

March 3, 2025

To: Chairs Gilchrest and Lesser, and Members of the Human Services Committee

I am writing to express my strong opposition to Raised Bill No. 7022, An Act Promoting Equity in Medicaid Coverage for Fertility Health Care. There are many reasons to oppose this bill, but this testimony will focus specifically as it relates to cryopreservation and surrogacy. We at the CBC have serious concerns regarding the ethical, financial, and legal implications of state-funded “fertility” services, including but not limited to surrogacy, through Medicaid. In an effort to promote and provide equitable access to fertility care for all individuals, regardless of financial status, this broadly worded bill requires Medicaid to cover costly fertility services fraught with low success rates and ethical landmines to “infertile” individuals, which could include those that have had surgery and or treatment to render them infertile, such as “genderless” men.

First and foremost, surrogacy raises profound ethical concerns, particularly when funded by taxpayer dollars. The process often involves complex contractual agreements that can lead to the exploitation of economically vulnerable women, who may feel pressured into becoming surrogates due to financial hardship. The potential for coercion and inequality in such arrangements must not be overlooked, especially within a Medicaid population that is, by definition, financially disadvantaged. Further, bills like Raised Bill No. 7022 put Connecticut’s physicians in complicated positions. Doctors must coordinate care between the intended parent(s) or “infertile” individuals and a surrogate mother, raising ethical concerns over decision-making rights and medical risks for both already existing in a marginalized community. Many pregnancies achieved from fertility treatment, like surrogate pregnancies, are considered high-risk. The surrogate mother may develop pregnancy complications, putting doctors in a challenging position regarding liability, informed consent, and treatment decisions. Finally, Medicaid or private insurance may not cover all medical procedures for either the surrogate or the intended parent, creating funding gaps and logistical hurdles for both.

Additionally, Medicaid is a taxpayer-funded program designed to provide essential medical care to low-income individuals and families. Expanding coverage to include gamete cryopreservation and surrogacy, which are high-risk, costly procedures which will inevitably increase the overall costs of prenatal, intrapartum, postpartum, and infant care and divert limited resources away from urgent medical needs such as prenatal care, preventative screenings, and life-saving treatments. Surrogacy, for example, which utilizes IVF, is inherently risky to the mother and infant(s). Recent research has shown that there are serious medical and psychosocial risks that gestational surrogacy confers onto women who serve as surrogates and to the babies they carry for another person or couple and that these are high-risk pregnancies. Surrogate pregnancies are more likely to result in cesarean section, maternal gestational diabetes, hypertension or preeclampsia, antibiotic use during labor, placenta previa, and other life-threatening

complications like postpartum depression.^{1,2} Children born from IVF have increased incidences of pre-term birth, low birth weight, cerebral palsy, and other conditions that result in NICU admissions and longer hospital stays.² We in no way minimize the heartache that comes from infertility, but we must not harm others in our quest to help some.

Proponents of Raised Bill No. 7022, would like to emphasize the financial burden often placed on those struggling with infertility. We can empathize that high-tech baby making comes with a hefty price tag, but these bills do not erase the cost of these often-unsuccessful technologies, but rather shift them to the policyholders and taxpayers by way of increasing taxes and insurance premiums for necessary healthcare and treatment. Legislation, as a matter of good public policy, should help and protect citizens. Connecticut's Medicaid program should prioritize essential healthcare services over elective reproductive options that come with significant financial burdens.

Furthermore, the legal complexities surrounding surrogacy could place additional strain on state resources. Disputes over parental rights, contract enforcement, and unforeseen medical complications could lead to increased litigation and administrative costs. Given these legal uncertainties, the state should exercise extreme caution before endorsing surrogacy and other fertility services as a Medicaid-covered benefit.

For these reasons, I urge you to oppose Raised Bill No. 7022 and instead focus on ensuring that Medicaid resources are directed toward necessary and life-sustaining healthcare services. I appreciate your time and consideration on this important matter and welcome any opportunity to discuss my concerns further.

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1 Lahl, Jennifer; Fell, Kallie; Bassett, Kate; Broghammer, Frances H.; and Briggs, William M. (2022) "A Comparison of American Women's Experiences with Both Gestational Surrogate Pregnancies and Spontaneous Pregnancies," *Dignity: A Journal of Analysis of Exploitation and Violence*: Vol. 7: Iss. 3, Article 1.

<https://doi.org/10.23860/dignity.2022.07.03.01>

2 [https://www.fertstert.org/article/S0015-0282\(17\)31941-6/pdf](https://www.fertstert.org/article/S0015-0282(17)31941-6/pdf)