11 November 2013

To the University of Michigan Regents,

I have been a graduate student in at the University of Michigan for the past 4 years. Just last year, at age 27, I was diagnosed with infertility after waiting several years to have children with my husband. GradCare does not cover any infertility treatments and we were left to try to pay for the expensive treatments on our own if we ever wanted to have children. Since then, I have been contacting top-level administrators at the University requesting coverage for infertility treatments in our health benefit package. The ability to have children and access to fertility treatments should not be limited to only those can afford it. I am writing to the Regents today because administrators at the University are currently considering this very personal and life-changing coverage and your support would truly make a difference.

Health insurance plans for University of Michigan employees, including faculty, staff, and graduate students, cover almost all aspects of reproductive health and family planning, including contraceptives, pregnancy termination, elective adult sterilization, male sexual dysfunction treatments like Viagra, and STD testing and treatment. Fertility treatments are omitted from standard coverage, and University employees do not even have the option to purchase additional coverage for fertility treatments from any of the 2014 plans offered in the state of Michigan by Blue Cross, Blue Shield, Health Alliance Plan, or Priority Health.

The unavailability of access to fertility treatments is much more than just a personal issue: it can affect the University’s competitiveness when recruiting faculty and graduate students. Other Michigan universities, most notably, Michigan State, offer insurance plans that cover these treatments. In recent meeting of SACUA, the faculty senate, faculty members raised concerns that Michigan’s benefits package could keep us from recruiting top researchers. In the US alone during 2006-2010, 6.7 million women were unable to get pregnant after trying for 1 year or could not carry a baby to term, while more than 600,000 men were medically diagnosed with an infertility problem (CDC). We cannot assume that fertility treatments will be an insignificant factor in a prospective faculty member’s to come to Michigan.

Furthermore, infertility affects a number of marginalized groups and should be seen as a social justice issue within the larger debate about reproductive rights. Although much of the debate has focused on a woman’s right to prevent and terminate pregnancy, we have largely ignored a person’s right to have children, especially when he or she requires assistance to do so. Professional women who must delay having children to be competitive with their male counterparts, young women diagnosed with premature infertility, gay couples, cancer patients treated with radiation, and people with traumatic injuries to their reproductive organs are all disproportionately affected by infertility. Infertility also disproportionately affects African American and Hispanic women, and those women are less likely to receive fertility treatment (CDC National Survey of Family Growth).

Laurita Thomas, VP of Human Resources at the University, is currently considering whether fertility treatments will be added to the University’s benefit offerings. The Medical Benefits Advisory Committee (MBAC), a voluntary panel of 10 men and 6 women employed as physicians, academics and lawyers, is advising her. In response to my letters, MBAC will make a final recommendation on if and what fertility treatments should be covered by November 19th, 2013. It is unclear on what information they will base their recommendation.

Although I am pleased that the University is considering adding fertility treatment coverage to our benefits plans, I remain concerned that they will not support the coverage based on feedback from Mary Sue Coleman’s President’s Advisory Committee on Women’s Issues (PACWI). A representative of PACWI reporting from their last meeting said that few members saw any hope of increasing health benefits to include fertility treatments.

Members of the University community may object to adding this coverage on the grounds that fertility treatments are expensive and experimental. First, while increases in cost to the University may be a concern for some, adding coverage for University employees is not likely to increase health care premiums. States like Massachusetts that have mandated infertility insurance coverage, including In Vitro Fertilization, have not seen costs associated with infertility increase after adding the coverage.

Second, while infertility treatments used to be novel and experimental, most disease treatments, regardless of cost, become covered after the technology becomes standard practice for effective treatment of the disease. In the case of fertility treatments, the national average for success rate is an almost 50% chance of pregnancy from one cycle of In Vitro Fertilization ([www.sart.org](http://www.sart.org)).  This success rate is higher than many other covered treatments for other diseases.

Thank you for your time and consideration of this issue. Please let me know if you would like any additional information on this issue. I am happy to help in your research or to provide my personal testimony. I am planning to attend the Regent’s meeting on November 21st to hopefully address you in person.

I hope that the University of Michigan Regents will support offering full fertility treatment coverage and support our community’s family building efforts.

Sincerely,