

**Action to PROTECT Access to Fertility Healthcare**

Protecting Fertility Treatment & Building Families Post-Dobbs Decision

**IN 2019,
APPROXIMATELY
3,909 BABIES
WERE BORN IN MARYLAND
WITH THE HELP OF
ASSISTED REPRODUCTIVE
TECHNOLOGY (ART):**

**Center for Disease Control
and Prevention**
ART Success Rates

WHY DOES FERTILITY HEALTHCARE NEED PROTECTION?

Fertility healthcare may be at risk in Maryland, depending on the language used in bills or laws passed after the reversal of Roe v. Wade.

Assisted Reproductive Technology (ART), such as In Vitro Fertilization (IVF), involves fertilization of eggs in a lab to make embryos for transfer to the uterus to help people conceive. If a bill or law defines an embryo as a person, this can create significant issues for physicians and patients, since most embryos are not biologically capable of becoming a healthy baby. Giving embryos the legal status of a person can potentially make fertility care inaccessible in Maryland.

The people of Maryland have used IVF to conceive almost 3,900 babies in 2019 alone! Without access to safe and effective IVF, many of these families would not exist today. 11% of American women and 9% of American men of reproductive age experience fertility challenges.² IVF is one of the safest and most effective ways to treat infertility. **Personhood laws will be a significant barrier to many people trying to have a family.**

HOW CAN MARYLAND PROTECT ACCESS TO FERTILITY TREATMENTS?

To ensure fertility treatments remain available in Maryland, patients and providers need to be protected from criminal/civil action should an embryo or pregnancy not result in a live birth. Legislative language related to reproductive health needs to protect the patient and provider when:

- an embryo or fetus does not survive genetic testing
- a patient experiences a loss of pregnancy including stillborn or ectopic pregnancy
- a patient makes decisions pertaining to the usage of their embryo(s)
- a healthcare agent/proxy/surrogate/guardian is acting on behalf of a pregnant person
- a practitioner is providing life-saving care to a pregnant person
- a practitioner is providing routine medical care for an abnormal pregnancy, including ending a pregnancy

IMPACT OF FERTILITY CARE ACCESS ON CONSTITUENTS

WITHOUT BENEFITS

Increased risk of complicated pregnancy and outcomes

Costs related to disabilities, occupational and physical therapies, surgeries, etc.

Stress on relationships with partner, family, and friends

Depression and anxiety associated with untreated infertility

HIGH RISK
PREGNANCIES

LONG-TERM CARE OF
PREMATURE BABIES

FAMILY
RELATIONSHIPS

MENTAL HEALTH

WITH BENEFITS

Timely and appropriate healthcare optimizes health and cost outcomes

Premature-related costs are dramatically reduced

Supportive, healthy relationships

Achieving family-building goals increases morale and satisfaction

COMPANIES SUPPORTING FERTILITY HEALTHCARE³



“Providing fertility health benefits is about offering timely and appropriate healthcare to increase the number of safe pregnancies and healthy babies.”

Davina Fankhauser
Co-Founder & Executive Director,
Fertility Within Reach



For further discussion or language clarification, please contact **Davina Fankhauser**, *Fertility Within Reach*, admin@fertilitywithinreach.org and/or **Catherine Tucker, J.D.**, *New Hampshire Surrogacy Law*, catherine@nhsurrogacy.com.

Maryland REFERENCES

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2. "How Common Is Infertility?" Eunice Kennedy Shriver National Institute of Child Health and Human Development, U.S. Department of Health and Human Services, 2018, www.nichd.nih.gov/health/topics/infertility/conditioninfo/common.
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Fertility Within Reach.
ADVOCATING FOR FERTILITY HEALTH BENEFITS