen higher risk/higher chance of pregnancy treatments that commonly result in multiple births. Also, the number of people seeking this treatment will be relatively small in proportion to the full number of people insured at the University.



What about the Affordable Care Act?

The ACA does not require coverage of infertility treatments. It does prevent any person from being denied coverage based on a preexisting condition, such as an infertility diagnosis. However, insurance plans for federal employees covers 50% of the costs of COS and IUI, but not IVF.



What are some examples of this type of insurance coverage?

The federal plan mentioned above provides one example. Some plans will pay for 100% of COS and IUI, but cover a certain number of IVF. Yale, for example, allows for four cycles of IVF with more available if it was successful and you want to try for another child. Other plans cover everything at 100% up to a lifetime maximum on infertility benefits coverage, such as with the \$50,000 cap at the University of Chicago.