People who need IVF and have employer-provided infertility/IVF health insurance have **HIGHER SATISFACTION** with their employers.¹

**MEN AND WOMEN** are both affected by infertility

**1 IN 8 COUPLES** have trouble getting pregnant or sustaining pregnancy

The LGBTQ+ community and single parents by choice will need help building their family

**INFERTILITY DOES NOT DISCRIMINATE** based on race, age, sex, socio-economic status, sexuality or religion

**INFERTILITY LEGISLATION IS PRO-FAMILY**

**INFERTILITY IS A DISEASE** recognized by the American Medical Association and World Health Organization.

**COST IS A KEY BARRIER** to adoption and to medical treatment for infertility (less than half of employers provide financial support for adoption; only 27% of large employers and 14% of small employers provide IVF insurance coverage).²

**70%** of patients surveyed reported spending $10,000 or more to build their families.³

**64%** of active-duty military families report challenges with family building.²

Having a family is **FUNDAMENTAL** to the lives of many Americans. For many, being unable to have a child is **LIFE-ALTERING**.

**62% OF FAMILIES** who filed for the Adoption Tax Credit in 2010 **BENEFITED** from a refundable credit

**Insurance coverage for IVF** = **Lower rates of multiple births**.⁵

Source:
2: 2021 Military Family Lifestyle Survey
3: RESOLVE survey, 2017
4: RESOLVE survey, 2016
Coverage at Work for All Americans

• People who get their health insurance through plans provided by the federal government are shut out of care for building their family and preserving their fertility, even for those with cancer. This includes the Federal Employee Health Benefits Plan.

• Less than half of private employers offer comprehensive benefits to their employees for family building, yet in a recent survey of employers, 97% said that adding infertility coverage did not result in a significant increase in cost.*

• Only 13 states have mandated insurance coverage for infertility treatments that include IVF.

Removing Barriers for Family Building for the Military

• Military service members face unique challenges to family building through assisted reproduction or adoption.

• TRICARE provides limited access to medical treatments such as IVF but requires proof of casualty. The diagnosis of infertility must be service connected and is only available to the service member who is in a legal, heterosexual marriage.

• TRICARE policy provides coverage for diagnostic services only and requires the service member to meet specific criteria in order to have access to this care.

• TRICARE does not provide coverage for common procedures like intrauterine insemination (IUI) or any non-coital reproductive support.

• TRICARE has unevenly applied access to fertility preservation for a cancer diagnosis, does not provide coverage for voluntary sperm and egg freezing, and offers limited adoption resources.

Removing Barriers for Family Building for our Veterans

• The Veterans Health Administration is prohibited by regulation to provide IVF medical treatments. Through a temporary appropriation from Congress that requires annual approval, some Veterans with service-connected infertility can get limited care.

• Veterans deal with tremendous hurdles in proving their service-connected infertility and must be accompanied by military documentation.

• Americans who have served our country should have access to care and coverage to build a family, especially if their fertility has been compromised by their military service.

Bills we support that focus on the needs of people struggling to build their family:

• Access to Infertility Treatment and Care Act, S. 2352/H.R. 4450

• Adoption Tax Credit Refundability Act of 2021, S. 1156/H.R. 3031

• Expanding Access to Fertility Care for Servicemembers and Dependents Act, H.R. 6094

• Infertility Resolution, H. Res. 338

• John Lewis Every Child Deserves a Family Act, S. 1848/H.R. 3488

• PCOS Awareness Month Resolution, H. Res. 878

• Stephanie Tubbs Jones Uterine Fibroid Research and Education Act of 2021, S. 2444/H.R. 2007

• Veterans Families Health Services Act of 2021, S. 1280/H.R. 2734

• Veterans Infertility Treatment Act of 2021, H.R. 1957


For more information on our Legislative Agenda, contact:

Barbara Collura, President/CEO,
RESOLVE: The National Infertility Association
barb.collura@resolve.org • 703.506.2011

Sarah Bogdan, Director of Government Affairs, ASRM
sbogdan@asrm.org • 401.316.5144