The State Senate

Senate Research Office

Jill C. Fike
Director

Brian Scott Johnson
Deputy Director

204 Paul D. Coverdell Legislative Office Building
18 Capitol Square
Atlanta, Georgia 30334

Telephone
404-656-0015

Fax
404-657-0929

FINAL REPORT OF THE SENATE
"RIGHTS RELATING TO REPRODUCTIVE AND GENETIC TECHNOLOGY"
STUDY COMMITTEE

COMMITTEE MEMBERS

Honorable Eric Johnson
Senator, District 1
Chairman

Honorable David Adelman
Senator, District 42

Honorable Bill Heath
Senator, District 31

Honorable David Shafer
Senator, District 48

Honorable Preston Smith
Senator, District 52

Honorable Cecil Staton
Senator, District 18

Honorable Don Thomas
Senator, District 54

Prepared by the Senate Research Office

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INTRODUCTION

The "Rights Relating to Reproductive and Genetic Technology" Study Committee (Committee) was created by Senate Resolution 280 during the 2007 Legislative Session of the Georgia General Assembly. The Committee was charged with determining if legislative action is needed to ensure that property rights of sperm, eggs, and embryos are defined and protected.

The Committee was composed of seven members of the Senate: Senator Eric Johnson, serving as Chairman; Senator David Adelman; Senator Bill Heath; Senator David Shafer; Senator Preston Smith; Senator Cecil Staton; and Senator Don Thomas.

Additionally, the legislative staff assigned to the Committee was: Ms. Melanie Stockwell, Chief of Staff for Senator Eric Johnson; Ms. Rita Smith, Legislative Assistant to Senator Eric Johnson; and Ms. Angie Fiese, Senate Research Office.

The Committee held three meetings. The first meeting was held in Atlanta, on August 27th. At this meeting, the Committee heard testimony from: Ms. Ruth Claiborne, Esq., Claiborne, Outman, and

Surmay, P.C.; Dr. Andrew A. Toledo, Reproductive Biology Associates; Ms. Renee Whitley, RESOLVE: The National Fertility Association; and Mr. and Mrs. Deaver, parents of a child conceived using assisted reproductive technology.

The second meeting was held in Atlanta, on September 25th. At this meeting, the Committee heard testimony from: Ms. Sara M. Clay, Esq., Brock, Clay, Calhoun, and Rogers, P.C.; and Ms. Jerri Nims Rooker, The Center for Law, Health, and Society at the Georgia State University College of Law.

The final meeting was held in Atlanta, on November 30th. At this meeting, the Committee heard testimony from: Mr. William J. Self, II, Judge, Probate Court of Bibb County; Georgia Right to Life; and Ms. Trisha Ruston, parent of a child conceived with embryo adoption.

EXECUTIVE SUMMARY

Most experts define infertility as not being able to get pregnant after at least one year of trying. Approximately 12 percent of women (7.3 million) in the United States, aged 15-44, had difficulty getting pregnant or carrying a baby to term in 2002, according to the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC). While there are a number of assisted reproductive technologies (ART) available to infertile couples, in vitro fertilization (IVF) is by far the most utilized of these methods. In fact, IVF accounts for more than 95 percent of all ART procedures.

IVF involves taking eggs from the woman, fertilizing them in the laboratory with her partner's sperm, and transferring the resulting embryos back to her uterus, usually three to five days later. The average cost of an IVF procedure is between $12,000 and $15,000. Georgia law does not require patients to sign legal documents consenting to ART treatment, nor does the law govern issues relating to embryo disposition. Most fertility clinics in Georgia, however, do require patients to sign such forms, which are drafted by an attorney. Other states have enacted legislation relating to informed consent. For example, Florida requires patients and physicians to enter into a written agreement that provides for the allocation of sperm, eggs, and embryos in the event of death, divorce, or other unforeseeable circumstances.

In any IVF procedure, excess embryos are often created. Under current practice, couples may discard them, donate them to research or to another couple, or freeze them for possible use in the future (cryopreservation). This issue has raised many ethical dilemmas which focus on whether the embryo is property or a person. Embryo adoption allows a child to be born and offers infertile couples the experience of pregnancy and birth. However, Georgia law restricts consent for adoption until after birth and, therefore, pre-birth adoption agreements are unenforceable because the birth mother cannot surrender natural rights until after the birth of the child. This prohibition also interferes with surrogacy, or gestational, agreements in assisted reproduction.

Further complicating the issue are genetic selection procedures, called preimplantation genetic diagnosis (PGD) tests. These procedures are usually done to check for a genetic disease, such as Downs Syndrome. These tests may eventually be able to check for genes with certain characteristics, such as eye color. Some couples are already using the test to select the gender of their child, leading some to fear commercialization of embryos, or "designer babies." Missouri introduced, but did not pass, legislation this year criminalizing such an action.

The Committee recommends that the General Assembly introduce legislation amending Georgia's current adoption law to allow for embryo adoption, surrogacy agreements in assisted reproduction, and a consistent legal framework for use in informed consent agreements for assisted reproduction.

BACKGROUND

According to the American Society for Reproductive Medicine (ASRM), infertility is defined as the inability to conceive after one year of trying for couples in which the female is under 35, and six months of trying for couples in which the female is over 35. Approximately 12 percent of women (7.3 million) in the United States, aged 15-44, had difficulty getting pregnant or carrying a baby to term in 2002, according to the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC). Thus, for many people who want to start a family, the dream is not easily realized. However, according to the American Pregnancy Association, approximately 85 to 90 percent of infertility cases are treated with conventional therapies, such as medication or surgical repair of reproductive organs. Assisted reproductive technologies account for the remaining infertility treatments.

Assisted reproductive technologies (ART) are defined primarily by the first procedure that was developed, In Vitro Fertilization (IVF). This procedure involves the removal of the human oocyte (egg) from the ovary, fertilization by the husband's, partner's, or donor's sperm in the laboratory, and then transfer of the fertilized egg (embryo) back into the woman's uterus. Louise Brown, born in 1978, in England, was the first reported live birth conceived by IVF. The first baby conceived by IVF in the United States was in 1981. Initially, IVF was used to treat women with blocked, damaged, or absent fallopian tubes. Today, IVF is used to treat many causes of infertility, or when a couple's infertility is unexplained. In any IVF procedure, often more viable embryos are produced

than needed to create a single baby. In those cases, the couple chooses what to do with the excess embryos. They can discard them, donate them to research or to another couple, or freeze them (cryopreservation) for possible use in the future. It is estimated that 400,000 human embryos are currently in cryopreservation in the United States; 10,000 in Georgia alone, according to a 2002 survey of the nation's 430 IVF clinics by the Society for Assisted Reproductive Technology (SART). This year, a woman gave birth to the first baby conceived in the United States by means of a frozen egg and frozen sperm. The woman, who is single, was told by doctors two years earlier that she could not have children. Egg freezing, more difficult and complicated than embryo freezing, has been traditionally reserved for women who suffer from illnesses that might leave them infertile. However, there has been a recent demand for the procedure by women in their 30s who want to have children in the future, but are afraid they will be too old to conceive the traditional way.

From 1985 through 2000, ASRM and its affiliate, SART, have found more than 139,000 births of babies conceived through IVF. Through the end of 2002, almost 300,000 babies have been born in the United States as a result of reported ART procedures. IVF currently accounts for approximately 99 percent of ART procedures.

The average cost of an IVF cycle in the United States is between $12,000 and $15,000. Fourteen states currently have laws that require insurers to either cover or offer to cover some form of infertility diagnosis and treatment. These states are Arkansas, California, Connecticut, Hawaii, Illinois, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, Texas and West Virginia.

Assisted reproduction has brought tremendous joy and happiness to many families that would otherwise not be able to have biological children. However, there are many ethical and legal issues associated with this rapidly expanding industry.

COMMITTEE FINDINGS

The Science of Assisted Reproductive Technology (ART)

Today, one in every 12 couples, ages 21-30; one in every eight couples, ages 31-37; and one in every four couples, ages 38 and older experience infertility. Infertility affected approximately 5 million couples in 1988, doubled by 1998, and is expected to increase to over 7 million couples by 2025.[1] The rise in infertility rates is due to: delayed age of marriage; delayed child bearing age (greater than 35 years of age); increased public awareness; the baby boom population; and the availability of more treatment options. By age 35, a woman's chance of conceiving per month is decreased by half. The downward slope continues until age 45, then the natural fertility rate per month is approximately 1 percent.[2] Approximately 30 percent of infertility cases can be attributed to male factors, and 30 percent to factors that affect women. For the remaining 40 percent of infertile couples, infertility is caused by a combination of problems in both partners, other types of disorders, or is unexplained. Therapies and procedures include fertility medication, Intrauterine Insemination (IUI), and ART, the most common form of which is IVF.

In an IVF procedure: the follicles, each of which contains an egg, are stimulated using injections; eggs are removed from the ovaries; eggs are fertilized with the sperm; embryos are grown in the laboratory; and the embryos are inserted in the woman's uterus. In most cases, embryo transfers are done on day three (after egg retrieval) at the "cleavage stage" when the embryos have four to eight cells. One problem with this type of transfer is that day three embryos normally are found in

[1] Testimony of Dr. Andrew Toledo, Reproductive Biology Associates, August 28, 2007.
[2] Id.

the fallopian tubes, not in the uterus. Also, many embryos at this stage do not have the capacity to continue development and become high-quality blastocysts. A blastocyst is an embryo that has developed for five to seven days after fertilization and has just started to differentiate. It has developed two different cell types and a central cavity. One group of cells will become the placenta, and the other group will become the fetus. Due to the issues surrounding day three transfers, in some cases, an IVF program may recommend a blastocyst transfer, or a day five transfer. One of the issues with this type of transfer is that a small proportion of couples will have embryos that are growing on day three, but by day five, all of their embryos have stopped developing. This type of transfer may be recommended in cases where there has been previous failure of good quality embryos to implant; the results of preimplantation genetic diagnosis, a test used to determine the presence of a genetic defect; or to reduce the risk of a multiple pregnancy.

Preimplantation genetic diagnosis (PGD) tests embryos prior to transferring them to the woman's uterus. The testing is done either to check for a specific genetic abnormality (such as a disease like cystic fibrosis), or it can be done to determine if the embryos are chromosomally normal (also called aneuploidy screening). PGD is done by removing one or two cells usually at about the eight-cell stage (day three after fertilization).

In 2006, ASRM published revised guidelines regarding the maximum number of embryos to transfer. The guidelines are dependent on female age. They suggest a maximum of one or two embryos for transfer in women under 35 years of age; two-three at ages 35-37; two-four at ages 38-40; and three-five embryos at ages over 40. At all ages, the suggested maximum depends on the day of embryo transfer (day three versus day five). Other issues include the quality of the embryos, whether extra embryos are available for freezing, and the patient's previous history. In 1980, the rate of delivery of IVF was approximately 3 percent; in 2007, the rate has risen to 34 percent.

Other ART procedures include: Artificial Insemination (AI); Intracytoplasmic Sperm Injection (ICSI); Gamete Intrafallopian Transfer (GIFT); Zygote Intrafallopian Transfer (ZIFT); and Pre-Implantation Genetic Diagnosis (PGD). In an AI procedure, semen is placed into a woman's uterus or cervix using artificial means. ICSI is a laboratory procedure developed to help infertile couples due to male factor infertility. ICSI involves the injection of a single sperm directly into the oocyte using a glass needle.

The GIFT procedure is similar to IVF; however, the gametes (egg and sperm) are transferred to the woman's fallopian tubes rather than her uterus, and fertilization takes place in the tubes rather than in the lab. GIFT is an option only for women who have normal fallopian tubes. Some couples may consider GIFT for religious reasons because eggs are not fertilized outside the body. ZIFT differs from GIFT because fertilization takes place in the lab rather than the fallopian tube, but is similar because the fertilized egg is transferred to the tubes rather than the uterus.

Challenges with IVF treatment include: (1) Cost- $12,000 to $15,000; (2) Lack of insurance coverage; (3) Issues related to multiple gestation; and (4) Issues related to cryoperserved embryos. The first reported human pregnancy from frozen embryos was in 1987. Ooctyte, or egg, preservation is used to preserve the fertility potential of a woman, particularly a woman undergoing cancer treatment. However, the technology to successfully freeze and thaw human eggs is still new and being perfected and disseminated. According to Dr. Toledo, egg freezing technology will revolutionize the concerns of women regarding their fertility.[3]

Legal Issues

Before undertaking ART procedures at a fertility clinic, couples should sign certain forms

[3] Id.

consenting to treatment. However, Georgia law does not require patients and fertility clinics to sign informed consent forms, which are drafted by an attorney. Informed consents should be signed at every stage of treatment: IVF, embryo transfer, and cryopreservation. Absent donation, stored eggs, sperm, and embryos are the property of the person or couple who produced them and cannot be implanted or transferred without consent. Intended parties maintain all rights, present and future, to their gametes (sperm and eggs) and embryos. In the case of eggs or sperm, the progenitor has all of the rights. However, a donor must relinquish any and all rights, present and future, to the eggs, sperm, or pre-embryos. States require written consent for a variety of things involving gametes, e.g. to donate gametes to research or to participate in gamete donation program. The rules and regulations of the Georgia Department of Human Resources pertaining to the licensure of clinical laboratories provide certain quality control requirements for sperm banks and ART facilities. For example, sperm bank records must include a donor release and a complete medical history.[4]

Fertility clinics in Georgia do require couples to sign written consent forms before undergoing IVF. However, Georgia law does not provide specific elements that must be included in these informed consent forms and agreements. Florida requires patients and physicians to enter into a written agreement that provides for the allocation of sperm, eggs, and embryos in the event of death, divorce, or other unforeseeable circumstances.

Case law on the issue of frozen embryo disposition is emerging very slowly. Generally, these guidelines are becoming the standards by which courts are making decisions. First, embryos are generally not considered children or property but rather "special entities" that deserve special respect because of their potential to become human life.

Second, whenever possible, the preprocedural agreement should be considered a binding contract if couples cannot reach an agreement about the fate of their embryos. Third, in the absence of a preprocedural agreement, the control over the embryos should be given to the party that does not wish to procreate, unless the other party has no other means of becoming a parent.[5] Furthermore, the special rights afforded to women with growing fetuses in their bodies do not extend to frozen embryos. The rights of both egg and sperm donors are considered equal. To date, there has not been a case reported in Georgia.[6] However, Georgia law does not govern issues surrounding the transfer and disposition of embryos. According to Judge Self, Georgia law is highly deficient in the area of assisted reproduction. In particular, Georgia law does not provide specific definitions for conception, sperm, eggs, or embryos.

Another complicated legal facet of assisted reproduction relates to post-humously conceived children. For example, a husband facing cancer treatment or deployment overseas in a war zone may bank sperm for his wife to use in artificial insemination in case of his death. Alternatively, there have been cases in which a husband dies unexpectedly and his wife shows that they were trying to conceive a child and has his sperm extracted hours after his death. National legislation and case law considers the combination of: the consent of the sperm provider; genetic relationship; and timing. For example, in Louisiana, if a child is conceived after the death of a parent who consented in writing to the use of the gametes by the other parent, that child is considered legitimate and, therefore, may inherit from the deceased parent, if born within two years of death.

Under Georgia law, artificial insemination must be performed by licensed physician.[7] Children conceived by artificial insemination with the consent of both spouses, in writing, are deemed

[4] GA Comp. R. & Regs. § 290-9-8-.17; Authority O.C.G.A. § 31-22-1 et seq.
[5] *Junior Davis v. Mary Sue Davis,* Supreme Court of TN, 1992.
[6] Testimony of Ms. Ruth Claiborne, Claiborne, Outman, and Surmay, P.C. on August 28, 2007.
[7] Id.; O.C.G.A. § 43-34-42.

legitimate.[8] This child is then entitled to inherit under the laws of intestacy.[9]

Georgia law also restricts consent for adoption until after birth and, therefore, pre-birth adoption agreements are unenforceable because the birth mother cannot surrender natural rights until after the birth of the child.[10] Georgia law is also silent on surrogacy agreements.[11] Judge Self encouraged Georgia to adopt the Uniform Status of Children of Assisted Reproduction Act and the Uniform Parentage Act. Under the Uniform Status of Children of Assisted Reproduction Act, the surrogate, her husband, if she is married, and intended parents may enter into a written agreement whereby the surrogate relinquishes all her rights and duties as a parent of a child to be conceived through assisted conception, and the intended parents may become the parents of the child. If the agreement is not approved by a court before conception, the agreement is void and the surrogate is the mother of the resulting child, and if a party to the agreement, the surrogate's husband is the father of the child. If the surrogate's husband is not a party to the agreement or the surrogate is unmarried, the paternity of the child is governed by the Uniform Parentage Act.

Under the new federal Uniform Parentage Act, a gestational agreement occurs between a woman and a couple obligating that woman to carry a child for the intended parents. Gestational agreements are valid in some states and not in others. The conception must be an assisted conception. The woman who carries the child to birth pursuant to a gestational agreement is not the legal mother of that child, which is an exception to the general rule.

Under the Uniform Parentage Act, a court must validate such agreements before they are enforceable. The hearing that the court conducts to validate a gestational agreement is analagous to a proceeding for an adoption of a child. The court verifies the birth mother's qualifications to carry the child and the intended parents qualifications to be parents. The birth mother may be compensated, and has the power to terminate the agreement.

Ethical Issues

The Abraham Center of Life in San Antonio, Texas, which opened in 2006, was considered to be the world's first human embryo bank. The Center combined both donor sperm and donor eggs to create embryos, which were then frozen. Before contracting for embryos, clients were able to evaluate the egg and sperm donors and even see pictures of them as babies, children, and sometimes, adults. A fertility specialist would then transfer the embryos into a client's womb or into a surrogate. Prospective parents have long been able to select egg or sperm donors based on ethnicity, education, and other traits. However, the Center was seen as a commercial dealer offering "ready-made" embryos. The Center closed in May of this year, stating financial difficulties. Sperm donation payments range from $50 to $100. Egg donation payments vary, as high as $15,000; however, the national average is $4,200. Higher payments are given for donors with advanced degrees and special qualities.[12]

Most of the ethical debate surrounding assisted reproduction revolves around a determination of the status of the embryo: is it a person, property, or somewhere in between? If the embryo is considered a person, it has moral worth and its gender and genetics are set at fertilization. If the embryo is considered property, it is a microscopic clump of cells, not capable of thought or personality, and whose use can benefit others. As stated previously, current law considers the status of the embryo as somewhere in between. The embryo deserves "special status" because of its potential for human life and, therefore, should be protected from commoditization; however,

[8] Id.; O.C.G.A. § 19-7-2.1.
[9] Id; O.C.G.A. § 53-2-5.
[10] Testimony of Ms. Jerri Nims Rooker, Center for Law, Health, and Society at Georgia State University for College of Law, September 25, 2007.
[11] Testimony of Judge Self, Probate Court in Bibb County, November 2, 2007.
[12] Id.

research, undertaken with guidelines, should be allowed to help other people.[13]

If an embryo is a "person," laws that follow may limit the number of embryos that may be transferred; restrict disposition options to those for reproductive purposes; or specify rights to inheritance as of fertilization. If an embryo is "property," laws that follow may encourage disposition of embryos for research purposes; encourage production of embryos for research purposes; and allow for market forces to determine payment amounts. If an embryo is "somewhere in between," laws that follow may allow for disposition for research purposes, but not for payment; and establish guidelines for research.[14] Georgia law does not define the legal status of embryos. However, Louisiana law defines an embryo as a "biological human being" and it is not considered property.

The PGD procedure was developed to allow couples at risk of passing on a serious genetic disease to have children that are not affected by the disease. Since its introduction in 1990, it has been most widely used to prevent the birth of children with conditions such as Down's syndrome, Tay-Sachs disease, cystic fibrosis, sickle cell anemia, Huntington's chorea, and Cooley's anemia. However, in February of this year, an Australian couple paid $40,000 to have PGD done in the United States to select the gender of their unborn child. The woman used IVF to conceive and asked her doctors to transfer only the embryos that were determined, through the use of PGD, to be "girl" embryos. The woman has three boys and wanted to have a girl. Only one state has attempted to address issues relating to the use of PGD for gender selection purposes.
Senate Bill 651, introduced during the 2007 Legislative Session of the Missouri legislature, which did not pass, attempted to criminalize the selection of a human embryo for implantation through in vitro fertilization based on the gender of the embryo and genetic engineering of humans.

Many religious organizations, such as the Georgia Right to Life and the Catholic Archdiocese, oppose IVF because it involves the destruction of newly conceived embryos in the laboratory. Some states prohibit the use of embryos for research purposes and two states, Louisiana and New Mexico, prohibit the intentional destruction of embryos created via IVF. This prohibition results in mandatory implantation, in which the doctor implants the embryo in the woman's body at a time in her cycle when the embryo will not implant; or in embryo freezing.

This issue has been actively addressed internationally. Italy passed the Medically Assisted Reproduction Law in March 2004, which prohibits the destruction of embryos created outside the body. This means that all embryos created during IVF (to a legal maximum of three) must be transferred to the woman's womb. The Embryo Protection Act of 1990 in Germany states that no more than three eggs can be collected from a patient for fertilization in vitro. After that, all embryos created must be transferred to the patient in order to avoid any embryo freezing or destruction.

In 2002, the federal Department of Health and Human Services, through the Office of Public Health and Science, made one million dollars available to organizations in order to increase public awareness of "embryo adoption." Embryo adoption was defined in the appropriation as the donation of frozen embryos to a recipient who wishes to bear and raise a child.[15] The terms "embryo adoption" and "embryo donation" are often used interchangeably. From an ethical standpoint, the term "embryo adoption" implies that an embryo is a person; "embryo donation" implies that an embryo is property. The laws in some states provide for embryo adoption, others provide for embryo donation. Louisiana expressly provides for "embryo adoption" if the gamete providers choose to renounce their parental rights. However, many states, including Georgia, restrict consent for adoption until after birth and, therefore, pre-birth adoption agreements are usually unenforceable because the birth mother cannot surrender maternal rights until after the birth of the child.

[13] Id.
[14] Id.
[15] Id.

Embryo adoption/donation, endorsed by President George W. Bush, is a relatively new process in which individuals that have their own frozen embryos agree to release them to an adopting couple. The adopting family may either be known or anonymous to the donors. The intent is that the embryos will be transferred into the womb of the adopting mother so that she and her husband may bear a child and be that child's parents. Many agencies which offer embryo adoption/donation utilize the same procedures and similar forms to those used in traditional adoption. The embryo donation and adoption process involves adoption, agreement, and relinquishment forms, which are legal contracts between the donor and recipient couples. These forms formalize the genetic parental relinquishment of their parental rights prior to the embryo being transferred to the receiving mother. Once transferred, the embryos belong to the adopting parents.

The process starts with an initial inquiry from a family either desiring to place their embryos for adoption/donation or to adopt embryos. Donating parents indicate their preferences regarding the age, income, post-birth work plans, religion, prior marriages, existing children in the family, and race of the adopting families, as well as their desire for future contact. Assuming an adopting family matches these criteria, their introductory letter, biography, and photographs are sent to the donating parents for consideration and possible selection. If the adopting family is selected, then the donating parents' profile information (introductory letter, biography and photographs) and medical health history are sent to the adopting family for their consideration and possible selection. Once a successful match has been made, each set of parents draft and sign contracts; embryos are shipped to the adopting family's clinic, and the adopting family is then able to schedule their frozen embryo transfer (FET). Some have argued for the application of the adoption tax credit to embryo adoption.

The most recognized national embryo adoption program is the Snowflakes program. Nightlight Christian Adoptions, an agency that also arranges traditional adoptions, began the program in 1997. It is one of the first of three programs in the United States that currently arranges embryo adoption programs. Nightlight Christian Adoptions also produces an embryo adoption awareness campaign to increase awareness, knowledge, and understanding of the hope that embryo adoption offers to those struggling with infertility. See www.embryoadoption.org for more information.

Despite the Embryo Adoption Awareness Campaign, many couples experiencing infertility and who have not achieved success with ART procedures are unaware of the possibilities of embryo adoption. According to Ms. Rushton, a woman who has conceived a child through embryo adoption, she was informed of the possibility of embryo adoption by her fertility specialist. She did not want to undergo IVF because she had ethical issues with the creation of excess embryos. She then researched embryo adoption on the Internet to locate a service provider. Ms. Rushton explained to the Committee that she has maintained an open relationship with the couple that donated the embryo. However, Ms. Rushton stressed the need for consistency in the processes utilized by various embryo adoption agencies. Some states specify in law that IVF providers must provide patients with relevant information to make informed decision regarding the disposition of embryos, including embryo adoption.

COMMITTEE RECOMMENDATIONS

The Committee recognizes that with advances in medical technology, infertility issues once considered insurmountable are being addressed with great success. However, the Committee finds that ART is still not a cure for infertility, nor is it an exact science, as each couple and situation is different.

The Committee finds that the extra embryos created during an IVF represent potential for human

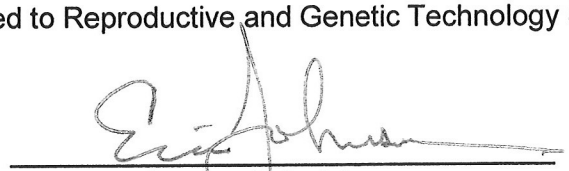
life and, therefore, the Committee recommends that the General Assembly introduce legislation amending Georgia's current adoption law to allow for embryo adoption. Embryo adoption allows a child to be born and offers other infertile couples the experience of pregnancy and birth.

The Committee also recommends that fertility clinics in Georgia provide patients with information relating to embryo adoption before undergoing assisted reproductive technology procedures. In the same regard, the Committee recommends that the General Assembly introduce legislation updating Georgia law to provide for surrogacy agreements in assisted reproduction.

Finally, the Committee recommends legislation providing a consistent legal framework to be used in informed consent and other contractual forms in assisted reproductive procedures.

Respectfully submitted,

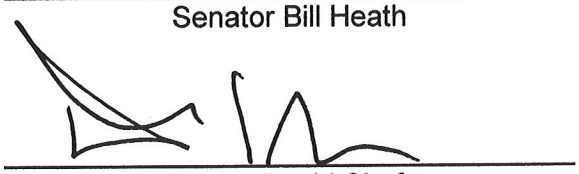
The Rights Related to Reproductive and Genetic Technology Study Committee



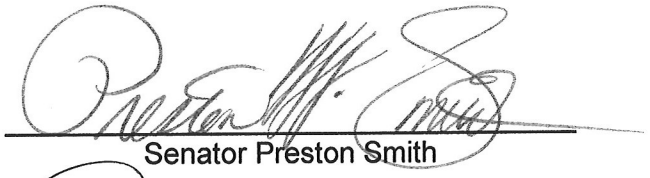
Senator Eric Johnson
Chairman

Senator David Adelman

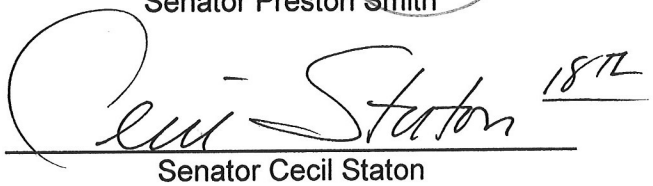
Senator Bill Heath



Senator David Shafer



Senator Preston Smith



Senator Cecil Staton

Senator Don Thomas