

Abortion bans made Minnesota a health care island. Could the same happen with IVF?

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Meta Getman and her husband had spent more than three years struggling with infertility—including four rounds of intrauterine insemination (IUI), three rounds of in vitro fertilization (IVF) and a six-month pause to weigh next steps—before eventually opting to conceive through IVF using donor eggs.

Their twin daughters are now 7 years old, and their family is complete. But for people across the country whose hopes for such a future hinge on IVF, the Alabama Supreme Court ruling that embryos should be considered children—and the resulting legal implications for clinics that store patients' frozen embryos—threw everything into question.

"I felt like I was tossed back into the raw emotions of my infertility experience in that I was really mad, I was really sad, I was shocked that people would think that," Getman, 43, said of the Feb. 16 ruling. "I couldn't believe that I lived in a country where this was happening, to be honest."

Though Alabama lawmakers and Gov. Kay Ivey quickly signed off on legislation protecting the state's doctors from potential legal liability, patients and advocates say they're still worried about restrictions cropping up elsewhere. For Minnesota, such a shift in the national health care landscape could mean an uptick in out-of-state patients seeking IVF care here, stretching a system already experiencing high demand.

Dr. April Batcheller, medical director at fertility clinic CCRM Minneapolis, said practitioners are accustomed to coordinating care for out-of-state patients.

"To me, what is worrisome about this is, it really perpetuates the haves and the have-nots," she said. "It is very possible to do a really good job of managing people remotely, but it requires a patient with the resources to fly here, to stay in a hotel. And that's probably where we're going to see an increased discrepancy in health care disparities."

Minnesota law protects reproductive health care, and the state has become an island for abortion care in the Upper Midwest with about 40% more out-of-state patients since the U.S. Supreme Court overturned *Roe v. Wade* in 2022, according to Maggie Meyer, executive director at

Pro-Choice Minnesota.

Our Justice, a Minnesota-based abortion fund, distributed \$243,097 in 2023 to patients for medical expenses related to [abortion care](#), a 66% increase from 2022, the organization said. In addition, the fund spent more than \$9,700 on lodging for patients who traveled for care.

Though IVF and abortion are different procedures with different outcomes, they are linked.

"There are embryos that don't get used; there are eggs that don't get used. And there are also, at times, selective reductions, which is not used as commonly as other forms of abortion," Meyer said, referring to a procedure in which multiple embryos are transferred successfully and one or more are aborted.

"But by granting the rights of children to the embryo, it can really, really affect the cost of IVF as well as just the availability for people, and it can increase hesitancy."

Still, some argue states are unlikely to restrict IVF in the way they've restricted abortion.

"I think there has been an unprecedented outpouring of outrage, and elected officials have heard that and responded to it," said Sean Tipton, chief advocacy and policy officer at the American Society for Reproductive Medicine.

Not everyone is convinced. Julie Berman, a former board member of RESOLVE: The National Infertility Association, pointed to a recent Iowa bill that could have posed a risk to IVF. She also mentioned federal legislation that would define human life as beginning at the moment of fertilization and congressional inaction on efforts to protect IVF.

"This is of concern," she said. "People might be saying they're protecting it, but they're not doing anything to actually protect it."

Democrats at the Minnesota Capitol are looking to expand a bill codifying abortion rights, passed last session, to include protections for IVF and fertility treatments. Republican lawmakers have said they support those pursuing fertility treatment to expand their families.

The Legislature is also weighing a bill this session that would require insurers to cover infertility treatment. One round of IVF, in which a lab fertilizes a retrieved egg before doctors transfer the resulting embryo to the uterus, costs \$15,000 to \$20,000 on average with no guarantee of success.

Katie Bissen-Zaffke, 30, has gone through one egg retrieval and five embryo transfers, including one resulting in a second-trimester pregnancy loss. Going through IVF is "a roller coaster," she said, between medication side effects, frequent clinic visits and the overall emotional toll.

Though there is no one reason patients pursue IVF—it can be a path to parenthood for LGBTQ couples, as well as single people starting families on their own—many have an infertility diagnosis, which brings with it the same anxiety and depression levels as people with cancer, heart disease or HIV, according to the Mayo Clinic.

"Luckily, my husband and I are really good at communicating and going through it. But even then, it can just be tough to try to explain how you're feeling and how they're feeling," Bissen-Zaffke said. "And then when you have things that don't work out, which it has for us a lot of times, it can be really discouraging."

Miraya Gran and her husband took out a second mortgage on their home

to pay for their first round of IVF, which was unsuccessful. A family fundraiser paid for a second round, after which their 3-year-old daughter, Isla, was born. They want to have another child—and have two embryos remaining—but can't afford it without [insurance coverage](#).

Experiencing the financial barriers to IVF makes the possibility of legal restrictions loom even larger.

"I can't imagine being in a state or a world or a country where the science is there, the medical treatment is there, but I don't have access, which I'm kind of experiencing now without being able to afford transferring another embryo already," said Gran, 39. "So just simply not even being able to do it, it's just mind-blowing to me, and it gives me a lot of fear."

Jamie Heard, 37, traveled from Birmingham, Alabama, to St. Paul in April to lobby for the insurance bill alongside local patients and advocates. Insurance coverage made IVF—and her toddler son—possible, she said. But the Alabama Supreme Court decision, which came down just as she was starting a second IVF cycle, has made it unclear whether she and her husband will be able to have another child.

"It was scary because I felt like my future family was being attacked and like I had no choice in the matter; like there was nothing I could do about it," Heard said. "Right now, we're just taking it day by day."

In Minnesota, patients and providers are also waiting to see what happens next.

"I feel like we're one of the best states to be in, so I feel lucky to be here today," Getman said. "But I am worried that if different people are elected here in the state that even things that we're doing now could be

rolled back."

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