

June 2023

# Forming Families

*LGBTQ+ Family  
Building with Dr.  
Kenan Omurtag*

*A Brief Timeline  
of LGBTQ+  
Family  
Formation*

*Pride and  
the fight for  
fair fertility  
care*

*Three ARC  
partners provide  
top-tier care for  
LGBTQ+ families*

# Intro

We're glad you could join us for the Summer 2023 issue of Forming Families, ARC Fertility's quarterly newsletter and your source for insights on fertility, healthcare, workplace benefits, and beyond.

It's June, which means this is our official Pride issue, where we celebrate all things LGBTQ+. This issue shines a light on those communities and their needs, challenges, and resources in the fields of fertility medicine and family building.

For a long time, access to infertility treatments was largely limited to cisgender, straight married couples. When LGBTQ+ individuals gained access to fertility medicine, their workplaces would or could not find insurance coverage to suit their needs, making such treatments available only to the very wealthiest of LGBTQ+ families.

Even today, many insurance programs consider family building care for LGBTQ+ individuals or couples to be elective medicine or attach this coverage to expensive modules tacked onto general care. ARC Fertility is working hard to undo this situation, because every person, no matter their marital status, sexual orientation, gender identity, or any other demographic signifier, deserves to have the family they want.

Employers are looking to build and retain the best and most diverse teams possible, because a wide range of different voices makes a workplace more resilient and adaptable. To that end, HR departments everywhere should look into comprehensive fertility coverage for all potential workers, including LGBTQ+ individuals, as better benefits show respect and consideration for the needs of everyone in the workforce.

Our LGBTQ+ family, friends, and neighbors have fought hard for every bit of progress they've made for equal rights and fair treatment under the law. At ARC Fertility, we are committed to supporting this struggle and making sure every family has the resources necessary to grow and thrive.

Enjoy this Pride 2023 issue of Forming Families and join ARC Fertility's mission to fight for LGBTQ+ families.



**David Adamson, MD**

Founder and CEO  
ARC Fertility

# Dr. Kenan Omurtag on LGBTQ+ Fertility Treatment

## Intro

Dr. Kenan Omurtag is a physician, Medical Director, and Associate Program Director at the Washington University School of Medicine in St. Louis. He has worked at Barnes-Jewish Hospital and the Missouri Baptist Medical Center, and specializes in fertility and reproductive medicine, obstetrics and gynecology, and transgender care. We sat down with Dr. Omurtag to discuss the past, present, and future of LGBTQ+ fertility care.

## Thank you for joining us, Doctor Omurtag. Please talk a bit about how LGBTQ+ fertility treatments have changed over time.

You're starting to see employers change their benefits and be more mindful about how those benefits are accessed. Previously one needed an infertility diagnosis to access IVF treatment or any benefit. We're still not there yet with all employers and treatment providers, but we're moving in a good direction. Employers are starting to say, "I need to make policies inclusive."

## What are some ways LGBTQ+ families can grow using fertility treatments?

Donor sperm, if you are a single woman or in a lesbian relationship. Single males or gay couples will need an egg donor and a gestational carrier. A lot of employers are considering employee benefits to help pay for gestational carriers, donor eggs, and donor sperm. If you're non-binary or transitioning, you might consider fertility preservation: freezing your sperm, eggs, or embryos prior to starting gender-affirming hormones.

## How should LGBTQ+ patients prepare for their first consultation at a fertility clinic?

Have your questions ready, know what your goals are, and consider what options you would consider to get there. It's okay if you need the fertility clinic to help guide you and do testing on both patient and partner to determine the best strategy. The road can be complex, but your team understands the journeys all their patients go through to build their families.

## What factors go into finding the correct donor for tissue like eggs or sperm?

You can find eggs from an egg bank or buy sperm from a

sperm bank. People might want a donor who contributed to a pregnancy previously, but what really matters is which donor meets the criteria important to the patient and any partners.

Some people use a sibling as the donor, or a non-sexually intimate friend. Some use a sexually intimate partner. FDA regulations govern tissue donation, so it's important to provide information, such as whether you're sexually intimate with a donor. If the answer is no, additional regulatory testing is required for the donor to be eligible. Any fertility clinic can help patients navigate these regulations.

## How can clinics create safe spaces for LGBTQ+ patients?

Regular training and education is the name of the game. Providers must practice empathy and train their staff regularly. This is particularly important recently for transgender patients — keeping forms up-to-date on pronoun options, sexual orientation, and gender identity. Regular provider- and staff-level training can help keep intake processes and scheduling thoughtful. The forms sent to patients must be inclusive as well. We've gotten close to creating a one-size-fits-all intake form, but some gaps still require scenario-specific paperwork.

## Have you noticed differences between working through an organization like ARC to serve LGBTQ+ families as opposed to with more traditional insurance?

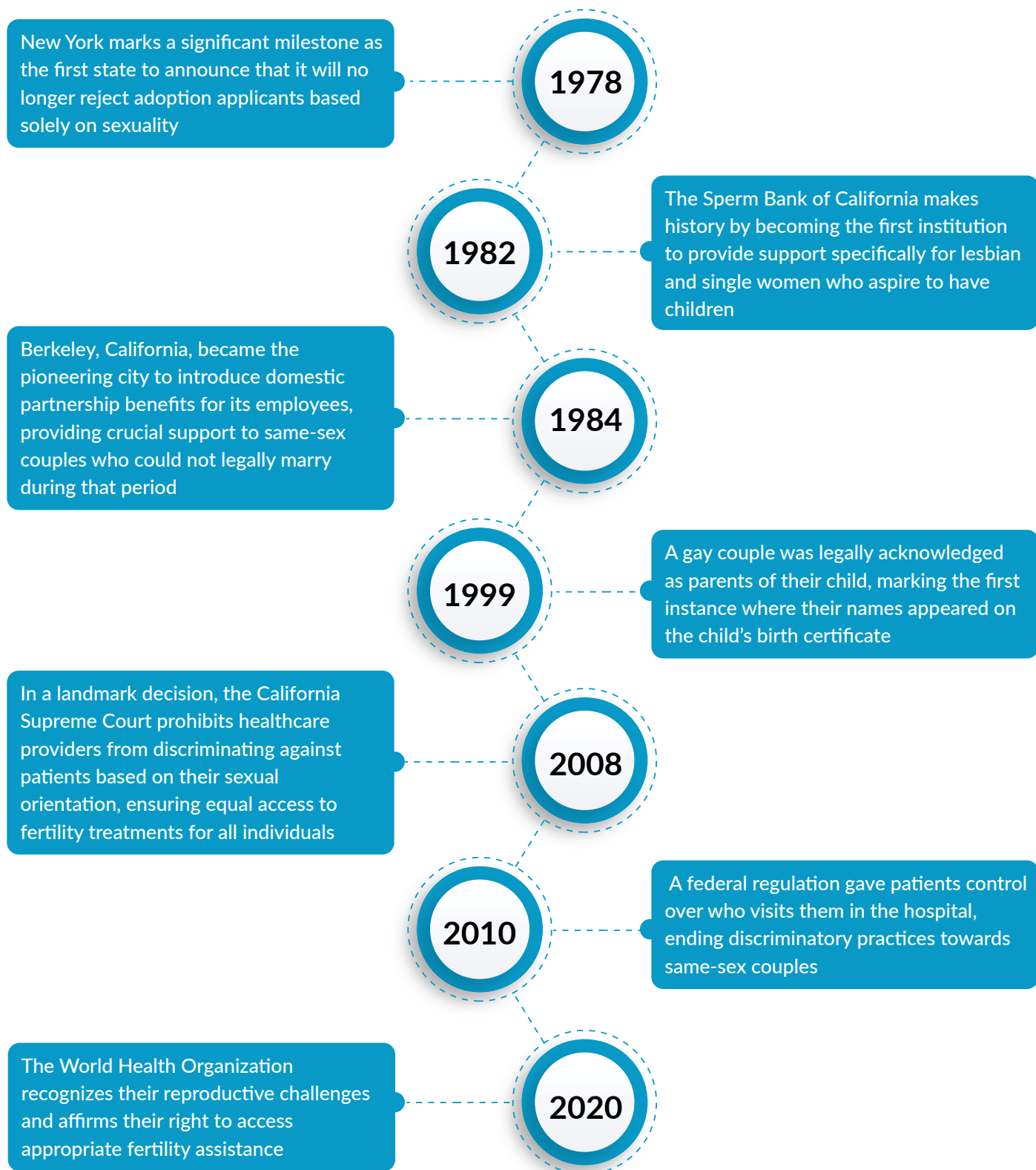
Companies like ARC are providing direct-to-employer fertility benefit plans and being thoughtful about how eligibility criteria are determined. If you're a lesbian, 12 months of unprotected intercourse is just not an option. But without sperm exposure, you can't meet the definition of infertility in some of these plans, and can't access your IVF benefit. Companies like ARC are helping employers recognize the importance of calling out barriers when they construct their plans so all employees can access their benefits.

## What do you see as the future of fertility care for LGBTQ+ families over the next few years?

If the commitment to diversity, equity, and inclusion initiatives continues, employers will be increasingly conscious of how their benefits are constructed so no member of the workforce feels excluded because of their orientation, gender identity, or circumstance. That wall has been an obstacle for LGBTQ+ patients, and it will start to come down over this decade.

# A Brief Timeline of LGBTQ+ Family Formation

The LGBTQ+ population has faced significant challenges regarding creating a family, from discriminatory laws to limited access to fertility treatments. However, there have been important milestones over the years that have helped to pave the way for progress. Here are some highlights using key events that have shaped this community's family building landscape.







## BENEFITS FOR LGBTQ+ FAMILIES

# Pride and the Right to Build the Family You Deserve

*Treatments like IVF and fertility preservation can help LGBTQ+ individuals and families have children. Gaining access to these procedures, and the funding to perform them safely, has been one of the LGBTQ+ community's many struggles. This Pride, we honor the progress made toward these goals and urge employers to help empower all their employees to build the families they want.*

In 1982, the California Sperm Bank became the first organization of its kind open to lesbians and single women — five full years before the American Psychiatric Association removed homosexuality from their list of disorders. The road to equality has been challenging and often dangerous for the LGBTQ+ community, and every victory has only shed light on the work still left to do.

Fertility services have opened up to many LGBTQ+ individuals and families. Donor sperm, eggs, and embryos can help gay or lesbian couples or individuals have children. Surrogates can carry babies to term. In the coming years, medical technology will allow transgender people to be parents of their post-transition gender, while same-sex couples will be able to create embryos using both their genetic material.

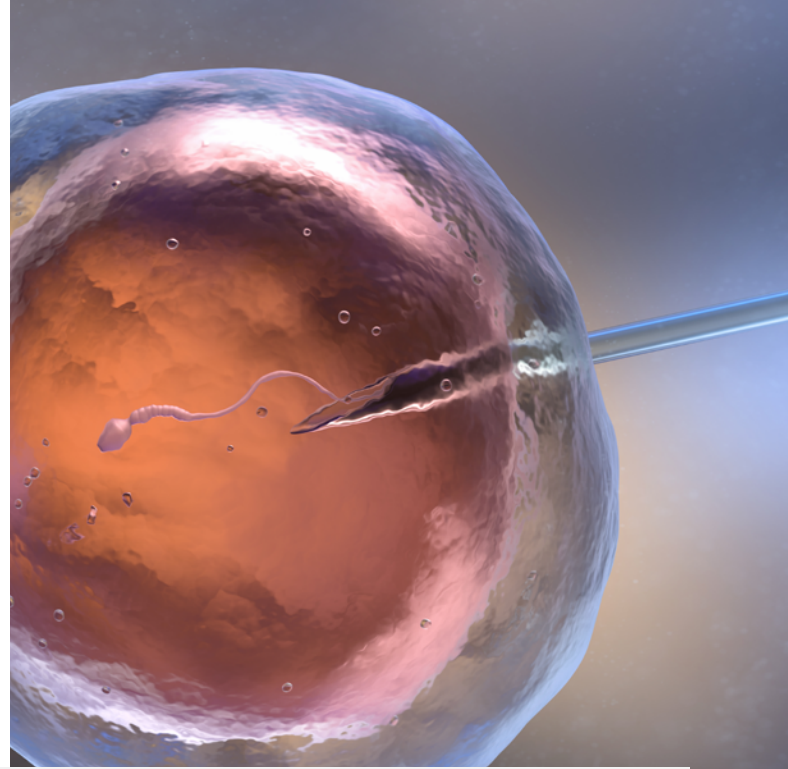
But paying for these services requires access to comprehensive fertility treatment coverage, which can be even more difficult than it is for straight, cisgender married couples. Conventional insurance plans offering coverage often require people to jump through unacceptable hoops to access specific treatments, such as when lesbians must prove multiple failed months of contact with sperm before IVF treatments are covered.

Employers have the power to change this situation by offering their employees ARC Fertility services. Our elite network of caring doctors provide their services to anyone covered by an ARC Fertility plan without prejudice. Businesses looking to meet their diversity and ESG goals can build and retain a team of many different voices by ensuring their benefits package offers fertility care to all employees.

In 2018, lesbian couple Bliss and Ashleigh Coulter each participated in carrying their son Stetson to term. Bliss carried the embryos in a special incubator in her vagina for 5 days before they were transferred into Ashleigh's uterus where they developed into their son. Despite such innovative progress to meet the goals of LGBTQ+ people, bigotry and hatred toward trans, nonbinary, genderqueer, and gender-nonconforming individuals has continued and even increased in some places. As we celebrate Pride, we must enshrine the dignity and happiness for which the LGBTQ+ community have fought so hard. And that absolutely includes equal access to family building care.

# A Look at Two Amazing ARC Partners

These two outstanding infertility care practices have partnered with ARC Fertility. As partners, each of these practices offers their services without prejudice to individuals or families from any walk of life.



**Dr Sacha Krieg**  
**Oregon Health & Science University**

Dr. Krieg works at OHSU, Oregon's only public academic health center. She provides care for patients with reproductive issues including infertility and recurrent pregnancy loss. She is experienced in IVF, hysteroscopic surgeries and laparoscopic surgery. She has a special interest in recurrent pregnancy loss (RPL) and serves on ASRM committees to further physician and patient education about recurrent loss. Her research focuses on RPL and oocyte biology. Dr. Krieg has several RPL studies open for enrollment.

*"We are proud to partner with ARC fertility, as they make fertility treatment more accessible to many of my patients."*



**Dr. Sana Salih**  
**University of Chicago's College of Medicine**

Dr. Sana Salih is a Clinical Associate in the Division of Reproductive Endocrinology and Infertility at University of Chicago's College of Medicine. She is a member of the university's IVF Program and Recurrent Pregnancy Loss Program. Dr. Salih is double board-certified in Obstetrics & Gynecology and Reproductive Endocrinology & Infertility. She assists individuals and couples achieve their family-building dreams in a compassionate and personalized manner.

*"Many of our Infertility patients need IVF and have no way of accessing it. There are also many women who now desire fertility preservation and egg cryopreservation. Having a way to finance their cycle with ARC Fertility will be a great bonus and a great help to all."*



## FERTILITY BENEFITS A Key to DEI

Offering your employees a way to grow their families is a great way to let the world know that your company is committed to the physical and emotional wellbeing of their teams. It is also a proven approach to attracting and retaining women, members of the LGBTQ+ community, and others who need assistance to bring children into their lives.



Employers are facing an increasingly competitive labor market. The unemployment rate is at 3.6%, which the Federal Reserve classifies as full employment. First-time jobless claims are at their lowest levels since 1970, while wages have steadily climbed over the past year. Companies are working harder to attract and retain quality employees, and higher pay is just one arrow in their quiver.

To entice and keep top-tier talent, many organizations have started offering, outside of traditional compensation plans, benefits which explicitly help employees start or expand their families.

Family-building benefits create significant goodwill between employers and employees because they show that a company is sensitive to its workforce's needs outside the workplace. Studies have shown that employees who use these benefits have increased loyalty to their employer, and even employees who never plan to use this coverage view them positively. These benefits typically cover treatments like in vitro fertilization (IVF), intrauterine insemination (IUI), adoption support services, fertility drug prescriptions, and surrogacy.

Build  
employee  
loyalty

Reduce staff  
turnover

Become  
an employer  
of choice for  
job seekers

Increase  
diversity

For more information about how ARC Fertility can help you reach your DEI goals by offering creative fertility benefits that allow employees to grow their families, please contact 888-990-2727 or [info@arcfertility.com](mailto:info@arcfertility.com), or reach out to Diana Lazuka directly at 512-947-4474 or [dlazuka@arcfertility.com](mailto:dlazuka@arcfertility.com).

For more information about ARC Fertility's Family Forming Benefits, please contact ARC directly at [info@arcfertility.com](mailto:info@arcfertility.com) or 888-990-2727.