The University Should Expand Reproductive Health Insurance to Include Fertility Treatments

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. However, there is one troubling omission in this coverage: fertility treatments. Not only are fertility treatments omitted from standard coverage, but University employees do not even have the option to purchase additional coverage for fertility treatments on 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).

In response to my own diagnosis of infertility, I petitioned top-level administrators and Woman’s Issue groups at the University of Michigan advocating for coverage of fertility treatments for employees. Currently, the question of whether or not to add coverage is under consideration by Laurita Thomas, the VP of Human Resources for both academic and medical campuses. Thomas will base her decision on guidance from the Medical Benefits Advisory Committee (MBAC), a voluntary committee of ten men and six women employed as doctors, lawyers and academics. MBAC will finalize their recommendation to Thomas on their next meeting November 19th.

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 coverage from insurance plans, 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.

My hope in expressing my views on fertility treatment benefits coverage to the Michigan Daily readership is that the University of Michigan community will recognize that access to fertility treatments is not just important to our institution, but it is also a social justice issue-spanning gender, class, race and sexuality.