

The Importance of Equitable Access to Fertility Care for Black Women

Fertility care is necessary reproductive health care that helps individuals and couples have children or preserve their ability to have children in the future. But these services are often prohibitively expensive, and Black women, who are both more likely to experience infertility and have fewer financial resources, face disproportionate barriers to accessing this critical care. Comprehensive fertility coverage, which reduces financial barriers and improves access to this necessary care, is critical for the advancement of reproductive justice for Black women.

Fertility Challenges for Black Women

Black women experience disproportionately high rates of infertility.

In the United States, non-Hispanic Black women are almost **twice as likely** as either Hispanic or non-Hispanic white women to experience infertility.¹ Black women have higher incidences of medical conditions that can cause infertility, such as uterine fibroids,² a condition that can increase infertility risk and contribute to adverse pregnancy outcomes. Black women also experience higher rates of tubal factor infertility than white women.³ Tubal factor infertility can be caused by a range of conditions, including pelvic inflammatory disease and endometriosis.⁴ Pelvic inflammatory disease is more prevalent in Black women,⁵ and endometriosis in Black women is commonly misdiagnosed as pelvic inflammatory disease and inadequately treated,⁶ likely due to implicit and explicit racial and gender bias in health care.⁷ Black women are also more likely to be exposed to environmental toxins that harm fertility, such as industrial pollutants and water contaminated with lead or endocrine-disrupting chemicals.⁸

Access to fertility care is critical for Black women across varied identities and circumstances—including for cisgender and transgender Black women and those with or without partners.

- Black women may require timely referral and treatment for infertility-related conditions like uterine fibroids.⁹
- Black women may be unable to achieve pregnancy with their partner and require fertility medications or treatments like in vitro fertilization (IVF) or intrauterine insemination.
- Black women in LGBTQ+ couples or who are single may need to use donor eggs or sperm, donated embryos, or even work with a surrogate to achieve pregnancy.
- Fertility preservation services may be needed to protect or save eggs, sperm, or other reproductive tissue, including before medical treatments that may cause a risk of impairment to fertility, such as gender affirming care or chemotherapy or radiation for cancer.¹⁰

No matter who seeks fertility care, or their reasons behind it, every person deserves to access this necessary care without cost being a barrier. **Comprehensive fertility care insurance coverage reduces financial barriers to care, thereby improving access for Black women and other under-resourced communities.**

FINANCIAL BARRIERS TO FERTILITY CARE

Treatments for infertility can be incredibly expensive.

- On average, **a single cycle of IVF can cost between \$15,000 and \$30,000.**¹¹
 - For many people, out-of-pocket costs extend beyond the actual treatment, including purchasing sperm or eggs, genetic testing, medications, transportation to appointments, and fees associated with mental health support, all of which can add **tens of thousands** to the total cost.¹²
- Fertility preservation services can also be very expensive. For example, **freezing eggs can cost as much as \$15,000 and an additional \$500 per year for storage.**¹³

Exorbitant fertility care costs prevent many under-resourced people from getting the care they need. People with fewer financial resources—disproportionately Black women and other women of color, women with disabilities, immigrant women, and LGBTQI+ individuals¹⁴—are less likely to have comprehensive fertility coverage and are less likely to afford the high costs of fertility care.¹⁵ Black women in particular face notable wealth and wage gaps due to racism and sexism in the labor market,¹⁶ unaffordable and inaccessible housing, food, and childcare,¹⁷ and other systemic and structural barriers such as inequitable education and wealth accumulation.¹⁸ The resulting stark income and resource inequities¹⁹ compound harm to Black women who, as discussed, experience disproportionate rates of infertility.

COMPOUNDED BARRIERS FACED BY BLACK WOMEN LIVING IN THE SOUTH

- Fertility care providers and clinics are often concentrated in metropolitan areas, leaving Black women in the rural South with even fewer options to access this care.²⁰
- Black women in the South face heightened economic inequities due to steeper wage gaps in many Southern states²¹ and disproportionate levels of uninsurance.²²
- Southern states, including Alabama, Arkansas, Louisiana, and Mississippi, have high shares of people who lack access to abortion care and other types of pregnancy care, or specific resources that affect maternal and infant health, like broadband internet or healthy foods.²³

Comprehensive fertility care insurance requirements are particularly important to increase equitable access. For some Black women insurance coverage of fertility care could mean the difference between prompt and quality fertility care or no care at all. For decades, lawmakers across the country have championed legislation aimed at addressing financial barriers to fertility care. Currently, 22 states and Washington, D.C. have passed fertility insurance coverage laws, with some of these laws in place since the 1980s.²⁴ Only Illinois, Maryland, Montana, New York, Oklahoma, Utah, and Washington, D.C. have laws relating to Medicaid coverage of infertility treatments and fertility preservation.²⁵

Health Outcomes and Why Coverage Matters

Comprehensive coverage of fertility care may also help reduce adverse pregnancy outcomes, which is of critical importance for Black women, who face disproportionately high maternal mortality and morbidity and infant mortality.

Limiting adverse pregnancy outcomes is an imperative for Black women, who face a maternal mortality rate nearly 3.5 times higher than white women²⁶ and higher rates of severe maternal morbidity, miscarriage, stillbirths and infant mortality.²⁷ Ensuring comprehensive coverage of the full-range of fertility services, such as genetic testing and embryo transfers, could mitigate contributors to poor pregnancy-related outcomes and play a critical role in addressing the health disparities faced by Black women.

Preimplantation genetic testing (PGT) is a screening test used when selecting embryos for transfer. Certain genetic conditions can increase the risk of a failed IVF cycle or miscarriage, with embryos of patients over the age of 37 more likely to have these conditions.²⁸ PGT is typically very costly (like most fertility services) and usually not covered by insurance. For example, one form of this genetic testing typically costs around \$5,000 per IVF cycle.²⁹

Frozen embryo transfer can also amount to thousands of dollars, ranging from \$3,000 to \$5,000 on average.³⁰ A pregnant person who is paying for their treatment entirely out-of-pocket may be more likely to elect to transfer multiple embryos to avoid the cost of multiple transfers.³¹ Transferring more than one embryo puts a pregnant person at risk for multiple pregnancies and births, which can have adverse consequences for both the pregnant person and their infants.³² For example, multiple pregnancies increase the pregnant person's risk of miscarriage and preeclampsia, a leading cause of maternal mortality, and commonly result in preterm births.³³

Making fertility care services more affordable could potentially reduce risk of pregnancy complications.³⁴ Miscarriages can cause enduring and even life-threatening health consequences,³⁵ with harms likely exacerbated for Black women who face disproportionate racism and mistreatment when receiving care.³⁶ Reducing poor pregnancy-related outcomes like miscarriage is especially important considering that nearly 25% of all U.S. counties lack adequate access to abortion care and other emergency pregnancy care that may be needed to manage a miscarriage.³⁷ Black women in these areas face compounded barriers to obtaining lifesaving care when needed. Comprehensive insurance coverage can also help patients face fewer financial pressures when making decisions regarding their fertility care, such as how many embryos to transfer or whether they would benefit from genetic screening.³⁸

Cost should never be a barrier to obtaining necessary care. Comprehensive insurance coverage for fertility care is critical to increasing equitable access for Black women and other traditionally under-resourced communities. Lawmakers, advocates, and other stakeholders should view fertility coverage as an essential step toward reproductive justice for Black women and other underserved groups.

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ENDNOTES

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