

## Officers

Marcelle I. Cedars, MD President

Michael A. Thomas, MD President-Elect

Paula Amato, MD Vice President

Hugh S. Taylor, MD Immediate Past President

Catherine Racowsky, PhD Past President

James Toner, MD, PhD Secretary - Treasurer

## Administration

Jared C. Robins, MD, MBA Executive Director

Sean Tipton, MA Chief Advocacy and Policy Officer

Dan Carre, CPA, MBA Chief Financial Officer

D. Lee Pearce, MSW, MSHA Chief Operating Officer

Chevis Shannon, DrPH, MPH, MBA, MERC Chief Education & Science Officer Oklahoma State Senate 2300 North Lincoln Boulevard Oklahoma City, Oklahoma 73105

Dear President Pro Tempore Treat, Majority Floor Leader McCortney, and Minority Leader Floyd,

On behalf of the American Society for Reproductive Medicine (ASRM), I am writing to express strong opposition to <u>HB 4327</u> which would curtail the reproductive rights of the residents of Oklahoma.

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

ASRM is concerned that HB 4327 could have unintended consequences on the treatment of infertility in Oklahoma. By equating a recently fertilized egg, still in a medical facility and not yet transferred into a person's body in hopes of establishing a pregnancy, with a fully formed child, this bill may threaten the ability of physicians to safely perform In Vitro Fertilization and related procedures in accordance with best medical practices.

For example, this bill could prevent a physician from cryopreserving (freezing) fertilized eggs and embryos, an essential component of fertility care. Multiple gestations and multiple births are very dangerous for mothers and children. Current standard of care calls for the transfer of only a single embryo into the woman. During in vitro fertilization, multiple embryos are often created and are cryopreserved for later use in order to maximize prospects for a successful pregnancy without increasing the risk for a multiple pregnancy and without the need for multiple risky egg retrieval procedures. Sometimes, only some of the embryos are implanted to create a successful pregnancy. The remaining embryos are stored or, if requested by the woman or couple, discarded when their families are complete. Unlike fully formed human beings, embryos can be safely cryopreserved for years.



## Officers

Marcelle I. Cedars, MD President

Michael A. Thomas, MD President-Elect

Paula Amato, MD Vice President

Hugh S. Taylor, MD Immediate Past President

Catherine Racowsky, PhD Past President

James Toner, MD, PhD Secretary - Treasurer

## Administration

Jared C. Robins, MD, MBA Executive Director

Sean Tipton, MA Chief Advocacy and Policy Officer

Dan Carre, CPA, MBA Chief Financial Officer

D. Lee Pearce, MSW, MSHA Chief Operating Officer

Chevis Shannon, DrPH, MPH, MBA, MERC Chief Education & Science Officer Moreover, for women about to undergo lifesaving treatments for cancer, treatments which may otherwise render them unable to have children, embryo cryopreservation is the best way to preserve their ability to have children once their cancer has been treated. Putting cryopreservation at legal risk would eliminate the opportunity for these cancer survivors to have children.

In addition, other techniques in which the fertilized egg is tested in order to avoid potentially deadly genetic or chromosomal disorders, could be threatened by the current language of this bill. In doing so, HB 4327 could endanger the creation and protection of healthy Oklahoman families.

Human reproduction is a very inefficient process. Without medical assistance, fewer than 20% of fertilized eggs will implant in the uterus and lead to the birth of a child. Treating the fertilized egg as legally equal to a born, living human being could create unintended, dangerous consequences. We strongly urge you to oppose the passage of HB 4327.

For more information, feel free to contact me or Sean Tipton, our Chief Advocacy and Policy officer at <a href="mailto:Stipton@asrm.org">Stipton@asrm.org</a> or 202-421-5112.

Sincerely,

Marcelle I. Cedars, MD

President

American Society for Reproductive Medicine