

**STATEMENT OF BARBARA COLLURA**  
**PRESIDENT & CEO**  
**RESOLVE: The National Infertility Association**  
**U.S. HOUSE OF REPRESENTATIVES**  
**COMMITTEE ON VETERANS' AFFAIRS, SUBCOMMITTEE ON HEALTH**  
**LEGISLATIVE HEARING**  
**JUNE 22, 2022**

Thank you for this opportunity to provide a statement in support of H.R. 1957, the Veterans Infertility Treatment Act of 2021. This bill does two important things related to the ability of a veteran to build their family: 1) it requires access to infertility medical treatments for a covered veteran or a partner of a covered veteran, and 2) it requires access to standard fertility preservation services to a covered veteran or a partner of a covered veteran. On behalf of the millions of people in the U.S. who struggle to build their family, and the countless others who are facing cancer treatment or other medical intervention that will render them infertile, we wholeheartedly support H.R. 1957.

RESOLVE: The National Infertility Association was founded in 1974 to provide information, support, awareness, and advocacy for people living with infertility, as well as those who choose to parent as a single person and those in the LGBTQ+ community who need access to care to build their family. RESOLVE is the oldest and largest patient advocacy organization in the U.S. for those struggling to build their family. We provide support and information on all family building options including adoption, living childfree, accessing medical treatment such as IVF, third-party reproduction such as using donated gametes or embryos, and surrogacy.

This bill is desperately needed today as the Veterans Health Administration (VHA) is prohibited by statute from offering access to assisted reproductive technologies (ART) such as IVF to enrolled veterans. Since 2017, some veterans with a specific service-connected injury can access care, however this is through an annual appropriation from Congress, must be renewed each year, and is extremely limited in who can access that care. The VHA needs to take a different approach and H.R. 1957 does just that.

As America's largest integrated health care system providing care to nine million enrolled veterans, the VHA is expected to provide the most current standard of care to veterans experiencing any health condition or disease. Infertility is a disease as recognized by the American Medical Association, the World Health Organization, the American College of Obstetricians and Gynecologists, and the American Society for Reproductive Medicine. Just like any other disease, the VHA should provide access to care to help veterans who may struggle to build their family.

Infertility impacts 1 in 8 couples of reproductive age, as well as the LGBTQ+ community and single people who choose to parent. Infertility, affecting men and women equally, is a disease of the male or female reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery. There are many causes of infertility, and in some cases physicians cannot diagnosis a specific cause. The most common female infertility factor is an ovulation disorder. Other causes of female

infertility include blocked fallopian tubes, which can occur when a woman has had pelvic inflammatory disease or endometriosis (a sometimes-painful condition causing adhesions and cysts). Congenital anomalies (birth defects) involving the structure of the uterus and uterine fibroids are associated with repeated miscarriages. The most common male infertility factors include azoospermia (no sperm cells are produced) and oligospermia (few sperm cells are produced).

In the most basic terms, for a successful pregnancy and delivery to occur, one needs a sperm, an egg, and a uterus. If any one of these - or any combination of the three - are not performing optimally or are absent, reproduction will not occur. Most infertility cases – 85% to 90% - are treated with conventional medical therapies such as medication or surgery. For those that need advanced care, in vitro fertilization (IVF) is the standard of care for complex cases of infertility, or for those that need donated eggs, embryos, or need surrogacy. Even those with a genetic disorder may choose to access IVF to have offspring free of their genetic disease.

In the U.S. today, 2% of all births are a result of IVF. IVF has been offered in the U.S. since 1981, with the first IVF baby, Elizabeth Carr, recently turning 40 years old. IVF care is provided by Reproductive Endocrinologists, a sub-specialty of obstetrics and gynecology, who are the only doctors with specialized training focused on helping people become and stay pregnant.

In recent years, access to medical care to build a family has been recognized by employers and state legislatures as an important aspect of standard healthcare. Since 2018, the following states have passed comprehensive state insurance mandates for access to IVF: Colorado, Delaware, Maine, New Hampshire, and New York. Self-insured employers continue to voluntarily add a benefit to access IVF, as it is an important benefit to recruit and retain their workforce. Employers are also adding a family building benefit as it meets their Diversity, Equity, and Inclusion goals. IVF is mainstream care for a widespread problem: the inability to reproduce.

H.R. 1957 also allows covered veterans access to standard fertility preservation services. Fertility preservation is preserving sperm, eggs, or embryos before a medical intervention which can cause future infertility. Common medical interventions include radiation or chemotherapy for a cancer treatment, surgical procedures, and many medications. The American Society of Clinical Oncology clinical guidelines require oncologists to advise patients of their risk of future infertility and the need to preserve their fertility. The VHA should not only be advising its covered enrollees of their risk of iatrogenic infertility but allowing access to those fertility preservation medical procedures. H.R. 1957 would finally give veterans the ability to access the standard of care for fertility preservation.

The VHA is the healthcare system for our nation's veterans. However, it is not able to provide care for a common condition that is about building families for our veterans. It is time to right this wrong, allow the VHA to provide care that is needed and wanted, and allow our veterans to build the families they desire and deserve.

Our veterans have waited long enough for this gap in care to be fixed. We stand ready to work with Congress to get H.R. 1957 passed as quickly as possible.

Respectfully Submitted,

Barbara L. Collura  
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Statistics and data cited in the above statement can found in the following resources:

American Society for Reproductive Medicine, [www.asrm.org](http://www.asrm.org)

Centers for Disease Control and Prevention,  
<https://www.cdc.gov/reproductivehealth/Infertility/index.htm>

RESOLVE: The National Infertility Association, [www.resolve.org](http://www.resolve.org)