

CRB Statement on Personhood Initiatives:

The College of Reproductive Biology (CRB) is comprised of more than 800 reproductive scientists, physicians, and laboratory professionals dedicated to the study of reproductive medicine and biology, and the diagnosis and treatment of reproductive disorders. Members of the CRB provide essential and highly complex diagnosis and perform a variety of procedures intended to treat infertility – a disease that affects one out of six couples of reproductive age worldwide. Over the last 35 years, 5 million children born around the world were conceived by the use of assisted reproductive technologies (ART).

As professionals who are intimately involved in infertility diagnosis and care, we are concerned about recent efforts by several lawmakers, both at state and federal levels, to introduce legislation that would define human life as commencing at fertilization. Such measures are collectively known as "Personhood legislation". [Additional information on various personhood bills](#) is summarized by The National Infertility Association (RESOLVE) on their website.

The passage of personhood legislation into law would largely deprive couples who want to bear children of the ability to choose ART as an infertility treatment. For some couples, the result would be a total ban on procreation. Further, personhood amendments and laws extend this barrier to medical personnel helping these patients, by creating the potential to limit and possibly criminalize embryo culture, transfer, cryopreservation, and other assisted reproductive techniques.

Assisted reproductive technologies include methods used in a laboratory setting to enhance the fertilization of the egg cell by sperm (in vitro fertilization, or IVF) resulting in the creation of embryos that could not be conceived by natural conception. Importantly, not all eggs fertilized in the laboratory have the potential to develop into embryos and this is true for natural conceptions as well. Those eggs that successfully fertilize will develop in the laboratory for up to 7 days, a stage at which they consist of approximately 150-300 cells. The cells of the embryo at this stage are undifferentiated, and the development of life sustaining organ systems requires more than 20

weeks gestation. One or more embryos are implanted in the patient's uterus. If there are additional embryos remaining, they can be cryogenically preserved (frozen), allowing the patient to attempt another pregnancy in the future. The couple undergoing infertility treatment makes the choice whether remaining embryos are to be kept in storage, discarded, or donated to research or to other infertile couples seeking to become parents.

Because personhood legislation seeks to define embryos as persons at the earliest stages of fertilization and development, passage of these bills could permit broad and precarious interpretations that affect the clinical care of the infertile couple. For example, IVF staff could be charged with manslaughter if a frozen embryo is thawed but is not viable after freezing (an outcome that occurs in 10 to 50 percent of cases). Even frozen embryo storage will raise difficult legal questions. Are the embryos prohibited their right to liberty? Are the embryos held against their will? Can embryos inherit property? Importantly, the bills would interfere with the rights of the couple to determine how their embryos will be used or discarded.

The College of Reproductive Biology strongly rejects the premise of personhood at the time of fertilization, or at any time the embryo is handled to achieve pregnancy. It is our belief that these legislations will disenfranchise infertility patients of their right to procreate and will result in fewer babies born. Our opposition to personhood legislation includes any law or amendment that replaces women's right to seek health care with the subjective and immeasurable moral or philosophical value of an embryo. The CRB condemns all efforts to criminalize ART, whether intentional or inadvertent. These technologies were pioneered to treat millions of infertile couples worldwide. Indeed, in recognition of the impact of these technologies, last year Dr. Robert Edwards received the Nobel Prize for the development of IVF. We join the efforts of national organizations such as Resolve, the American Society of Reproductive Medicine, and the Society for Assisted Reproductive Technology to educate the public and defeat personhood initiatives that threaten infertility care.