



The Honorable Rob Shriver
Acting Director
U.S. Office of Personnel Management
1900 E Street, NW
Washington, D.C. 20415

July 16, 2024

Dear Acting Director Shriver:

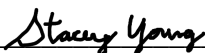
The DOJ Gender Equality Network (DOJ GEN)¹ recently urged OPM to expand access to fertility benefits, including by mandating FEHB plans to cover IVF medications and treatments in plan year 2025.² This step would further this Administration's goal of increasing access to reproductive healthcare and align the federal government with the growing number of states with this mandate. It would also help agencies compete for talent with the private sector, where most of the largest employers now provide complete IVF coverage.

But the most important reason to expand coverage is to meet the needs of those who serve our Nation, and no one is better able to illustrate those needs than public servants themselves.

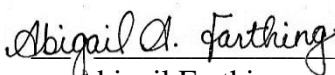
The below testimonials from 36 Justice Department employees describe the financial and emotional struggles they experienced because they lacked adequate IVF coverage in their FEHB plans. Some, in fact, had to give up their dreams of having children entirely. Several of these employees are eager to discuss DOJ GEN's request with you directly. Please contact us at dojgenderequalitynetwork@gmail.com if you would be amenable to a meeting.

Expanding IVF and other fertility coverage for public servants is the right thing to do, and now is the right time to do it. We appreciate your consideration.

Respectfully, on behalf of the DOJ GEN Fertility Benefits Working Group,



Stacey Young



Abigail Farthing

¹ DOJ GEN, a nearly 2,000-member organization at the Department of Justice, was founded in 2016. In pursuit of gender equity and equality in the federal workforce, we have worked to eradicate pay inequities, convince agencies to better address workplace sexual misconduct, push for family-friendly policies, persuade the Administration to provide abortion-related accommodations, and urge Congress to pass paid family leave legislation. DOJ GEN is recognized by the Justice Department but do not speak on its behalf. The views expressed in this letter are solely those of DOJ GEN and the signatories.

² See May 16, 2024 letter,

https://static1.squarespace.com/static/61f3032d7eb5233ccc782af9/t/6646c8bab8ba954c3981ae7d/1715914938070/OMP+IVF+letter_5.16.24.pdf.

1. T.S.

When my wife and I began trying to build our family it quickly became clear we would need to use assisted reproductive technology (ART), but we were unprepared for the sheer amount of the expense. Between 2016 and 2019, we spent over \$100k on fertility testing, donor sperm, genetic testing, fertility drugs, IUI cycles, IVF egg retrieval cycles, and frozen embryo transfers. None of these treatments were covered by our federal health insurance plan, which meant that we exhausted all of our savings to pay for them out of pocket. After suffering the heartbreak of multiple pregnancy losses, we made the difficult decision that we could no longer afford to keep trying. When we later found out that OPM was requiring insurers to provide fertility benefits to federal employees for the 2024 plan year, we were overjoyed. However, we quickly realized that the limited benefits provided are not nearly enough to defray the substantial costs associated with even a single IVF cycle. We are no longer candidates for IUI (due to multiple failed cycles), and IVF-related drugs represent only a fraction of the total costs of IVF. We have already sacrificed so much financially, without expanded IVF coverage I fear our dream of having a child may never come true.

2. Anonymous

It took nearly five years for my husband and me to have our daughter, including six rounds of intrauterine insemination (IUI) and two rounds of IVF. I served the federal government (as a federal law clerk and then as an Assistant U.S. Attorney) for over a decade, and my husband has been a government attorney for nearly 15 years. Almost none of our fertility-treatment costs were covered by my federal health insurance—a stark contrast to the experiences of attorneys I know in the private sector—so we spent over \$70,000 out of pocket, emptying our savings account, and borrowing money from our parents. We finally have our beautiful baby girl, but we are now a very long way from ever owning a home or ever paying off my law school loans. I’m reentering private practice next month in large part to recalibrate our finances. I would have loved to stay with DOJ longer—I love the Department and have given my all for eight years to its mission—but our budget can’t accommodate it. Many from my office have similar stories. Between IVF costs and many U.S. Attorney Offices’ revocation of flexible telework, senior women attorneys are leaving in droves. It’s been an enormous loss of institutional knowledge and a tremendous setback to my office’s diversity and inclusivity efforts.

3. Abigail Farthing

My husband and I are both veterans and federal employees who proudly chose to serve our country in the military and civil service. When we chose to try and start our family years ago, like many others, we faced infertility challenges. Adding to our grief and heartache was the fact that even though we are employed by our country’s largest employer, the federal government, we had absolutely no infertility treatment insurance coverage. For several years, we paid over \$60,000 out of pocket (procedures, drugs, genetic testing, storage, etc.) to try and build our family. We finally dropped our federal health insurance plan altogether so that we could purchase private insurance to “afford” pursuing IVF; before doing that, we seriously contemplated leaving federal service for employment sectors with more comprehensive health insurance coverage.

While some infertility coverage was added last year to the federal employee health insurance plans, it still falls short of meeting what many family-building situations still need. Dedicated public servants should not have to choose between service and being able to start their family.

4. Jessica Evans

My husband and I are both federal employees, and we were so excited to start a family three years ago. We were overjoyed when we got pregnant quickly, and we started planning for our new life as parents right away. We bought books on pregnancy, thought about names, and fantasized about all the fun ways we could tell our family we were expecting.

Not long after our first positive pregnancy test, my husband and I learned that we are both carriers for the same recessive genetic mutation, and we had a one-in-four chance of passing on a genetic disorder to our child. We kept every hope that we would land on the right side of statistics, but diagnostic testing later showed that we had in fact passed on both of our mutations. We were devastated and made the deeply painful decision to terminate our pregnancy for medical reasons.

That decision fundamentally shaped our experience and led us to IVF with preimplantation genetic testing (PGT). PGT allowed us the opportunity to create and identify embryos that did not have our genetic mutation and would not pass on a life-long disorder to our child. For us, this was a better path than trying again naturally and risking the same heartbreaking situation again. Our IVF journey was grueling: we had to complete four egg retrieval cycles over the course of a year to get enough healthy, unaffected embryos before moving on to a transfer. The attrition of embryos through IVF and PGT is agonizing, and patients lose so many embryos to a variety of factors. This whole experience would have been trying enough without the added burden of financial stress, but our federal insurance plans did not cover any IVF treatment. Over the course of our four cycles, my husband and I spent over \$100,000 on treatment. IVF came at a tremendous cost for us, and money we had set aside for our savings and college tuition for a future child is gone. Over the course of our experience, we often considered leaving federal service for the private sector, where we could have far better fertility coverage.

5. Anonymous

My husband and I tried for a baby for 4 years, but held off on trying IVF due to the exorbitant cost. Instead of trying IVF we did 4 rounds IUI, which is less expensive. With each round, our hearts broke a little more. It took a significant toll on us emotionally. Finally, I found a doctor who asked me to participate in an IVF clinical trial that would be significantly less expensive. I jumped at the chance. The vast majority of people who undergo the surgical procedure of retrieving eggs during the IVF process receive sedation because the pain can be otherwise unbearable. But as part of the trial, I had to go without sedation, and it was excruciating. Federal employees should not have to go through this. The lack of access to IVF benefits is unacceptable. It is important to retain talented employees and to ensure that their mental and physical health is in the best possible state. Providing IVF benefits will do that.

6. S. Sandoval

I have known my entire life that I wanted to be a mother. But after four years of trying to get pregnant—a process complicated by my polycystic ovary syndrome—it has not happened. After an almost \$1,000 initial fertility consultation, I determined that my husband and I will not be able to afford the cost of IVF that we will almost certainly need to have a child. I have given up on my hope of becoming a mother for now. I urge the federal government to make the dream of parenthood feasible for public servants like me by improving IVF coverage.

7. M.O.

I came to the federal government from a big D.C. law firm. There, to my surprise in my late 20s, I had learned I had a condition that caused infertility. I was so grateful that my firm's health insurance paid for fertility treatments. I had the peace of mind to explore the options I needed to have a much-wanted child, which quickly cost thousands of dollars. I was still paying my law school student loan debts and never expected to need to set aside funds for infertility. When I came to the government to pursue important cause-orientated work, I was dismayed that almost no infertility care was covered. We wanted another child and knew IVF may be necessary. We were very fortunate to be able to pay out of pocket for IUI (then, about \$2,000) and to successfully have our second child with this one attempt. We knew that if we were not successful, we would be staring down loans and credit card debt just to try to have our child. We contemplated going back to the private sector because of the enormous out-of-pocket costs. We were so lucky to ultimately avoid the cost of IVF, but this was an extremely stressful time, and a huge contrast to my time in the private sector.

8. Anonymous

When I was building my family and IVF wasn't covered by insurance, the cost was simply prohibitive. I wanted to have the option to adopt. Twenty years ago the cost of international adoption was about twice that of an IVF cycle. So when my infertility treatment reached the IVF stage, I had to stop treatment because I couldn't afford it, especially with success rates relatively low. Instead, I used the money to travel to Russia and to elsewhere in the U.S. to adopt my children. Each trip was between \$15,000 and \$20,000. Later, when I had my biological child, I was stunned to see the only medical bill I owed was something like \$250 for the hospital co-pay. The constraints of not having access to the full range of reproductive health care was infuriating and frustrating and stressful. Federal employment is supposed to be accompanied by excellent medical coverage, but my family hardly saw any benefit from the insurance I got from my job at DOJ.

9. R.M.

I am almost 39 years old and am considering intracervical insemination (ICI) next year due to the increased risk of fertility issues after age 40. I would love the opportunity to receive IVF but am unable to afford it. Although the odds of a successful implantation is so much greater, the cost is astronomical. With my current savings, I can only afford one treatment of ICI prior to turning 40.

10. S.S.

When my husband and I were preparing to have children, we decided to undergo screening to see whether we were carriers for conditions that could affect our future child. As it turns out, we were. We matched for a rare autosomal recessive genetic condition, and genetic counselors said we had a one in four chance of passing it on to our child. A child with this condition could go into kidney failure if they got sick, participated in athletic activity, or perhaps most salient for us, experienced excitement (one genetic counselor used the example of receiving a birthday present as a potential trigger for kidney failure).

After weighing the benefits and costs, we decided to pursue IVF, which would enable us to test the embryos for the condition that we both carried. We fortunately had a straightforward IVF process (one egg retrieval and one transfer), but the out-of-pocket costs (fertility doctor consultation, egg

retrieval, creating a probe for our embryos, testing the embryos, and transferring the embryo), save for a few medications covered by insurance, totaled more than \$37,000. I love my job and feel a strong commitment towards serving the public, but at various points in the process, I considered whether to return to private practice where more IVF costs were likely to be covered. What I cannot understand is how IVF is not covered by insurance, but if I were to have had a child affected by this condition, our long-term insurance costs would have exceeded the cost of IVF.

11. K.S.

My partner and I struggled for years with “unexplained” infertility, including pregnancy loss. When my reproductive endocrinologist told me IVF would be the most likely path for success due to my age and history, I knew it was going to be astronomically expensive due to my lack of insurance coverage. My partner’s insurance (he is a public-school educator) did not cover me. I live in Maryland, where IVF is covered for state-based plans. I ended up dropping my federal plan to buy a plan in the MD Health Exchange, costing me \$400 a month (post-tax) in premiums just to have the plan. I still ended up paying over \$5,000 out of pocket in addition to my insurance premiums and co-pays for two failed rounds of IVF, in addition to \$20,000 for a donor-conceived embryo transfer. My friends who work in the private sector either have coverage through their employer plans, or work at companies that provide them with much higher salaries, making building a family this way possible. As a GS-15 attorney, I considered getting a part-time job at Starbucks to get better health coverage because they are known for providing fertility coverage for part-time employees with no waiting period. Dealing with the grief and stress of infertility and pregnancy loss is hard enough to manage without the added anxiety about how you’re going to be able to afford it.

12. B.L.

My spouse and I had unsuccessfully tried to conceive naturally for over one year shortly after the pandemic began in early 2020. As the one-year mark came and went, I realized we needed to consult with physicians, who strongly advised me to start IVF instead of IUI. Because none of the medical insurance providers available to me as a government employee offered any type of IVF coverage, we had to cover the entire cost ourselves. I am so blessed to report that IVF was successful and in 2022, I gave birth to a healthy baby. But we spent well over \$25,000 throughout the process, and had to rely on the help of family members to pay the costs up front without taking out loans. My husband and I continue to pay \$75/month for frozen embryo storage, which is not covered by any insurance companies.

I have served my country in dangerous situations for over 20 years, including at the Capitol on January 6, 2021. I strongly urge the government to offer more assistance to public servants who need fertility care to build their families.

13. R.B.

I was thrilled to hear that federal insurance would have an option for IVF coverage in 2024 and eagerly signed up, despite the significantly higher monthly cost, since I knew that IVF was in our future. However, while I’m glad for some coverage, what I’ve learned in the 6 months of using the program is that the coverage is woefully incomplete and the out-of-pocket costs are still incredibly high (to the tune of \$8,000 or more per round, in a process that is notorious for requiring multiple rounds). The bulk of this out-of-pocket cost is because the insurance coverage does not cover a

number of key components that are routinely part of the IVF process, including cryopreservation, which is an often-required step. The high out-of-pocket costs—in addition to the high monthly cost of the insurance coverage—is causing us, two high-earning professionals, to cap our attempts at IVF, regardless of whether we succeed, due to the significant strain it adds to our monthly budget as well as the related stress. That’s a deep source of frustration for us, clearly. The coverage offered pales in comparison to what the private sector offers—many friends and colleagues have been able to do multiple rounds of IVF with minimal out-of-pocket costs at companies that range from big tech to small local nonprofits. I encourage OPM to take a close look at the quality and completeness of the coverage. The federal government can and must do better in this area.

14. L.S.

I took my job at DOJ while my husband and I were going through IVF. I was only able to take this position because he was fortunate enough to have limited IVF coverage through his employer, but even with that, we paid over \$35,000 out of pocket for countless tests, medications, surgeries, laboratory procedures, and medical procedures. We needed three rounds of egg retrievals and IVF, and several rounds of embryo transfers. We didn’t have the savings and had to open additional credit cards to make it work. When you go through IVF, time is of the essence. In most cases, you find out you need it only after exhausting all other options and do not have the luxury of waiting several years to save up the money. I am confident that DOJ has lost out on talented employees who either chose not to join the Department or had to leave due to lack of IVF coverage. IVF is physically and emotionally one of the most grueling things I’ve been through—it is difficult enough without having to worry about choosing between your job and your family.

15. C.B.

When it became clear that my partner and I were going to need to use IVF to get pregnant, I panicked, knowing it wasn’t covered by my federal health insurance plan. I’m lucky to have an FEHB plan that covers the cost of IVF medication; still, with copays, the medication alone was about \$1,000. (Without insurance it would have been about \$6,000.) The cost of the procedure was about \$17,000. Because we’re a same-sex couple, we also needed to purchase donor sperm (about \$2,000 per vial), undergo genetic testing and counseling (about \$1,000), and participate in mandatory psychological counseling (about \$300). Of course, all of these expenses don’t guarantee results. I don’t know what we’ll do if we need to do another round of IVF—not because of the grueling toll on my body and my emotional well-being, but because I don’t know whether we can really afford it.

I’ve worked for DOJ for the better part of a decade, and I love my job, but I’ve considered leaving to work somewhere with fertility coverage; many law firms, companies, and even some nonprofits cover fertility costs (including IVF) through either insurance coverage or an employer-issued fertility stipend. For the first time in my life, I have credit card debt—more than \$20,000—just because we want to have a family. It is overwhelming to think about simultaneously paying off the fertility debt and my student loans, while also trying to save for our family’s future.

16. M.K.

I live in Maryland, a state that mandates insurance companies to cover the costs of IVF and other fertility treatments. But because I am a federal employee, my insurance plan was exempted from this mandate, and I had to cover the expenses out of pocket. I ultimately had to take a loan out on the value of my house to pay for treatments that would have been covered if I had worked for almost any other employer in my state.

17. Anonymous

I am an active-duty service member with the USPHS. My wife and I needed to complete IVF recently and we were hit with the unfortunate news that despite living in a state (Colorado) that requires insurance providers provide this coverage, I had to pay out of pocket because the mandate does not cover federal carriers. The entire fertility process for us took over two full years and cost us close to \$30,000. Due to lending rules and laws surrounding IVF we were not able to shop around for competitive loans and were required to use a lender that deals specifically with fertility; this lack of competition further drives up the cost. In addition to the high costs, these loans are considered unsecured since there is no collateral to put up, and means that despite an almost perfect credit score our interest rates were astronomical. The lack of adequate coverage creates undue stress and financial instability to a population of workers dedicated to public service.

18. Stacey Young

My partner and I spent more than \$30,000 on IVF in 2017, a year before her company joined the large wave of employers providing comprehensive IVF coverage to their workers. She has seen this benefit improve morale and retention in her workplace, and I know it would have the same effect in the federal government.

19. P.S.

After trying to conceive for over a year, my spouse (a federal government employee) and I started seeking treatment from a fertility specialist. At the time I worked at a large law firm and my insurance covered a large portion of the testing, IUIs, and medications. Then I moved to the Department of Justice and learned that we needed IVF treatments. None of the DOJ insurance options covered it. To undergo three IVF treatments, which eventually ended in the birth of our son, I needed to use my savings and my spouse had to take a \$50,000 loan from his TSP retirement account. When we tried to have another child several years later, we again needed to undergo IVF treatment, and were again forced to use substantial savings and I had to take a \$50,000 loan from my TSP account. Had I not previously worked at a law firm that paid me significantly more than DOJ, and allowed me to build a substantial savings, we could not have afforded the IVF treatments we needed to have our children. I would have had to leave DOJ to work for an employer that provided insurance that covered fertility treatments.

20. Anonymous

My spouse and I are a same-sex couple, and IVF provides one of the only ways we can have children. The sooner we begin the process, the higher our chances of success. However, we've recently needed to deplete our savings to take care of various home and family emergencies. At this point, trying to have a child will require us to go into debt.

21. S.W.

I would never have been able to afford IVF without insurance coverage, and my son would not be here! In 2022, I was lucky that Maryland law required most insurance plans to cover IVF, so even though the FEHB plans did not offer fertility coverage, I was able to purchase an ACA marketplace plan that covered three IVF attempts. The marketplace plan was through a different insurer that my fertility clinic did not accept, so I had to switch to a different clinic that was high-volume and impersonal, and see providers who were unfamiliar with my history. Overall, not having IVF covered through my federal employee health insurance required so much extra cost, planning, waiting, stress, and uncertainty—none of which are helpful for folks with fertility issues who are trying to conceive. Please expand IVF coverage for federal employee insurance plans so that more families can access this essential treatment.

22. K.O.

My partner and I spent four years attempting to have a child. As a same-sex couple, we have no option but to use medical assistance in this process. Our first out-of-pocket expense was donor sperm, and the process of obtaining it cost almost \$10,000. After going through seven IUI attempts (which were also not covered by federal insurance at the time), we decided to pursue IVF, which was the most expensive part of the process. In total we spent over \$40,000 on all of our fertility efforts and are still paying off the private loan we had to take out. It was disheartening to learn that other companies such as Starbucks provide full IVF coverage while the federal government does not.

23. M.M.

When my wife and I were dating, I told her that I wanted to have biological children if it is physically possible and not financially ruinous. After our fertility process was delayed by my three-year application process to become a federal law enforcement officer, the possibility of needing IVF has loomed over our finances. My fertility clinic is reluctant to even try IUI because of my age, but I've been pushing back against the medical advice to start with IVF because I fear it will be too expensive. The fertility process is full of uncertainties: will I get pregnant? If I get pregnant, will the baby be healthy? Will I have any complications? Because there's no certainty about how much will be covered or exactly how much I will pay, I have to wonder about whether we can afford to not just expand our family, but subsequently support us using my federal health insurance. This is not a choice any of us should have to make.

24. E.H.

My husband and I are both attorneys for the government and at the time that we were going through the fertility process, no health benefits were offered through any FEHB plan. We needed medical intervention to have our child and I considered getting a second job at Amazon or Starbucks, both of which offered fertility treatment coverage. In the end, the logistics and time a second job would've required wasn't feasible. Instead, we had to drain our savings to cover the \$45,000 to have my daughter—an expense that prevented us from buying a home. I had to sacrifice one dream, becoming a homeowner, for another, having a family.

25. R.M.B.

I am an FBI employee and military veteran with service-connected infertility after multiple deployments to Iraq and Afghanistan. I have an FEHB plan and although veterans receive some coverage for infertility, it does not include coverage for donor eggs, sperm or embryos and takes several years for the approval process to be finalized for treatment. I have spent about \$50,000 in out-of-pocket medical expenses on four IVF treatments and 10 IUIs, and I experienced three miscarriages. I am now planning for significant out-of-pocket expenses for alternative family expansion through either adoption, which costs between \$50,000–\$70,000 per child, or surrogacy, which costs over \$180,000, or donor eggs and embryos, which are not covered. These options may be foreclosed to me because I have already spent my savings on fertility treatments.

26. A.H.

I wanted to have children back in 2013. I underwent fertility treatments for 10 months from 2013–2014 which resulted in me giving birth to twins. Not one cent was covered by my federal insurance plan. I ran up credit card debt and borrowed money from my family. My total out of pocket cost was \$45,873. I also lived a super high cost of living area that had a state law mandating fertility treatments be covered by employers, but that law did not apply to federal government employees. It is unacceptable that federal employees do not have adequate insurance coverage for this.

27. Anonymous

My now-wife and I began fertility treatments in the spring of 2023. We were not married at the time. I went for my first check-up ultrasound and was billed \$2,000. After that, we realized we needed to get married ASAP because, extremely fortunately for us, my wife’s insurance covered unlimited IVF attempts. We had a quick courthouse wedding so we could switch insurance for fertility coverage (we had always planned on marrying but the timing was dictated by the insurance issue). After a year of fertility treatments, including four egg retrievals and two embryo transfers between the two of us, I am finally pregnant. Even with my wife’s insurance—which we realize we are extremely fortunate to have—we have spent at least \$24,758 out of pocket. (Our costs: \$12,840 to buy, store, and ship 6 vials of donor sperm, not covered by insurance; \$3,622 for genetic testing of embryos, not covered by insurance; \$6,205 on co-pays and deductibles for procedures and medicines under my wife’s insurance; \$2,091 for out-of-pocket ultrasound before I switched insurance.) If not for my wife’s insurance, I would have had no choice but to leave DOJ for private practice to be able to cover the cost of IVF.

28. J.L.

Because OPM does not mandate minimum coverage for IVF, I had only one health insurance option that offered reimbursement. This option—among the most expensive—nearly doubled my monthly contributions. And with no minimum coverage standards, I could only confirm the full scope of my coverage after committing to this costly plan and submitting a pre-authorization. When I submitted my pre-authorization, I learned that some expensive IVF-related services would not be covered (despite being standard on other insurance plans that cover IVF), and that therefore this procedure would still be cost-prohibitive. I am in my mid-30s and hoping to go through this process as soon as possible, but the lack of comprehensive coverage has made it very difficult to move forward.

29. David E. Farber

My husband and I are currently working with an IVF provider for donor egg retrieval and embryo creation cycle. We specifically signed up for a particular federal plan because of its IVF coverage. That plan states that members who meet the definition of infertility (which now covers same-sex couples) are eligible for coverage for Assisted Reproductive Technology (ART) services with up to \$25,000 in ART services covered annually. According to the plan, ART is defined as “procedures . . . used to retrieve eggs from an ovulating individual, combine them with sperm in the laboratory, and then implant the embryos or donate them to an individual capable of pregnancy.” This coverage would be transformative for my husband and me, making the dream of having a child much more feasible.

However, our insurance has denied our prior authorization request because they claim that ART services are not covered if we intend to use a surrogate to carry our child, which will almost always be the case in a same-sex couple with two men. Without this coverage, one round will cost \$40,000 to create and then implant the embryo—the same procedure that any other couple would use in IVF—and that’s before any medical costs related to surrogacy. It’s frustrating that we selected this plan with our scenario in mind, only to find that it may not provide the essential coverage we need to start our family.

30. S.M.

My spouse and I went through IVF for the birth of our first and only child that cost us around \$30,000, though the emotional toll on us was incalculable. Although we are both federal employees, we had no insurance coverage for these treatments; that kind of support would have changed our lives. Instead, throughout the process, we felt fear, stress, and shame. We had few people we could talk to about it, and almost no one knew our financial bottom line. I thought often of a better world in which our journey towards completing our family would be not only socially acceptable but even supported by the workplaces where we spend so much of our lives. Although my family is now complete with the happy addition of our IVF baby and I will not seek fertility coverage for myself, I will continue to advocate fervently for others to have a smoother road on their own fertility journeys. We bring our whole selves to our workplace and, as federal employees, a special level of dedication and commitment. Now as a parent, I am the same steadfast government employee as always, but I am far more efficient with my time and resources. All my federal colleagues who wish for it should have the same opportunity to experience the joy (and new challenges!) of parenthood, and coverage for fertility treatments would be the most effective first step toward that goal.

31. T.S.H.

My partner and I started trying to conceive our child in December 2019. A year in, we met with providers at Alabama Fertility Specialists, who diagnosed me with conditions that complicate my ability to get pregnant. Since then, a series of fertility treatments have not worked, and my partner and I have postponed our efforts while I struggle to seek the financial means to pay for IVF privately. I implore the federal government to expand our insurance coverage to include IVF as we should afford the public servants who provide for our families with an opportunity to build families of their own.

32. K.B.E.

My husband and I wanted a second child and, anticipating that we might have fertility challenges due to my age, we decided to switch to my husband's insurance because they offer full IVF coverage for MUCH less money than any federal plan. We switched over January 1, 2024—and of course, I found out I was pregnant December 27, 2023. While we are ecstatic about the pregnancy, our new plan has been a nightmare. I have been on the phone for hours fighting billing code issues and processing errors. I loved my FEHB plan and wanted to stay on it, but the anxiety of potentially needing IVF and paying thousands of dollars out of pocket made keeping it seem untenable.

33. C.G.

At almost 36 years old, I am consumed by the thought of having children. For various reasons, IVF makes the most sense for my same-sex partner and me. But the amount of money it takes to undergo testing and treatments, combined with the cost of living today, puts it out of reach for us. By providing robust IVF coverage, the federal government can support dedicated employees like me who have given so much to their careers and communities in achieving their dreams of starting a family.

34. Anonymous

Learning that you need to use IVF to have a chance at the family you've always dreamed of is heartbreaking in itself. IVF is a physically and emotionally stressful process that, while filled with so much promise, is so often unsuccessful on the first try. Nevertheless, I'm sure I speak for most people going through the process when I say that I would do it over and over again, so long as my doctor still had hope, to have that family. Sadly, for those without IVF insurance coverage or a high-paying job, it is often not our courage, determination, or health that determines when we give up. It is the financial burden. I am fortunate in that I have a supportive family and decent savings from my prior work in the private sector to contribute to IVF. Even so, after going through one unsuccessful round, my husband and I will soon have to weigh how much longer we can keep trying in light of the mounting financial cost. My current plan supposedly covers IVF medications, which alone can cost approximately \$5,000 per round, but I am still having to fight with my carrier for the coverage I should be eligible for. Tack on another \$15,000 for the IVF treatments, \$5,000 for any embryo transfers, and \$6,000 for necessary genetic testing, and the cost per round easily exceeds \$30,000. Working for the Department of Justice has been my dream since law school. I never thought that dream would pose an obstacle to another. If the federal government wants to continue its efforts to implement family-friendly policies and retain talented women in its ranks, I implore you to expand IVF coverage in 2025 and beyond.

35. L.H.

At the end of the summer, I will be going through the first stage of IVF—stimulation and egg retrieval—with a plan to freeze my eggs in the hopes of creating a family in the future through IVF. I am in my mid-30s, and while I very much want to be married and have kids, I haven't found the right partner yet. Based on the tests that my doctors have run, IVF will likely be my best shot at starting a family in my late 30s/early 40s. I have also been advised that if I don't freeze my eggs now while I'm still relatively young, my chances of having a biological child are very low. The financial setback for the procedure is immense; egg retrieval alone will cost \$12,000, with \$800 a year in storage fees until I use my eggs for IVF. I am having to take a loan out from my

parents, and I am planning to start a second job on weekends to pay it back. This process is already so taxing—emotionally, mentally, physically—that adding the financial stress is almost too much.

36. Joshua Zimberg

After three miscarriages, my wife and I sought help from a fertility clinic, which determined IVF was necessary for a successful pregnancy. Initially, we were fortunate to have my wife's tech company insurance cover most of the IVF costs. However, her company changed its benefits package and we were forced to switch to government insurance, where we were dismayed to find no IVF coverage available. Determined to build our family, we decided to pay for IVF out of pocket, which quickly drained our savings. In 2024, some government plans began offering limited IVF coverage, up to \$25,000. While this eased some financial pressure, the funds were quickly exhausted due to ongoing costs for retrievals, transfers, embryo testing, and medication. Despite spending over \$100,000 beyond insurance coverage, we remain committed to building our family. However, we strongly believe that government insurance should provide better support and coverage for IVF, similar to the benefits that have become normalized across corporate America.