



Impacting Reproductive
Care Worldwide

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Senate Committee on Medical Affairs
PO Box 142
Columbia, South Carolina 29201

Dear Chair Verdin and members of the committee,

On behalf of the American Society for Reproductive Medicine (ASRM), I am writing to express strong opposition to [S 1127](#) which would curtail the reproductive rights of the residents of South Carolina and leave many at potentially life-threatening risk.

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 S 1127 could have unintended consequences on the treatment of infertility in South Carolina. By equating a recently fertilized egg still in a medical facility with a fully formed child, many infertile persons in South Carolina may be unable to utilize In Vitro Fertilization and related procedures in accordance with best medical practices to build their families.

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, decreasing procedure numbers and cost for the woman. The goal is the transfer of only one embryo to create a healthy, successful pregnancy. The remaining embryos are stored for future usage or, if requested by the woman or couple, donated or discarded when their families are complete.

Additionally, for women about to undergo lifesaving treatments for cancer, treatments that may otherwise render them unable to have children, embryo



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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.

Lastly, modern 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, S 1127 could endanger the creation and protection of healthy families in South Carolina.

Human reproduction is a very inefficient process. Even in nature, 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 for the people and families of South Carolina.

I strongly urge you to oppose the passage of S 1127.

For more information, feel free to contact me or Sean Tipton, our Chief Advocacy and Policy officer at Stipton@asrm.org or 202-421-5112.

Sincerely,

Marcelle I. Cedars, MD
President
American Society for Reproductive Medicine