



Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N-5653, U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210
Attention: 1210-AC40.

Comment submitted at: <https://www.regulations.gov/commenton/EBSA-2026-0232-0001>.

RE: File code 1210-AC40; recommendation to focus excepted fertility benefit coverage on underlying causes & restorative medicine

To whom it may concern at the U.S. Department of the Treasury, the U.S. Department of Labor, and the U.S. Department of Health and Human Services:

Liberty Counsel Action submits the following comment in response to the request for comments regarding the proposed “Excepted Fertility Benefits” category of limited excepted benefits as outlined in the Federal Register published on May 13, 2026.¹

We commend the Departments’ stated goal of promoting fertility health and supporting family formation. We also celebrate every child conceived and born from in vitro fertilization (IVF) as having incalculable worth and value, just as any child conceived and born naturally. Simultaneously, we recognize the sobering reality that standard practices within the largely unregulated fertility industry lead to regular, massive breaches of medical and professional ethics — such as implanting another couple’s embryo² and promoting eugenic practices. As a result of this gross negligence, thousands of hopeful couples suffer (often preventable) immeasurable emotional trauma, alongside financial struggles. Furthermore, when it comes to IVF, more cycles end in failures than in successful live births, adding to the pain experienced by couples seeking to have a child.

Any federal action on assisted reproductive technologies, including the proposed rule to create a new category of limited excepted benefits for certain fertility benefits, should address these realities, be grounded in sound medical practice, uphold ethical integrity, and recognize the inherent dignity of every human life. The best way to do this, and to adhere to the administration’s purpose in promoting IVF per Executive Order (EO) 14216 — that “our public policy must make it

¹ Internal Revenue Service, Employee Benefits Security Administration, and Health and Human Services Department, “Excepted Fertility Benefits,” Federal Register 91, No. 92, May 13, 2026, 27140–27173, <https://www.federalregister.gov/documents/2026/05/13/2026-09479/excepted-fertility-benefits>.

² David Chiu, “Couple in IVF Embryo Mixup Reach Custody Agreement with Infant Daughter’s Biological Parents: Filing,” People, June 15, 2026, <https://people.com/couple-ivf-embryo-mixup-reach-custody-agreement-daughtersbiological-parents-11998206>; Associated Press, “Woman Sues Fertility Clinic, Saying She Gave Birth to Another Patient’s Baby,” U.S. News and World Report, February 18, 2025, <https://www.usnews.com/news/us/articles/2025-02-18/woman-sues-fertility-clinic-sayingshe-gave-birth-to-another-patients-baby>.

easier for loving and longing mothers and fathers to have children”³ — is to promote care that addresses the overall health of those struggling with infertility, often referred to as Restorative Reproductive Medicine (RRM). Indeed, offering RRM as an excepted fertility benefit would fulfil the core purpose of the said EO by “providing support, awareness, and access to affordable fertility treatments,” which “can help these families navigate their path to parenthood with hope and confidence.”⁴ Conversely, IVF treatment often bypasses underlying health conditions and fails to lead to a live birth, making it not only harder to become a mother or father but also more expensive, as is detailed in the body of our comment.

In order to achieve the administration's goals and a sufficient scope of coverage limitation “to constitute the type of benefit contemplated within the meaning of ‘similar, limited benefits’ under Code section 9832(c)(2)(C), ERISA section 733(c)(2)(C), and PHS Act section 2791(c)(2)(C)” (as outlined in the request for comments), we offer the following recommendations, detailed in the body of our comment:

1. The proposed rule must recognize that human life begins at fertilization and ensure appropriate protections for embryonic human beings.
2. The rule needs to clearly define “infertility” as a medical condition, not a lifestyle choice, prioritizing the needs of children above the desires of adults.
3. The rule should promote methods of fertility care that prioritize the restoration of natural reproductive health, focusing on diagnosing and treating the underlying causes of infertility (rather than merely addressing its symptoms via ART) to assist a husband and wife in natural reproduction.
4. Assisted reproductive technologies (ART), including in vitro fertilization (IVF), should be excluded from coverage under the proposed limited excepted fertility benefit unless and until comprehensive federal safeguards are enacted.
5. If the rule maintains ART coverage, coverage should be strictly limited, both preceded by Restorative Reproductive Medicine (RRM) and subject to proper medical safeguards and ethical constraints, and available only to married heterosexual couples.
6. If the rule maintains ART coverage, it should promote adoption of embryos currently in storage (frozen embryos) and the principle that embryos are children, not objects (hence any legal issues concerning embryos should be settled in family court, not under property law).
7. If the rule maintains ART coverage, it should remain voluntary and add that individuals who are participating but do not want to support ART via their premiums are not required to, ensuring necessary conscience protections.
8. Rather than have a lifetime limit of \$120,000, the rule should establish an annual \$15,000 limit.
9. The departments should undertake a robust education campaign on the benefits of and need for RRM.

Clarifying Points

³ Executive Order No. 14216, 90 FR 10451 . . .

⁴ Ibid.

Before turning to the body of the comment (providing details on the above points), we would like to clarify the following excerpts from the supplementary information provided to the request for public comment on this matter:

*“Executive Order 14216 seeks to ensure reliable access to in vitro fertilization (IVF) and provide more affordable treatment options, recognizing **both the medical necessity of infertility treatment for affected individuals** and the broader importance of supporting American families in achieving their family formation goals.”*

The supplemental information later notes:

*“Fertility treatments, including medication, surgery, intrauterine insemination (IUI), and assisted reproductive technology (ART) procedures such as IVF, **as well as less invasive pre-conception care options that address the root causes of infertility**, allow those who experience infertility a potential path to expand their families.”*

The current societal understanding, as well as the inference made in the first quote, is that “infertility treatment” refers to assisted reproductive technologies, particularly IVF, as promoted by the Executive Order.⁵ Yet very often, lifestyle changes or other interventions — such as those promoted by Restorative Reproductive Medicine — can help those who are experiencing infertility without the invasive, expensive, and often unsuccessful interventions promulgated by the fertility industry, as stated in the second quote.

In short, ART is not always medically necessary to achieve the desired outcome of a baby, underscoring both the need for a clear definition of “infertility” and a need to focus on restorative care.

I. Recognize Human Life Begins at Fertilization

Admirably, the administration recognizes that embryos are children: The recent Embryo Adoption Awareness and Services grant opportunity issued by the Office of Population Affairs (OPA) “recognizes embryo adoption first and foremost as a response to the needs of children who already exist and are in need of a family.”⁶

Indeed, any policy governing fertility treatments should be consistent with the OPA’s position, founded upon a biologically accurate understanding of when human life begins. Maureen Condit, Ph.D., associate professor of neurobiology at the University of Utah School of Medicine, states it clearly:

⁵ Executive Order No. 14216, 90 FR 10451, February 18, 2025, <https://www.federalregister.gov/documents/2025/02/24/2025-03064/expanding-access-to-in-vitro-fertilization>.

⁶ U.S. Department of Health and Human Services, Office of Population Affairs, Notice of Funding Opportunity: Embryo Adoption Awareness and Services, Opportunity Number PA-EAA-26-001, June 17, 2026, https://files.simpler.grants.gov/opportunities/167d140c-52a1-4ebb-99be-ecddf378082d/attachments/13b771a1-4ca4-4420-a526-efabdbccb0da/PA-EAA-26-001_EAA_NOFO.pdf.

“The conclusion that human life begins at sperm-egg fusion is uncontested, objective, based on the universally accepted scientific method of distinguishing different cell types from each other and on ample scientific evidence. ... Moreover, it is entirely independent of any specific ethical, moral, political, or religious view of human life or of human embryos.”⁷

The recent record-setting birth of Thaddeus Daniel Pierce embodies this reality: Conceived in 1994 alongside three other siblings (including a now 30-year-old sister), he was frozen for 30 and a half years before being born to adoptive parents Lindsey and Tim Pierce.⁸ As aptly summarized by his birth and adoptive mother, “It’s like something from a sci-fi movie.”⁹ While Thaddeus was no less human while he was frozen, the largely unregulated fertility industry entirely ignores this truth. Large numbers of embryos are routinely created during the IVF process, yet the vast majority are discarded, indefinitely frozen, fail to implant, or lost at various stages of pregnancy. In some cases, they may also be used for research purposes.¹⁰

These outcomes reflect a systemic failure to recognize the inherent value of embryonic human life. The federal government has an opportunity within this rule-making process to address this failure by recognizing that a zygote — the product of fertilization — is a genetically unique human life distinct from both parents. The proposed rule should therefore clarify that developmental stage does not nullify the inherent worth of a human; hence, a human in its zygotic form should be entitled to all the rights and protections of a human in its adult form.

II. The Need for a Clear and Accurate Definition of Infertility, Prioritizing Children’s Needs Over Adults’ Desires

The definition of infertility is foundational to all aspects of this rule. As such, LCA proposed the following definition, used in the proposed RESTORE Act:

Infertility is a clinical condition that presents with the symptom of inability to conceive or sustain a pregnancy that points to underlying male and/or female pathology.

In other words, it is a symptom of an underlying disease or condition within a person’s body that makes it difficult or impossible to successfully conceive and/or carry a live child to term, where it would otherwise be possible through intercourse with a person of the opposite sex.¹¹ Likewise, a diagnosis of infertility should be based on the failure of the *same* biological male and *same*

⁷ Maureen Condic, “A Scientific View of When Life Begins,” Charlotte Lozier Institute, June 11, 2014, <https://lozierinstitute.org/a-scientific-view-of-when-life-begins/>.

⁸ Jessica Hamzelou, “Exclusive: A record-breaking baby has been born from an embryo that’s over 30 years old,” MIT Technology Review, July 29, 2025, <https://www.technologyreview.com/2025/07/29/1120769/exclusive-record-breaking-baby-born-embryo-over-30-years-old/>.

⁹ Ibid.

¹⁰ “It Takes More Than One: Why IVF Patients Often Need Multiple Embryos to Have a Baby,” American Society for Reproductive Medicine, accessed June 15, 2026, <https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/it-takes-more-than-one/>.

¹¹ Definition taken from the RESTORE Act, introduced in Congress in 2025; Rep. Diana Harshbarger, RESTORE Act, May 23, 2025, Congress.gov, <https://www.congress.gov/bill/119th-congress/house-bill/3589/text>.

biological female to achieve a clinical pregnancy after 12 months of regular unprotected intercourse, or after 6 months for women aged 35 and older.¹²

This definition and diagnostic approach properly identify infertility as a medical condition affecting a biological male-female couple attempting natural conception. Expanding the definition beyond this context risks not only allowing but aiding the multi-billion-dollar for-profit fertility industry in its promulgation of one of the largest social engineering experiments of our time, as numerous fertility clinics offer services to single and same-sex couples who may not have an actual underlying fertility issue. While on its face this may not seem overtly sinister, consider the following real-life cases:

- **The current lack of regulations surrounding ART has allowed a Tier 1 registered Pennsylvania sex offender and his male partner to become parents via surrogacy without so much as a background check.**¹³ The sex-offender-now-surrogate-father, Brandon Keith Riley-Mitchell, was convicted in 2016 for “sexual abuse of children” and “pleaded guilty to felony possession of child pornography.”¹⁴ He was sentenced to a maximum of 23 months of prison time, with a minimum of three months in confinement. A PA district attorney is “calling for legislative action ... noting current state law did not preclude Riley-Mitchell from becoming a father,” noting the entire process lacked the “intense scrutiny, accountability, and judicial oversight mandated for the adoption process.”¹⁵ Tragically, this is possible nationwide, though lawmakers at both state and federal levels are working to close this loophole.¹⁶
- **A California couple who owned a surrogacy operation were found to be housing 21 children from various surrogate mothers; after the discovery of severe child abuse inside the home,** all of them have been placed in protective custody, including a two-month-old who suffered a traumatic head injury. As stated by one of the surrogate mothers, “It’s horrific, it’s disturbing, it’s damaging emotionally.”¹⁷
- In 2023, famous YouTuber Shawn Dawson, a man who has made numerous inappropriate remarks sexualizing children and infants, had twin boys with his partner via

¹² This is modified from definitions of infertility from the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the Restorative Reproductive Medicine Academy. See: Eunice Kennedy Shriver, “Infertility and Fertility,” National Institute of Child Health and Human Development, reviewed January 31, 2017, <https://www.nichd.nih.gov/health/topics/infertility>; RRM Academy, “Infertility,” May 13, 2026, <https://rrmacademy.org/glossary/infertility/>.

¹³ Joshua Rhett Miller, “‘Loophole’ Allowing Child Sex Offender to Adopt by Surrogacy Faces Scrutiny,” Newsweek, July 31, 2025, <https://www.newsweek.com/pennsylvania-sex-offender-surrogacy-loophole-brandon-keith-riley-mitchell2107138>.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Office of Congresswoman Nancy Mace, “Rep. Nancy Mace Introduces Bill to Protect Children from Sex Offenders Exploiting Surrogacy,” Press Releases, February 3, 2026, <https://mace.house.gov/media/press-releases/rep-nancy-mace-introduces-bill-protect-children-sex-offenders-exploiting>; Karen Gutierrez, “House Examines Bills Limiting Surrogacy Services,” The Well News, June 10, 2026, <https://www.thewellnews.com/congress/house-examines-bills-limiting-surrogacy-services/>; Representative Aaron Bernstine, “Closing the Surrogacy Loophole for Sex Offenders,” co-sponsorship memo to Pennsylvania House members, July 29, 2025, <https://www.palegis.us/house/co-sponsorship/memo?memoID=47164>.

¹⁷ Rob Hayes, “21 children - all with surrogate mothers - taken from SoCal couple amid investigation,” July 16, 2025, ABC 7 News, <https://abc7news.com/post/surrogacy-scandal-21-children-surrogate-mothers-taken-arcadia-california-coupleamid-investigation/17149058/>.

surrogacy. While speaking of the surrogacy process, the men stated they planned to tell their sons, “We bought your mommy.” Similarly, in an exchange regarding how they would choose which embryos would be given a chance for life, one of the biological fathers stated that they can “spin the wheel” and “put a barcode on each side.” In addition to degrading their own children and the children’s birth mother, as noted, Dawson appears to have pedophilic tendencies: When speaking of a six-year-old girl, he stated, “I don’t know if I’m allowed to say this, but she was kind of sexy ... Having sex with children or touching children is terrible, and you should not do it ... But, here’s my thing — people have foot fetishes. People have fetishes about everything.”¹⁸ That is not the worst of the pedophilic behavior, which is beyond disturbing. (Tragically, Dawson himself admits to being a victim of molestation,¹⁹ highlighting the need for healing from such past traumatic events, not the normalization of them.) Again, unlike adoption, the surrogacy process does not require a background check.

- In May 2026, the first homosexual father via surrogacy, Barrie Drewitt-Barlow, was charged with human trafficking for sexual exploitation, rape, and sexual assault, along with his current partner. Drewitt-Barlow, when speaking of his children’s “good looks,” stated, “Well, you get what you pay for!” He has also made disparaging comments about mothers: In reference to the fact that “the mothers of his children had to undergo C-sections,” he states, “I don’t want my children coming out of a woman’s vagina.”²⁰

The federal government should by no means support an industry that accommodates such unconscionable practices. Failing to properly define “infertility” would not only permit but aid in advancing scenarios like the above, violating medical ethics and sound public policy by prioritizing the desires of adults over the needs of children.

The recent move by the Trump administration’s HHS to revise a federal embryo adoption grant program “to treat frozen embryos created through in vitro fertilization as human children deserving to be born to a loving family”²¹ represents the first federal attempt to address this distorted approach to infertility, requiring grantees to “center the rights and long-term well-being of the child in all program design and service delivery.”²² Notably, unlike the current legal landscape in Pennsylvania, the funding notice “includes the requirement that embryo adoption agencies conduct background checks, home visits, and other assessments before allowing a family to adopt an embryo.” (As we outline below, this should be a requirement nationwide.)

The move also addresses another issue related to IVF: the continual and often indefinite freezing of lives. With over a million souls on ice nationwide, the “frozen embryo crisis” will take more than a single approach to solve, but as aptly summarized by Emma Waters, “requiring best-

¹⁸ Nancy Flanders, “YouTuber Who Sexualized Infants Announces His Surrogate Is Expecting Twins,” Live Action, July 17, 2023, <https://www.liveaction.org/news/youtuber-sexualized-infants-twin-boys-surrogate/>.

¹⁹ Bruna Nessif, “YouTuber Shane Dawson Apologizes for ‘Really S—ty’ Jokes About Pedophilia,” E! Online, January 11, 2018, <https://www.eonline.com/news/905567/youtuber-shane-dawson-apologizes-for-really-s-ty-jokes-about-pedophilia>.

²⁰ Julie Bindel, “Barrie Drewitt-Barlow and the Commodification of Surrogacy,” The Spectator, May 9, 2026, <https://spectator.com/article/barrie-drewitt-barlow-and-the-commodification-of-surrogacy/?edition=us>.

²¹ Elizabeth Troutman Mitchell, “PRO-LIFE WIN: Trump Admin Moves to Remedy Downfall of IVF,” *The Daily Signal*, June 10, 2026, <https://www.dailysignal.com/2026/06/10/trump-admin-moves-to-protect-frozen-embryos-from-destruction/>.

²² Ibid.

interest-of-the-child assessments and the same adoption-level standards we expect anywhere else, including home studies, background checks, reference checks, and post-placement supervision by a qualified caseworker,” is the right response to the “frozen embryo crisis.”

In short, infertility is and should remain a diagnosable medical condition, and fertility care should ensure the needs of children are prioritized above adult desires.

III. Prioritize Ethically Sound & Fiscally Responsible Care: Restorative Reproductive Medicine

Infertility affects 15-16% of U.S. couples²³ and is often a symptom of one or multiple underlying medical condition(s) in both the male and female, including (but not limited to): endometriosis, adenomyosis, polycystic ovary syndrome, uterine fibroids, hormone imbalances, and more.²⁴ Treating infertility solely through IVF or other ART risks bypassing underlying conditions rather than resolving them, yet the fertility industry often does just that, treating the symptom (inability to conceive/carry a baby to term) by offering expensive services (which they profit from) and ignoring the cause of the infertility. Indeed, offering coverage for ART to “treat infertility” without requiring coverage for the diagnosis and treatment of the cause of the infertility is akin to providing coverage for fever-reducing medication without requiring coverage for the diagnosis and treatment required to address the cause of the fever. It simply masks a deeper medical issue.

Furthermore, failing to deal with underlying health issues while seeking IVF may lead to a greater chance of miscarriage. A deeper look at just one of the underlying medical issues known to lead to infertility, endometriosis, paints a tragic picture: Endometriosis is present in up to 63% of unexplained infertility cases for women, yet it takes 7-9 years, on average, to receive a diagnosis — and many women simply turn to IVF.²⁵ According to peer-reviewed studies, women with endometriosis have a much higher risk of miscarriage (76-77%); one study also found the rate of ectopic pregnancy is three times higher in endometriosis-diagnosed women.²⁶ Taken together, it is all too likely for a woman with endometriosis to seek IVF without understanding what is causing her struggle to conceive, and if the clinic fails to diagnose the cause of the infertility issue, the

²³ Eunice Kennedy Shriver National Institute of Child Health and Human Development, “What Are Some Common Causes of Infertility?” last reviewed date February 8, 2018,

<https://www.nichd.nih.gov/health/topics/infertility/conditioninfo/common>; Centers for Disease Control and Prevention, “Infertility,” FastStats, National Center for Health Statistics, last reviewed January 12, 2026, <https://www.cdc.gov/nchs/fastats/infertility.htm>.

²⁴ Emma Waters, “To Address Infertility, It’s Time to Give Real Reproductive Health Options,” The Heritage Foundation, June 17, 2024, <https://www.heritage.org/marriage-and-family/commentary/address-infertility-its-time-give-realreproductive-health-options/>.

²⁵ Terri Ward, “Endometriosis: Symptoms, Causes, Treatments, and Natural Approaches,” Epoch Times, September 15, 2024, <https://www.theepochtimes.com/health/endometriosis-symptoms-causes-treatments-and-natural-approaches5720724>; Emma Waters, “To Address Infertility, It’s Time to Give Real Reproductive Health Options...”; Ulrik Bak Kirk, et al., “Understanding endometriosis underfunding and its detrimental impact on awareness and research,” *NPJ Women’s Health*, Vol. 2, No. 45, December 21, 2024, <https://doi.org/10.1038/s44294-024-00048-6>.

²⁶ Lucky Saraswat, et al., “Pregnancy Outcomes in Women with Endometriosis: A National Record Linkage Study,” *BJOG: An International Journal of Obstetrics and Gynaecology*, Vol. 124, No. 3, February 16, 2016, <https://doi.org/10.1111/1471-0528.13920>; Pietro Santulli et al., “Increased Rate of Spontaneous Miscarriages in Endometriosis-Affected Women,” *Human Reproduction* 31, no. 5 (May 2016): 1014–1023, <https://doi.org/10.1093/humrep/dew035>. See also: “Endometriosis ‘risks miscarriage,’” BBC News, June 15, 2015, <https://www.bbc.com/news/health-33115478>; Darin Swainston, MD, “Can Endometriosis Cause a Miscarriage?” GYN Robotic Surgery, accessed June 13, 2026, <https://www.lasvegasgynsurgery.com/blog/can-endometriosis-cause-a-miscarriage>.

couple involved is more likely to suffer miscarriage without any understanding of the underlying cause of their inability to carry a baby to term.

In contrast to ART, Restorative Reproductive Medicine (RRM) provides an evidence-based approach that identifies and treats over 55 common²⁷ (there are likely over 100) underlying causes of infertility. As outlined by the RESTORE Act recently introduced in Congress, Restorative Reproductive Medicine is essentially:

“Any scientific approach to reproductive medicine that seeks to cooperate with, or restore the normal physiology and anatomy of, the human reproductive system, without the use of methods that are inherently suppressive, circumventive, or destructive to natural human functions,” and

“May include ultrasounds, blood tests, hormone panels, laparoscopic and exploratory surgeries, examining the man's or woman's overall health and lifestyle, eliminating environmental endocrine disruptors, and assessing the health and fertility of the individual's partner, Natural Procreative Technology, fertility awareness based methods, and fertility education and medical management.”²⁸

This approach seeks to care for the individual in a holistic manner, improving their overall health (in addition to their fertility). It helps ensure a more optimal environment for an eventual baby as well, improving health outcomes for infants.

Notably, a simulation study indicates that expanding RRM access could reduce infertility at a population level, demonstrating its utility.²⁹ In other words, this study shows it is more than likely possible to achieve the Administration's stated goal of increasing the U.S. fertility rate via RRM.

Underscoring this point, several single-clinic studies show “adjusted cumulative live birth rates ranging from 29% to 66% when “subfertile couples” receive “Restorative Reproductive Medicine ... for up to two years,”³⁰ removing the need for an expensive, risk-laden IVF procedure. Documented cases further demonstrate that Restorative Reproductive Medicine can “improve fertility rates even after IVF failure.”³¹ For example, a 2018 study found 32.1% of women with an average of two failed IVF attempts experienced a live birth after undergoing RRM.³² A later study by the same author found RRM led to successful live births for 41% of participants, where 30%

²⁷ “Fertility Benefits for Employers,” Reply Fertility, accessed June 18, 2026, <https://www.replyfertility.com/Fertility-Benefits-Employers>.

²⁸ Rep. Diana Harshbarger, RESTORE Act, May 23, 2025, Congress.gov, <https://www.congress.gov/bill/119th-congress/house-bill/3589/text>.

²⁹ Joseph B. Stanford et al., “Potential Increase of the U.S. Total Fertility Rate Resulting from Restorative Treatment of Unresolved Subfertility: A Simulation Study,” *Frontiers in Reproductive Health*, May 25, 2026, <https://www.frontiersin.org/journals/reproductive-health/articles/10.3389/frph.2026.1856175/full>.

³⁰ Joseph B Sanford et. al, “International Natural Procreative Technology Evaluation and Surveillance of Treatment for Subfertility (iNEST): enrollment and methods,” *Oxford Academic*, August 9, 2022, <https://academic.oup.com/hropen/article/2022/3/hoac033/6659100>.

³¹ “Ethical Treatment of Human Embryos,” AAPLOG Committee Opinion, No.12, October 2024, <https://aaplog.org/wpcontent/uploads/2024/11/2024.11.19-WEBSITE-CO-12-Ethical-Treatment-of-Human-Embryos-final.pdf>.

³² Phil C Boyle, et. al., “Healthy Singleton Pregnancies From Restorative Reproductive Medicine (RRM) After Failed IVF,” *Frontiers in Medicine*, July, 2018, https://www.researchgate.net/publication/326714877_Healthy_Singleton_Pregnancies_From_Restorative_Reproductive_Medicine_RRM_After_Failed_IVF.

had a previous miscarriage and 19% had previously tried IVF (and most couples seeking a second live birth were successful).³³ Furthermore, the study points out that “RRM reduces the risk of multiple pregnancy, low birth weight and premature delivery compared to IVF.”³⁴

Patient preferences strongly align with this approach: In an analysis of two national online surveys conducted by independent organizations, 70% of patients prefer treatments that address underlying causes, and when informed about options (RRM vs. IVF), 69% prefer natural fertilization approaches compared to 17% for laboratory fertilization.³⁵ Notably, “nearly half were unaware of any medical risks of IVF.”³⁶ A separate poll found 78% of respondents “would be more likely to pursue non-IVF options first if they had better information about them.”³⁷

These results underscore the desire for RRM, public awareness efforts, and informed consent processes that explicitly address these risks (outlined below). Given this, coverage should, by default, direct patients to fertility education resources and methods, such as Natural Procreative Technology (NaPro, “a medical and surgical discipline that works cooperatively with reproductive physiology to identify and treat the conditions that conventional reproductive medicine routinely fails to diagnose”³⁸), FEMM Medical Management and NeoFertility protocols, all of which “diagnose and treat the underlying condition rather than suppress symptoms or bypass the reproductive system.” NaPro, for example, has been utilized successfully for decades: Its success rates without medical intervention range from 20-40% (from “charting the FertilityCare System” and “fertility-focused intercourse”), rising to up to 80% with restorative medical or surgical treatments.

In short, the final rule should explicitly outline that coverage is available for all RRM diagnostic services and treatments, including but not limited to: NaPro Technology, surgical treatment of underlying conditions, fertility awareness-based methods, and male factor infertility workup and treatment. The availability of these covered (non-IVF) options and educational materials related to them should be included in the notices.

RRM Promotes Fiscal Responsibility

In addition to promoting whole-health solutions to infertility, RRM has another advantage over IVF: affordability. IVF is a high-cost, procedure-based, invasive, often painful, and often unsuccessful intervention. A single IVF cycle typically costs between \$15,000 and \$30,000, with total costs often reaching \$40,000 to \$60,000 or more, as most require multiple cycles to achieve

³³ Phil Boyle, et al., “Restorative reproductive medicine (RRM) outcomes compared to in-vitro fertilization (IVF) for the treatment of infertility: a retrospective evaluation of a 2019 clinic cohort compared to one cycle of IVF,” *Journal of Restorative Reproductive Medicine*, Vol. 1, September 2025, <https://doi.org/10.63264/gejytw70>.

³⁴ Ibid.

³⁵ Tracey A. Parnell, “Public Awareness, Perceptions, and Preferences in Fertility Treatment: Secondary Analysis of Two Public Surveys,” *Journal of Restorative Reproductive Medicine*, Vol. 2, April 15, 2026, <https://rrmjournl.org/index.php/jrrm/article/view/22>.

³⁶ Ibid.

³⁷ Beyond IVF Report, *Carrot*, March 2026, <https://content.get-carrot.com/rs/418-PQJ-171/images/2026-Beyond-IVF-Report.pdf>.

³⁸ Ibid.

a live birth.³⁹ (Note: While Executive Order 14216 states one IVF cycle costs between \$12,000 and \$25,000,² lower-end estimates often exclude various fees, such as those for medication.⁴⁰)

By contrast, RRM’s approach, which consists of “identifying the fertile window, restoring hormonal balance, recommending lifestyle modifications, and prescribing medications,” makes it more affordable by design.⁴¹ Specific RRM methods such as NaPro are delivered “at a fraction of that cost”⁴² (of IVF) and are often less than \$10,000, depending on patient needs.⁴³ Furthermore, though surgeries may be recommended as part of RRM methods, they tend to address broader health issues, such as “removing painful endometrial lesions.”⁴⁴

In short, this cost differential reflects fundamentally different models of care. IVF is, as noted, invasive and frequently requires multiple rounds to achieve a single live birth. It is an inherently “circumventive,” often destructive, one-size-fits-all approach, whereas RRM is diagnostic, personalized, and integrated into standard medical practice.⁴⁵

Expert analysis concurs with this approach:

*“There are substantial concerns about expanding use of IVF, including high cost and impact on neonatal outcomes. Epidemiologic studies have demonstrated higher incidence of preterm birth (PTB), low birthweight (LBW), and birth defects among children conceived through IVF . . . **Our findings support efforts to encourage women to give an adequate trial of the least invasive fertility treatment that may work for them.**”⁴⁶*

*“ART [assisted reproductive technology such as IVF] increases the risk of preterm birth, low birth weight, and birth defects. . . . In light of the safety of future ART generations, **one rule should apply to all ART: if a method is clinically unnecessary, then avoid it.**”⁴⁷*

“Women should not spend years in pain struggling with ‘unexplained infertility’ when restorative treatments could alleviate their pain and remove barriers to successfully

³⁹ “How Much Is an IVF Cycle? A Full Cost Breakdown,” Science Insights, May 11, 2026, <https://scienceinsights.org/how-much-is-an-ivf-cycle-a-full-cost-breakdown/>; “How Much Does IVF Cost in 2026? A Complete US Pricing Breakdown” Coastal Fertility Medical Center, May 21, 2026, <https://coastalfertility.com/blog/ivf-cost/>.

⁴⁰ Ibid.

⁴¹ Marguerite Duane and Tucker Brown, “Restorative Reproductive Medicine for Infertility: A Safe, Effective, Affordable Alternative,” FACTS About Fertility, February 27, 2025, <https://www.factsaboutfertility.org/restorative-reproductive-medicine-for-infertility-a-safe-effective-affordable-alternative/>.

⁴² Naomi Whittaker, “NaProTechnology: How It Works, What It Treats, and How to Find a Provider,” RRM Academy, last updated June 11, 2026, <https://rrmacademy.org/naprotechnology/>.

⁴³ “NaProTECHNOLOGY vs. In Vitro Fertilization (IVF),” FertilityCare Center of Central Arkansas, accessed June 22, 2026, <https://fertilitycarearkansas.squarespace.com/napro-vs-in-vitro/>.

⁴⁴ Marguerite Duane and Tucker Brown, “Restorative Reproductive Medicine for Infertility: A Safe, Effective, Affordable Alternative,” FACTS About Fertility, February 27, 2025, <https://www.factsaboutfertility.org/restorative-reproductive-medicine-for-infertility-a-safe-effective-affordable-alternative/>.

⁴⁵ “What Is Restorative Reproductive Medicine (RRM)?,” International Institute for Restorative Reproductive Medicine, accessed June 22, 2026, <https://iirrm.org/what-is-rrm/>.

⁴⁶ Jessica N. Sanders et al., “Fertility Treatments and the Risk of Preterm Birth among Women with Subfertility: A Linked-Data Retrospective Cohort Study,” *Reproductive Health* 19, March 29, 2022, <https://doi.org/10.1186/s12978-022-01363-4>.

⁴⁷ Anja Pinborg, Ulla-Britt Wennerholm, and Christina Bergh, “Long-term Outcomes for Children Conceived by Assisted Reproductive Technology,” *Fertility and Sterility*, Vol. 120, no. 3, pt. 1, September 2023, <https://doi.org/10.1016/j.fertnstert.2023.04.022>.

*conceiving and carrying children. **Such methods may also increase a couple's success rates if they decide to still use IVF, too.***"⁴⁸

As an aside: The American Society for Reproductive Medicine has undermined RRM by stating it is an ideological term that tends to exclude IVF, noting that fertility clinics already offer the primary benefits of restorative medicine. These arguments are seemingly contradictory; if it is an ideological practice that ASRM criticizes, why are the practiced fertility clinics offering it?

To be clear, ASRM is trying to skew reality by tying RRM to those opposed to IVF. Not only is this not a fair assessment (as while some promoters of RRM do veer away from IVF, others simply underscore that RRM is a vital foundation for IVF), but it ignores some fatal flaws in ASRM's position as a whole. For example, ASRM specifically states that fertility clinics participate in "proper diagnosis,"⁴⁹ yet they also define infertility to include individuals without an actual medical condition leading to infertility.⁵⁰ In such cases, there is no infertility to treat; rather, IVF is used to create a baby to meet the desires of adults. RRM, on the other hand, recognizes that infertility is a symptom of a medical condition or disease — not a societal choice.

Furthermore, there are stories of women who have unsuccessfully tried IVF and later turned to RRM with great success (achieving a live birth), a reality suggesting that fertility clinics do not, on the whole, "properly" diagnose infertility (more on this below).

IV. Exclude Assisted Reproductive Technologies from Coverage (*Pending Enactment of Comprehensive Federal Safeguards Per Point V*)

As highlighted above, there is a significant information gap between Americans' knowledge of IVF as an option to address infertility and its related risks; many individuals are unaware of the medical risks and ethical considerations associated with IVF.⁵¹ Yet beyond informed consent concerns, the fertility industry itself is structurally problematic, leading to immense emotional trauma and grief for countless individuals. Any federal action related to ART should seek to close this information gap and address the core medical and ethical considerations of ART, beginning with the fact that the (largely unregulated) fertility industry is currently responsible for ending more lives than the abortion industry.

Structural Deficiencies in the Fertility Industry

⁴⁸ Emma Waters, "To Address Infertility, It's Time to Give Real Reproductive Health Options..."

⁴⁹ "Just the Facts: 'Restorative Reproductive Medicine' and 'Ethical IVF' Are Misleading Terms That Threaten Access," American Society for Reproductive Medicine, accessed June 22, 2026, <https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/just-the-facts-restorative-reproductive-medicine-and-ethical-ivf-are-misleading-terms-that-threaten-access/>.

⁵⁰ American Society for Reproductive Medicine, "Definition of Infertility: A Committee Opinion," 2023, <https://www.asrm.org/practice-guidance/practice-committee-documents/definition-of-infertility/>.

⁵¹ Tracey A. Parnell, "Public Awareness, Perceptions, and Preferences in Fertility Treatment: Secondary Analysis of Two Public Surveys," *Journal of Restorative Reproductive Medicine*, Vol. 2, April 15, 2026, <https://rrmjournals.org/index.php/jrrm/article/view/22>.

The fertility industry operates with limited and fragmented regulatory oversight despite involving the creation and handling of human embryos.⁵² The following are key systemic issues present in the fertility industry.

1. Standard Practices Lead to Avoidable Loss of Life

Routine IVF processes create excess embryos, often far beyond those intended for implantation. The remaining embryos are either discarded, destroyed, frozen (at a rate of \$500-\$1,500 annually, with estimates as high as \$15,000,⁵³ not including initial transfer costs), or “donated” (dehumanizing the child) for research purposes.⁵⁴ For those embryos that are utilized, most fail to implant or are lost at various stages of pregnancy (miscarried or stillborn).⁵⁵ A systematic review of 17 studies of couples undergoing ART treatments highlights, “Miscarriage is a common and distressing complication, **the incidence of which is much higher in couples undergoing ART than in natural pregnancies.**”⁵⁶ For those children who do survive pregnancy, they face a higher risk of death in the first year of life.⁵⁷

Underscoring this point, according to the most recent data available from the CDC, the percentage of live births resulting from embryo transfers using a patient’s own eggs ranged from 31.6%-43.6% for women up to age 40.⁵⁸ After age 40, this declines dramatically; according to one global fertility agency, IVF leads to live birth for approximately 7% of women over 40.⁵⁹ Another study highlights that anticipated “success” is often met with discouragement; while almost 60% of patients expect to

⁵² “Current Fertility Industry Practices Call for Strict Oversight,” Promotion of Restorative Reproductive Medicine, Liberty Counsel Action, Fall 2025, https://lcaction.org/PDFs/LCA/PolicyAnalysisandRecommendationsonCurrentFertilityIndustryPractices_LCA0825.pdf.

⁵³ “Cost of Treatment,” Alliance for Fertility Preservation, accessed June 22, 2026, <https://www.allianceforfertilitypreservation.org/expenses/cost-of-treatment/>.

⁵⁴ “It Takes More Than One: Why IVF Patients Often Need Multiple Embryos to Have a Baby,” American Society for Reproductive Medicine, accessed June 22, 2026, <https://www.asrm.org/advocacy-and-policy/fact-sheets-and-one-pagers/it-takes-more-than-one/>.

⁵⁵ Lingmin Hu et al., “Influencing Factors of Pregnancy Loss and Survival Probability of Clinical Pregnancies Conceived Through Assisted Reproductive Technology,” *Reproductive Biology and Endocrinology* 16 (2018): 74, <https://doi.org/10.1186/s12958-018-0390-6>; see also Greater Washington Maternal-Fetal Medicine & Genetics, “How High Are the Risks with IVF Pregnancy?” April 24, 2025, <https://www.gwmfm.com/how-high-are-the-risks-with-ivf-pregnancy/>; “How Likely Are You to Miscarry When Going Through an IVF Treatment?” London IVF and Genetics Centre, September 9, 2016, <https://www.londonivfandgenetics.co.uk/how-likely-are-you-to-miscarry-when-going-through-an-ivf-treatment/>; Emma Waters, “A Christian’s Practical Guide to Reproductive Technology,” The Heritage Foundation, June 6, 2024, <https://www.heritage.org/life/commentary/christians-practical-guide-reproductive-technology>.

⁵⁶ Seyed Ali Fatemi Aghda et al., “Determining Risk Factors Predicting Miscarriage among Couples Undergoing Assisted Reproductive Treatment: A Systematic Review,” *BMC Pregnancy and Childbirth* 26 (2026): 315, <https://pmc.ncbi.nlm.nih.gov/articles/PMC13015064/>.

⁵⁷ Deepa Dongarwar and Hamisu Mohammed Salihu, “Risk of Stillbirth after Infertility Treatment in the United States: 2014-2017,” *International Journal of Maternal and Child Health and Aids*, February 2020, <https://mchandaid.org/risk-of-stillbirth-after-infertility-treatment-in-the-united-states-2014-2017/>; Kenny A Rodriguez-Wallberg et. al., “Mortality from infancy to adolescence in singleton children conceived from assisted reproductive techniques versus naturally conceived singletons in Sweden,” *Fertility and Sterility*, 113, No. 3, March 2020, [https://www.fertstert.org/article/S0015-0282\(19\)32488-4/fulltext](https://www.fertstert.org/article/S0015-0282(19)32488-4/fulltext).

⁵⁸ “National ART Summary,” U.S. Centers for Disease Control and Prevention, accessed February 17, 2025, <https://www.cdc.gov/art/php/national-summary/index.html?cove-tab=1>.

⁵⁹ “IVF Success Rates By Age,” ELITE IVF – Global IVF Clinic, accessed February 17, 2025, <https://www.elite-ivf.com/ivfsuccess-rates-by-age/>.

achieve a live birth, doctors' average estimates for said patient success were just over 30%.⁶⁰ The emotional and physical impacts of often multiple pregnancy losses are impossible to calculate. Totalling the number of lives lost or frozen is nearly impossible, given the lack of comprehensive reporting requirements.⁶¹

2. Lack of Regard for Life & Indefinite Freezing of Lives

As noted above, most embryos created in IVF cycles never implant, and thousands of couples have opted to freeze their children, often indefinitely. Current estimates suggest there are between one and ten million frozen embryos nationwide.⁶² In 2024 alone, a conservative estimate based on the most recent data available from the American Society for Reproductive Medicine (ASRM) suggests approximately 3.9 million embryos were lost or frozen in perpetuity, a number that has most likely increased.⁶³ By way of comparison, that is nearly four times the estimated number of induced abortions in 2024.⁶⁴ Any policy seeking to expand IVF access without providing limitations on embryo

⁶⁰ J Devroe, K Peeraer, T M D'Hooghe, J Boivin, A Laenen, J Vriens, E A F Dancet, "Great expectations of IVF patients: the role of gender, dispositional optimism and shared IVF," *Human Reproduction*, Volume 37, No. 5, May 2022, <https://academic.oup.com/humrep/article/37/5/997/6537090>.

⁶¹ While federal law requires fertility clinics to report some data, they are not required to report the number of embryos created nor their status (frozen, discarded, implanted, etc.); furthermore, the reporting requirements lack a formal enforcement mechanism, and in 2021, 50 clinics either did not submit data "or approve their data to be included" in the CD's report. Congressional Research Service, "Assisted Reproductive Technology Regulation and Oversight," In Focus IF13144, January 6, 2026, <https://www.congress.gov/crs-product/IF13144>.

⁶² Jessica Hamzelou, "Inside the strange limbo facing millions of IVF embryos," *MIT Technology Review*, January 13, 2025, <https://www.technologyreview.com/2025/01/13/1109922/inside-the-strange-limbo-facing-ivf-embryos/>. See also: Joshua Sharfstein, "The Alabama Supreme Court's Ruling on Frozen Embryos," *John Hopkins Bloomberg School of Public Health*, February 27, 2024, <https://publichealth.jhu.edu/2024/the-alabama-supreme-courts-ruling-on-frozen-embryos>.

⁶³ Data from The American Society for Reproductive Medicine (ASRM) indicates there were 449,772 IVF cycles in 2024, which resulted in 100,158 live-born infants. This does not include egg or embryo "banking." If one uses a conservative estimate that 9 eggs are fertilized per cycle (according to multiple sources, an average IVF cycle retrieves 7-20 eggs and about 50-80% are fertilized; our estimate is 70% fertilization rate of the median number (13.5) of eggs retrieved), that equates to approximately 4 million lives ($9 \times 449,772 = 4,047,948$) created – and approximately 3.9 million lives lost or frozen (4,047,948-100,158). Sources: "For the First Time, More Than 100,000 Babies Born Through IVF in the U.S. in a Single Year," *American Society for Reproductive Medicine*, March 24, 2026, Washington, DC, <https://www.asrm.org/news-and-events/asrm-news/press-releasesbulletins/for-the-first-time-more-than-100000-babies-born-through-ivf-in-the-u.s.-in-a-single-year/>. Sources showing average eggs retrieved per cycle - Teresa Villegas, "How Many Eggs Are Recovered in a Normal IVF Procedure?" *How We Became a Family*, last updated May 3, 2026,

<https://howwebecameafamily.com/how-many-eggs-are-recovered-in-a-normal-ivf-procedure.html>

(10-15); "How Many Eggs Is Normal for Egg Retrieval?" *Biology Insights*, August 6, 2025,

<https://biologyinsights.com/how-many-eggs-is-normal-for-egg-retrieval/>

(8-14); CNY Fertility, "Number of Eggs Retrieved in IVF: Average, Optimal, By Age," last updated October 26, 2025,

<https://www.cnyfertility.com/how-many-eggs-are-retrieved-during-ivf-age-and-success-rates/> (7-20, depending on age). Sources showing percent of fertilized eggs: Progyny, "Egg Retrieval: How Many Can I Expect?" updated January 2026, <https://progyny.com/education/ivf-facts/egg-retrieval-how-many-can-i-expect> (70-80 percent); Editorial

Committee IVI Blog, "The Average Number of Eggs Retrieved During IVF," *IVI*, May 30, 2023,

<https://www.ivi.uk/blog/average-number-eggs-retrieved-during-ivf/> (70-80 percent); Alife Health, "The IVF Funnel

and Success Rates," accessed June 22, 2026, <https://www.alifehealth.com/blog/the-ivf-funnel-and-success-rates/> (70-80 percent of mature eggs). See also: Jessica Manns, "The IVF Funnel: What You Need to Know About IVF Success Rates," *Dandi Fertility*, accessed June 22, 2026, <https://dandifertility.com/blogs/blog/the-ivf-funnel-what-you-need-to-know-about-ivf-success-rates>.

⁶⁴ "Abortion in the United States," *Guttmacher Institute*, March 2026, <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.

creation and regulations on embryo outcomes would exacerbate this staggering disregard for human life.

3. A Level of Gross Negligence Absent Any Other Medical Field via Failure to Prevent “Never Events”

Currently, there are very few regulations providing effective protection for women and children undergoing IVF. Federal law imposes some regulations, though evidence suggests they lack efficacy. The Fertility Clinic Success Rate and Certification Act (FCSRCA) is meant to govern ART programs and fertility clinics, requiring ART programs “to report data to CDC,” and directing the CDC “to develop a model certification program” that states can voluntarily adopt.⁶⁵ In other words, while IVF providers are technically meant to report to the CDC, said requirements “are not enforced and do not include information on accidents, adverse events, or legal or regulatory actions against clinics.”⁶⁶ In 2021, 33 out of 453 ART clinics “did not comply with reporting requirements.”⁶⁷ Of specific concern, the fertility industry is exempt from reporting “never events” (or “major, avoidable mistakes”), which are closely regulated in every other field of medicine.⁶⁸ As outlined by Emi Nietfeld, the fertility industry is, for the most part, “self-regulated by professional bodies that have no enforcement power, besides referring reckless doctors to state medical boards.”⁶⁹

This lack of oversight has contributed to numerous egregious harms, including the following:

- After undergoing IVF with an embryo they believed to be their own, a Florida couple gave birth to a daughter who “didn't look like either of them” (they are white, the child is not).⁷⁰ Feeling a moral obligation to seek out the biological parents, they identified them and subsequently came to a mutual custody agreement after much emotional trauma: The biological parents are heartbroken, yet Florida laws favors the birth parents, and so they determined not to fight for custody.⁷¹ While both couples are suing the now-closed fertility clinic that caused the mix-up, the result of the gross negligence remains. As outlined by a lawyer involved in the case, “no one should be placed in” this situation. “It's just inexcusable.”

⁶⁵ Letter from Senator Bill Cassidy, M.D., et al to Christi Grimm, Inspector General of HHS, June 20, 2024, https://www.help.senate.gov/imo/media/doc/2024-06-20_letter_from_bc_et_al_to_hhs_oig_re_ivf_finalpdf.pdf.

⁶⁶ Mary E. Harned, "IVF Industry Regulation in the United States: Changes Are Needed to Protect Embryonic Children and their Families," Charlotte Lozier Institute, November 13, 2024, <https://lozierinstitute.org/ivf-industry-regulation-in-the-united-states-changes-are-needed-to-protect-embryonic-children-and-their-families/>.

⁶⁷ Ibid.

⁶⁸ Doha Madani and Jo Ling Kent, “Couple says fertility clinic that mixed up their embryos put them 'through living hell',” NBC News, July 10, 2019, <https://www.nbcnews.com/news/us-news/couple-says-fertility-clinic-mixed-their-embryos-put-them-through-n1028396>.

⁶⁹ Emi Nietfeld, “America’s IVF Failure,” The Atlantic, May 2, 2024, <https://www.theatlantic.com/ideas/archive/2024/05/america-ivf-regulation-failures/678259/>.

⁷⁰ David Chiu, “Couple in IVF Embryo Mixup Reach Custody Agreement with Infant Daughter’s Biological Parents: Filing,” People, June 15, 2026, <https://people.com/couple-ivf-embryo-mixup-reach-custody-agreement-daughters-biological-parents-11998206>.

⁷¹ Ibid.

- In May 2024, Krystena Murray was forced to relinquish custody of the child she had birthed through IVF, a child she “immediately” knew was not her own: She and her sperm donor are both white, and the baby was black.⁷² While she had resolved to raise the child, the biological parents discovered the issue and demanded custody. Murray, who was left “emotionally and physically broken,” shares that while she “considered the consequences of IVF going in [including infection, sterility, and even death],” she “never once” considered she may “birth someone else’s child and have them taken from me ... I feel like that should be something that women are aware of as an actual possibility.”⁷³
- In April 2024, Ovation Fertility in Newport Beach, California, was sued by 11 couples “for using hydrogen peroxide instead of distilled water during the incubation process” and for relying on “inexperienced, cheap, unqualified, and untrained employees to cut corners and maximize profits.”⁷⁴ Despite knowing they were unviable, the clinic transferred over two dozen embryos into would-be mothers, then “waited over a month to tell them something went wrong.”⁷⁵
- A 2023 investigation into Kindbody, a fertility provider with 33 clinics nationwide, uncovered “multiple instances of accidental embryo destruction, mislabeled embryos, and labs with faulty heating, ventilation, and air conditioning systems.”⁷⁶ One woman experienced intense trauma after waiting for three hours to have her last embryo implanted, having invested over \$30,000 and undergone multiple hormone injections, only to learn it was mislabeled and the clinic was not sure it was hers.⁷⁷
- In 2021, two women gave birth to and raised each other’s children for months after the California Center for Reproductive Health and In Vitrotech Labs “mixed up” their embryos; DNA testing eventually revealed the mistake.⁷⁸
- In 2019, a New Jersey couple filed suit against the Institute for Reproductive Medicine and Science, “alleging they put “the wrong egg with the wrong sperm.”⁷⁹ The couple noticed Asian features developing in the child at around the two-year mark, and after a DNA test showed the father had a 0% chance of being biologically related, the stress and tension that ensued led to divorce.⁸⁰
- In recent years, numerous “fertility fraud” cases have come to light; specifically, the cases “claim dozens of women unknowingly gave birth to children fathered by more than 50 doctors,” some of whom are accused of illegally using “their own sperm to

⁷² Associated Press, “Woman Sues Fertility Clinic, Saying She Gave Birth to Another Patient’s Baby,” U.S. News and World Report, February 18, 2025, <https://www.usnews.com/news/us/articles/2025-02-18/woman-sues-fertility-clinic-sayingshe-gave-birth-to-another-patients-baby>.

⁷³ Ibid.

⁷⁴ Letter from Senator Bill Cassidy, M.D., et al to Christi Grimm, Inspector General of HHS, June 20, 2024, https://www.help.senate.gov/imo/media/doc/2024-06-20_letter_from_bc_et_al_to_hhs_oig_re_ivf_finalpdf.pdf.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Jackie Davalos, “Kindbody Fertility Clinic Embryo Errors Spotlight IVF Business Risks,” *Bloomberg*, October 13, 2023, <https://www.bloomberg.com/news/articles/2023-10-13/kindbody-fertility-clinic-embryo-errors-spotlight-ivf-business-risks>.

⁷⁸ Letter from Senator Bill Cassidy, M.D., et al to Christi Grimm, Inspector General of HHS...

⁷⁹ “NJ couple sues fertility clinic, saying wrong sperm used to conceive child,” ABC News, September 12, 2019, <https://abc7news.com/fertility-clinic-mixup-new-jersey-lawsuit/5532537/>.

⁸⁰ Ibid.

artificially inseminate patients.”⁸¹ Caused by a lack of regulation, such scenarios can lead “to a worst-case scenario coming to pass: accidental incest.”⁸² In one case, a woman conceived with sperm from a fertility doctor (allegedly without her mother’s permission) eventually discovered she had 22 siblings—one of whom had been her high school boyfriend.⁸³

- In 2018, over 150 families filed suit against University Hospitals in Ohio after a freezer malfunctioned, leading to the loss of 4,000 eggs and embryos. According to one news source, “Temperatures rose in a cryopreservation tank, rendering the embryos and the eggs of more than 900 families nonviable.”⁸⁴
- In 2018, a California freezer tank failed, killing more than 3,500 human embryos and eggs. Over 140 federal lawsuits were filed against the tank manufacturer.⁸⁵
- An Alabama case was entirely centered on the wrongful death of embryos who died after someone tampered with the cryogenic nursery in 2020.⁸⁶

As summarized by an attorney whose firm has represented hundreds of people with fertility industry claims, “Tragically, we see very serious errors on a daily basis. **These are the wild west days of the American fertility industry ... It can do, basically, whatever it likes.**”⁸⁷

4. Commodification and Exploitation of Children via Eugenics

Standard IVF practices often involve embryo grading, genetic testing, and selection. The most common approach, preimplantation genetic testing, is currently offered by over 90% of ART clinics for characteristics ranging from eye color to sex and even IQ (with 73% explicitly offering sex selection).⁸⁸ Such testing for the purposes of selecting “desirable” embryos is the epitome of eugenics, widely accepted as a failed science post the horror of the Nazi regime in Germany. Some seek to justify the current practice of eugenics by

⁸¹ Mary Whitfill Roeloffs, “Doctors Impregnating Patients: Major Cases In 2023 Allege ‘Fertility Fraud’ Lead To ‘Secret Children,’” *Forbes*, December 15, 2023, <https://www.forbes.com/sites/maryroeloffs/2023/12/15/doctors-impregnating-patients-major-cases-in-2023-allege-fertility-fraud-lead-to-secret-children/>.

⁸² Rob Kuznia, Allison Gordon, Nelli Black, and Kyung Lah, “‘I slept with my half-sibling’: Woman’s horror story reflects loosely regulated nature of US fertility industry,” *CNN*, February 14, 2024, <https://www.cnn.com/2024/02/14/us/fertility-fraud-accidental-incest-invs/index.html>.

⁸³ *Ibid.*

⁸⁴ John Caniglia, “UH freezer malfunction update: More than 150 families settle lawsuits in loss of embryos,” September 29, 2019, *Cleveland.com*, <https://www.cleveland.com/news/2019/09/uh-freezer-malfunction-update-more-than-150-families-settle-lawsuits-in-loss-of-embryos.html>.

⁸⁵ Edward Helmore, “Five fertility clinic patients awarded \$15m after failure of freezing tank,” *The Guardian*, June 12, 2021, <https://www.theguardian.com/us-news/2021/jun/12/fertility-clinic-freezing-tank-failure-california>; Nicholas Iovino, “Jurors Asked to Award \$30 Million for Lost Eggs and Embryos,” *Courthouse News Service*, June 9, 2021, <https://www.courthousenews.com/jurors-asked-to-award-30-million-for-lost-eggs-and-embryos/>.

⁸⁶ “LePage v. Center for Reproductive Medicine, P.C.,” *Justia US Law*, accessed October 22, 2024, <https://law.justia.com/cases/alabama/supreme-court/2024/sc-2022-0579.html>.

⁸⁷ Edward Helmore, “Five fertility clinic patients awarded \$15m after failure of freezing tank,” *The Guardian*, June 12, 2021, <https://www.theguardian.com/us-news/2021/jun/12/fertility-clinic-freezing-tank-failure-california>.

⁸⁸ Sarah M. Capelouto et al., “Sex Selection for Non-Medical Indications: A Survey of Current Pre-Implantation Genetic Screening Practices among U.S. ART Clinics,” *Journal of Assisted Reproduction and Genetics*, Vol. 35, No. 3, October 28, 2017, <https://pmc.ncbi.nlm.nih.gov/articles/PMC5904054/>; Emma Waters, “Babies Aren’t Disposable, at Any Stage,” *The Heritage Foundation*, February 15, 2023, <https://www.heritage.org/life/commentary/babies-arent-disposable-any-stage>; Hannah Devlin, Tom Burgis, David Pegg, and Jason Wilson, “US startup charging couples to ‘screen embryos for IQ,’” *The Guardian*, October 18, 2024, <https://archive.is/urFkV>.

distinguishing the reasons for it, but the outcome is the same: individuals die if they don't make the grade.⁸⁹ Indeed, it should not go unmentioned that Germany has some of the strongest IVF protections, largely because the history of eugenics under Nazism is very present in the national psyche.⁹⁰ The German population understands fully the weight of creating human life and the danger of choosing characteristics to suit one's own desires.

Ironically, though preimplantation genetic testing (PGT) remains routine in IVF, the American Association of Pro-Life OBGYNs (AAPLOG) found "several studies indicate PGT lowers the live birth rate; does not improve pregnancy, implantation, or live birth rates; and should not be used except perhaps for research studies."⁹¹

5. Commodification and Exploitation of Children via Surrogacy: *Classifying Children as Property That Can be Donated, Bought, and Sold*

As noted previously, the current standard practices associated with IVF involve the option of "donating" embryos to research or to other couples. Treating embryonic children as a "thing" that may be donated is unfortunately entirely permissible, as, legally, embryos are considered property (to that end, one of our key recommendations is to ensure any future legislation surrounding embryos classifies them under family law, not property law).⁹²

While the oft-used term "embryo adoption" is more palatable to many, most fertility clinics fail to require anything close to the rigorous process adoptive parents undergo; in fact, ASRM expressly discourages the use of the phrase, arguing embryos should not be classified as persons.⁹³ This lack of oversight led to the currently unresolved case in Pennsylvania, where a tier 1 registered sex-offender is still the legal guardian of a child born to a surrogate mother. Unless strictly prohibited under the proposed rule, insurance coverage for IVF could advance the promotion of all forms of surrogacy, enabling individuals to "buy" an egg or sperm, "rent" a womb, and "create" a child or "designer baby" with traits to their liking.⁹⁴ By design, it severs the "natural maternal bonding that

⁸⁹ Vera Lúcia Raposo, "From Public Eugenics to Private Eugenics: What Does the Future Hold?" National Library of Medicine, October 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9635610/>.

⁹⁰ Specifically, the law requires all artificially fertilized eggs to be intended for pregnancy—that is, one cannot create numerous embryos to test for various characteristics and either discard or freeze the ones that don't make the cut. Furthermore, the law prohibits egg donation, surrogacy, and embryo experimentation. "Law on the Protection of Embryos (Embryo Protection Act - ESchG)," Federal law (consolidated daily: all versions since 2006), accessed November 14, 2024, <https://www.buzer.de/gesetz/2831/index.htm>.

⁹¹ "Ethical Treatment of Human Embryos," AAPLOG Committee Opinion, No. 12, October 2024, <https://aaplog.org/wpcontent/uploads/2024/11/2024.11.19-WEBSITE-CO-12-Ethical-Treatment-of-Human-Embryos-final.pdf>.

⁹² Ibid.

⁹³ Ethics Committee of the American Society for Reproductive Medicine, "Defining Embryo Donation: An Ethics Committee Opinion (2023)," American Society for Reproductive Medicine, 2023, <https://www.asrm.org/practice-guidance/ethics-opinions/defining-embryo-donation-an-ethics-committee-opinion-2023/>.

⁹⁴ The Cambridge Dictionary defines a designer baby as one "whose genes have been chosen by its parents and doctors so that it has particular characteristics." Cambridge Advanced Learner's Dictionary & Thesaurus, (Cambridge University Press), "Designer Baby," entry, accessed February 25, 2025, https://dictionary.cambridge.org/us/dictionary/english/designer-baby#google_vignette.

takes place during pregnancy,” which can lead to difficulties in adjustment for children and often deprives a child of either a mother or a father.⁹⁵

Those who engage in “designing” a child exacerbate the issue of commodification, paying to have embryos screened for traits like sex, eye color, and more, and discarding embryos that don’t make the grade.⁹⁶ Referring to surrogacy agencies, Kallie Fell, executive director of the Center of Bioethics and Culture, states, “Anything goes. And these clinics, these agencies are not regulated by any governing body.”⁹⁷

6. Commodification and Exploitation of Women via Surrogacy

Surrogate mothers are at risk of exploitation, often offered exorbitant sums in exchange for carrying another individual’s child, or worse, subject to human trafficking.⁹⁸ By way of example, numerous celebrities have utilized the unregulated surrogacy market.⁹⁹ Said surrogates often have uniquely emotional and at times traumatic experiences, given that “when a high-profile person comes with business managers ... head of security, that can be very intimidating for a surrogate,” who is often drawn to surrogacy for financial reasons.¹⁰⁰

In addition to financial exploitation, surrogate mothers face greater overall risks to their health, including¹⁰¹:

- Future infertility
- Hypertensive disorders
- Pre-eclampsia

⁹⁵ Private and often unregulated surrogacy arrangements highlight a deeper cultural crisis, that of same-sex adoption, which “deliberately and unapologetically deprives a child of either a mother or a father,” exposing children to “confused and destructive” sexual ethics. Paul Batura, “Baby Should Be Immediately Removed from Convicted Child Predator,” Daily Citizen, August 1, 2025, <https://dailycitizen.focusonthefamily.com/baby-should-be-immediately-removed-fromconvicted-child-predator/>. See also: “Three Things You Should Know About Third Party Assisted Reproduction,” The Center for Bioethics and Culture Network, accessed October 23, 2024, <https://cbc-network.org/faq/>.

⁹⁶ Vera Lúcia Raposo, “From Public Eugenics to Private Eugenics: What Does the Future Hold?” National Library of Medicine, October 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9635610/>.

⁹⁷ Rob Hayes, “21 children - all with surrogate mothers - taken from SoCal couple amid investigation,” July 16, 2025, ABC 7 News, <https://abc7news.com/post/surrogacy-scandal-21-children-surrogate-mothers-taken-arcadia-california-coupleamid-investigation/17149058/>.

⁹⁸ Kathryn Jean Lopez, “Please, Can We Pause for the Death of a Wife and Mother of Two?” National Review, January 20, 2020, <https://www.nationalreview.com/2020/01/please-can-we-pause-for-the-death-of-a-wife-and-mother-of-two/>; Special Rapporteur on the sale and sexual exploitation of children, “Report on safeguards for the protection of the rights of children born from surrogacy arrangements,” United Nations Human Rights Office of the High Commissioner, July 15, 2019, <https://www.ohchr.org/en/calls-for-input/report-safeguards-protection-rights-children-born-surrogacy-arrangements>.

⁹⁹ Sophie Schillaci, “Hollywood’s Surrogacy Spotlight: What to Know About the Process Used by Paris Hilton and More Stars,” ET, November 27, 2023, <https://www.etonline.com/hollywoods-surrogacy-spotlight-what-to-know-about-the-process-used-by-paris-hilton-and-more-stars>.

¹⁰⁰ Megha Mohan, “The joy and the trauma of carrying a celebrity’s baby,” BBC, January 28, 2023, <https://www.bbc.com/news/world-us-canada-64421478>.

¹⁰¹ Maria P. Velez, et. al., “Severe Maternal and Neonatal Morbidity Among Gestational Carriers: A Cohort Study,” Annals of Internal Medicine, September 24, 2024, <https://www.acpjournals.org/doi/10.7326/M24-0417>; Grace Melton and Melanie Israel, “How Surrogacy Harms Women and Children,” The Heritage Foundation, May 5, 2021, <https://www.heritage.org/marriage-and-family/commentary/how-surrogacy-harms-women-and-children>; “Jennifer Lahl Speaks to U.S. Senate,” The Center for Bioethics and Culture Network, July, 2024, <https://cbcnetwork.org/2024/07/jennifer-lahl-speaks-to-us-senate/>.

- Gestational diabetes
- Postpartum hemorrhage
- Preterm birth (more so than women undergoing IVF with their own eggs)
- A higher risk of postpartum depression (when compared to their own children's births)
- Severe maternal morbidities, including death

Related, women who sell or donate eggs (which may then be fertilized and implanted in a surrogate) face myriad risks to their health.¹⁰² Similarly, there is a greater risk of complications in pregnancies involving donor eggs; for example, “studies show that women pregnant with donor eggs have a more than threefold risk of developing pregnancy-induced hypertension and pre-eclampsia.”¹⁰³ (*Note, a woman may choose to be a surrogate and use her own eggs, referred to as traditional surrogacy. In such cases, depression scores have been found to be higher.*¹⁰⁴)

Moreover, there are myriad examples of surrogate mothers being asked to abort, which can be emotionally taxing and draining, if not traumatic, experiences for the birth mother. For example, surrogate mother Crystal Kelley was asked to abort after a five-month ultrasound showed “a number of medical problems, including a cleft palate, a brain cyst, and a heart condition.”¹⁰⁵ She refused and was subsequently offered \$10,000. She refused again and was threatened that the child would be placed in an institution. After seeking legal help, she was advised to go to Michigan: “One of the few states in which custody is automatically granted to the gestational mother.”¹⁰⁶ After finding a family to adopt the baby, she fled to Michigan to preserve the child’s life.

7. Myriad Physical Health Risks to Mother and Child

While surrogates undergoing IVF face higher risks, the risks to the mother and children in any IVF procedure are still inordinately high and merit consideration. Children conceived through IVF face:¹⁰⁷

¹⁰² Dr. Melissa Moschella, “Reproductive Technologies and Human Dignity,” Public Discourse, November 17, 2019, <https://www.thepublicdiscourse.com/2019/11/57961/>.

¹⁰³ “Three Things You Should Know About Third Party Assisted Reproduction,” The Center for Bioethics and Culture Network, accessed October 23, 2024, https://cbc-network.org/wpcontent/uploads/2022/02/3_Things_You_Should_Know_About_Third_Party_ReproductionCenter_for_Bioethics_and_Culture.pdf.

¹⁰⁴ Erika L. Fuchs and Abbey B. Berenson, “Outcomes for Gestational Carriers Versus Traditional Surrogates in the United States,” *Journal of Women’s Health*, Vol. 27, No. 5, May 1, 2018, <https://pmc.ncbi.nlm.nih.gov/articles/PMC5962328/>.

¹⁰⁵ Dr. Melissa Moschella, “Reproductive Technologies and Human Dignity,” Public Discourse, November 17, 2019, <https://www.thepublicdiscourse.com/2019/11/57961/>; Elizabeth Cohen, “Surrogate offered \$10,000 to abort baby,” CNN, March 6, 2013, <https://www.cnn.com/2013/03/04/health/surrogacy-kelley-legal-battle/index.html>.

¹⁰⁶ *Ibid.*

¹⁰⁷ Heng-Yu Chang, et. al., “Children Conceived by Assisted Reproductive Technology Prone to Low Birth Weight, Preterm Birth, and Birth Defects: A Cohort Review of More Than 50,000 Live Births During 2011–2017 in Taiwan,” *Frontiers in Pediatrics*, Vol. 8, March 12, 2020, <https://doi.org/10.3389/fped.2020.00087>; Siwei Zhang, et al., “Long-Term Health Risk of Offspring Born from Assisted Reproductive Technologies,” *Journal of Assisted Reproduction and Genetics*, December 26, 2023, <https://doi.org/10.1007/s10815-023-02988-5>; Barbara Luke et al., “The Risk of Birth Defects with Conception by ART,” *Human Reproduction*, Vol. 36, No. 1, January 2021, <https://doi.org/10.1093/humrep/deaa272>; Nancy Flanders, “Trump signs executive order ‘to expand access’ to IVF,”

- A greater risk of birth defects
- “Double the chance of stillbirth”
- An increased risk of leukemia
- Higher blood pressure
- Pre-term birth
- Low birth weight
- An increased risk of “any type of childhood cancer” (according to a 2022 study)
- “An increased risk of noncommunicable diseases, such as malignancies, asthma, obesity, metabolic syndrome, diabetes, cardiovascular diseases, and neurodevelopmental and psychiatric disorders.”

As summarized by a 2023 study on long-term health risks of children born through ART, “There are still many controversies in this field and much remains unknown.”¹⁰⁸ Indeed, overall research on long-term effects is scarce; yet another study on long-term outcomes experienced by ART-conceived children suggests there may be an “increased risk of high blood pressure” and “later onset compromised cardiometabolic health.”¹⁰⁹ The following testimony by expert Jennifer Lahl provided to the U.S. Senate summarizes the why behind these tragic outcomes:

*The Journal of Human Reproduction reported that development of the embryo outside the body means that it is constantly exposed to stresses that it would not experience in the womb. Sources of stress on the human embryo include changes in pH and temperature shifts, exposure to atmospheric (20%) oxygen (vs. 95% in the body) and the build-up of toxins in the media the embryo is in. When more than one stress is present in the laboratory, there is evidence that negative synergies can result, culminating in significant trauma to the developing embryo.*¹¹⁰

Live Action, February 19, 2025, <https://www.liveaction.org/news/trump-executive-order-expanding-access-ivf/>; “Jennifer Lahl Speaks to US Senate,” The Center for Bioethics and Culture Network...; Shiue-Shan Weng et. al., “Assisted Reproductive Technology and Risk of Childhood Cancers,” JAMA Network, August 31, 2022, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795793>; Leah Lawrence, “Assisted Reproductive Technology Linked to Increased Risk of Leukemia,” Cancer Therapy Advisor, May 6, 2024, <https://www.cancertherapyadvisor.com/news/assisted-reproductive-technology-leukemia/>; see also Deepa Dongarwar and Hamisu Mohammed Salihu, “Risk of Stillbirth after Infertility Treatment in the United States: 2014-2017,” International Journal of Maternal and Child Health and Aids, February 2020, <https://mchand aids.org/risk-of-stillbirth-after-infertilitytreatment-in-the-united-states-2014-2017/>; Siwei Zhang et al., “Long-term Health Risk of Offspring Born from Assisted Reproductive Technologies,” Journal of Assisted Reproduction and Genetics, Vol. 41, December 26, 2023, <https://doi.org/10.1007/s10815-023-02988-5>.

¹⁰⁸ Siwei Zhang et al., “Long-term Health Risk of Offspring Born from Assisted Reproductive Technologies,” Journal of Assisted Reproduction and Genetics, Vol. 41, December 26, 2023, <https://doi.org/10.1007/s10815-023-02988-5>.

¹⁰⁹ Anja Pinborg, Ulla-Britt Wennerholm, and Christina Bergh, “Long-term Outcomes for Children Conceived by Assisted Reproductive Technology,” Fertility and Sterility, Vol. 120, no. 3, September 2023, <https://doi.org/10.1016/j.fertnstert.2023.04.022>.

¹¹⁰ “Jennifer Lahl Speaks to U.S. Senate,” The Center for Bioethics and Culture Network, July, 2024, <https://cbcnetwork.org/2024/07/jennifer-lahl-speaks-to-us-senate/>.

Tragically, a Swedish study demonstrates that for those children who are born alive, they likely have “higher infant mortality risks” compared to those born without the use of ART.¹¹¹

Similarly, women undergoing IVF face double the risk of life-threatening pregnancy complications, as well as an increased risk of vascular complications (e.g., irregular heartbeat and kidney injury).¹¹² Alongside medical complications, couples may also experience immense emotional trauma and grief, regardless of the outcome of their fertility journey.¹¹³

8. Promotion of Ethically Questionable Practices

The fertility industry promotes numerous practices that are fraught with moral error. These include surrogacy (as previously detailed), genetic testing and selection (eugenics, also previously detailed), anonymous sperm donation, and genetic modification of embryos.

As it pertains to sperm donation, federal law provides no limit on the number of times a man can donate sperm. Combined with the fact that anonymous sperm donation is permissible, the American fertility landscape has led to “donors with hundreds of offspring and a rise in accidental incest between donor-conceived half-siblings.”¹¹⁴ Furthermore, there is no federal law ensuring the information provided on sperm donors is accurate; for example, “one bank promoted its most popular donor as a genius athlete with a Ph.D. and perfect health,” when said individual was actually a “college dropout with a rap sheet.”¹¹⁵ Such a lack of regulation leaves deceived patients little room for redress.

As it pertains to genetically modified embryos, while doing so with an intent to implant them is banned by an annual appropriations bill rider,¹¹⁶ there are no guarantees it will be renewed. Furthermore, there are calls to remove the ban,¹¹⁷ which could make the

¹¹¹ Kenny A Rodriguez-Wallberg et. al., “Mortality from infancy to adolescence in singleton children conceived from assisted reproductive techniques versus naturally conceived singletons in Sweden,” *Fertility and Sterility*, 113, No. 3, March 2020, [https://www.fertstert.org/article/S0015-0282\(19\)32488-4/fulltext](https://www.fertstert.org/article/S0015-0282(19)32488-4/fulltext).

¹¹² Nancy Flanders, “Trump signs executive order ‘to expand access’ to IVF, ...”; “Common infertility treatments may increase risks for pregnancy, vascular complications,” *Journal of the American Heart Association Report*, February 22, 2022, <https://newsroom.heart.org/news/common-infertility-treatments-may-increase-risks-for-pregnancy-vascular-complications>

¹¹³ For example, see: Fiorella Monti et al., “Depressive Symptoms during Late Pregnancy and Early Parenthood Following Assisted Reproductive Technology,” *Fertility and Sterility* Vol. 91, No. 3, 2009, <https://pubmed.ncbi.nlm.nih.gov/18314111/>.

¹¹⁴ Emi Nietfeld, “America’s IVF Failure,” *The Atlantic*, May 2, 2024, <https://www.theatlantic.com/ideas/archive/2024/05/america-ivf-regulation-failures/678259/>.

¹¹⁵ *Ibid.*

¹¹⁶ Kirstin R W Matthews and Daniel Morali, “Can we do that here? An analysis of US federal and state policies guiding human embryo and embryoid research,” *Journal of Law and the Biosciences*, June 9, 2022, <https://academic.oup.com/jlb/article/9/1/ljac014/6604445>. For the most recent ban, see The Consolidated Appropriations Act, 2024, section 737, <https://www.congress.gov/bills/118th-congress/house-bill/4366/text>.

¹¹⁷ Emily Mullin, “Patient advocates and scientists launch push to lift ban on ‘three-parent IVF,’” *STAT*, April 16, 2019, <https://www.statnews.com/2019/04/16/mitochondrial-replacement-three-parent-ivf-ban/>. See also: Andrew Joseph, “Congress Revives Ban on Altering the DNA of Human Embryos Used for Pregnancies,” *Scientific American*,

following permissible nationwide: the creation of, and the sale or purchase of, genetically modified embryos for implantation purposes, including three-parent embryos,¹¹⁸ enabling polyamorous “throuples” to have a child related to all parents; human-animal chimeras (which have already been created by scientists in China¹¹⁹), and reproductive cloning (banned in some states).¹²⁰

Advancements in technology present further ethically questionable practices, including in vitro gametogenesis (IVG), “which involves custom-making human eggs and sperm in the laboratory from any cell in a person’s body” and “is on the precipice of materialization.”¹²¹ This could enable homosexual and transgender couples to have babies that are genetically related to both partners and a single person to have a “uni-baby.” With further technological advancements of artificial wombs, theoretically, a male could self-procreate without the assistance of a biological woman.

9. Failure to Diagnose and Treat Underlying Causes of Infertility and Boost Fertility Rates

As highlighted in section III on RRM, many couples having previously tried IVF, to no avail, have subsequently had tremendous success with RRM. Arguably, this is largely due to the fertility industry’s failure to properly diagnose and treat the underlying causes of infertility. Iliriana Balaj’s story epitomizes this failing: She was urged to try IVF after years of “normal” test results and a “diagnosis” of unexplained infertility, yet surgery revealed four “hidden conditions” leading to her infertility struggle. In her own words, she shares, “The biggest gap was how quickly the conversation moved to treatment without a deeper investigation into why I wasn’t conceiving.”¹²² She is now speaking out on the “broader gap in fertility care,” trying to encourage deeper investigation of root causes prior to recommending IVF. Perhaps most notably, she points out that “unexplained” does not mean “unexplainable,” urging that a second opinion “should be built into the system.”

With 15-30% of patients receiving a diagnosis of “unexplained infertility,”¹²³ this seems not only logical but vital, particularly when one considers the evidence that IVF coverage

June 5, 2019, <https://www.scientificamerican.com/article/congress-revives-ban-on-altering-the-dna-of-human-embryos-used-for-pregnancies/> and Rob Stein, “House Committee Votes To Continue Ban On Genetically Modified Babies,” NPR, June 4, 2019, <https://www.npr.org/sections/health-shots/2019/06/04/729606539/house-committee-votes-to-continueresearch-ban-on-genetically-modified-babies>.

¹¹⁸ Jessica Hamzelou, “Three-parent baby technique could create babies at risk of severe disease,” MIT Technology Review, March 2, 2023, <https://www.technologyreview.com/2023/03/02/1069296/three-parent-baby-technique-risk-of-disease/>. The long-term effects are unknown.

¹¹⁹ Alice Park, “Scientists Report Creating the First Embryo With Human and Non-Human Primate Cells,” Time, April 15, 2021, <https://time.com/5954818/first-human-monkey-chimera-embryo/>.

¹²⁰ Kirstin R W Matthews and Daniel Morali, “Can we do that here? An analysis of US federal and state policies guiding human embryo and embryoid research...”

¹²¹ Rob Stein, “Creating a sperm or egg from any cell? Reproduction revolution on the horizon,” NPR, May 27, 2023, <https://www.npr.org/sections/health-shots/2023/05/27/1177191913/sperm-or-egg-in-lab-breakthrough-in-reproductiondesigner-babies-ivg>.

¹²² Ashley Vega, “Woman Finds ‘Unexplained Infertility’ Caused by 4 Hidden Conditions After Doctors Told Her Nothing Was Wrong (Exclusive),” People, May 1, 2026, <https://people.com/woman-finds-4-hidden-conditions-causing-her-unexplained-infertility-exclusive-11962312>.

¹²³ Loma Linda Center for Fertility, “Unexplained Infertility,” February 13, 2017, <https://lomalindafertility.com/infertility/unexplained-infertility/>.

is highly unlikely to boost fertility. A brief by the Institute for Family Studies analyzing four studies on insurance coverage mandates found that when U.S. states subsidize IVF, “overall fertility rates are unaffected ... because while fertility rises for older women, it falls for younger women,” appearing to incentivize fertility delay.¹²⁴ Additionally, those utilizing IVF are less likely to have more than one child.

Unfortunately, there is no indication that the fertility industry will self-correct and begin to properly diagnose and treat underlying causes of infertility, nor is it likely they will self-impose restrictions on the above harmful practices; in fact, just the opposite. As demonstrated, all evidence suggests profits are the driving force behind fertility industry advancements, prioritized above all else, including respect for human life. As increasing IVF does not lead to more babies overall, it does lead to more adverse outcomes for mom and baby, as well as greater strain on our healthcare system; therefore, IVF should not be covered by a limited excepted fertility benefit, particularly if the goal is to increase the overall fertility rate.

V. (If ART is Covered) Condition ART Coverage to Require RRM and Explicitly Exclude Certain ART Practices

We understand that it is unlikely recommendation four will be adopted; hence, should the rule continue to (as proposed) encompass coverage for ART, including IVF as excepted fertility benefits, said coverage should be conditioned as follows:

1. Ensure any fertility coverage offered under the rules of the proposed excepted fertility benefit requires patients to undergo restorative care prior to any ART treatment.
2. Coverage should apply only to clinics that employ comprehensive safeguards, detailed below.
3. Coverage should exclude practices that do not treat infertility.
4. ART coverage should be limited to heterosexual married couples

1. To the first condition (requiring RRM): As outlined above, restorative care is highly effective, including in cases where ART has previously been unsuccessful, and is typically far less expensive than ARTs, particularly IVF. Given this, coverage should direct enrollees to pursue Restorative Reproductive Medicine (RRM) before utilizing ART (related, coverage may not exclude RRM if it offers ART). This ensures that less invasive, more cost-effective, and medically comprehensive options are exhausted first. As it pertains to non-discrimination, we propose that the benefit coverage must offer RRM if it is permitted to exclude RRM care from qualified professionals.

Such an approach also aligns with Americans’ and the President’s preferences: As noted above, 89% of individuals surveyed are aware of IVF, yet only 58% would consider it, with the vast

¹²⁴ Lyman Stone, “Mandating Insurance Coverage for IVF Will Not Boost Fertility,” Institute for Family Studies, September 5, 2024, <https://ifstudies.org/blog/mandating-insurance-coverage-for-ivf-will-not-boost-fertility>.

majority preferring to attempt less invasive options first.¹²⁵ Likewise, this recommendation aligns with President Trump’s stated hope that the rule reduces “the number of couples who ultimately need to resort to IVF because challenges can be identified and addressed very early in the process.”¹²⁶ This will only be the case if root-cause care that encompasses all elements of the RESTORE Act, referenced in the Supplementary Information, is required as a prerequisite for any ART coverage.

Finally, this approach ensures consistency at a federal level:

- The MAHA agenda seeks to assist Americans in their health journeys by prioritizing holistic care, with its recent Strategy Report outlining that it will launch an “education campaign to improve health and fertility in women and men looking to start a family,” which will include “a national call to action to address the root causes of infertility and improve maternal and infant health outcomes” via the HHS Root Causes of Infertility Award Challenge Competition, which seeks to identify solutions related to addressing chronic conditions affecting fertility (among other things).¹²⁷
- The Office of Population Affairs’ Title X Family Planning Services grant opportunity encompasses “infertility services,” noting it is “*interested in innovative strategies to **address chronic disease; reduce overmedicalization** by strengthening approaches focused on underlying behavioral and lifestyle factors of health and evidence-based practices such as fertility-awareness based methods; **promote health and body literacy**; advance reproductive goals counseling for all clients; and support family formation.*”¹²⁸
- The recent HHS Infertility Training Center grant opportunity states it will “*educate on the root causes of infertility and the broad range of holistic infertility treatments and referrals available to patients,*” among other things.¹²⁹
- Executive Order 14216 states that “our public policy must **make it easier** for loving and longing mothers and fathers to have children.”¹³⁰

Any new federal policy related to fertility should take a holistic approach.

2 & 3. To the second and third conditions (requiring comprehensive safeguards and excluding certain ART practices): While some IVF providers operate with the best of intentions, the “bad actors,” and the unfortunate truth that ART procedures regularly lead to disappointment

¹²⁵ Beyond IVF Report, *Carrot*, March 2026, <https://content.get-carrot.com/rs/418-PQJ-171/images/2026-Beyond-IVF-Report.pdf>.

¹²⁶ Maria Ramirez Uribe, “Trump Has a Proposal to Expand Fertility Benefits. Here’s How That Would Work,” PBS News, May 12, 2026, <https://www.pbs.org/newshour/health/trump-has-a-proposal-to-expand-fertility-benefits-heres-how-that-would-work>.

¹²⁷ The White House, “Strategy Report: Make Our Children Healthy Again,” September 2025, <https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf>.

¹²⁸ U.S. Department of Health and Human Services, Office of Population Affairs, Notice of Funding Opportunity: Title X Family Planning Services, Opportunity Number PA-FPH-27-001, 2026, https://files.simpler.grants.gov/opportunities/770eae58-b245-4431-a4b8-7b1aca9e917f/attachments/5e3ac609-8998-466a-a8b6-c3d7d49a2e6c/2027_Title_X_Services_NOFO_PA-FPH-27-001_PDF.pdf.

¹²⁹ U.S. Department of Health and Human Services, “Infertility Training Center,” Grants.gov, June 12, 2026, <https://www.grants.gov/search-results-detail/362779>.

¹³⁰ Executive Order No. 14216, 90 FR 10451 . . .

(miscarriage, stillbirth, or death of the child post-birth), necessitate proper regulations. As outlined by Americans United for Liberty, allowing the ART industry to self-regulate “is ineffective.”¹³¹ Setting aside the fact that not all ART programs are members of the professional organizations that create recommended guidelines (e.g. the Society for Assisted Reproductive Technology [SART] or the ASRM), even for those that are, there is no guarantee they follow them. Given this, Liberty Counsel Action has developed the following recommendations, detailed in our White Paper on this topic¹³²:

A. Prohibit the intentional destruction of human life, limit the number of lives (embryos) created to those intended for immediate implantation.

Specifically requiring that all embryos created in a reimbursable IVF cycle be given a pathway toward implantation eliminates the routine surplus embryo production. Hence, the following should serve as foundational requirements for all IVF procedures to be eligible for reimbursement:

- No more than one–two viable embryos should be created in one reproductive cycle.
- All viable embryos should be implanted as soon as clinically appropriate.
- If two embryos are transferred, selective reduction should be expressly prohibited (excluded from coverage).
- Destroying and freezing embryos should be prohibited, with an exception allowed for couples whose circumstances change such that they no longer desire to have embryos implanted. In these cases, embryo adoption should be considered (see point 3).

Rationale: Germany, Italy, and Poland honor the life and humanity of embryos by limiting the number of embryos that may be created.¹³³ These jurisdictions, as well as Louisiana, also prohibit research upon embryos (consider that consent is impossible) and their “disposal.”¹³⁴ Most also limit the number of embryos that may be transferred, as do Australia, New Zealand, and Sweden.¹³⁵ This is likely due to the risk present when transferring multiple embryos at one time, as a pregnancy of multiples increases the possibility of complications. Notably, in a 2021 Data Brief, the CDC (citing ASRM) stated, “Reducing the number of embryos transferred and increasing the use of single embryo

¹³¹ “Assisted Reproductive Technologies Disclosure (ART) and Risk Reduction Act,” Americans United for Life Model Legislation and Policy Guide, August 2023, https://aull.org/wp-content/uploads/2024/02/Assisted-ReproductiveTechnologies-Disclosure-and-Risk-Reduction-Act_FINAL-2-2024.pdf.

¹³² Liberty Counsel Action, “Current Fertility Industry Practices Call for Strict Oversight, Promotion of Restorative Reproductive Medicine,” Fall 2025, https://lcaction.org/PDFs/LCA/PolicyAnalysisandRecommendationsonCurrentFertilityIndustryPractices_LCA0825.pdf.

¹³³ “Legal Treatment of Embryos Created Through IVF: Australia, France, Germany, Italy, New Zealand, Poland, Portugal, Sweden, United Kingdom,” Law Library of Congress, Global Legal Research Directorate, March 2024, <https://tile.loc.gov/storage-services/service/ll/lglrd/2024555202/2024555202.pdf>.

¹³⁴ Ibid; La. Rev. Stat. § 9:122 and § 9:129, “Disposition of in vitro fertilized human ovum,” accessed June 23, 2026, <https://law.justia.com/codes/louisiana/revise-statutes/title-9/rs-9-129/>.

¹³⁵ Law Library of Congress, “Legal Treatment of Embryos Created Through IVF: Australia, France, Germany, Italy, New Zealand, Poland, Portugal, Sweden, United Kingdom,” . . .

transfer procedures, when clinically appropriate, can help reduce multiple births and related adverse health consequences for both mothers and infants.”¹³⁶

The above recommendation also allows couples to consider whether a higher-risk (twin) pregnancy is clinically appropriate while remaining life-affirming and largely preventing the indefinite freezing of embryos.

B. Prohibit genetic testing and selection of embryos based on preferred characteristics.

While the above would, by implication, prevent future testing of and selection of embryos, for embryos already created, genetic testing should be non-reimbursable as it is essentially a tool of modern-day eugenics. The immutable characteristics of sex, race, non-threatening life disability, or other known or anticipated traits should not impact the selection of certain embryos over others. (*Note: Prenatal screening, used to detect genetic diseases or defects, is often covered under normal medical plans.*)

While currently banned by an annual appropriations rider, the rule should address the future possibility of genetic modification of embryos and ensure such practices are non-reimbursable (ideally, they will remain prohibited). This provides a measure of protection should the aforementioned rider ever be lifted, as the ART industry would undoubtedly begin offering genetic modification (such as the creation of three-parent embryos) as it has in other parts of the world.

Rationale: These are deeply controversial practices. The long-term effects of such modifications are unknown, and the ethical questions tied to such practices outweigh any arguments seeking to promote their practice.

C. Prohibit egg donation and surrogacy arrangements due to the risk of exploitation and commodification of children.

Given the many health and psychological risks associated with egg donation and surrogacy, including financial and emotional exploitation, as well as their ties to human trafficking, egg donation and surrogacy should be non-reimbursable. Notably, several nations have laws prohibiting commercial surrogacy, and surrogacy in all forms is banned in Bulgaria, France, Germany, Italy, Portugal, Taiwan, and Spain.¹³⁷

D. Prohibit sperm donation given the harms associated; at the very least, prohibit anonymous donation to preserve the child’s right to biological identity.

Sperm donation does not treat infertility and creates myriad questions for the donor-conceived child. As outlined by *Them Before Us*, “DC [donor-conceived] kids overwhelmingly believe knowing their biological parentage is paramount to good mental

¹³⁶ “State-Specific ART Surveillance,” Center for Disease Control and Prevention, 2021, <https://www.cdc.gov/art/statespecific-surveillance/2021/index.html>.

¹³⁷ “Which countries allow commercial surrogacy?” Reuters, April 5, 2023, <https://www.reuters.com/world/whichcountries-allow-commercial-surrogacy-2023-04-05/>.

*health. Many describe feeling fraudulent, untethered, and alone; even when raised in a two-parent family, they long for their biological parent.”*¹³⁸

Allowing anonymous sperm donation exacerbates this and places children with medical issues at a distinct disadvantage, as they are unable to provide doctors with their family's medical history. Furthermore, as noted above, the possibility of incest among donor-conceived children is very real. As such, sperm donation should be non-reimbursable.

E. Require certification and inspection of ART clinics and comprehensive reporting.

ART providers and clinics should be required to report the following to be eligible for reimbursement under this proposed rule:

- The information outlined in the FCSRCA, namely,
 - Laboratory certification. While ART providers may argue they receive oversight in the form of private accreditation programs recognized by the CDC (“which purport to require clinics to meet standards to maintain certification”), or via the FDA, as evidenced above, these “safeguards” have failed to prevent tragic “never events” from occurring in fertility clinics in recent years (ranging from implanting the wrong embryos to transferring “embryos that clinicians knew were not viable”).¹³⁹ Clinics should be required to show proof of proper certification and undergo regular inspections prior to any reimbursements under this rule.
 - Pregnancy success rates achieved “through each assisted reproductive technology,” including the specific rate of success *per each IVF cycle*.
- The number of embryos created per cycle that are transferred versus frozen or discarded (though the latter should be prohibited, per point 1 above).
- The percentage of children who survived to age one.
- Any fetal anomalies as well as low birth weights.
- The number and type of adverse (or “never”) events (both those affecting the woman and child).
- Any cases of negligent care of embryos resulting in destruction or injury.
- The costs of IVF and ARTs and related insurance payments.
- Any lawsuits or similar actions taken against ART clinics and providers.

Any clinic failing to report the above should be excluded from reimbursements under the excepted fertility benefit.

Related, plans should report the services offered (diagnostic procedures, infertility counselling, surgeries, specific restorative treatments, medications, specific ART procedures, e.g., IVF), services utilized, and their success rates.

¹³⁸ “Fast Facts | Donor Conception,” Them Before Us, accessed June 18, 2026, <https://thembeforeus.com/resources/#facts>.

¹³⁹ Mary E. Harned, “IVF Industry Regulation in the United States: Changes Are Needed to Protect Embryonic Children and their Families...”

F. Require uniform informed consent procedures

Informed consent should include information on all risks associated with IVF (including risks to children born via IVF, such as increased cancer rates) and failure rates (outlined above) and the less invasive options available under RRM (also outlined above). The information provided in informed consent procedures should also outline the success rates of these restorative options. Related, consent from the parents should also be required regarding any decisions concerning their currently frozen embryos. Clinics failing to go over the above information should not be eligible for reimbursement.

4. To the fourth point (limiting ART Coverage to heterosexual married couples): Insurance plans typically provide coverage for the primary holder and their spouse. The same should be true for this benefit. Moreover, if the rule maintains the proposed coverage for ARTs and IVF specifically (which we advise against, as detailed below), said coverage should only be available to biologically male and female married couples seeking to become pregnant and should explicitly exclude unmarried individuals, individuals in LGBTQ+ unions, or individuals in polyamorous relationships. Anything less opens the door to ethically questionable practices, such as surrogacy, as well as ethically deplorable practices, such as gene modification (to allow creation of “3-parent embryos,” for example¹⁴⁰) and human cloning.

Concluding point IV: Without these limitations, federal support for ART would reinforce practices that commodify human life and normalize embryo destruction. Hence, if ART remains an option under the excepted fertility benefit, all of the above exclusions should be explicitly outlined in the regulatory language wherever what is and what is not included is specified.

VI. (If ART is Covered) Promote Embryo Adoption & Inherent Value of Embryos

Though, as outlined, “embryo adoption” is a misnomer (as with most ART practices, the regulatory structure required to protect the parents and children involved in embryo adoption has not been developed and is sorely needed), there are a few fertility organizations that offer services similar to traditional adoption agencies.¹⁴¹ Coverage under the proposed rule, if allowing IVF coverage in any circumstance, should both promote and limit embryo “adoption” to services provided by such clinics.¹⁴²

Related, “since human embryos are human beings and not objects, embryo dispute cases should be settled under family law, not property law.”¹⁴³ While this may go beyond the rulemaking authority of the departments, the principle that children are not commodities but gifts deserving of care and protection can be encouraged. This would also align with the recent

¹⁴⁰ Jessica Hamzelou, “Three-parent baby technique could create babies at risk of severe disease,” MIT Technology Review, March 2, 2023, <https://www.technologyreview.com/2023/03/02/1069296/three-parent-baby-technique-risk-of-disease/>.

¹⁴¹ For example, see: “Embryo Adoption Process,” Nightlight Christian Adoptions, accessed June 19, 2026, <https://nightlight.org/snowflakes-embryo-adoption-donation/embryo-adoption/adopter-process/>.

¹⁴² To be eligible for coverage, agencies offering embryo adoption should perform background checks, interviews, provide relevant education, and do home visits, at a minimum.

¹⁴³ “Ethical Treatment of Human Embryos,” AAPLOG Committee Opinion ...

Embryo Adoption Awareness and Services grant opportunity that, as noted above, “recognizes embryo adoption first and foremost as a response to the needs of children who already exist and are in need of a family.”¹⁴⁴

VII. (If the Rule Maintains ART Coverage) Maintain Conscience Protections & Ensure Non-Discrimination

We affirm the importance of maintaining the voluntary nature of the rule and compliance with the Religious Freedom Restoration Act. Individuals and institutions must not be compelled to participate in practices (such as IVF) that violate their beliefs. Indeed, given the tremendous strides the Trump administration has made in advancing religious freedom (per the Anti-Christian Bias Task Force, among other initiatives), this would be an ironic travesty; hence, any policies seeking to expand access to IVF should also provide comprehensive conscience protections. Related, if an employer opts to provide IVF coverage alongside other fertility care options, employees with religious objections to IVF should have the ability to participate in the plan without subsidizing IVF. Anything less would be akin to mandating coverage for abortion or transgender transition “services.”

VIII. Benefit Cost, Limits, & Application

Cost sharing should be permitted, similar to limited-scope dental, vision, and long-term care coverage. In addition, while we first and foremost recommend ART coverage require RRM as a prerequisite, if that recommendation is not accepted, we propose the lifetime limit be replaced with an annual \$15,000 limit that can carry over, or at the very least, a sub-lifetime limit on ART coverage to prevent an individual from utilizing the majority of the benefit in one round of IVF.

Furthermore, to underscore earlier points, coverage needs to be limited to spouses, as in all other insurance contexts.

IX. Educational Campaign

Within the proposed rule and to promote its use, we recommend that the Administration undertake a comprehensive fertility education and awareness campaign focused on distributing information on the full range of fertility care options available, their benefits and risks (as outlined above), and the HHS Root Causes of Infertility Award Challenge Competition and the Infertility Training Center initiative. Likewise, Title X clinics should be trained to identify when RRM may be beneficial, utilize it, and refer to other medical providers when needed.

¹⁴⁴ U.S. Department of Health and Human Services, Office of Population Affairs, Notice of Funding Opportunity: Embryo Adoption Awareness and Services, Opportunity Number PA-EAA-26-001, June 17, 2026, https://files.simpler.grants.gov/opportunities/167d140c-52a1-4ebb-99be-ecddf378082d/attachments/13b771a1-4ca4-4420-a526-efabdbccb0da/PA-EAA-26-001_EAA_NOFO.pdf.

As a suggested first step, we recommend the Department of Health amend the Moms.gov website (and its [womenshealth.gov/pregnancy/you-get-pregnant/trying-conceive](https://www.womenshealth.gov/pregnancy/you-get-pregnant/trying-conceive) site) to include more information on the same, especially RRM and risks related to ART. For example, Moms.gov currently has a section dedicated to prescription drugs. Instead, or above this, the Moms.gov page could direct women struggling with infertility to RRM sites like [rrmacademy.org/](https://www.rrmacademy.org/) (as prescription drugs may not be needed and in fact are not needed in all cases of infertility). The [womenshealth.gov/pregnancy/you-get-pregnant/trying-conceive](https://www.womenshealth.gov/pregnancy/you-get-pregnant/trying-conceive) page could be similarly amended.

X. Conclusion

The Departments have an opportunity to shape fertility policy in a way that promotes family formation while upholding human dignity and ethical medical practice. This requires recognizing that life begins at fertilization, prioritizing restorative care, excluding or strictly limiting ART coverage, and ensuring that the coverage remains optional. As such, we recommend the rule’s “Benefits covered” section be rewritten as follows:

Coverage is limited to benefits substantially all of which are for the diagnosis, mitigation, or treatment of infertility-related reproductive health conditions and substantially all of which are provided by medical professionals authorized to practice under applicable law, which may include medically appropriate items or services targeted to address such conditions. This includes but is not limited to all services offered by Restorative Reproductive Medicine practices, including but not limited to ultrasounds; blood tests; hormone panel tests; laparoscopic or exploratory surgery; examination of a patient's overall health and lifestyle; eliminating environmental endocrine disruptors; assessing the health and fertility health of a patient's spouse; natural procreative technology; fertility awareness-based methods; and fertility education and medical management, including fertility counselling.¹⁴⁵ It excludes all Assisted Reproductive Technologies. [Unless the clinics offering these services adhere to the limitations outlined in section IV.].

Indeed: Restorative Reproductive Medicine and regulations that value and recognize life as beginning at fertilization should therefore be the “gold standard” of fertility care.¹⁴⁶ As summarized in a recent joint opinion editorial penned by a former IVF doctor turned RRM advocate alongside the founder of a pro-life human rights organization,

“RRM achieves comparable or better live birth rates than IVF, without the destruction of embryos and at a fraction of the cost. Because it restores long-term reproductive health, RRM not only supports conception but improves maternal and infant outcomes as well.”¹⁴⁷

¹⁴⁵ This language is based on the language in the Notice of Proposed Rulemaking.

¹⁴⁶ Ibid.

¹⁴⁷ Lila Rose and Lauren Rubal, “President Trump, IVF Isn’t the Way To Support Reproductive Health | Opinion,” June 23, 2025, Newsweek, <https://www.newsweek.com/president-trump-ivf-isnt-way-support-reproductive-health-opinion2086333>.

Respectfully submitted,
Liberty Counsel Action