Protecting Fertility Treatment & Building Families Post-Dobbs Decision

IN 2019, APPROXIMATELY 83,946 BABIES WERE BORN IN THE UNITED STATES 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 New Hampshire, 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 New Hampshire.

Currently, the people of New Hampshire have to travel hundreds of miles to access fertility care in neighboring states. 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. 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 NEW HAMPSHIRE PROTECT ACCESS TO FERTILITY TREATMENTS?

To ensure fertility treatments remain available in New Hampshire, 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

<table>
<thead>
<tr>
<th>WITHOUT BENEFITS</th>
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<tbody>
<tr>
<td><strong>OUTCOME COSTS</strong></td>
<td><strong>HIGH RISK PREGNANCIES</strong></td>
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<td>Costs related to disabilities, occupational and physical therapies, surgeries, etc.</td>
<td>Timely and appropriate healthcare optimizes health and cost outcomes</td>
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<td>Stress on relationships with partner, family, and friends</td>
<td><strong>LONG-TERM CARE OF PREMATURE BABIES</strong></td>
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<tr>
<td>Depression and anxiety associated with untreated infertility</td>
<td><strong>FAMILY RELATIONSHIPS</strong></td>
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<tr>
<td><strong>MENTAL HEALTH</strong></td>
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## COMPANIES SUPPORTING FERTILITY HEALTHCARE

- Adobe
- Fertility Within Reach
- Amazon
- GitHub
- Doordash
- TJX Companies, Inc.

> 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.

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**New Hampshire REFERENCES**