

# Partnership for Families Program

## Philanthropy for in Vitro Fertilization Patients

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**OBJECTIVE:** To describe our Partnership for Families Program, which was established to provide second in vitro fertilization (IVF) cycles for couples who pay for one IVF cycle, do not get pregnant and cannot afford a second IVF cycle. In addition, this program provides funding for fertility-sparing procedures for financially needy cancer patients.

**STUDY DESIGN:** Retrospective description of the Partnership for Families' first 5 years of operation.

**RESULTS:** In its 5 years of operation, the Partnership for Families Program has provided 137 infertile couples with a second IVF cycle, resulting in 68 ongoing or delivered pregnancies. It has also provided funding for 19 fertility-sparing procedures for cancer patients.

**CONCLUSION:** Because of the high costs of IVF, alternative funding sources, specifically philanthropy, must be explored to provide increased access to IVF. The Partnership for Families Program, started by patients in a single practice, has in 5 years provided over 151 infertile and cancer patients IVF or egg-freezing cycles that they otherwise could not have afforded. This is a program that can be emulated by other fertility centers. (J Reprod

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**The success we are having in giving couples a second chance to have the families they so much desire gives us hope that other programs can emulate the Partnership for Families Program.**

In 2002, 7% of married couples surveyed in which the woman was of reproductive age had not conceived despite 12 or more months of unprotected intercourse.<sup>1</sup> In 2006, 426 fertility clinics provided over 138,000 cycles of as-

sisted reproductive technologies (ART).<sup>1</sup> Access to in vitro fertilization (IVF), typically the last option for infertile couples, is severely limited because of the high cost and limited insurance coverage. According to the American Society of Reproductive Medicine Web page, as of October 2005 only 8 states have strong mandates requiring insurance coverage of IVF.<sup>2</sup> There is no consistency among these states that do mandate insurance coverage. Many do not cover it completely and/or greatly limit the coverage. For example, Hawaii provides a "one time only" lifetime benefit for IVF coverage, and Arkansas allows insurers to limit coverage to a life-

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time maximum of \$15,000. Furthermore, even in "mandated states," all couples may not be covered for IVF. The Employment Retirement Income and Security Act of 1974 exempts companies that self-insure from state regulation. Furthermore, some states exempt small employers from mandated coverage. For example, Illinois exempts policies that

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cover <25 people, and New Jersey exempts policies that cover <50 people. With the current high cost of medical insurance and the power of the insurance company lobbies in most states, it can be anticipated that, in the near future, there will be no significant increase in mandated coverage. Supporting the poor outlook for increases in mandated coverage is the fact that there has only been 1 state to mandate coverage since 1991—New Jersey (2001).

It is not surprising that per capita utilization of IVF is significantly correlated with insurance coverage. According to the *Morbidity and Mortality Weekly Report* of June 20, 2008, in 2005 the number of ART procedures started per million population in all of the United States was 451. In contrast, the average number of ART procedures per million population in the 8 states with strongly mandated coverage for IVF was 877. Furthermore, other than the District of Columbia (1,166 ART procedures per million population), the only states with >700 ART procedures per million population were states with mandated coverage: Massachusetts (1,340), New Jersey (1,069), Maryland (836), Connecticut (783), Rhode Island (774) and Illinois (740).<sup>3</sup>

Goldfarb et al<sup>4</sup> provided further evidence of how financial factors influence utilization of IVF. They surveyed 54 couples who underwent a single cycle of IVF, did not get pregnant and did not pursue a second cycle of IVF. Of the 28 respondents, 18 specified financial concern as the reason they did not pursue a second IVF cycle.

Increasing recognition of the financial barriers to IVF has begun to spark interest in philanthropy as a means of providing couples with access to IVF. The

University of Washington received a donation, the interest of which is used to provide IVF cycles for several couples per year (personal communication). The ART Fertility Program of Alabama has a foundation that provides about \$2,000 for couples in Alabama who make less than \$55,000 per year. The nonprofit InterNational Council of Infertility Information Dissemination (INCIID) has created a national IVF scholarship program for infertile couples. The scholarships are made possible by infertility clinics and pharmaceutical companies donating treatments and medications. The first recipients began cycling in September 2004, and INCIID announced its first birth in October 2005. Applicants for the INCIID scholarships are selected by a volunteer committee of consumers who include former IVF patients and health care professionals. Applicants are required to be INCIID "bronze level" members (\$55 per year). Furthermore, they have a fundraising requirement of \$3,000 before they are allowed to proceed. Tax returns and a physician letter indicating that IVF is medically indicated are also required. In its first year of operation, INCIID reviewed more than 120 applications and approved 39. (The 39 recipients underwent 45 IVF cycles with 7 ongoing pregnancies [15%.]) It is unclear whether these first-year applicants had the \$3,000 fundraising commitment or whether this was added later.<sup>5</sup>

Hopefully programs like that of INCIID will provide a good number of IVF treatment cycles across the country. However, because of the economics of IVF, it is unlikely that any one of these types of efforts will be able to offer a large number of cycles. Another alternative to increase the access to IVF for couples is the provision of funding by individual IVF programs to couples through philanthropy. As mentioned above, the University of Washington and the ART Fertility Program of Alabama have done this on a small scale, as have some other IVF programs.

#### ***Materials and Methods***

We describe below a philanthropic program, located within a single IVF center, that has given free IVF or egg-freezing cycles to 151 couples in its first 5 years of existence. Of those, 137 were IVF cycles for infertility, and 14 were for fertility-sparing procedures (5 done for embryo freezing and 9 done for oocyte cryopreservation) (Table I). We believe this is the largest number of couples to have been funded by such a program.

**Table 1** *Partnership for Families Activity, 2004–2008*

	2004	2005	2006	2007	2008	Total
Infertility patients						
Retrievals	6	32	21	31	47	137
No. of deliveries and ongoing pregnancies*	3	15	14	8	28	68
Cancer patients						
Sperm freezing			1	3	1	5
Egg freezing			2	1	6	9
Embryo freezing			0	4	1	5

\*All pregnancies were delivered except for 12 of the 2008 cases.

#### *Cleveland Clinic Fertility Center Partnership for Families Program*

The Cleveland Clinic Fertility Center, established in 2001, performs > 500 oocyte retrievals annually. The fertility center has a very convenient, patient-friendly, suburban location (Beachwood, Ohio). It provides not only cutting edge IVF services but also has 3 research laboratories at its suburban location. Over the years, the center's professional staff has received research funding from various sources, including private philanthropy. In November 2003 an ongoing supporter of the fertility center approached the program director regarding another donation. The supporter wished to explore ways this donation could be used to directly help individual couples. The supporter herself had gone through 4 IVF cycles, 3 of which were successful, resulting in 4 children. Interestingly, the program director had received 2 weeks earlier a very passionate letter from a couple who had borrowed money for an IVF cycle that failed and were now very distraught in that they did not have the means to undergo a second IVF cycle. The idea of providing a second IVF cycle at no cost to couples who had saved and/or borrowed to undergo one cycle, did not conceive and could not afford to undergo a second cycle seemed a logical way to give back for the donor.

The clinicians at the fertility center had been performing IVF for > 20 years, and many couples, over the years, had expressed a desire to give back to the program. With the original contribution providing the financial base for the Partnership for Families Program, 30 couples were contacted to see if they would be interested in being involved with the program as board members. Twenty-three responded positively, including some who had never been successful with IVF but felt others should be given a second chance. In January 2004 these couples, the original donor, members of the professional staff of

the fertility center and members of the development department of the Cleveland Clinic met for the first time, forming a leadership board for the Partnership for Families Program.

#### *Eligibility Requirements*

The Partnership for Families leadership board had extensive discussions regarding eligibility requirements for the Partnership for Families Program, wanting the limited funds to be used in the best possible way. They agreed with the initial plan to restrict the program to couples who had paid for 1 IVF cycle on their own, feeling these couples certainly have shown motivation. After some debate, they also limited the program to couples who have not had a child together. In addition, a requirement that the woman be <39 years old was instituted. From a financial standpoint, the policy was to limit the program to couples who had joint incomes of <\$70,000 per year (increased in 2007 to its current limit of \$100,000). However, it was accepted that the selection committee could make exceptions to the limit; the selection committee is made up of 5 members of the leadership board. Couples are required to fill out an application that includes their tax records and are encouraged to include a narrative in which they can describe their situation. In 2005 the Partnership for Families Program was expanded to include funding for financially needy men and women who are about to undergo chemotherapy that may cause them to become infertile.

Unlike the INCIID program, applicants to the Partnership for Families Program are not asked to raise money before having an IVF cycle funded. In addition, they do not have to become a member of the Partnership for Families Program.

#### *Results*

Initial donations from members of the leadership

board and others amounted to >\$250,000. In addition, a major fundraiser was organized by the board and took place on May 7, 2005, the Saturday before Mother's Day. This fundraiser netted over \$400,000. Since that time the Partnership for Families Program has had smaller fundraisers. In 2007 an event, "Heartfelt Thanks to Partnership for Families," was organized by a successful recipient couple and their family. Many other recipient couples also contributed time and ideas to the event. It was very gratifying to have recipient couples show such appreciation and become an integral part of the program. In the fall of 2008 our IVF nurses came up with the idea of making blankets that are sold to benefit the Partnership. Nurses, donors, recipients and students from a local school all have volunteered their time to make blankets that we initially sold during National Infertility Awareness week. This ongoing project has been a huge success, including the sale of 150 blankets to the Cleveland Browns that were given to their suite owners as Christmas gifts. Over the 5 years of its operations the Partnership for Families Program has raised more than \$1 million. Just as important, the program has truly become a partnership in which diverse people who understand and have experienced the pain of infertility have joined together to help couples who have the dream of having a family.

The board has been very careful to make certain couples are very aware of the requirements of the program before they are given an application. The coordinator of the Partnership for Families Program (secretary to the IVF program director) discusses the age and income requirements before an application is issued. In addition, the medical chart is reviewed by one of the IVF physicians. As a result of this intensive screening, thus far no applicants have been rejected in contrast to the 66% of applicants that are rejected by INCIID. As of submission of this article, 137 infertile couples had IVF cycles done through the Partnership for Families Program, and 68 (49.6%) had ongoing pregnancies or had delivered. In addition, 14 female cancer patients have had fertility-sparing procedures funded by the Partnership, and 5 male cancer patients have had sperm freezing funded by the program (Table I).

### Discussion

There is no question that the high cost of IVF prevents many couples in the United States from being able to have adequate access to this highly success-

ful procedure. The much higher per capita use of IVF in states where IVF insurance is mandated supports this premise.<sup>3</sup> While ideally insurance coverage would be provided for IVF, this is not the case in the vast majority of states, and it is unlikely that this will change to any degree in the near future. Thus, alternative funding sources, specifically philanthropy, must be explored to provide increased access to IVF. There are many potential philanthropic sources for IVF support. We have described the Partnership for Families Program, a program that provides second IVF cycles to couples who have gone through 1 IVF cycle, have not been successful and cannot afford a second IVF cycle. This program was started by couples within a single practice who have experienced the stress of infertility and want to give back to others. The high positive response to the invitation to be involved with the Partnership for Families Program attests to the willingness of couples who have gone through the rigors of infertility to give back to other couples now suffering it. Comments of those who volunteered to be involved include:

*"I think you know how passionately we feel about the work that you do and how grateful we are for your help in conceiving our family. We have often reflected on the agony that couples must feel when their financial limitations impact on their ability to have a family. We would love to support a place that does such important work with compassion and vision for the future."*

*"Coming from someone who has faced the possibility of not having kids, dealing with that, and then being lucky enough to have four beautiful ones through IVF, I recognize the sadness of a couple who wants to continue to try through the program and the only reason they can't is money. That is very sad to me—I love the fact that I may be able to help some of those couples realize their dreams of having children."*

Due to the limited funds available, criteria needed to be established regarding which couples would be supported by the program. There was general agreement that the couples who most deserved support were those who had no children; who saved, borrowed or mortgaged for a first IVF cycle; did not get pregnant and then could not afford a second IVF cycle. While most potential applicants are understanding of the requirements, we have received several correspondences from couples disappointed that we cannot provide funding for a first IVF cycle. Likewise, there has been some concern regarding our age restriction (woman must be under 39 years old).

While the Partnership for Families Program, unlike the ICIID, does not ask recipient couples to provide any financial or other support to the program, many couples spontaneously volunteer to help the program. Besides the involvement with fundraisers described above, 1 couple allowed a network television crew to follow them through a treatment cycle. Several have written letters to be published in our solicitations. Others, at their request, attend board meetings to enthusiastically express their gratitude; hearing from recipient couples is extremely inspiring to the board.

Soliciting funds has been very interesting. Those who have been touched by infertility themselves, or have watched love ones endure infertility have generally been receptive to the concept that infertility is a cause worthy of their financial support. Those who have not been as directly touched by infertility tend to be much less enthusiastic when first approached. However, when the emotional, physical and financial impact of infertility is impressed upon these potential donors, they often do realize the significance of the program and donate generously. Thirty of the 49 tables (61%) at the Partnership for Families May 2005 Benefit were purchased by individuals or companies without any direct infertility connections.

The success we are having in giving couples a second chance to have the families they so much desire gives us hope that other programs can emulate the Partnership for Families Program. As we look back, it is clear that the success of the Partnership for Families Program is based, to a large degree, on

the passion and efforts of a few who are the true movers of the program. Our original contributor provided a strong financial base for the program but more importantly contributed her time, talent and passion to induce others to follow her lead. If other programs are fortunate to find 1 or 2 such giving individuals, they too will be able to give deserving couples the chance to have what is most important to all involved in the Partnership for Families Program—a family.

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