Testimony, Vermont House Judiciary Committee, 1/10/2018.

RE: Draft Legislation, H 562, Vermont Parentage Act

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Members and guests of the House Judiciary Committee, I appreciate the opportunity to address you today, and answer any questions you may have as regards the draft bill H562, the Vermont Parentage Act.

My name is Peter Casson and I am a reproductive endocrinologist, a subspecialty of Obstetrics and Gynecology that deals with reproductive medicine and infertility, with particular emphasis on Assisted Reproductive Technology, including intrauterine insemination (IUI) and In Vitro Fertilization (IVF) and its variants.

I have been in active practice for 26 years, 18 of them in Vermont. Up until 3 years ago I was professor and director of the reproductive endocrinology division at UVM, as well as the IVF and fellowship director there. For the last three years I have been a founding partner of Northeastern Reproductive Medicine, a community-based assisted reproductive technology clinic based in Colchester VT. We have rapidly grown into the largest such clinic in Vermont and adjacent areas, doing 200 fresh IVF cycles, 160 frozen embryo transfer cycles and about 600 IUI cycles a year. In our three years of operation, we have helped conceive over 600 pregnancies, a not inconsequential number given Vermont's live birthrate is about 5900/year, and falling rapidly. I estimate the total number of births in Vermont conceived secondary to assisted reproductive technologies to be about 300/year and growing.

At Northeastern Reproductive Medicine, we not only do standard IUIs and IVF for couples, we also use cutting-edge technologies such as directed and anonymous sperm and egg donation, as well as embryo biopsy and preimplantation genetic screening for genetic diseases. We also use gestational carriage as an option in family building for those women who cannot carry their own child. While we adhere to national guidelines regarding these technologies promulgated by the American Society of Reproductive Medicine (ASRM), the Society of Assisted reproductive Technologies (SART) and the Food and Drug Administration (FDA), we as practitioners are acutely aware that the rapid development of these new options in family building has clouded traditional concepts of parentage. This problem is especially acute in Vermont, which does not as present have up to date parentage statutes that protect the right of all participants in assisted reproductive technologies: the intended parent or parents, gestational carriers, and sperm and egg donors.

I was therefore quite excited to have been asked to serve on the Vermont Parentage Study Committee, charged by the legislature to propose updates for Vermont's parentage laws. The committee is inclusive of a wide variety of stakeholders and it

engaged in extensive and thoughtful deliberations. The resulting draft statutes crafted by this committee form the basis for the draft Vermont Parentage Act tabled as H 562 for consideration in this legislative session. I believe this Act, if passed, would represent a tangible step forward for Vermont. Not only would this legislation create a comprehensive legal framework under which we as medical practitioners can operate; it also brings Vermont up to speed with other states in this area. Finally it acts to protect our patient's parentage rights in a comprehensive manner.

I feel qualified to comment on sections of this act regarding parentage after assisted reproduction (subchapter 7) and parentage by gestational carrier agreement (subchapter 8). I have outlined my comments as follows.

Parentage if there is a status change during the course of assisted reproduction: A careful attempt is made to codify what constitutes parentage if consent is revoked or the relationship is dissolved during the course of IVF, and also clarifies parental status of a deceased person. This is actually not uncommon, as many cancer patients are now able to store eggs, sperm or embryos for an indefinite period of time prior to chemotherapy. The statures as written provide welcome clarity in this area.

Protecting the right of donors not to be parents: In section 702, a careful attempt is made to delineate what constitutes a gamete or embryo donor and explicitly states that these donors are not the parents of the resultant child. These provisions are particularly important for our anonymous and directed egg and sperm donors, as well as the intended parents. In addition, there are increasing numbers of couples that wish to donate their supernumerary frozen embryos after they have completed their family building. The statue as written protects the rights of these embryo donors and the intended parents.

Codifying the process of gestational carriage: Subchapter 8 provides a clear and comprehensive framework for gestational carriage. First and foremost the distinction between gestational carriage (implanting a genetically unrelated embryo into the uterus of a hormonally prepared carrier) and traditional surrogacy is made clear in this bill. Traditional surrogacy is legally and ethically problematic and is performed infrequently. To my knowledge if has not been performed in Vermont. In addition this subchapter clearly sets forward the requirements for gestational carriage, and the rights of the intended parents, the gestational carrier, and the children born as a result of this technique. It mandates psychological evaluation of the carrier, puts a minimum age limit on potential carriers (21), both consistent with national guidelines in this area. The bill does not require that the gestational carrier have a t least one child as other state parentage acts have done. While this requirement is in national guidelines, it is increasingly construed as paternalistic (the gestational carrier is not able to give informed consent about carrying a pregnancy?) and limits the practice of compassionate gestational carriage among family members.

In all, I strongly support this bill. It acts to create a reasonable and progressive legal framework in which we as providers can practice our specialty appropriately. It reflects the latest changes in the field of assisted reproductive technology. It protects the rights of gamete and embryo donors, gestational carriers, the intended parents, and most importantly the children born with the aid of assisted reproductive technologies. I strongly urge you to seriously consider this bill for passage.

Thank you for your time. I would be pleased to answer any questions you may have regarding this draft legislation.