NC FAMILY BUILDING ALLIANCE

Helping North Carolina families grow

Infertility is a recognized medical condition, not an elective concern. It affects families in every county, at every income level and across party lines. Veterans, teachers, farmers, first responders and small business owners all build families with medical help. **Yet North Carolina has no law requiring insurance to cover fertility treatment, so coverage depends on an employer's choices, and families without it pay the full cost themselves.**

> **"I am able to hold my son today thanks to IVF and the fertility coverage provided by my health insurance. Too many North Carolinians are denied this same opportunity because they lack access to fertility coverage. The ability to build a family should not depend on one's financial means."**
>
> Former UNC fertility patient

$15–25K

for one IVF cycle in NC, including medication. Without coverage, families pay it themselves.

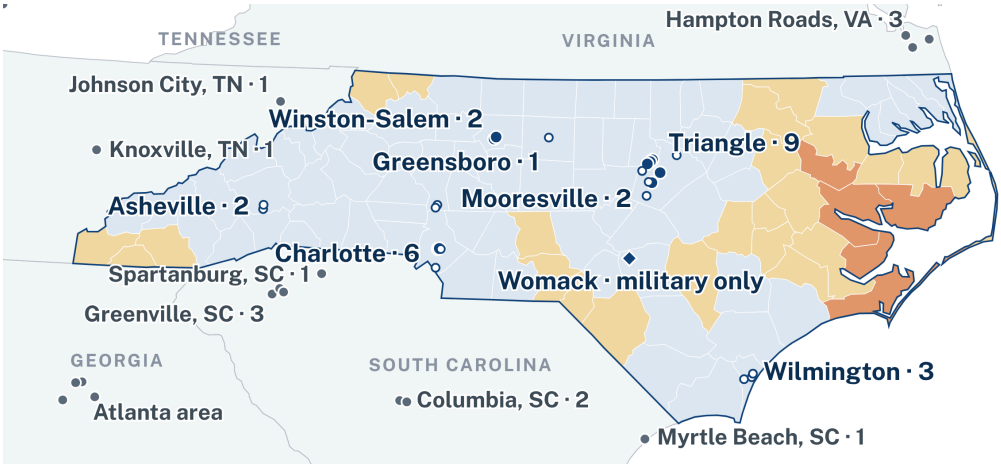
4th

largest military population in the nation, home to Fort Bragg and Camp Lejeune.

RURAL FAMILIES

91 of 100 counties have no fertility clinic.

For 28 counties, the closest clinic is in another state. Five are more than 75 miles from any clinic, and an IVF cycle needs monitoring visits every 2–3 days. Find your county on the map!



IVF program · Other location · Military only · Other state · ≤ 50 mi · 50–75 mi · > 75 mi to nearest clinic

MILITARY FAMILIES

19.8% of active-duty servicewomen report infertility, vs. 15.7% of civilian women.

TRICARE generally does not cover IVF, so service members pay out of pocket, even at Womack Army Medical Center (Fort Bragg), which performed just 7 IVF cycles in 2026.

FAMILIES FACING CANCER

18 states and DC require insurers to cover fertility preservation (freezing eggs or sperm before cancer treatment). North Carolina does not.

The American Society of Clinical Oncology calls it essential cancer care; the Alliance for Fertility Preservation calls coverage "a matter of basic fairness." Federal employees and service members already have it.

WHAT WE'RE ASKING (DETAILS ON BACK)

1. Protect IVF **2. Make treatment affordable** **3. Keep care close to home**

What we're asking

1. Protect IVF

Support clear statutory protection affirming that standard embryology and REI practice does not create civil or criminal liability.

Oppose any language conferring legal personhood on embryos or gametes, which would halt IVF in North Carolina.

Oppose liability for routine, standard-of-care laboratory outcomes.

Oppose mandated limits on the number of embryos created, stored or cryopreserved.

Keep embryo disposition decisions with patients, intended parents, and their attorneys and physicians.

2. Make treatment affordable

Support insurance coverage for medically indicated fertility treatment, including IVF.

Support fertility preservation coverage for patients facing cancer or other medically necessary treatment that threatens fertility.

Support coverage parity for all family structures.

3. Keep care close to home

Support workforce investment: embryology training pipelines and rural access incentives.

Support training and recruitment of REI physicians and fertility nurses to ease clinician shortages outside metro areas.

Support proactively consulting practicing reproductive medicine professionals before advancing fertility legislation.

WHERE WE STAND, 2025–26 SESSION

Support: H 473 / S 383, S 793 (protect IVF) · S 572 (medication limits) · S 910 (fertility coverage)

Support with amendments: H 76 · H 635 (IVF coverage) · H 744 (preservation pilot) · S 911 (parentage)

Oppose: H 1232 (constitutional personhood at fertilization)

The statewide picture

27%
lower IVF use than the U.S. average, and below Virginia's. Infertility is just as common here; the gap reflects access, not need.

2,619
North Carolina babies born through IVF in 2022, about 1 in every 46 births in the state.

51 min
average drive to the nearest fertility clinic for young NC women receiving fertility-threatening treatment for lymphoma, breast, or gynecologic cancer (2004–2015).

The barriers we hear about every day

PATIENTS FACE

Cost. A single IVF cycle can cost $15,000–25,000 with medications; without coverage, families pay it up front.

Geography. Patients drive hours each way for monitoring appointments that occur every 2–3 days during a cycle.

Time off work. No NC protection guarantees leave for fertility treatment.

Coverage denials. Narrow insurer definitions exclude single parents, LGBTQ+ patients, cancer survivors and male-factor infertility.

Legal uncertainty. After Alabama's *LePage* decision, patients fear their embryos could become subject to unanticipated laws granting embryonic personhood.

CLINICS, LABS AND STAFF FACE

Workforce shortages. Few embryologist and physician training programs exist nationally; rural and mid-size markets cannot recruit embryologists or reproductive endocrinologists.

Liability fear. Ambiguity about the legal status of embryos drives professionals out of the field.

Cost of compliance. Expensive equipment and high accreditation costs with no reimbursement or subsidy support force clinic and lab closures in lower-volume markets.

> **"The ability to pursue parenthood should not be determined by someone's financial circumstances, employer, or family structure."**
> Laura Hendley, fertility patient and advocate

The bottom line: North Carolina families should not have to leave the state, or leave their savings behind, to grow their families. We ask lawmakers to protect evidence-based care, expand geographic access to care for patients, and proactively consult the professionals practicing in the state on proposed legislation.

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Sources: CDC ART Surveillance and clinic lists (2022 data); SART Find a Clinic (Oct. 2026); Atlantic Reproductive Med.; NC DMVA; ASRM CPL; WHO (2023); Borgia et al., *Mil Med* 2026; Womack AMC; ASCO (Loren et al.) 2025; AFP; Rodriguez-Ormaza et al., *JAYAO* 2025. Map: straight-line miles from county centers to the nearest SART- or CDC-listed clinic in NC, VA, SC, TN or GA.