25 September 2013

To the Medical Benefits Advisory Committee at the University of Michigan,

Thank you for taking the time to consider adding coverage of infertility treatments to the UMich benefits plans. As I understand it, adding coverage is ultimately a business and financial decision for the University. I hope to provide you with several arguments that make my previous, more emotional, plea more compelling. I’m sure you will have already encountered most of these issues in your own thorough research of infertility treatments and coverage in your preparation for consideration on this issue.

**Healthcare Economics: Providing Coverage Infertility Treatments for UMich Employees is a Good Business Decision**

1. Infertility treatment costs at the University of Michigan are the higher than any other local private-provider (e.g. IVF Michigan, Ipsilanti; and Gago Infertity Clinic, Brighton). If infertility treatments were covered for UMich employees, patients seeking infertility services would go to the UMich Center for Reproductive Medicine, and therefore funnel money into the UMich system.
2. University of Michigan Hospital delivered their very first set of quintuplets just weeks ago (Sept. 5th 2013). The parents did not undergo infertility treatments at the University of Michigan. In fact, the UMich Center for Reproductive Medicine boasts a 0% rate of producing triplets or more from IVF ([www.sart.org](http://www.sart.org)). The quintuplets’ parents self-funded infertility treatments from a private practice outside of Fenton and were referred to the University of Michigan when it was understood more than 3 embryos had implanted. When patients self-pay, they turn a medical decision into a financial decision. They minimize the cost of infertility treatments by opting to undergo the fewest treatments that will result in a pregnancy. This leads to high rates of multiple-births from patients treated for infertility. The high costs of multiple births are ultimately distributed in our healthcare premiums. However, if infertility treatments were covered for UMich employees, and patients went to the UMich Center for Reproductive Medicine, the rate of multiple births among our employees would decline. Patients and their physicians would opt for treatments that have low risk for multiple births because it was no longer a financial decision for the patient.
3. Offering infertility benefits to your employees will ultimately allow our University to *attract and retain the highest quality employees*. High-quality individuals can often have their pick of institutions and can afford to be make employment decisions on such grounds as family-friendliness, inclusiveness or whether an institution provides infertility coverage. Many institutions, including the University of Michigan, are making a concerted effort to attract competitive women in the STEM fields. These women likely have sacrificed their most fertile years and will be looking for assistance with reproduction. These are the best and brightest that will choose instead to go to institutions in Ohio, Illinois, Massachusetts, or the numbers of other states that mandate infertility benefits coverage.
4. Many patients who cannot afford infertility treatments will undergo other expensive treatments that are covered by their insurance but are not as likely to result in a pregnancy compared to actual infertility treatments. I myself endured a ~$9,000 very invasive x-ray of my uterus and fallopian tubes that was fully covered. I was told it was “correlated” with increased pregnancy rates but it didn’t work, and I will pay roughly the same amount for harvesting and implanting embryos during IVF. There are other treatments, including surgery to remove fallopian tube scarring in women and removal of testicular varicose veins in men, which are not infertility treatments, yet are covered services that infertile patients will take advantage of in desperation. The cost of these procedures is estimated to fully cover the cost of more effective treatments such as ovarian stimulation, intrauterine insemination, and *In Vitro* Fertilization (IVF) (Blackwell, Richard E. and the William Mercer Actuarial Team , “The Hidden Costs of Infertility Treatment in Employee Health Benefits Plans, 2000).

**Healthcare Coverage Ultimately Should Not Be Decided on Cost**

1. Medical technology and treatments evolve and benefits coverage needs to be reevaluated regularly to include new procedures- which is precisely why the MBAC exists. Infertility treatments used to be novel and experimental. They are not anymore: the national average for success rate is almost 50% chance of pregnancy from one cycle of IVF ([www.sart.org](http://www.sart.org)). Most disease treatments, regardless of cost, become covered after the technology becomes standard practice for effective treatment of the disease.
2. As many of you are trained in classic biology, how can you deny that our fundamental role as a living being is to survive and reproduce? Yet, a medically treatable defect in ovulation or sperm motility is not considered worthy to be covered by medical benefits. The World Health Organization, The American Society for Reproductive Medicine, and even the University of Michigan benefits documents define infertility as a diagnosable and treatable disease. Ultimately, infertility treatments should be covered because infertility is a disease with high success rate for treatment.

If you would like a physician’s perspective, please contact Dr. Senait Fisseha. She is a Reproductive Endocrinologist and the director of the Center for Reproductive Medicine at the University of Michigan. Dr. Fisseha can provide expert input on treatments, success rates, patient throughput, and cost of treatments.

Thank you again for your time and consideration in adding infertility treatments to the University of Michigan benefits plans. There are many groups who are soon looking forward to a positive resolution of this issue.