

### 3. Be My Baby

Alex, Kerry, Pat, Randy, and Sandy became close friends two decades ago when all were working towards their degrees in education. Post graduation, all were happy to have secured tenured teaching positions in public high schools. Though pleased with their careers, all five have yet to meet a goal they share, that of raising a child biologically related to him or herself, and/or his or her partner. They each view biologic parenting as an essential component of a good life—so essential, in fact, they believe that not only should a government not interfere with their efforts in that regard, but it should also provide positive assistance, when needed, to help them secure that end.

Alex and Kyle are married to each other and living in Illinois. Having been unable to conceive after many years of trying, they seek the aid of a local fertility clinic to begin the often long and expensive process of making a baby with assisted reproduction technologies (ART). They learn, among other things, that creating a baby in this way can cost upwards of \$50,000 when the selected processes include hormonal stimulation of ovaries, oocyte retrieval, in vitro fertilization, preimplantation genetic diagnoses, genetic counseling regarding embryo selection, embryo transfer, and cryo-preservation of any viable embryos not implanted in the first cycle. Alex and Kyle are thankful that they live in a state that mandates that their tax-payer funded health insurance regards infertility as a disease, and thus covers medical treatments to address the disease. They were especially relieved to learn that their insurance policies will even cover the medical costs of obtaining donor oocytes and sperm, including the costs of psychological and medical screening of a prospective donor, when needed. They decide to start the process right away and share their exciting news with their friends.

Pat and Randy, also married, are eager to take the same route. But because they live in a state that, unlike Illinois, does not mandate insurance coverage for ART, they decide to move to a state that does. California seems ideal insofar as recent legislation ensures that that coverage be provided without regard to sex, gender, or sexual orientation. Pat and Randy are female.

Sandy is single, though he too fits the medical definition of “infertile” insofar as twelve months of regular, unprotected sexual intercourse with another has not resulted in a successful pregnancy. He would like to raise a child genetically related to himself and knows he could do so with the help of an oocyte donor, a surrogate mother, and ART. But Sandy is reticent to take this route. Because the state he lives in, Illinois, is in an extremely precarious position financially, Sandy thinks that the state should not be allocating its scarce resources to expensive processes such as ART and making more children. He views infertility as a condition that exists between two people, but thinks it is not, properly speaking, a disease. Still, he thinks that *if* a state provides ART for couples, it *ought* to do so for singles as well: discrimination on the basis of marital status, he believes, is no more justified than discrimination on the basis of gender, sex, or sexual orientation

