



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

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July 18, 2016

Sen. Alice Johnson and Rep. Peggy Scott

Co-Chairs, Legislative Commission on Surrogacy

72 State Office Building

St. Paul, MN 55155

Dear Senator Johnson and Representative Scott:

On behalf of the American Society for Reproductive Medicine (ASRM), I am writing to thank you for holding a hearing on the health, well-being and benefits of women who help others build their families via gestational surrogacy and the health, well-being and benefits of children born as a result of gestational surrogacy agreements. ASRM is pleased to be a resource on this important topic.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health and allied professionals.

Infertility is a disease of the reproductive system that impairs one of the body's most basic functions: the conception of children. In the United States, infertility affects about 7.3 million women and their partners, or about 12 percent of the reproductive-age population. 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. 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.

Gestational surrogacy is the incredibly generous act of agreeing to

carry a pregnancy for another individual for whom carrying a pregnancy is impossible. Most often, this is due to serious medical conditions, prior surgeries like hysterectomy, or congenital abnormalities. In some cases, it is for gay couples or individuals who wish to build a family, but for obvious biological reasons, cannot do so on their own.

Women who enter into a relationship to help another by serving as a gestational carrier are fully informed of and consent to the legal and medical processes associated with the relationship. 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.

ASRM's guidelines (attached) 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.

Neither gestational surrogates nor the children they carry experience statistically significant increased physical or mental health risks. The underlying medical procedures used in 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 parents and 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. Any risks are fully explained to patients, including gestational carriers. In fact, labor and delivery itself, something faced by thousands of women every day, carries far more medical risks than the procedures done to establish a pregnancy.

ASRM urges the Commission to understand that our guidelines serve to provide best practices for family building via gestational surrogacy and that laws to ensure that they are routinely followed may be necessary to guarantee the physical and mental health of those involved occurs in each instance of gestational surrogacy. Denying access to this important family building option is not in anyone's best interest.

Sincerely,



Owen K. Davis, MD
President, ASRM