To Ms. Mary Sue Coleman,

I have been working as a graduate student researcher for the University of Michigan for the past 4 years. My spouse and I are struggling with the disease of infertility and sincerely request that you consider covering infertility treatment in the health benefit package.

In recent years, there has been a campaign to increase the number of women in STEM fields. Women, such as myself, have put off starting families in order to pursue such career paths, and in many instances sacrifice our most fertile years in order to be competitive with our male counterparts. Some women then experience difficult conceiving, and discover that our health insurance covers the diagnosis of infertility, but *not the treatments of infertility are covered*. GradCare classifies infertility treatment as an elective procedure- yet it covers other seemingly elective procedures associated with reproduction and family planning such as treatment of male sexual dysfunction, adult sterilization, pregnancy termination, and birth control. As it is the University of Michigan who decides what is covered, not the insurer, Blue Care Network- the University has the authority and responsibility to support women and their significant others in gaining coverage for this diagnosis.

Adding infertility coverage to our policy is actually likely to result in reduced costs for the University of Michigan and more successful outcomes for people diagnosed with infertility. When couples are forced to cover the costs of treatment themselves, they make riskier decisions in order to save money and increase the probability of conception at the same time. Couples will often participate in “Reproductive Tourism” and travel to countries like India or Thailand for cheaper infertility treatments with more lax regulations than in the United States. In these situations, couples opt to transplant high numbers of embryos. This results in high-risk pregnancies, post-pregnancy complications and low birth-weigh multiples- a cost burden that the university bears. Additionally, any infections or complications from sub-par medical treatment to the patient will be covered upon returning to University of Michigan.

Insurance premiums already cover hidden costs of infertility treatments when patients undergo a procedure that is covered rather than one that is statistically likely to result in pregnancy. For example, a hysterosalpingogram is an x-ray of the uterus and fallopian tubes where radioactive dye is injected to check for abnormalities. This fully covered, $9,000+ procedure *is not* a treatment for infertility, yet is often performed because there is a yet to be proven therapeutic benefit on infertility following the x-ray. Surgeries to remove fallopian tube scarring in women and removal of testicular varicose veins in men, are also 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).

In the U.S., 14 states mandate insurance coverage of infertility treatment. In those states, the rate of multiple births is lower than those that do not mandate coverage (New England Journal of Medicine, “Insurance Coverage and Outcomes of In Vitro Fertilization,” August 2002). Massachusetts mandated full infertility coverage, including IVF, in 1987, and since then, the cost of infertility services as a percent of the total health premiums went down (Griffin and Panak, Fertility & Sterility, 1998). If the University of Michigan strives to be the “Harvard of the MidWest”, we should consider emulating their treatment of individuals suffering from infertility.

Although I am advocating for infertility treatment coverage as a woman’s rights issue, infertility is a disease that can equally affect men: directly, with a biological diagnosis of male infertility usually having to do with sperm quality, and indirectly, when they can’t father children with their infertile partner. Infertility is an important health issue with known treatments that should be covered for the women and men who work for the University of Michigan.

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 hope that the University of Michigan and the Rackham Graduate School will consider offering full infertility coverage and support our family building efforts.  Thank you for your consideration.

Sincerely,