

CHRISTINA EWOLDT – SURROGATE TESTIMONY

PURPOSE:

- To Testify in support of the Colorado surrogacy bill, HB20-1316 at the hearing by the House Health & Human Services Committee on Friday, March 13th, 2020 (scheduled for 11:30)
- The purpose of the Bill is to protect Intended Parents, Surrogates and the resulting children by putting clear laws into place to make surrogacy safe and legal in Colorado

TESTIMONY OBJECTIVES:

- attach real people to the cause
- show the committee that there are really important reasons why people may need to use a surrogate (not because they just don't want to be pregnant)
- surrogates are not exploited
- there are many successful, happy outcomes from the process

DURATION: 3 minutes

TESTIMONIAL:

My name is Christina Ewoldt, I am married with 2 boys, ages 8 and 9, own a successful project management consulting business and am a 3-time gestational surrogate.

Many of you may be wondering why someone would choose to be a surrogate, not just once, but three times. My best friend was the 1 in 8 people who struggle with infertility due to having a rare condition that forced her body into menopause at the age of 17. I couldn't imagine a life without the opportunity to be a mother and my instant reaction was to volunteer to be her surrogate. After 4 Years, 4 IVF Clinics and the miracle combination of an egg donor and new medical protocol, she was able to carry twins, who are now 7 years old. Although I was thrilled for her, I found myself wondering if I could provide this gift, if not for her, for someone else. And so began my first surrogacy journey.

Unlike the Intended Parent's I carried for, achieving and maintaining a pregnancy was easy for me. Each situation was unique, and required the use of a surrogate for different reasons. One Intended Mother had undiagnosed infertility that resulted in 7 failed IF cycles and 2 pregnancies that ended in miscarriage. Another had an advanced illness and was advised against becoming pregnant. The third was a single intended father whose life goal was to have a family, but who had not yet met a female partner to share his life and build a family with.

There are some misconceptions about the kind of women who are surrogates. Some people believe, they are uneducated, impoverished, and easily exploited during the process as a result. During my three surrogacy journey's I had the privilege of meeting well over 100 fellow surrogates and you may be surprised to learn that most are college educated and hold at least one degree (if not more). Many are professionals, and work as Nurses, Dental Hygienists, Therapists, Teachers, College Professors, Managers, Directors and even VP's for major corporations. Most like me, become surrogates because a close friend or family members' struggle with infertility compels them to action.

We've all seen enough Lifetime movies to know that surrogacy can go wrong, when not managed appropriately. Surrogacy arrangements have the greatest chance of success and positive outcomes when managed through the trifecta of an Agency, specialized legal representation and clearly defined rules of engagement (including laws) which support the intended and sometimes unintended outcomes. In combination, these critical elements assure that all parties are well informed of the process, risks, and opportunities throughout the full lifecycle of the process.

All three of my surrogacies followed this formula and resulted in the creation of 3 beautiful families which otherwise would not have been possible. We continue to have incredible relationships with all 3 families, having become an extension of theirs and see each other every opportunity we can, including many birthdays, the wedding of the single intended father, and many shared double dates and vacations together.

Surrogacy changes lives in so many ways, and I hope my testimony demonstrates the many positive and happy outcomes that can result from such important legislation in support of Surrogacy!



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March 24, 2021

Representative Meg Froelich
Colorado General Assembly
200 E. Colifax, Room 307
Denver, CO 80203

Dear Representative Froelich:

On behalf of the American Society for Reproductive Medicine (ASRM), I write to express strong support for **House Bill 21-1022**, which would set clear standards for all surrogacy participants and follow best practices to protect the interests of a surrogate, intended parents, and child.

ASRM is a multidisciplinary organization of nearly 8,000 professionals dedicated to the advancement of the science and practice of reproductive medicine. Distinguished members of ASRM include obstetricians and gynecologists, urologists, reproductive endocrinologists, embryologists, mental health professionals and others.

Infertility, recognized by the American Medical Association and the World Health Organization as a disease that impacts as many as 7.3 million couples in the United States, can, untreated, upend the dream of building a family. Because it is not always possible to build a family using one's own gametes, ASRM supports family building options involving collaborative, or third-party reproduction. It is ASRM's position that those seeking to build families deserve the opportunity to pursue the treatment or method that is most appropriate – and guided by best practices, including ASRM's related professional guidelines – for them.

We are pleased to support **HB 21-1022**, which will make clearer the requirements, obligations and rights of all parties in the collaborative surrogacy agreement. Those seeking to build families in this manner seek and deserve clarity in the law and we applaud your leadership on these matters.



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Thank you for your consideration and do not hesitate to contact our Office of Public Affairs with any questions you may have: Becca O'Connor, Director of Government Affairs, can be reached at: boconnor@asrm.org; 617.270.4465.

Sincerely,

A handwritten signature in black ink that reads 'Hugh Taylor'.

Hugh Taylor, M.D.
President



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Colorado Fertility Advocates

Support for HB21-2022: Gestational and Genetic Surrogacy Agreements

Colorado Fertility Advocate is a non-profit organization supporting the 1 in 8 Colorado families struggling with infertility, as well as the professionals assisting them. Colorado Fertility Advocates' Board of Directors consists of doctors, nurses, mental health professionals, business owners, lawyers, and veterans' advocates. Our goal is to see that all Coloradans struggling with infertility receive the support, information, and medical care that they need.

Surrogacy arrangements are common in Colorado. However, without protections in state law, both parents and surrogates are left vulnerable to uncertainty about one of the most fundamentally challenging experiences there is: parenting. Unfortunately, Colorado lags behind other states who have already recognized this problem, and whose legislatures have taken the important step of recognizing the need for appropriate legal and medical safeguards. These states include California, Florida, Illinois, New York, Oklahoma, and Texas, among others.

HB21-2022 codifies best practices for surrogacy arrangements in our state, establishing consistent standards and procedural safeguards to promote:

- The best interests of the children born through surrogacy arrangements.
- Protections for the health and safety of those acting as surrogates.
- Secure rights and obligations between the intended parents and their children.

HB21-2022 is smart, clear, and necessary legislation. We believe it should be part of a non-partisan effort to increase legal protections for families and surrogates who need certainty and predictability. We are proud to see Colorado's legislature considering these important protections for Coloradans, and urge you strongly to vote in favor of HB21-2022.

Respectfully yours,

Colorado Fertility Advocates

Dr. Leslie Appiah

Angela Bevill

Judith Hoechst

Dr. Althea O'Shaughnessy

Ellen Trachman

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TO: The Colorado Legislature

FROM: Colorado Women's Bar Association
Ruth Aponte (303-907-1980)
Ellen Trachman (303-243-5014)

RE: Support For HB21-1022 Concerning The Protection Of Parties Through The Enforcement Of Proper Surrogacy Agreements

With over 1500 members, the Colorado Women's Bar Association (CWBA) is the largest diversity bar association in Colorado, and one of the largest women's bar associations in the country. The CWBA's mission is to promote women in the legal profession and the interests of women generally. In line with that mission, the CWBA is in strong support of the HB21-1022, Concerning the Protection of Parties Through the Enforcement of Proper Surrogacy Agreements. It is our position that the enactment of HB21-1022 will advance the interests of women, children, and families in Colorado.

The bill takes a balanced approach by requiring clear and specific safeguards for the parties. These protections include mental health consultations, independent legal representation, and autonomy over medical decisions. The bill ensures that women who volunteer to act in the most intimate and personal way for others, by carrying a child to birth, go into the process fully understanding the emotional and legal ramifications, but without creating unnecessarily burdensome regulations.

Moreover, the bill enshrines in law a predictable and concrete process for determining the legal position of the parties related to the child. The intended parents receive recognition of their rights and obligations to their child, the surrogate is appropriately deemed not financially responsible for the child, and the child does not live in legal limbo as to their true parents and family. The bill eliminates the possibility that Colorado families and children will be treated in unpredictable ways by courts and healthcare providers.

The Colorado Women's Bar Association urge you to vote in support of HB21-1022.

Sincerely,

Alison Connaughty
Meagan Moodie

CWBA Public Policy Committee Co-Chairs

Ellen Trachman

CWBA Public Policy Committee, Women's
Health Subcommittee Lead

My Surrogacy Journey

By Sarah Collins
Centennial, CO

My daughter was born in 2008. Within her first year of life, my husband and I both knew that our family was complete, and we've been a little family of three ever since. I don't remember the exact year when I began thinking about surrogacy, but I remember hearing an advertisement for an agency seeking surrogates and thought about how amazing it would be to carry a child for someone who wasn't able to carry their own. I had really loved being pregnant, found the experience to be fascinating and full of wonder, and thought it would be incredible to carry a child for someone else. I also didn't think that I would qualify to be a surrogate. I was older than the age the advertisement specified, and our daughter, Selah, had been born preterm and in need of immediate medical care from a series of congenital anomalies. I was sure that those things combined would disqualify me, and I spent the next 3-4 years with the dream in the back of my head.



Our family of three in 2008

Enter February 2019. I was selling at an annual pop-up shop hosted by a friend and chatting with a customer named Judith that I had met the year before. We connected as she was a NICU (neonatal intensive care unit) nurse and my daughter had spent a lot of time in the NICU after she was born. This time our conversation moved into her new job as a reproductive lawyer and her work with surrogates and intended parents. I mentioned that for years I had wanted to be a surrogate, and through that conversation with her I discovered that I wasn't too old (I was 38 at the time) and that my daughter's medical situation also wasn't an immediate disqualification. The memory of walking into my home that night, sinking into the couch, and looking into my husband's eyes as we discussed the possibility makes my heart leap still today. I knew that if this was something I wanted to do, I needed two specific people on board - my husband and my daughter. Drew's smile was immediate as he told me that it sounded like an amazing thing to do, and encouraged me to pursue it. The next morning I spoke with my daughter, who was 10 at the time, explaining to her what surrogacy was and asking how she felt about it. Her first question was, "So wait...this wouldn't be our baby, right? Like it wouldn't be my brother or sister?" Once I confirmed that for her she shared her relief with me--because she didn't want a sibling--and her support of me being a surrogate.

Judith and I set up a day to get breakfast together soon after and she was so graciously willing to answer all of my questions and talk through the pros, cons, and how to begin pursuing being a gestational surrogate. For context, a gestational surrogate carries a child that is not genetically her own using IVF. A traditional surrogate (not as common) uses her own egg but carries the child for someone else. I was a gestational surrogate. Judith herself was not only a former nurse and a reproductive lawyer, but due to a complicated surgical delivery of her first child, Judith's second child had been carried and born via a gestational surrogate. Judith answered my seemingly endless questions and told me how to begin researching and reading up on surrogacy. Over the next few months I devoured

everything I could find on surrogacy. I read about other women's personal experiences with surrogacy, both from surrogates themselves as well as from intended parents of children born via surrogacy, and connected with a premier neonatologist to speak about the congenital medical issues affecting my daughter. Doctors had told me since her birth that her medical challenges and preterm birth were not caused by something I did or did not do during pregnancy, but it took me a long time to not blame myself. Surrogacy was actually a big step for me in accepting that sometimes difficult things just happen - there isn't always a rhyme or a reason. All the information I read and found solidified my desire and hope to carry a child for someone else.



Pregnant with my daughter in 2008

Within a few months of my first conversation with Judith, she reached out to me asking if I was still interested and saying that she had met an intended mother she felt might be a good match for me. In the meantime I had decided I wanted to pursue surrogacy independently rather than through an agency, and knew that I wanted to carry for someone living in my home state of Colorado. I wouldn't be involved in raising this potential child, but I did have the desire to keep up with the family, be friends, and be a part of their lives going forward. One of the biggest things that I learned through the entire process of surrogacy is just how important finding a good match is between surrogates and intended parents. The process is complex, deeply personal, requires vulnerability and has many emotional and physical implications. I know from accounts of other gestational surrogates that there is a huge spectrum of relationships between surrogates and intended parents. Surrogates can carry for a parent or parents that live in their region or parents that live in a different part of the country or abroad. Some surrogates and parents want a personal and ongoing relationship with each other, and some don't. Surrogates and intended parents need to agree on lifestyle and health practices, pregnancy and birth decisions, communication techniques, possible medical interventions, and a large myriad of other considerations.

Drew still laughs about the first time I met the intended mother (I will call her Carrie) in person. We didn't know each other at all and had spoken on the phone only once. She was driving through the area on her way home from a weekend trip away, and we decided to meet at a nearby park to talk about me carrying a baby for her. We were both nervous about meeting a stranger in the park to talk about something so personal, but hit it off instantly. I knew from that first phone call with her that we had a good connection, but after spending that couple of hours with her, our connection was solidified and we both knew we wanted to move forward. We spent a sweet couple of hours watching her 2 year old son play on the playground and talking about everything from my diet and health to her son and desire to have another, our jobs (she a physician, me an artist), our

backgrounds, and why we were both pursuing surrogacy. Carrie shared her son's adoption story, and the journey she had been on to adopt another that ended in heartbreak when the adoption fell through at the last moment. She shared about being a single mom, and her deep desire for another child and sibling for her son, and her wish to use embryo donation to have another child. I shared about my family, my experience with pregnancy, my daughter's medical challenges, and my family's support of me pursuing surrogacy. I don't think most matches happen this quickly or seamlessly, and we both feel so thankful to have been introduced to each other so early in the process. It's a big deal to choose someone to carry your child, and it's a big deal to decide on a family or person to carry a child for. There's only been a few times in my life that I've met someone and so quickly knew that they could and would be a dear friend...meeting Carrie was one of those times.



**My family meeting Carrie and her son in March 2020
(just days before the world shut down)**

Over the course of the next year we started walking through the steps, including psychological clearances, medical checks and clearances for me, talking through and working out a contract using specialized reproductive attorneys, the process of obtaining frozen embryos, and finally beginning the IVF med cycle. We had hiccups along the way (a couple hospital stays and an unexpected major surgery for my daughter, delays in getting embryos, a global pandemic) that made the beginning stages of the process longer than anticipated, but it was happening and we were moving forward.

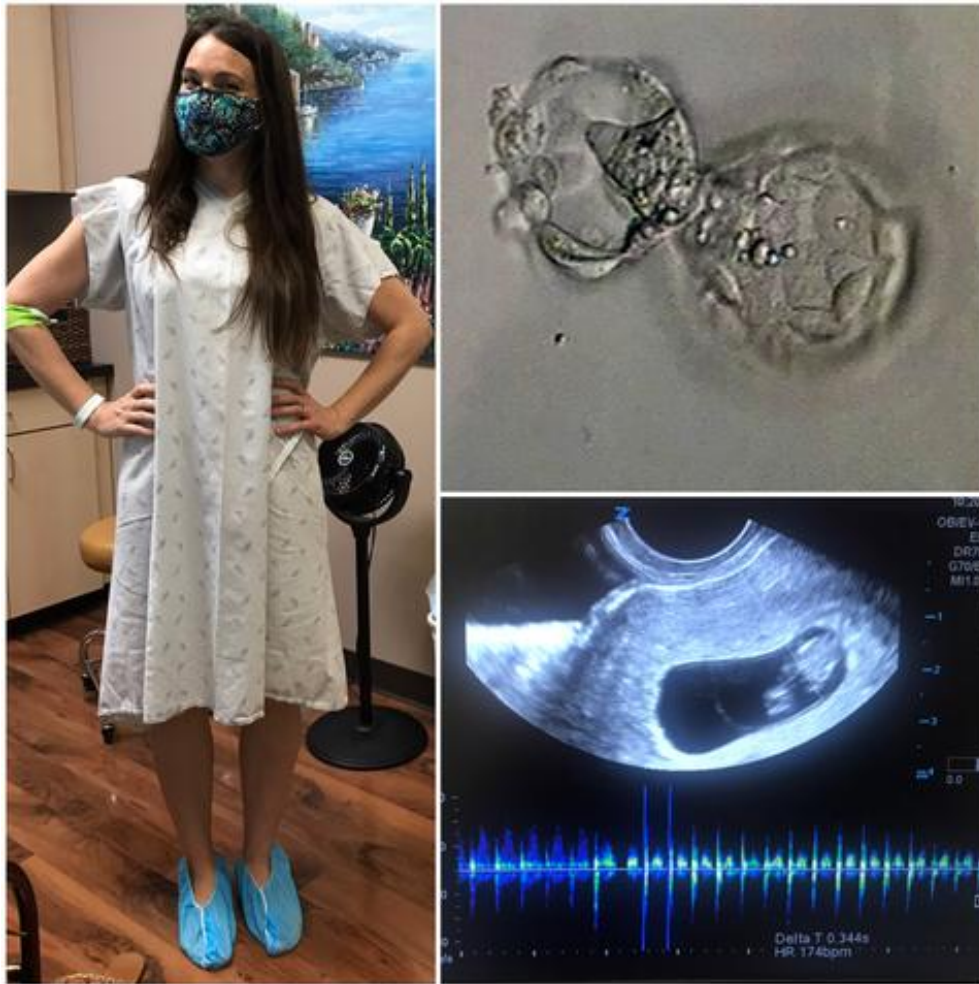
Once we had taken all the necessary medical and legal steps required, we were ready to begin the process of in vitro fertilization. Carrie's desire was to add to her family with the help of embryo donation. As I thought about surrogacy, the medications and hormones - most specifically the injections - was what I felt most nervous about. I've always been fearful of needles and knew that in order to be a surrogate, I would need daily injections for months. It was both my husband and my daughter that gave me strength to continue to pursue surrogacy in the face of those injections. Drew told me early on that he would be happy to give me the injections if I couldn't. He didn't tell me until after the med cycle that he would've hated giving me shots, but had told me he would be happy to do it so that I wouldn't be as nervous. Selah has endured more shots, procedures and surgeries in her life so far than most people experience in a lifetime. The med cycle became another surprisingly beautiful part of the process for me personally because my daughter, and her courage in the face of medical complexities, gave me the strength to pursue something that required facing a lifelong fear in order to achieve. I overcame my fear of needles by doing many of the injections myself, which was deeply empowering. Selah also loved helping. She learned the whole process of drawing up the medications to cleaning my skin and giving the injections. It was healing for her to be on the other side of the needle.



My daughter giving me one of my IVF injections.

Recipients of IVF follow a strict cycle involving medications in the form of pills, patches and injections - most taking place at home. There is also frequent blood and lab work as well as regular ultrasounds and monitoring through a fertility clinic. The fertility clinic that Carrie was established with ended up being just a few minutes from our home, so that made appointments easy and quick. Many surrogates need to drive for hours or even fly to a different state to reach the intended parent's fertility clinic.

Everything needs to be just right in order to transfer an embryo to a uterus and to give the embryo the best chance at implanting and developing. If everything goes smoothly, most med cycles begin about 6 weeks before the embryo transfer and then continue through most of the first trimester of pregnancy. We were fortunate and thankful that the first med cycle and subsequent embryo transfer resulted in implantation and continued into a successful pregnancy.



Left - Transfer Day, May 2020

Top Right - 5 day embryo

Bottom Right - Ultrasound and heartbeat confirmation 6 weeks after transfer

I was pleasantly surprised that the hormones and med cycle didn't affect me as much as I was anticipating. The hardest part for me was the progesterone injections. Injectable progesterone is suspended in oil, which is thick. Most people develop knots and bruises from progesterone in oil shots, and my family and I would laugh about me limping around the house with my sore hips and booty. It shocked me that the shots themselves almost never hurt (I gave myself every single progesterone injection!), but I did have visible lumps (and a visible limp) for a number of weeks.

One of the reasons that I pursued surrogacy was because I really enjoyed being pregnant with my daughter. I felt good most of the time and just marveled at the whole process. I knew that I didn't want more children, but felt it would be amazing to carry a child for someone who couldn't. The most common question that I was asked during this process was how I would feel handing the baby over to someone else when it was born. Would I get attached while pregnant? What about the bond between me and the baby? Would I be sad when he went home with his mother? How will you give up the baby? The answers to these questions always felt simple to me. I knew from the beginning that this wouldn't be my baby. He was never mine to begin with and I felt so honored to be able to provide a safe place for him to grow until he could be with his family. I wasn't going to have to give up anyone...I was going to be able to give him back. I enjoyed the pregnancy just like I did with my daughter, but it absolutely felt different. I loved this baby, felt protective of him, and looked forward to meeting him--but I never felt or wished he was mine. I just enjoyed the process of giving him a place to be as he formed and grew. It's still wild to me that I grew a human that is in no way related to me genetically. Science, pregnancy and life are all so amazing, intricate and complex.



Belly pics at 20, 26 and 38 weeks of pregnancy.

My pregnancy went smoothly and was complication free. Due to the pandemic, Carrie's work schedule, and her living a few hours away, she would video chat in to important prenatal appointments rather than attend in person, and I would regularly send her update photos and ultrasound pictures. Because I work from home and this process happened during the restrictions of pandemic life, it was easy to stay healthy and even keep the pregnancy a secret for quite some time. Carrie is a private person, and even more than that, she wants her new baby son to be able to grow up to tell his own story rather than it be known before he has a chance to decide what he wants to tell. I knew going into this process that I wanted my circle to be small to start off with. Because the process was so complex, long, and personal, I chose to wait to tell almost anyone until I was 12 weeks pregnant, and I waited until 20 weeks to share with a wider circle of people. As I went on it became more and more fun to share - I think in part because my experience with surrogacy, Carrie, and this pregnancy was so wonderful. I enjoyed sharing the ins and outs of surrogacy with people, answering questions, and giving the perspective of my experience. Some of my favorite interactions were those when I was out with my husband. When it was beyond obvious that I was pregnant, people would congratulate us, and I loved sharing that it wasn't our baby. My husband, Drew, would also jump in and talk about how proud he was of me and how great it was. Without fail people's faces lit up with joy, surprise and often even with tears. Those moments felt like shared humanity and connection in a season of so much grief and where we all were staying physically distant and missing the normal routines of life.

One of my other favorite things of this process was sharing the experience with my family. My husband and daughter were both completely supportive and excited to come along on the journey. Drew spoiled me with late night snacks when I was hungry, jumping up and helped me out of bed when I had to get up and pee 4+ times a night, and took over many of the household duties that were previously mine so that I could continue working, and then resting, when I needed it. Selah loved watching me do

my injections as well as doing many herself. She always said she couldn't wait until I was so big that I waddled and found it hilarious when I was big enough that I grunted and groaned every time I had to stand up. She helped me put on my shoes when I had trouble reaching my feet. A huge part of what made this experience so special was the support of Drew and Selah. It was an amazing time of excitement and brought some variety and newness to our lives while we were all at home with each other everyday in pandemic lockdown.



Left - A 12:30 a.m. surprise platter of food from Drew during a particularly ravenous stage of pregnancy
Right - Selah drawing a mural on my belly

There are still quite a few misconceptions around surrogacy and why people on both sides (surrogates and intended parents) pursue it. I wanted and continue to want to share insight into those misconceptions. I am surrounded by friends who have dealt with fertility issues and pregnancy losses, and the grief that comes stems from those experiences. Being a surrogate felt like one small thing I could do in this world that would make a difference for a person in that situation - to help bring hope and life to

someone wanting to add to their family who wasn't able to in the traditional way. If I could, I would do it over and over again.

Judging from conversations with other pregnant people in online forums and groups that I am a part of, birth and delivery during a pandemic can vary wildly depending on the location. My delivery took place at Skyridge Medical Center in Lonetree, CO--a large and well-known facility in the Denver Metro area. Skyridge generally sees between 10-20 surrogate births a year in their facility and while that is a low number compared to overall births, I was very impressed with the systems and procedures they had in place to accommodate me as a surrogate and Carrie as the intended mother.

Due to hospital rules and regulations regarding COVID, many other surrogates I know had to make the agonizing decision whether to include the intended parent/s or their own support person in the delivery room with them. Because Skyridge is a hospital experienced with surrogacy, they had regulations outlined to allow both the surrogate and the baby to each to have a support person present. I knew that if things were to change that I would absolutely want Carrie to be present for the birth of her child whether that meant that I would be able to have an additional support person present or not. As some surrogates don't have a close relationship with the intended parents of the child they are carrying, you can probably imagine how that could turn into a very difficult decision.

Because my daughter was born via c-section, I decided to opt for a repeat c-section birth. I did have the option to try and deliver naturally, and I spent a lot of time in conversation with Carrie, chatting it through with trusted friends, and in consultations with my physicians before making the decision. I had recovered quickly and without complication from my first c-section, didn't feel the need to experience natural childbirth, and knew that a repeat presented less risk to the baby during delivery, so opted for the repeat c-section. As births rarely go as planned (ask just about any mother

or father out there), I prepped for what I hoped would happen while holding it loosely in case the baby or my body had other plans.

In preparing for the birth, we decided that it would be best to have Drew, my husband, stay home with our daughter, and to have my sister-in-law (and one of my besties), Jaime, come and be my support person in the hospital. She was thrilled as she had never gotten to experience a birth outside of being the delivering mother. When the delivery day arrived we loaded up in the car and made our way to the hospital.



Baby Day! - February 2021

It is remarkable how different a planned c-section is than an emergency c-section. The intake process was calm, easy, and exciting as we waiting for Carrie to arrive and the operating room to open up for our scheduled time. The nurses and doctors shared with us how fun it is for them to experience these births as well, especially ones where the surrogate and intended parent are friends and the circumstances are happy and laid back.

The delivery went smoothly and beautifully. Carrie and Jaime watched the entire surgery and birth from start to finish. Jaime held my hand through the procedure and was able to take photos of the process with her other hand while talking me through everything that was happening. The atmosphere in the room was so full of joy and anticipation. Hearing that baby's cry for the first time was magical, and my heart burst with pride and joy seeing Carrie hold and care for the new baby that she had longed and waited for.



Carrie caring for and holding her son directly after delivery.

The hospital gave us recovery rooms next to each other, so after the delivery we were able to spend time together until Carrie and the baby were cleared to go home. Holding the baby for the first time felt like holding a niece, a nephew, or the child of one of my best friends. There was no part of me that felt this was my child or even wished that he was my child. I was happy to hold and snuggle him, but even more thrilled to see him finally be with his mother.



Enjoying some time with baby after delivery

Before Carrie headed home, Drew and Selah got to come in to the lobby of the hospital to see and hold the baby. I got to watch over FaceTime and it was so special. Drew and Selah were amazing and supportive through the entire thing, and they also had fun being part of the process. It felt like good closure to the season for them to be able to hold and meet the baby in person before he went home.

Surrogacy is something else. It's hard to explain how amazing and magical it is. Watching my beautiful belly buddy leave with his mama wasn't even bittersweet - it was just sweet. I will cherish this experience as one of the most special of my life, and I'm so thankful to have been able to be a part of it and to have the type of relationship with Carrie that we will be able to be a part of their lives going forward.



Drew and Selah meeting the baby for the first time.



Happy mama and baby heading home.

My recovery started out smooth, but we did end up hitting a few bumps along the way - all during the first week after the delivery. I was able to go home two days postpartum and was feeling tired, sore, and swollen, but overall okay especially after just having a major abdominal surgery. The day after my discharge from the hospital I went in to my OB clinic for a quick incision check. As the nurse took my blood pressure she began to have a worried look on her face. I wasn't feeling anything other than sore and swollen at the time, but my blood pressure was a scary 170/80. I never had any blood pressure issues prior to pregnancy, during pregnancy, or in the two days postpartum in the hospital, so this was a bit shocking. After retaking my pressures a few times and watching it continue to slowly creep higher, we were told to return to the hospital via the emergency department. Drew had taken me to my appointment that day, so we got in the car, let Jaime and Selah know that we were going back to the hospital, and went straight there. A very short time later I was diagnosed with postpartum preeclampsia - a rare and scary condition marked by high blood pressure, swelling, abdominal pain, shortness of breath, headaches, and vision changes. I had experienced some shortness of breath the night prior, was quite swollen, and had a headache beginning as we were arriving at the hospital. It didn't take long before I was readmitted and quickly started on medication to lower my blood pressure and a 24 hour magnesium sulfate IV treatment to prevent seizures. It is unknown why some women experience preeclampsia during pregnancy, and apparently quite rare to experience postpartum preeclampsia. I didn't even know preeclampsia after a delivery was possible until I was diagnosed.

I spent another 5 days in the hospital while my blood pressure regulated. I lost a shocking 20+ pounds of water weight in just a handful of days as my blood pressures and swelling went down during treatment - that's how swollen I was! Drew and I were so thankful that Jaime was still in town as she was able to stay at home with Selah. They had a wonderful time hanging out just the two of them, and Selah adored having time with Jaime all to herself. Drew stayed in the hospital with me and we spent much of

those days just sleeping and getting rest. It was scary in the moments when treatments were getting started and my blood pressures were still high, but as things started to calm and my body began to regulate, we were able to relax knowing that everything was going to be okay with time. I can only imagine how difficult dealing with that condition would be with a baby to care for as well. We were in a unique situation that gave us time and space to rest and sleep.

As I write this, I am 8 weeks postpartum and feeling great. I have had no further issues with blood pressure, and I healed quickly from my c-section. I had hoped to carry a baby once more as a surrogate, but preeclampsia is more likely to return in subsequent pregnancies after having it once, and it's likely that this will be my one and only journey as a surrogate. I will continue to share about my experience, encourage those looking into it for themselves as either a surrogate or intended parent, and do my best to shed light on the beauty of surrogacy. I marvel at the update photos that Carrie regularly sends me and look forward to holding that beautiful baby of hers in my arms again soon.





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February 22, 2021

Representative Meg Froelich
Colorado General Assembly
200 E Colfax
Denver, CO 80203

Re: HB21-1022 – Support

Dear Representative Froelich:

On behalf of the millions of women and men in the U.S. with infertility and the more than 158,000 Coloradans who are trying to have babies in the face of infertility, RESOLVE: The National Infertility Association applauds your leadership, as demonstrated by the introduction of House Bill 21-1022, which we strongly support.

One in eight couples have trouble conceiving or carrying a pregnancy to term. Many individuals needing to conceive with the assistance of medical technology have spent years trying to conceive a child, and some of them turn to surrogacy to build their families. Surrogacy is also important for many in the LGBTQ community to have a biological child.

The American Congress of Obstetricians and Gynecologists (ACOG), the American Society for Reproductive Medicine (ASRM), and the Academy of Adoption and Assisted Reproduction Attorneys (AAAA) all support surrogacy as a safe family-building option.

HB21-1022 protects all parties involved in the surrogacy process. It calls for setting clear standards for all surrogacy participants and follows “best practices” in the field to protect the interests of the surrogate, intended parents, and child.

As the voice of the 1 in 8 couples who face infertility and other Coloradans who must rely on assisted reproductive technologies to build their families, we support this pro-family bill. We are happy to provide the Assembly with additional information on this issue as RESOLVE has been providing support, information, and advocacy for the infertility community since 1974. I can be reached at bcollura@resolve.org and our website is www.resolve.org.

Sincerely,

Barbara Collura
President/CEO
RESOLVE: The National Infertility Association

Senate Health & Human Services Committee

Wednesday, March 24, 2021

Capitol Building (200 E Colfax, Denver)

Mr. Chair, members of the committee, thank you for the opportunity to present to you today. My name is Jen Noonan, and I have been a licensed mental health professional for eleven years. I work for a local reproductive medicine center where I consult with many patients, whom we call Intended Parents, or IP's, who need to use a gestational carrier - what we commonly refer to as a GC or a Gestational Surrogate.

Whenever Intended Parents are on my schedule, I prepare emotionally, because no one comes to the point of needing a surrogate easily, and the stories are often heartbreaking.

There are many myths surrounding surrogacy due to Hollywood and tabloid magazines. Here are just a few:

MYTH: Celebrities use surrogates, or they are people who don't want to get fat or go through the pain of childbirth, or have it interfere with their careers.

FACT: All reputable clinics require that anyone using a surrogate must have a medical reason to do so. Our clinic currently has many couples waiting for a surrogate, and only a limited number of potential GC's actively in the process.

MYTH: Women who “rent out their uterus” are doing it only for the money.

FACT: All women who are interested in becoming surrogates go through an exhaustive evaluative process. This includes a thorough psychological evaluation with standardized personality testing, a home visit to ensure their homes are safe, a national criminal and sex offender background check, and a financial background check to ensure they are not in a dire financial situation. They are tested for nicotine and drug use, and for communicable diseases such as HIV and Hepatitis. Our physicians review all of their medical records to see if they have a history of anything that would be a red flag. These women also endure many other invasive and sometimes painful medical tests and procedures. Women who are only financially motivated are screened out and not allowed to proceed. These women express feeling honored that they have the ability to help make someone's dream come true.

MYTH: People find their surrogates on Craigslist, and offer a lot of money to carry their babies.

FACT: While surrogacy *can be* extremely expensive, most Intended parents find their GC's through an agency or clinic that specializes in carefully vetting all GC candidates, and no one is allowed to proceed without a legal contract in place.

MYTH: The surrogate will try to keep the baby.

FACT: In the over 30 years our clinic has been working with intended parents, this has never happened. We evaluate the GC's closely to ensure that they are emotionally stable and understand in depth what they are signing up for. It is a life changing experience to witness people becoming parents, and the GC's are quite happy to not have the added responsibility of taking care of another baby! We also provide counseling, monthly support groups and 24/7 case management support for all GC's.

Our clinic is one of the highest rated fertility clinics in the country. We have patients come from all over the world to utilize our services. We have the

most advanced, state of the art reproductive medical care in the world here in Colorado. It is time our surrogacy laws catch up, so that GC's, Intended Parents and their resulting children have the *absolute* best protection possible.

Thank you for your time. I am available for questions.

Here it is:

Good morning Senators, Distinguished guests and fellow surrogacy advocates. My name is Shanna Shushereba. I am a United States Air Force Veteran, former Security Forces Member, former Military Training Instructor, Master's Degree in Clinical Psychology-holding, single mother of 2 incredible children who I could never live without. I love them more than anyone in this world...so when I learned that a close friend of mine, (who has a similar life story), and his wife had been trying for more than 10 years to get pregnant, I was heartbroken for them. They actually conceived 8 different times. Eight. Each time, they never made it past the 10 week mark. Can you imagine being in their shoes?

Finally, with the help of a surrogate, they used their last two embryos, got pregnant and stayed pregnant! They named them Vivian and Gwen and couldn't wait to surprise their own parents at Christmas with the news. However, sadly, they only lived until the 10 and 1/2 week mark. On October 22nd, 2015, my friends suffered yet another miscarriage. They were crushed and were emotionally incapable of trying again to have a baby.

Their story is what inspired me to become a gestational surrogate and help someone become a family. I turned to Google to learn which agency had the best reputation and before I knew how much time had passed, I was matched with a nice German couple and a short time after that, I was pregnant with twins-conceived using donor eggs and sperm. I gave birth to a healthy boy and girl on March 23rd, 2018.

It was such an amazing experience and an incredible honor, that I decided to do it again. I met the most incredible New Zealand dads who were so eager to become parents. I agreed to carry for them, and using a donor egg and sperm, I was pregnant again-this time with a single baby boy.

Throughout the whole pregnancy, I got to know these dads so well that we became like family. They were so grateful from day one and treated me and my children with nothing but respect and love. I gave birth to their beautiful baby boy on December 4th, 2019. They named him Nicky. I got to watch the faces of those dads as their sweet boy came into this world, and that's a moment that I will never forget. That's what made it all worth it.

We need to enact protections here in the state of Colorado to protect surrogates, Intended Parents and most importantly, surro babies. They are defenseless and need your help. With your support, more families will be able to welcome their own Nicky into their family, and their lives will forever be positively impacted because of it.

Thank you! Are there any questions?

Sincerely,
Shanna

Supporting HB21-1022, Concerning Surrogacy Agreements

Background:

- **Infertility is a common medical diagnosis** that impacts people physically, emotionally, and financially.
- **One in eight people** have trouble conceiving or carrying a pregnancy to term. Some will seek the assistance of a gestational or genetic surrogate to carry their child to build their families.
- In **gestational surrogacy**, the intended parents' embryo formed from their eggs and sperm or donor eggs and/or donor sperm, or even from donated embryos, is transferred to a surrogate who will carry their child. A gestational surrogate has no genetic connection to the child she carries for the intended parents. In **genetic surrogacy**, the surrogate is also an egg donor, thus she has a genetic connection to the child she carries. In either case, the surrogate has no desire to parent the child she carries, nor any desire to seek parental rights. She does not intend to raise the child she carries. She has a deep desire to assist the intended parents in building their family.
- The American College of Obstetricians and Gynecologists (ACOG), and the American Society for Reproductive Medicine (ASRM) both support gestational surrogacy as a **safe family-building option**. 85% of the in vitro fertilization clinics reporting to the Centers for Disease Control and Prevention offer gestational surrogacy as a treatment.

Problem: Colorado law is unclear regarding the rights of parents, surrogates, and the children born through the surrogacy process. This makes Colorado an outlier. ***In the past 30 years, more than 25 states have passed new laws to promote and support surrogacy.***

Solution is HB21-1022: We need statutory language in Colorado to protect all of the ways that people are creating their families. The lack of law in Colorado is lagging behind the advanced fertility medical care offered in our state. Colorado is a well-known destination for fertility care including surrogacy. People from across the United States and citizens of many countries have long traveled to Colorado to seek the expertise and advanced reproductive technology of fertility clinics offering the highest standards of care and the highest success rates following IVF and surrogacy. This statute protects the parents, the surrogates and the best interests of the resulting children.

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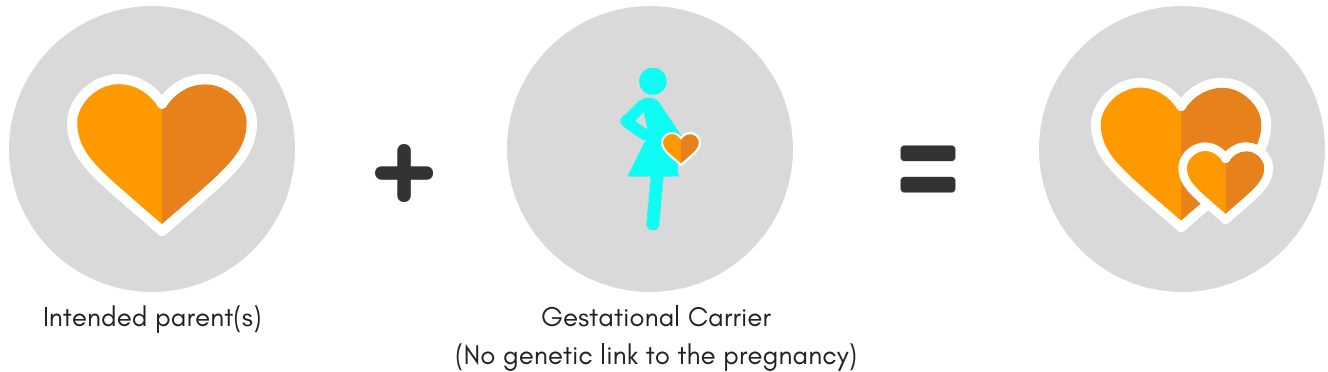
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WHAT IS GESTATIONAL CARRIER SURROGACY

GESTATIONAL CARRIER SURROGACY ARRANGEMENT

The woman carrying the pregnancy is not genetically linked to the offspring. Today, the vast majority of surrogacy arrangements are gestational carrier arrangements.



In genetic (traditional) surrogacy, the woman carrying the pregnancy is genetically linked to the offspring – it was her own egg that created the pregnancy.

FAMILY FORMATION THROUGH SURROGACY

There are a number of reasons why an Intended Parent may turn to surrogacy, including:

- Medical conditions that make it dangerous or impossible to carry a pregnancy (heart disease, cancer, lupus, type 1 diabetes)
- No uterus/uterine issues (born with MRKH syndrome, ruptured uterus from previous delivery, hysterectomy)
- Reproductive health disorders (recurrent miscarriages, complications from previous pregnancies or deliveries)
- Intended Parent(s) is without a female partner.

BEST PRACTICES TO SAFEGUARD ALL PARTIES



Mental Health Professional

- Evaluates gestational carrier & partner for psychopathology & ability to manage surrogacy
- Explores surrogate's motivation to ensure compensation is not primary motivation
- Educates about risks & roles
- Can disqualify surrogate



Attorney

- Drafts/reviews/negotiates contract(s)
- Advises on legal rights, responsibilities & risks; secures legal parentage
- Ensures clients understand & voluntarily agree to contract terms
- Applies pertinent state laws
- Each party has a separate lawyer representing that party's interests



Reproductive Endocrinologist

- Conducts medical evaluation, review of OB records
- Follows ASRM guidelines (21+, has one child, financially stable, etc.)
- Engages in collaborative informed consent process
- Educates about risks of surrogacy process & pregnancy
- Ensures mental health screening is completed
- Can disqualify surrogate



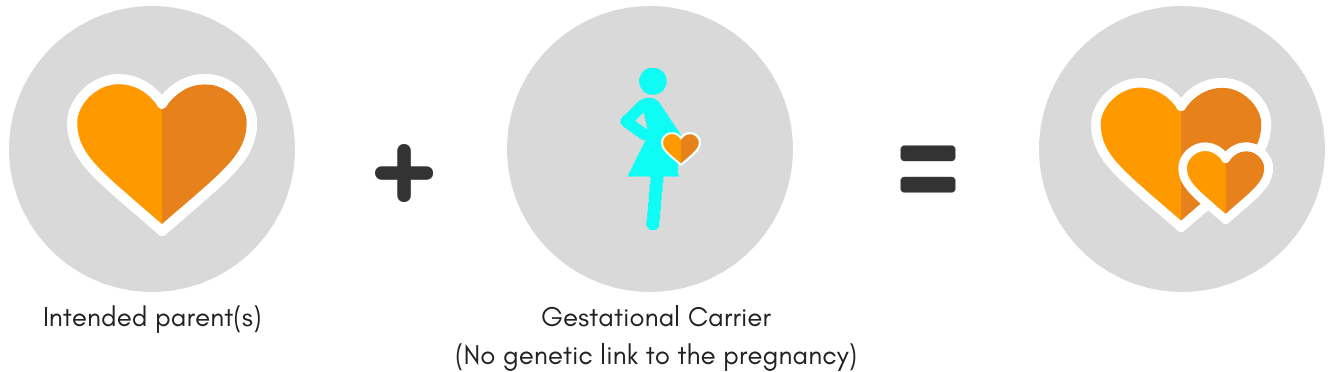
Agency

- Reviews screening information
- Provides case management
- Conducts background check
- Obtains medical records for doctor review
- Requests professional health insurance review
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Mr. Chair, members of the committee, thank you for the opportunity to present to you today.

My husband and I are parents of our 16 year old son because a surrogate carried him for us. Peter's birth came about after a long and painful infertility struggle.

I worked as a pediatric nurse in neonatal and pediatric intensive care units. I later went to law school while continuing to work as a pediatric nurse with the goal of becoming a children's rights advocate. I've always loved children and looked forward to one day becoming a mother. I met and married my husband and we planned the family we hoped to have. But over the course of many years I experienced great difficulty getting pregnant and staying pregnant, experiencing multiple pregnancy losses.

My husband and I looked into adoption and were told our wait list would be 3-5 years and our best chance of success would be an international adoption. Having moved to Denver, we learned we had world class fertility clinics here to which domestic and international patients travel to seek fertility care. We booked an appointment at one clinic and learned I had significant scarring in my uterus, likely the result of my miscarriages. My physician surgically removed much of the scar tissue and I was able to become pregnant. I enjoyed a perfect pregnancy but on the night our daughter was born I nearly lost my life from hemorrhaging due to the scar tissue that remained. My obstetrician was able to save my life but my uterus was so severely damaged I was told I might not be able to carry another baby.

We focused on the newness of being a family, experiencing the sweet joy of having a baby in our home. When our daughter was two my husband and I hoped to have another child. We were warned by my obstetrician and our fertility doctor that it would be dangerous for me to carry another child and they both recommended we find a surrogate to help us.

I met a woman who had always thought about being a surrogate. She had two young daughters and a husband who fully supported her desire. She lived in California which had a surrogacy statute in place protective of parents' and surrogates' rights. When our surrogate became pregnant with our child we were in communication throughout her pregnancy several times a week by phone and I was able to travel to California to attend four prenatal visits with her. When it was time for our son's delivery, my husband and I, our three year old daughter, and my sister traveled to California. We had a celebratory dinner with our surrogate's

family the night before our baby was born, sharing the excitement of his impending delivery.

When Peter was born, my husband and I were in the delivery room. We were each by our surrogate's side and I cradled her head during Peter's delivery. When I heard Peter's first cry, I knew it in my very soul just as I did our daughter's cry at birth. There were no dry eyes in the delivery room.

Our son knows and has met our surrogate and her family. We don't live in close proximity but we stay in touch during each year that passes and share pictures of our growing families. She loved her first experience being a surrogate and went on to carry two more surrogate pregnancies. She used the compensation she received to go to nursing school and she now works in a fertility clinic. This was always her dream and I'm proud of her success. Sixteen years later our gratitude remains for our surrogate and her husband. Eric and I would never have had our son and completed our family without them. And because of my personal experience having a child through surrogacy, I am now privileged to legally represent surrogates and parents going through surrogacy journeys.

I ask that you support House Bill 21-1022.

Thank you for your time and consideration. I am available for questions.

Mr. Chair, members of the committee, thank you for the opportunity to present to you today.

My name is Laura Koupal and I'm here to testify in support of HB21-1022. I am an attorney and have been practicing law in Colorado for 18 years. I have specialized in family law my entire career and have specific expertise in the areas of surrogacy, egg donation and sperm donation. I have personally represented over 1,000 Intended Parents, Surrogates, Egg and Sperm Donors and Recipient Parents from approximately 35 different countries.

I am going to answer some general legal questions as it pertains to the proposed bill and will be available to answer any specific questions.

Is surrogacy common in Colorado?

Yes. Colorado is actually unique in its position of being a well-known destination for fertility treatment. We have world renown fertility clinics that boast some of the highest success rates for assisted reproduction in the world. One in eight individuals in Colorado need assistance to conceive and 3% need third-party assistance to have a child.

Are lawyers always involved in assisted reproduction?

No. For example, if a person seeks to have IVF with their own egg and their partner's sperm there would be no need for a legal agreement. However, any time 3rd party assisted reproduction is used, fertility clinics require that patients seek legal counsel. 3rd party assisted reproduction refers to a patient's use of eggs, sperm, or embryos that have been donated by a third person or the use of a surrogate when there is a medical need to enable an individual or couple to become parents.

In counseling these clients our main objective as lawyers is to draft clear written agreements between the intended parents and the donors or surrogates that set forth the parties full intention. The intended parents and the surrogate or donor are represented by separate legal counsel and the contract is thoughtfully negotiated until all parties have a thorough understanding of the terms and are comfortable with the agreement.

How does the law in Colorado currently work for surrogacy?

Currently, Colorado is considered to be a surrogate friendly state because we do have laws supporting the use of donor egg and donor sperm, there are several favorable presumptions of parentage under Colorado law and our Courts have frequently adopted the doctrine of intended parentage in deciding other types of parentage cases. Additionally, Colorado courts will issue orders confirming that the intended parents are the legal parents of the child and that their names should appear on their child's birth certificate.

However, we are lacking clear statutory surrogacy laws like the bill proposed today. Today's bill would codify the work that we are currently doing and provide clear legal protection for the intended parents, the surrogates and the resulting children.

Do other states have laws similar to the bill proposed today?

In the past 30 years more than 25 states have passed new laws to promote and support surrogacy. And in recent years, 11 states have enacted surrogacy statutes similar to the bill being proposed today.

It is an inclusive law that recognizes the multitude of ways that Coloradoans are creating their families and provides equal protection to all parties involved including the resulting children.

I ask that you support House Bill 21-1022.

Thank you for your time. I am available for questions.

Mr. Chairman, members of the committee, thank you for the opportunity to present to you today.

My name is Dr. Althea O'Shaughnessy, I am a board-certified Reproductive Endocrinologist and a partner with Conceptions Reproductive Associates in Littleton Colorado

Gestational surrogacy makes up a vast majority of the surrogacy arrangements and requires In Vitro Fertilization to proceed with the surrogacy process. Eggs from an intended mother or an egg donor are fertilized with the sperm of the intended parent or sperm donor. The resultant fertilized egg or embryo is then transferred into the uterus of the gestational carrier.

With the increase in use of assisted reproductive technology by the general population and the significant improvement in pregnancy rates associated with In-Vitro-Fertilization, surrogacy has become more main-stream.

The American Society of Reproductive Medicine, a society dedicated to scientific advancement, education and patient advocacy in the field of Reproductive Medicine, published an opinion in 2017 and concludes that gestational carrier arrangements are ethically justifiable.

The reasons individuals and/or couples seek surrogacy are varied. These include women without a functional uterus or those who cannot carry a pregnancy due to serious underlying medical conditions. Other intended parents include those who biologically cannot conceive a pregnancy such as individual males or men in same sex relationships.

Fertility care centers who offer surrogacy are required to comply with recommendations regarding rigorous screening of the gestational carriers and the intended parent or parents. Gestational carriers are screened by their history including minimum and maximum age limits, number of previous pregnancies, history of a previous healthy pregnancy resulting in a live birth, weight limitations, as well as medical and psychological health. This history may also include whether the surrogate is financially sound, with good family support systems in place.

Other screening procedures include extensive review of previous medical and obstetrical history by an obstetrician gynecologist or reproductive endocrinologist and a physical exam of all parties involved. All parties are also asked to complete an extensive questionnaire and to undergo blood screening for infectious diseases. Intended parent or parents are considered tissue donors and must be screened as recommended by the FDA.

All physical, psychologic screening and legal contracts must be in place before any surrogacy procedures can go forward.

In conclusion, safe and effective procedures are in place and are practiced throughout to US to allow surrogacy to exist. The state of Colorado now has the opportunity to offer sound laws that legally protect all parties involved in the surrogacy process.

Thank you for your time. I am available for questions.

Mr. Chair, members of the committee, thank you for the opportunity to present to you today.

My name is Jennifer Ayotte. I'm a resident of Denver and I work for a growing software company. I'd like to share with you my story and experience with surrogacy.

During the summer following my junior year at CU Boulder, I was diagnosed with MRKH, a rare genetic condition that causes a woman's uterus to not form properly, or in my case, not at all. I am 1 of 5,000 women who has this condition. Several weeks later, I was diagnosed with Type 1 diabetes. It was a life altering summer.

Throughout my early 20's, I always knew at some point, when I wanted to start a family with my future husband, we would have to navigate this difficult situation that prevented me from becoming pregnant. I always wondered how that conversation would take place, what my partner would say, if I would be accepted, and if we ever would or could ever have a child. I eventually met my person who loved me for who I was, a woman with no uterus and consistently high and low blood sugars.

Jeff and I married in 2014. Throughout our time together, we had discussed how we'd start our family. For us, it was important to give a child a loving home, no matter if that child was part of our genetic makeup or not. As such, we began our adoption journey with a local agency.

The journey was far from our expectations. During our time waiting for a child, we heard heart wrenching stories of how babies come into the world and need a home, but interestingly enough, successful adoption outcomes were few and far between. Our agency struggled with placing babies with families, including us, due to declining birth and placement rates. I recall a time three years ago, getting into our car after we received a call from our adoption agency to let us know we had to make it to the hospital in Grand Junction ASAP to get "our" baby, and then a call 20 minutes after we had left our home informing us the birth mother had decided to select another family. We had over 10 failed adoption placements.

After 3 and a half years of anxiety, unpredictability, and being on an exhausting adoption roller coaster, we decided to explore IVF and surrogacy with a Gestational Carrier.

We partnered with Colorado Center for Reproductive Medicine and to our delight, found out that we would be good patients to undergo IVF. While I did not have a uterus, I had ovaries and strong egg production.

Our surrogate quickly came into our lives through an introduction by a mutual friend. She's kind, compassionate, a mother of two, and she shared she has always wanted to be a surrogate to help someone like me who cannot carry a child. I remember our first conversation with our attorney who told us the bond we'd form with our surrogate would be like nothing else. She had also been through surrogacy and her perspective couldn't be more true.

I testify before you today as we await our baby boy's arrival on March 18th. He is our joy and our hope for the family we wished for so long ago. Our journey over the last five years has been difficult and beautiful at the same time because now we're right where we're supposed to be. We count our lucky stars that the world is giving us our baby through surrogacy.

I ask that you support House Bill 21-1022.

Thank you for your time and consideration. I am available for questions.