

## **Parenthood by Proxy: Providing the medical service**

**Doctors do not oppose surrogate pregnancy; it's a question of law**

By Carey Hamilton  
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Coming from large families, Missy and her husband always envisioned having a house full of children. But that dream ended when doctors told Missy last September it was too risky for her to get pregnant again.

Doctors found a blood clot in her abdomen four months after she gave birth to her first and only child, an 18-month-old son, and said complications could easily ensue with future pregnancies.

With adoption of a newborn a long shot, the Utah County couple is counting on Missy's sister-in-law and a doctor who provides surrogacy services in Boise, Idaho, and Reno, Nev., to expand their family.

"We just don't feel like our family is complete," Missy said. "We always talked about having four to six kids. . . . We don't want our son to be spoiled or live a life without siblings."

Because surrogacy is illegal in Utah, the couple drive nearly six hours to Boise to meet with Russell Foulk at the Idaho Center for Reproductive Medicine. They are considering taking out a second mortgage on their house to pay the nearly \$30,000 the procedures and medicine will cost.

In a second challenge commonly faced by couples using surrogates, they are worried their sister-in-law's health insurer will deny coverage for prenatal care and the delivery if the company finds out she is giving birth to someone else's baby. For that reason, Missy asked that only her first name be used.

James Heiner, a reproductive endocrinologist and obstetrician/gynecologist with the Reproductive Care Center in Salt Lake City, wants to offer surrogacy services if legislators change the law. He estimates he could offer surrogacy services for about \$15,000.

"There are not going to be a lot of patients," Heiner said. "It's not going to be a big money maker. I just hate sending people to Idaho or elsewhere. We have the technology, and if a woman doesn't have a uterus, it's morally right. The law is antiquated."

Matthew Peterson, director of the Utah Center for Reproductive Medicine at the University of Utah, agrees.

"This is a needed medical service," Peterson said. "There are a large group of women who, through no fault of their own, don't have a uterus. Our motivation is not financial. Our motivation is to help people achieve their goals."

The U.'s center is one of three in Utah offering in vitro fertilization, which involves combining eggs and sperm in petri dish and transferring one or more resulting embryos to a woman's uterus. Compared to other areas of the country, its service is inexpensive - \$9,000 per attempt. Keeping costs low is a priority in opening the option for as many people as possible, Peterson said, because health insurance companies don't cover the costs of in vitro services.

Doctors at the center conduct 300 in vitro procedures a year, making them experienced enough to offer surrogacy services, he said. But he doesn't believe the surrogacy industry - with matching agencies and accompanying legal and psychological services - will become as large or lucrative in Utah as it has in other states, especially California.

"I don't see any change in legislation leading to a huge industry," Peterson said. "This is a small number of people who need these services, but they shouldn't have to travel out of state to get them. In most of the situations here, the woman has a sister or best friend who will serve as donor, so they don't need a matching service."

Peterson estimates he is currently treating a dozen patients who could benefit from a pending bill that would legalize surrogacy in Utah.

Determining what insurance will cover is another challenge for couples and health care providers involved with surrogacy. It is an area of uncertainty for Missy and her family, who fear her sister-in-law's health insurer will refuse to pay for her check-ups and delivery if officials find out she is a surrogate.

Utah insurers generally say their policies would cover surrogate pregnancies. Kelly Atkinson, director of the Utah Health Insurance Association, said the industry will not oppose legalizing surrogacy.

The bill does not mandate any coverage by insurance companies.

"We just don't see a problem with it," Atkinson said. "When there's a birth, we're not private investigators. We don't ask who the father is. We don't ask, 'Are you going to sell this child for surrogacy?' We cover it like any other birth."

Officials from Intermountain Health Care [IHC], Utah's largest insurer, UnitedHealthcare and Regence BlueCross BlueShield of Utah each agreed their companies pay for surrogate pregnancies.

"It's not an issue that quite frankly has come up in the past," said Daron Cowley, IHC's spokesman. "But a pregnancy is a pregnancy, regardless of the purpose."

TRICARE, the military health care plan with 2.7 million members in the 21-state West region, also picks up some of the costs for surrogates.

"TRICARE will look at the [surrogacy] agreement and see what is not covered," said Richard Gray, a spokesman for TriWest in Phoenix. "It's likely we would cover the balance" for doctor's office visits and deliveries.

But attorney Diane Hinson, who runs surrogacy agency Creative Family Connections in Maryland, warns policies can differ. For example, she has seen contracts that specifically exclude coverage for surrogate pregnancies, she said.

"Instead of telling [surrogates] they are going to have to engage in what I think is insurance fraud," Hinson said, "I tell [the intended parents] they are going to have to buy a new insurance policy."

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