Action to PROTECT Access to Fertility Healthcare

Protecting Fertility Treatment & Building Families Post-Dobbs Decision

IN 2019,

APPROXIMATELY 4,504 BABIES WERE BORN IN NEW JERSEY 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 Jersey, 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 Jersey.

The people of New Jersey have used IVF to conceive over 4,500 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? 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 JERSEY PROTECT ACCESS TO FERTILITY TREATMENTS?

To ensure fertility treatments remain available in New Jersey, 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		WITH BENEFITS
Increased risk of complicated pregnancy and outcomes	HIGH RISK PREGNANCIES	Timely and appropriate healthcare optimizes health and cost outcomes
Costs related to disabilities, occupational and physical therapies, surgeries, etc.	LONG-TERM CARE OF PREMATURE BABIES	Premature-related costs are dramatically reduced
Stress on relationships with partner, family, and friends	FAMILY RELATIONSHIPS	Supportive, healthy relationships
Depression and anxiety associated with untreated infertility	MENTAL HEALTH	Achieving family-building goals increases morale and satisfaction

COMPANIES SUPPORTING FERTILITY HEALTHCARE³



66 Providing fertility health benefits is about offering number of safe pregnancies and healthy babies.

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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.

New Jersey REFERENCES

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