



Demand Access to Infertility Treatment and Care

We at 500 Women Scientists urge action on infertility treatment and care. Infertility is professionally and legally regarded as a disease¹. It is diagnosed by failure to achieve pregnancy after 12 months of trying to conceive unsuccessfully. Approximately one in six couples² in the US are affected and 50 million couples worldwide³ experience infertility. Although infertility affects both men and women⁴, women bear the brunt of time and cost in the treatment for infertility. Infectious diseases can exacerbate the problem,⁵ and women are generally more vulnerable to contracting STDs.⁶ Furthermore, cultural stereotypes often inhibit African-American and Hispanic women from seeking treatment,⁷ and most LGBTQ couples need at least some assistance in their efforts to conceive. Therefore, infertility, and the challenges it poses, disproportionately affects women—in particular women of color⁸—and LGBTQ families.⁹

Most health insurance plans provide no coverage for infertility treatment in the US,¹⁰ and plans offered by universities and other academic institutions are no exception. Adoption and fostering also involve a significant investment of time and money, including many fees that are rarely covered by insurance. Only some private employers provide adoption-friendly benefits.¹¹

Women in science face tremendous pressure to delay childbearing. The most significant requirement to a career in research is the Ph.D. degree. On average, the American who earns his/her Ph.D. is 37 years old.¹² The medical community states that fertility begins to decline for women in their early 30s, with a significant decline after the age of 35.¹³ Thus, the proverbial “ticking clock” is a particularly salient concept for women who devote a large portion of their child-bearing years to work that is prohibitive of conceiving and raising a child. It is a cruel irony that once job stability is achieved for many women in scientific careers, they struggle to actually conceive, and they are denied the medical treatments to assist them.

SUPPORT INFERTILITY TREATMENT COVERAGE IN HEALTH INSURANCE PLANS

Treatable medical conditions that cause major life impairments -- including infertility -- should be covered by health insurance. We support legislation to require insurance coverage for infertility treatment, explicitly including IVF, regardless of sexual orientation.

OUR RECOMMENDATION

Ensure any healthcare legislation proposed includes a provision requiring infertility treatment coverage.

SUPPORT FINANCIAL ASSISTANCE FOR ADOPTIVE FAMILIES

The costs associated with the adoption process can make adoption of children in need unattainable for many people. We support legislation that provides financial assistance to adoptive families, as many private companies already do.

OUR RECOMMENDATION

Propose or support legislation that provides financial assistance for adoptive families.

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ADDITIONAL CONTENT FOR ONE PAGER

Concrete, real-world examples to illustrate empirical points, particularly examples in narrative form. So fact, then story instead and fact and lots of stats. Examples and stories resonate with policymakers. Even if you do not use them in this specific document you will use them for the in person meetings.