



The American Society for Reproductive Medicine

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November 21, 2016

Sen. Alice Johnson

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) and the Society for Assisted Reproductive Technology (SART), we are writing to respond to your recommendation options released November 15.

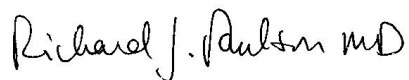
ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health and allied professionals. 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's mission is to set and help maintain the highest medical and professional standards for ART. SART works with the ASRM to create practice guidelines and set the standards of care.

Gestational carrier cycles, while not frequently used (these cycles are only about 2% of all ART cycles in the country, which themselves lead to far less than 2% of all births in the US), and perhaps viewed by some as a bit non-traditional, are nevertheless an important therapeutic option for some patients, and offer an important means of family building. For some patients this is not only the best, but the only medical option they have. We have promulgated guidelines on offering this service for years and think the record is clear that in all but a few well publicized instances, gestational carrier pregnancies result in happy healthy families.


Many of the proposed recommendations discriminate against infertile patients seeking to build their families through the use of gestational carriers. The evidence simply does not support such actions. By ignoring the available evidence that support the use of gestational carriers, many of your recommendations miss the mark badly and should be rejected. Some of the requirements your recommendations call for mirror those in our own ‘Recommendations for Practices Utilizing Gestational Carriers’ including: testing and screening, including medical evaluation of the genetic parents and carrier, counseling on the psycho-social issues involved and independent legal representation for the parties involved. However, independent of evidence that such recommendations are not being followed in Minnesota, we do not see the need for the state to formalize such practices through a statutory requirement.

In short, we have seen propaganda and anecdote, but not data, that suggests there is a problem in Minnesota being caused by gestational carrier use. The Commissions proposed recommendations appear to be an over-reaching, discriminatory and likely unconstitutional set of solutions to a non-existent problem. We urge you to reject them.

Sincerely,

A handwritten signature in black ink that reads 'Richard J. Paulson MD'. The signature is written in a cursive, slightly slanted style.

Richard J Paulson, MD
President, ASRM

A handwritten signature in black ink that reads 'Kevin Doody'. The signature is written in a cursive, slightly slanted style.

Kevin Doody, MD
President, SART