Testimony of

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I am pleased to speak today on behalf of the American Society for Reproductive Medicine (ASRM), the Society for Assisted Reproductive Technology (SART) and the Center for Reproductive Medicine in Wichita, where I have worked as a reproductive specialist treating patients with infertility since 1990. Thank you for the opportunity to testify.

Like my colleagues in the field, I have extensive education and training in obstetrics and gynecology and in reproductive endocrinology. I am Kansas educated, having received a Bachelor of Science in Chemistry degree at Wichita State and a medical degree from the University of Kansas School of Medicine-Kansas City. I completed my residency training in OB-GYN at the University of Kansas School of Medicine in Wichita, and a fellowship in Reproductive Endocrinology at Yale University in New Haven, Connecticut. In addition to my medical license, I am board certified in both ob/gyn and in reproductive endocrinology and infertility by the American Board of Obstetrics and Gynecology. I also serve as an oral board examiner for this certifying board.

ASRM is a multidisciplinary organization dedicated to the advancement of the science and practice of reproductive medicine. ASRM represents approximately 8,000 medical professionals across the country, including obstetrician/gynecologists, urologists, reproductive endocrinologists, embryologists, family attorneys and mental health professionals. SART is an

organization of nearly 400 member practices performing more than 95% of the assisted reproductive technology (ART) cycles in the United States. SART works with the ASRM to create practice guidelines and is actively involved in the collection of data outcomes from its member programs.

This committee is considering a bill to outright ban and criminalize a vital family building option for infertility patients – a ban on collaborative reproduction involving surrogate contracts. I must register strong objection to this bill. In fact, I am alarmed and troubled not only for my patients, but for the message this bill sends to all citizens of this state and those watching this debate from outside our state borders.

Clearly the point of this bill is to attack the individual choices that are made after very careful and thoughtful consideration by many couples struggling with the disease of infertility. Infertility is an equal opportunity disease - according to data collected by the CDC and released in 2013, 12% of married women have trouble getting pregnant or sustaining a pregnancy. That equates to 1 in 8 couples in your districts and in the state of Kansas that will have trouble getting pregnant or sustaining a pregnancy. Due to the myriad of causes of infertility, the numerous implications of the disease, and the devastating effect of the diagnosis, it is vitally important that policymakers work to make combating infertility a priority. Instead, I come here today dismayed that some policymakers in this state want to deny couples a family building option. As the medical specialists who present treatment options for patients and perform procedures during what is often an emotional time for them, we recognize how important a means to addressing their medical condition can be for those hoping to build their families. These means include gestational surrogacy.

Gestational surrogacy is the incredibly generous act of agreeing to carry a pregnancy for another couple for whom carrying a pregnancy is impossible. Most often, this is due to serious medical conditions, prior surgeries like hysterectomy, or congenital abnormalities.

We firmly believe that those seeking to build families deserve the opportunity to pursue the treatment that is most appropriate for them. We believe that intended parents should not have to cross state borders to seek jurisdictions with more family friendly laws. We believe that when the medical process is over and a child is born, it's critically important to make certain that the legal rights and status of all parties is immediately clear — the ones who intend to be parents of the child need to be recognized as parents. The donors and surrogates who want to help but have no intention of being a parent, need to be certain that their rights are protected.

It is important that the intent of the parties to a surrogacy agreement is formalized in a written legal document. It is important to provide safeguards for all the parties involved in collaborative reproduction, including not only any children born of such agreements, but also the intended parents, donors, and gestational carriers who are a part of such agreements. It is important to make clear the requirements, obligations and rights of all parties in the collaborative reproduction agreement.

ASRM has developed professional guidelines for infertility practices utilizing gestational carriers. These guidelines provide for the screening of genetic parents and gestational carriers, and they address the medical and psychological issues that confront the gestational carrier and the intended parents, as well as the hoped for children. They also address the legal issues and the critically important informed consent process which govern the process from beginning to end. And importantly, they include criteria for rejecting intended parents and gestational surrogates when the relationship is not appropriate or unworkable.

I would like to address those who suggest there is something intrinsically immoral about surrogacy. True, surrogacy is an issue that forces society to re-examine traditional concepts of parenthood and family structure. But it is also an issue that requires us to reaffirm the ideals and values we have concerning liberty and autonomy and the dignity of the individual to exercise, within the context of the law, liberty and autonomy as defined by his or her self.

What greater dignity is there for a person than to choose to help another? Women who enter into a relationship to help another by serving as a gestational carrier, and who are fully informed of and consent to the legal and medical processes associated with the relationship, are not exploited. Rather, these are women who understand the deep desire for a family. These are women who do not have biases against a specific family model. These are women who feel compelled to help others and who freely choose to do so by assisting them in creating a family. A written contract in such arrangements is employed to protect her, as much as to protect the intended parents and their child.

The claims of alarm you have heard about the dangers of these medical procedures are simply not scientifically accurate. SART has been collecting outcomes of ART procedures since the mid 1980s and reporting that data to the CDC since the mid 1990s. The underlying medical procedures used in egg donation and surrogacy have been done over a million times for over 30 years. Today, one of every 100 babies in the U.S. is born as a result of assisted reproductive technology and were there alarming evidence of adverse health outcomes in the children or the

women utilizing the treatment, it would be apparent. This is not the case. In fact, the overwhelming weight of evidence demonstrates that these therapies are safe and effective for the patients and the children. Of course, as with any medical procedure there are some potential risks, but they are well understood and easily managed in the rare instances in which they occur. We fully explain those risks to patients, including donors or gestational carriers, before we proceed with any procedures. In fact, labor and delivery itself, something faced by thousands of women every day, carries far more medical risks than the procedures we do to establish a pregnancy.

Any member of this committee may choose to parent, not parent, parent biological children, or children to whom they have no genetic connection. That choice is an individual concern. I hope you or those close to you are never diagnosed with infertility. But if you are, there is a compassionate medical team standing by to help you. Our compassion is not voided by the fact that we are compensated. I also hope if you or your loved ones family building efforts require a gestational carrier, that a smart, thoughtful and compassionate surrogate is willing to help you, too. To provide compensation to a surrogate does not devalue the strength or meaning of her compassionate involvement, but provides her the support she needs in order to be able to help someone else in this special way.

To establish the kind of roadblocks in law that are recommended in this bill suggests women should not be trusted to make decisions about their bodies, their hearts, or their minds. We think otherwise. Contracts are necessary to provide clarity of intention and protect the interests of everyone involved in creating a family through surrogacy. Remember - there was a time when society did not feel it appropriate for women to have an employment contract or a military service contract, too. How fortunate that we have become a more enlightened society.

Thank you for your time.