

Testimony Against HB25-1259

My name is Abby Hodge, and I am an expectant mother of a donor-conceived child through IVF. This journey has been extremely complex and difficult to navigate. I strongly oppose HB25-1259 because it weakens vital protections established in the Donor-Conceived Persons Protection Act. Educational resources and access to complete medical history and permanent recordkeeping is vital for families of donor-conceived children. There is no need to further complicate an already difficult and complex process.

The HB25-1259 strips away fundamental rights and this legislation is misleading in saying that it protects IVF access. The bill will remove accountability from gamete banks at the expense of donor-conceived people and their families.

My concerns include:

1. Eliminating requirements for banks to maintain updated donor medical
2. Removing record-keeping requirements in cases where banks close
3. Allowing banks to require non-disclosure agreements effectively silences donor-conceived people
4. Gutting the reasonable enforcement provisions makes it more likely that companies won't even comply with the law's basic requirements.

Donor conceived children deserve to know their full identity and medical history without unnecessary barriers that HB25-1259 puts in place. There needs to be basic standards of care and accountability for an industry that has such a tremendous impact on families.

I strongly urge you to oppose HB25-1259.

Thank you.



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Colorado General Assembly
Health and Human Services
200 E Colfax Avenue
Denver, CO 80203

2/28/25

Dear Chair Daugherty, Vice Chair Young, and Members of the Committee,

On behalf of the American Society of Reproductive Medicine (ASRM), I write to express support for HB25-1259, which would add protections for fertility providers and their patients who rely on IVF to build their families.

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

HB25-1259 would address some of the regulatory concerns from the existing Donor Protection Law while keeping the fundamentals of that law in place. Crucially, in light of last year's Alabama ruling that saw a total pause of IVF in that state, and federal attacks on the spectrum of reproductive medicine, the bill would add to Colorado's history of reproductive health protections and access by expanding those protections to IVF care.

For more information, feel free to contact me or Sean Tipton, Chief Advocacy and Policy officer at Stipton@asrm.org or 202-421-5112.

Sincerely,

Elizabeth Ginsburg, MD
President American Society of Reproductive Medicine

March 4, 2025

Colorado General Assembly
House Health and Human Services Committee
200 East Colfax Avenue
Denver, Colorado 80203

Dear Chair Brown and Committee Members:

On behalf of some of the country's most prominent gamete banks, we write to you regarding HB 25-1259. We are concerned that a single piece of legislation is not the appropriate vehicle to address the two critically important issues of IVF protections and protections for donor-conceived people. If the General Assembly wants to address these protections, we believe it should do so via two separate bills.

As gamete banks that serve Colorado residents, we would like to share the following information:

- We will all be pursuing licensure from the Colorado Department of Public Health and Environment so we can continue providing gametes to residents of Colorado.
- While the law has only been in effect for two months, we can report that during that time we have not seen a decline in the number of donor applications we receive. It is still very early to assess the law's impact, but it does not appear to be affecting potential donors' willingness to donate to Colorado recipients.
- The CDPHE's educational materials for prospective recipient parents and prospective donors were drafted in a collaborative effort by a broad working group of mental health professionals with experience counseling gamete donors, recipients, donor-conceived people, families with lesbian, gay, bisexual, and transgender parents, and single parents, along with representatives from organizations representing those communities. CDPHE solicited feedback on the draft educational materials from members of the community and made edits after receiving that feedback. The resulting educational materials are comprehensive, balanced, and evidence-based, and we see no reason to re-draft them.
- We would welcome the opportunity to meet with legislators and other stakeholders, including donor-conceived people, recipient parents, donors, clinicians, and mental health professionals, to discuss our experiences thus far under the law. Then, working together with the other major stakeholders, we can identify appropriate methods to solve any issues that have arisen.

We appreciate your consideration of our comments.

Sincerely,

Fairfax Cryobank
Fairfax EggBank
The Sperm Bank of California
Seattle Sperm Bank



Julie Bindeman, Psy-D
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February 28, 2025

Testimony in Opposition to HB25-1259

Dear Chair Brown and Committee Members:

My name is Dr. Julie Bindeman, and I am a licensed psychologist specializing in reproductive mental health. For over 15 years, I have worked with individuals navigating infertility and third-party reproduction. I regularly consult with intended parents, as well as egg, sperm, and embryo donors to provide psychological evaluations and guidance. **I am the current chair of the Mental Health Professionals Group of the American Society for Reproductive Medicine.**

I am writing to express my strong opposition to HB25-1259, which undermines the hard-fought protections established by the Donor Conceived Persons Protection Act. This bill threatens the rights of donor-conceived individuals to access important information about their origins and medical history, which are fundamental to health and well-being.

HB25-1259 removes the requirement that medical history be updated every three years, which means critical health information—such as newly discovered genetic conditions—may never reach the people who need it most.

Moreover, it is vital to recognize that when creating informational packets for donor-conceived individuals, mental health professionals with specific knowledge and competency in working with the donor-conceived community should be the ones responsible for compiling and distributing this information. The psychological impact of learning about one's origins can be complex and deeply personal. Professionals trained to support donor-conceived individuals can ensure that the process is handled with care, sensitivity, and the appropriate emotional support. They are uniquely positioned to

understand the challenges that may arise, and their involvement is essential in ensuring that these individuals are not left to navigate this deeply personal journey alone.

Furthermore, this legislation disregards the voices and experiences of donor-conceived people, who overwhelmingly support access to their genetic information. It risks perpetuating a system where the needs and rights of individuals are secondary to the interests of the fertility industry and donors, rather than prioritizing the rights of the children conceived through these practices.

HB25-1259 represents a step backward in recognizing the dignity and rights of all people, especially those conceived through third-party donation. The state should uphold and expand the protections outlined in the Donor Conceived Persons Protection Act, not limit them. I urge you to vote against this harmful bill and continue to support the fundamental rights of donor-conceived individuals.

Sincerely,

Julie Bindeman, PsyD

Dear Chairman Brown, Vice Chair Lieder, and members of the committee:

RE: **HB25-1259**

My name is Carole LieberWilkins and I have been a Marriage and Family Therapist in the world of infertility and reproductive medicine since 1986. I am the author of *Let's Talk About Egg Donation: Real Stories from Real People*, as well as multiple articles about family building, which can be found on my website. I've seen many sociological changes in our field, which have ultimately led to this time in history when society and the medical and legal world are forced to look at best practices for the benefit of the people we are helping to create.

I am also the mother of a 37-year-old who is one of the first people in the world conceived through egg donation. Although my son's genetic parent was not known to me at the time I received her eggs, we have been privileged to have had a relationship with her for the last 30 years. **There have been numerous times we have had to reach out to her about her family's medical history to address a potentially heritable issue that arose in my son.**

I am writing to strongly urge you to **vote NO on HB25-1259**, a bill that would substantially water down Colorado's Donor-Conceived Persons and Families Protection Act (DCPPA). This bill, developed without the input of donor-conceived **people**, weakens crucial protections, including:

- Weakening limits on families per donor, increasing health risks.
- Eliminating required medical updates and permanent recordkeeping.
- Silencing donor-conceived people from discussing their donor with family and friends, infringing on free speech
- Gutting enforcement provisions, making the law toothless.

It is not right to prioritize **profits over ethics and transparency**. Colorado led the way in donor conception reform in 2022, and rolling back these protections is a **dangerous step backward**.

When we know better, we need to do better.

Please stand with donor-conceived people and their families. **Vote NO on HB25-1259.**

Sincerely,

Carole LieberWilkins, MFT

310.470.9049

Thank you, Chairman Brown and members of the Health and Services Committee.

My name is Sarah Jeffers. I was born and raised in Thornton, Colorado, and now live in Boulder. I graduated from CU last year.

I am donor-conceived. My parents told me in preschool, and while I always knew I had half-siblings, I didn't think much about it—until I was in high school and saw the results of my Ancestry DNA test.

When I logged in, I saw nearly a dozen matches—my siblings, my family.

Three years ago, I testified in support of SB 22-224, which was groundbreaking legislation regulating the gamete donation industry. One of its most critical protections is the **family-per-donor limit**.

I was conceived using **California Cryobank**, one of the companies pushing this bill. They told my parents there would be no more than ten children. **They lied**. I have discovered **over 40 half-siblings** so far. Every one of our parents was given the same false promise while the bank knowingly sold the same sperm to dozens of families.

Because there was no accountability, I will **never** know how many siblings I truly have.

The **Donor Conceived Persons Protection Act** requires gamete banks to make a “good faith” effort to enforce **live birth reporting** with a **25-family limit per donor**—an incredibly reasonable rule. This bill **undermines** that by removing the rule for banks to require customers to report outcomes, making it easier for them to deceive families like mine.

HB 25-1259 prioritizes profit over people. It weakens protections that donor-conceived people, our parents, and our families fought hard for.

Please vote **NO** on HB 25-1259.

Thank you.

Dear Members of the House Health & Human Services Committee,

I appreciate the opportunity to speak today in opposition to HB25-1259. My name is Dylan Morgan and I represent Cascade Cryobank. We're a small sperm bank in Washington State, and we have had the privilege of working closely with Donor Conceived People from all over the country while we have worked to build our business.

We have some concerns about the contents of this bill that we believe will negatively impact the lives of the Donor Conceived Children under its purview.

One major concern is the bill's reduction in donor information updates. Under current law, Donor-Conceived People can access updated medical history every three years. This bill removes that requirement, meaning life-changing health information—such as newly discovered genetic conditions—may never reach the individuals who need it most. Medical history evolves, and cutting off updates is irresponsible and harmful.

Another issue is the removal of protections that allow Donor-Conceived People to discuss their genetic origins freely. This bill could allow donor banks to impose restrictions, limiting transparency and the right to personal identity. Allowing this prohibition will infringe on these Children's Freedom of Speech, through no fault of their own. No one should be silenced about their own genetic history.

The bill also eliminates provisions that ensure proper stewardship of donor records. If a donor bank closes, there will no longer be a requirement to transfer or preserve these records. That means donor-conceived individuals could lose access to vital information permanently, leaving them without answers about their origins. Along with this, it repeals a much needed requirement for Intended Parents to report live births to their respective gamete bank, which reduces the banks ability to properly track Donor-Family limits, a matter of utmost importance to the operation of a gamete bank, both for the donors sake, as well as the families and their children.

Additionally, this bill shifts the responsibility for educational materials about gamete donation from a neutral public health agency to private donor banks. This raises concerns about potential bias, as the same organizations profiting from the industry will now control the information given to donors and recipients. Education should be clear, comprehensive, and unbiased—not dictated by businesses with financial incentives.

Finally, the bill weakens regulatory oversight by extending licensure renewals for donor banks from one year to five years and reducing penalties for non-compliance. Given the sensitive nature of fertility services, less oversight could lead to lower standards and increased risks for families.

Colorado has been a leader in protecting the rights of donor-conceived individuals. Your state has recently made tremendous strides in the protection of the Donor Conceived with the passing of the Donor Conceived Persons's Protection Act. HB25-1259 undoes that progress.

We urge this committee to reject the bill and instead support policies that promote transparency, medical responsibility, and the best interests of those born through assisted reproduction.

House Health & Human Services

03/04/2025 Upon Adjournment

HB25-1259 IVF Protection & Gamete Donation Reqmnts

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Christina Spencer Against themselves	<p>Dear Chairman Brown, members of the committee, thank you for the opportunity to present to you today:</p> <p>I'm Christina Spencer. I live in Parker, Colorado just 20 miles south of Denver. I was born in Denver. In 2019, I accidentally discovered that my father and I share no DNA. At the age of 44, I found out that I am donor-conceived.</p> <p>I oppose House Bill 25-1259 because it will undermine a donor conceived person's access to up-to-date medical history, and I have experienced first-hand how vital that information is.</p> <p>I've had a mysterious neurological health issue for most of my life. For decades, I have been in constant pain. For this health issue alone, I have now seen 84 doctors, had 11 major surgeries, 19 nerve blocks and spent time at the Mayo Clinic.</p> <p>I took a DNA test for the health screening component to try and get a diagnosis. Instead, I found that half of me, half of my genes, came from a complete stranger who lives in a city I've never been to.</p> <p>I didn't sign any contracts before I was conceived. I didn't ask to have my health history hidden from me. I had no reason to expect to have decades of surgeries and medical bills because of an elusive health problem.</p> <p>Thanks to DNA testing, I've been able to locate and contact my biological father. Were it not for my biological father's current empathy and kindness, my children and I would have no access to medical history or family history.</p>

	<p>HB25-1259 would repeal and weaken the requirements that banks try to request medical updates from donors and permanently maintain the records. It would also weaken the ability of the agency to enforce the law.</p> <p>These repeals will rob donor conceived people of potentially vital information about their health and well-being, and allow companies to avoid compliance.</p> <p>Owners of livestock and purebred cats and dogs have documentation and information about their animals' origins and health history. I understand the fertility industry wants to make money. But we are humans, not products. We should be treated at least as well as pets and livestock!</p> <p>Please, vote no on House Bill 25-1259.</p> <p>Thank you for listening.</p>
<p>Jana Rupnow Against themselves</p>	<p>Dear Representative Froelich, Representative Brown, Senator Daugherty, Senator Cutter, and Members of the House Health & Human Services Committee,</p> <p>I am writing to strongly oppose HB25 1259 due to the severe unintended consequences it would have for donor-conceived individuals and their families. As a licensed professional counselor specializing in fertility and family dynamics, I have spent years working with donor-conceived people and their parents who have suffered due to secrecy, lack of transparency, and unethical practices in the gamete donation industry.</p> <p>This bill would undo critical protections that were put in place to ensure ethical standards and accountability in this field. While its stated purpose is to protect access to IVF, it goes far beyond that and threatens to dismantle existing safeguards that protect donor-conceived individuals from serious medical, psychological, and ethical harms.</p>

	<p>The Harmful Impact of HB25 1259</p> <p>One of the most tragic cases resulting from industry secrecy is the story of Victoria Hill, a donor-conceived woman who unknowingly dated her half-brother in high school. Her experience, reported by CNN, is not an isolated incident but a predictable outcome of a system that does not enforce transparency, identity release, or sibling limits.</p> <p>In my own practice, I have worked with donor-conceived individuals who unknowingly:</p> <ul style="list-style-type: none">• Grew up on the same street as their half-sibling, only to discover their genetic connection years later.• Became best friends with a half-sibling without knowing they were related.• Attended the same college as a sibling and never knew.• Stopped at a local coffee shop daily, unknowingly being served by their biological sibling. <p>Beyond these unsettling coincidences, I have counseled many parents to adult donor-conceived individuals who were devastated and estranged from their adult children due to the secrecy promoted by the industry. Many donor conceived individuals experience identity crises, grief, and a profound sense of betrayal, not because they were donor-conceived, but because of the secrecy and isolation.</p> <p>This is not an acceptable outcome for a system that claims to be family-focused. Yet HB25 1259 would make these problems even worse.</p> <p>How HB25 1259 Rolls Back Essential Protections</p> <p>Rather than fixing these systemic issues, HB25 1259 actively weakens safeguards by:</p> <ul style="list-style-type: none">• Legalizing NDAs for donor-conceived people, trapping them in silence and deepening the shame and secrecy that many have fought to overcome.
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	<ul style="list-style-type: none">• Eliminating the requirement for banks to maintain donor medical records, leaving donor-conceived people without access to their genetic and health history.• Repealing the requirement for banks to maintain permanent records, meaning that if a sperm or egg bank goes out of business, vital records could be lost forever.• Weakening family limit enforcement by removing live birth reporting, allowing large, unchecked sibling groups to continue forming.• Removing the ability of the Colorado Department of Public Health and Environment (CDPHE) to investigate complaints, further eliminating oversight. <p>Why This Matters for Families</p> <p>As a therapist, I work every day with families navigating the emotional complexities of donor conception. The well-being of children must always come first, but HB25 1259 prioritizes the financial interests of sperm and egg banks instead.</p> <p>We cannot allow an industry built on secrecy and profit-driven motives to continue harming donor-conceived people and their families.</p> <p>A Better Path Forward</p> <p>Instead of dismantling protections, Colorado should:</p> <ol style="list-style-type: none">1. Explicitly protect IVF without rolling back accountability in the donor industry by defining IVF under Colorado’s Reproductive Health Equity Act and shield law.2. Maintain and enforce family limits through required birth reporting to prevent large, unchecked sibling groups.3. Keep donor record-keeping mandatory so donor-conceived individuals have access to their own genetic and medical history.4. Ensure regulatory oversight remains intact to protect families instead of profits.
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	<p>5. Prohibit NDAs that silence donor-conceived individuals, allowing them the space to tell their stories, heal, and advocate for necessary reforms.</p> <p>Conclusion</p> <p>I urge you to reject HB25 1259 in its current form and instead focus on solutions that protect families while ensuring ethical practices in gamete donation.</p> <p>We cannot continue to let secrecy and lack of oversight devastate the lives of donor-conceived families.</p> <p>Colorado has the opportunity to be a leader in ethical donor conception. Let's not take a step backward.</p> <p>Sincerely, Jana Rupnow, LPC, NCC</p>
<p>Melanie Mikkelsen Against themselves</p>	<p>Dear Chair Brown and Members of the Committee,</p> <p>I am a Licensed Clinical Social Worker in Colorado with over 25 years of experience in reproductive mental health, specializing in third-party reproduction. My work has focused on ensuring donors, recipients, and donor-conceived individuals have access to accurate information and ethical protections.</p> <p>As the immediate past Chair of the Mental Health Professional Group of the American Society for Reproductive Medicine (ASRM) and a current ASRM MHPG Board Member, I have helped shape national guidelines for gamete donation and embryo disposition. I have also played a key role in coordinating a clinical embryo donation program and advising two embryo donation matching programs. Additionally, I conduct donor psychological screenings for a sperm bank seeking licensure in Colorado.</p> <p>In Colorado, I worked with stakeholders and the state agency to develop the educational materials mandated by the Donor-Conceived Persons and Families Protection Act (DCPPA). These</p>

	<p>materials are evidence-based and provide essential guidance for intended parents, donors, and donor-conceived individuals, ensuring they understand the lifelong implications of donor conception.</p> <p>HB25-1259 threatens to roll back these critical protections:</p> <ul style="list-style-type: none">• Eliminating requirements for educational materials, medical history updates, and permanent recordkeeping weakens informed consent and transparency while leaving donor-conceived individuals without crucial health and donor-identifying information.• If banks can produce materials themselves, there is no guarantee they will be accurate, ethical, or comprehensive. Additionally, banks can provide new materials alongside those already created with taxpayer funding.• Restricting donor-conceived individuals from sharing information about their donor with close family and friends could have detrimental effects on their mental health. Open dialogue about such topics is crucial for emotional well-being and for fostering supportive relationships. <p>HB25-1259 weakens essential safeguards for donor-conceived individuals and families. Having conducted hundreds of psychological evaluations for gamete donors and consultations for intended parents, I have witnessed the urgent need for these minimum safeguards.</p> <p>I urge you to protect Colorado’s leadership in ethical fertility care by rejecting HB25-1259 and preserving the DCPPA’s hard-fought protections.</p> <p>Sincerely, Melanie Mikkelsen, MSW, LICSW Hold Hope, LLC Reproductive Mental Health Counselor</p>
MarySue Findlater	Testimony Against HB25-1259

<p>Against themselves</p>	<p>My name is Mary Sue Findlater, and I am the mother of a donor-conceived child born through IVF. My son was conceived using donor eggs and my husband's sperm, making him donor-conceived. After completing our family, we donated our remaining embryos through Embryo Connections, an agency based in Colorado. I strongly oppose HB25-1259, which weakens vital protections established in the Donor-Conceived Persons Protection Act.</p> <p>As a parent who navigated the complex journey of fertility treatment, donor conception, and embryo donation, I know firsthand how critical it is for parents to have educational resources and for my child to have access to complete medical history and permanent recordkeeping. This bill strips away those fundamental rights.</p> <p>The claim that this legislation protects IVF access is misleading. Colorado already has robust IVF protections through the Reproductive Health Equity Act and existing case law. What this bill actually does is remove accountability from gamete banks at the expense of donor-conceived people and their families.</p> <p>My concerns include:</p> <p>Eliminating requirements for banks to maintain updated donor medical information could deprive my child of potentially life-saving health data as medical science advances.</p> <p>Allowing banks to require non-disclosure agreements effectively silences donor-conceived people and prevents them from discussing their genetic origins even with close family.</p> <p>Removing record-keeping requirements in cases where banks close creates the very real risk that my child's biological connections could be permanently lost.</p> <p>Gutting the reasonable enforcement provisions makes it more likely that companies won't even comply with the law's basic requirements.</p> <p>As a parent, I'm not asking for extraordinary protections – just basic standards of care and accountability for an industry that has profound impacts on families like mine. My child deserves to know their full identity and medical history without unnecessary barriers.</p> <p>I urge you to oppose HB25-1259 and instead consider amendments that truly protect IVF while maintaining the crucial safeguards of the original DCPA.</p> <p>Thank you.</p>
<p>Rachel Lemmons</p>	<p>Dear Chair Brown and Members of the Committee,</p>

<p>Against We Are Egg Donors</p>	<p>My name is Rachel Lemmons. I'm a Colorado resident, a former egg donor, and a leader of the egg donor advocacy group We Are Egg Donors.</p> <p>This committee should not support HB25-1259 as written because the bill guts many important protections for egg donors provided under the Donor Conceived Persons Protection Act.</p> <p>At the outset, I want to say that We Are Egg Donors has not seen or heard of a drop in egg donors due to the requirements of the DCPA. In addition, it's incredibly problematic that this bill was drafted without any input from egg donors or donor conceived people.</p> <p>As a former egg donor, I am especially concerned about shifting the responsibility of developing donor educational materials back to egg banks. The current law requires educational materials be developed through an unbiased stakeholder process. This is the most logical and ethical way to ensure donors are properly educated on the long term implications of their donations on those conceived from their eggs. Egg banks should not be developing these materials independently when they have a direct financial stake in a donor's decision to donate.</p> <p>Additionally, many donor conceived persons want some form of connection to the gamete donor and the 25-family limit is already higher than many egg donors want. Removing the requirement for banks to require customers to report outcomes to them increases the likelihood that more than 25 families will receive a donor's gametes.</p> <p>I want to emphasize to the committee that egg donors are not commodities. We as egg donors</p>
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	<p>are making our own reproductive decisions that will impact us for the rest of our lives when we decide to undergo an invasive medical procedure to help a family have a child. This bill claims to protect IVF but does nothing to protect the women undergoing IVF as egg donors.</p> <p>This bill reduces us to a commodity. Because of this, I ask you to vote against this bill.</p> <p>Rachel Lemmons</p>
<p>Diane Tober Against themselves</p>	<p>Diane Tober Testimony Opposing HB25-1259</p> <p>Good afternoon Chairman Brown, Vice Chair Lieder, and members of the committee. My name is Dr. Diane Tober. I am Associate Professor at the University of Alabama and affiliate faculty at University of California, San Francisco. I am writing in opposition to HB25-1259 as it reduces industry accountability to donor conceived people and their families.</p> <p>My earlier work examined single women and lesbian couples who used donor insemination to create their families. Since 2013, I have been conducting research exploring egg donors' decisions and experiences within the global market for human eggs. I have published two books and over 20 peer-reviewed publications and published abstracts on families created via sperm donation and on complications experienced by egg donors and the lack of informed consent. My current research traces the emotional and physical journeys egg donors embark upon and how consumer ancestry testing has upended the promise of donor anonymity. Over 80% of 1,000 donors in my study do not support anonymity.</p> <p>Not all clinics treat their donors as well as their paying patients, and many donors suffer as a result. Technological innovations allow the egg donation industry to expand, fueling the private equity incursion into fertility medicine, turning once-private clinics into highly profitable, multinational conglomerates. Clinics that push the envelope where safety is concerned need to be held accountable. And clinics and agencies that are more conservative be held up as models for best practices. As such, I oppose HB25-1259's attempts to weaken CDPHE's ability to enforce the regulations constructed by the</p>

	<p>Donor-Conceived Persons and Families of Donor-Conceived Persons Protection Act (DCPPA).</p> <p>Additionally, for the wellbeing of donors and donor conceived people, I oppose the attempts to weaken the requirement that banks track and enforce a 25-families-per-donor limit. In my research we discovered many egg donors later found out their eggs produced over 50 children, when they thought they were only donating to one recipient at a time. They didn't know the eggs were being banked and distributed more widely than their contracts stipulated. These family limits are crucial.</p> <p>HB25-1259 makes it easier for companies to disregard DCPPA's provisions and avoid enforcement for infractions. The protections and regulations created by DCPPA are critical to keep in place for the wellbeing of donors, donor conceived people, and their families. I ask you to vote "No" on HB25-1259's attempts to repeal these vital guardrails.</p> <p>Thank you,</p> <p>Dr. Diane Tober</p>
<p>Gina Davis Against themselves</p>	<p>My name is Gina Davis, and I am the founder of Advocate Genetics. I am a genetic counselor with over 20 years' experience in the fertility field. I help people understand genetic testing options and test results, including when using donated sperm, eggs, or embryos. I am also a known embryo donor who has a genetic child being raised in another family. After the life-changing experience of donating my own embryos after a successful IVF cycle, I co-founded EM•POWER with Moxi, an embryo donation agency that exclusively facilitates directed donations.</p> <p>I write in strong opposition to HB25-1259. As a former IVF patient, I am appalled that HB25-1259 uses IVF as a cover to weaken protections for donor conceived people and their families. These two topics should not be legislatively linked.</p> <p>I am especially against HB25-1259's removal of the requirement for regulated entities to periodically request donor medical updates.</p>

	<p>Even with guidance from professional societies, the practices for information-sharing with recipient parents vary significantly across IVF clinics, donor agencies, and donor banks. Some gamete recipients only receive a profile with a donor medical questionnaire. Some receive lengthy consultations regarding the genetic testing work-up and donor’s family history. And still fewer recipients have access to medical updates.</p> <p>Long-term communication of accurate family medical history is indispensable to health management, with significant negative impacts upon individuals who do not have access to this critical information. The burden should and must be on banks to request periodic medical updates from donors, and to provide those updates to recipient parents and adult donor conceived people.</p> <p>HB25-1259 will erode the critical regulations created by the Donor-Conceived Persons and Families of Donor-Conceived Persons Protection Act. I strongly oppose this bill and implore you to vote no.</p> <p>Thank you, Gina Davis</p>
<p>Melissa Lindsey Against Donor Conceived Community</p>	<p>Dear Chair Brown, Vice Chair Lieder, and Members of the Committee:</p> <p>My name is Melissa Lindsey. I am the founder and Executive Director of Donor Conceived Community (DCC), a 501(c)3 dedicated to making a better world for donor-conceived people (DCP). We promote the well-being of DCP by providing support, education, and resources for DCP, parents, donors, and the professionals who work with them. I join you today to voice my opposition to the pieces of HB25-1259 that repeal protections established by the Donor Conceived Persons Protection Act (DCPPA).</p> <p>Donor Conceived Community was honored to have been selected by CDPHE to coordinate stakeholder feedback for drafting the educational materials required by the DCPPA. These materials were crafted through extensive collaboration with key stakeholders, including mental health professionals, attorneys, staff from various banks and clinics, and representatives from LGBTQIA+ organizations. The process resulted in comprehensive and inclusive written educational materials for intended parents and potential donors. The DCPPA does not prohibit banks from creating and using their own educational materials in addition to those created through the stakeholder process done with CDPHE.</p>

	<p>In addition to coordinating the educational materials, DCC has been hosting peer support groups for people navigating donor conception since 2021. We know from those we have served in our support groups how vital and needed protections are for DCP, parents, and donors. HB25-1259 weakens these crucial protections, including weakened limits on families per donor, eliminating required medical updates, and silencing donor conceived people from discussing their donor with family and friends. For these reasons, I respectfully ask the committee to vote "No" on HB25-1259 and uphold Colorado's commitment to industry regulation and protections for donor conceived people.</p> <p>Melissa Lindsey</p>
<p>Rebeckah Navitsky For themselves</p>	<p>My name is Rebeckah Navitsky, former Colorado Fertility Advocates (CFA) Chair in 2024 and mother of two IVF babies and I am for the passage of HB 25-1259. Equitable access to fertility care with limited barriers is a critical need in CO along with protecting what rights are currently in place and potentially under attack. My family and I had to make the hard decision to move across the country in order to take care of an elderly family member and a decision was needed to be made on whether or not we would take our embryos with us or not. We chose to leave them in the safe hands of the facility in Colorado because of fear of what could potentially happen to them in another state. CO has always kept our families protected at any cost, however, the state may not have the choice to continue to do so with current legislation. This is why we must support this bill and protect, protect, protect. This bill reduces barriers while being fair and understanding that the way it is written today can have devastating consequences in the near future. The proposed revisions protect donor conceived persons while eliminating barriers and additional costs that would be put on families trying to access fertility care. Thank you for your time.</p> <p>Sincerely, Rebeckah Navitsky</p>
<p>Katy Encalade Against themselves</p>	<p>Colorado House of Representatives</p> <p>RE: Opposition to HB 25-1259 – Protecting Donor-Conceived Individuals & Ethical Practices</p>

	<p>I am writing to express my strong opposition to HB 25-1259, a bill that threatens to undermine critical protections for donor-conceived individuals and the ethical integrity of the assisted reproduction industry. As a former egg donor, a professional with over 15 years in this field, the Executive Director and Founder of Egg Donor & Surrogate Solutions, and a Board Member of SEEDS Ethics, I have dedicated my career to ensuring ethical, transparent, and compassionate practices in third-party reproduction.</p> <p>This bill is a step backward. HB 25-1259 seeks to repeal essential safeguards, including:</p> <ul style="list-style-type: none">• Medical updates that provide donor-conceived individuals with vital health information.• Educational materials designed to ensure donors, parents, and donor-conceived individuals are informed.• Permanent recordkeeping, which is critical for medical history tracking and transparency for donor conceived people• Limits on the number of families per donor, a measure designed to prevent unethical mass distribution of gametes and potential emotional and psychological harm to donor-conceived individuals. <p>The Colorado Donor Conceived Persons and Families Protection Act, while not perfect, is a step in the right direction—one that aligns with ethical family-building and the well-being of all parties involved. The compliance requirements under the existing law are well within the means of clinics, agencies, and banks. The only clear reason to repeal these safeguards is financial gain, particularly for large sperm and egg banks that stand to profit from fewer regulations and the ability to exploit donors with little oversight.</p> <p>Laws governing donor conception must prioritize the rights, health, and well-being of donor-conceived individuals and donors themselves—not corporate profit. I urge you to reject HB 25-1259 and stand with those of us who are committed to protecting the families we serve.</p>
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	<p>I would welcome the opportunity to discuss this further and share insights from my professional and personal experience. Thank you for your time and consideration.</p> <p>Sincerely,</p> <p>Katy Encalade</p> <p>Katy@CreateAHappyFamily.com</p> <p>214-783-4861</p> <p>Executive Director & Founder, Egg Donor & Surrogate Solutions Board Member, SEEDS Ethic</p>
<p>Amanda Troxler Against themselves</p>	<p>Amanda Troxler Testimony Against HB25-1259</p> <p>Chairman Brown, Vice Chair Lieder, and members of the committee,</p> <p>My name is Amanda Troxler. I am a fertility attorney, practicing exclusively in the area of assisted reproduction; I am a former egg donor; and I am also a mother who cares sincerely about the children I'm raising and the wellbeing of my donor offspring raised in other families. I oppose HB25-1259 because the idea of my own DCP offspring being treated with such disregard is troubling and upsetting.</p> <p>As an attorney working in assisted reproduction, I have obligations to donors, recipients, and to donor conceived people - which is why I'm testifying today in opposition of HB25-1259, a bill that would weaken critical protections from the Colorado Donor Conceived Persons and Families Protection Act (DCPPA) by:</p> <p>Removing the good faith effort to maintain contact information and updated medical information from donors</p>

	<p>Allowing gamete banks to prohibit adult DCP from discussing their donor with family and friends</p> <p>Removing the requirement for agencies and clinics to maintain permanent medical records</p> <p>Removing the requirement for written materials written in conjunction with qualified mental health professionals</p> <p>Materials provided by facilities themselves do not need to address the implications of updated medical information</p> <p>I</p> <p>have dedicated my life to helping people navigate third party reproduction. I know, first hand, that donor conception creates so many amazing families. But there is a lot of work that needs to be done to support donor conceived people, whose voices have so often been ignored. When I see the concerns and lived experiences of donor conceived people being disregarded, I know that we need to take action, because that's not what I want for my donor conceived offspring, who are navigating the world.</p> <p>Please vote no on HB25-1259 and don't let the industry gut the DCPA before it has the opportunity to reshape how we treat people impacted by assisted reproduction. Donors, recipients, and donor conceived people deserve better than the harmful provisions in this bill.</p> <p>Thank you for your consideration,</p> <p>Amanda Troxler</p>
<p>Angela Hartshorn Against themselves</p>	<p>I am Angela Hartshorn, I have worked in the fertility field for over 30 years. I myself have a child whom was conceived via fertility treatments, and I am a former egg donor. My egg donation cycles resulted in three people being born. Approximately four years ago those conceived via my donation became aware they were donor conceived. I am here today to talk about the effects HB25-1259 has on the DCPA. HB25-1259 rolls back important protections DCPA put into place to protect the donor conceived individuals which amounts to hundreds and thousands of people born every year.</p> <p>Rolling back requirements within the DCPA will result in:</p>

	<ul style="list-style-type: none"> ● Sperm and egg banks will no longer have to make a good faith effort in maintaining contact information and medical history for its donors. ● Undermines identity release by legalizing the use of non-disclosure agreements to prevent the adult donor conceived people from discussing the topic with their family and close friends. ● Removes permanent record keeping, even if the egg or sperm bank goes out of business ● Repeals the development of educational materials by CDPHE ● Undermines the 25-family-per-donor limit ● Removes the ability of the CDPHE to investigate complaints. <p>The current laws in place established a fundamental right to reproductive health care, including fertility care. Though the law does not expressly state IVF under CRHEA and shield law, this can be corrected without rolling back protections for the donor conceived. Lastly, if it is thought that amending or relaxing any regulations of commercial and egg banks is needed, it should be thoroughly researched and discussed with those directly impacted.</p> <p>Respectfully Submitted, Angela Hartshorn</p>
<p>Dane Bernhardt For themselves</p>	<p>My wife and I have been trying to start a family for several years now. After many devastating failures and setbacks, we had renewed our hopes in the promise of affordable embryo adoption. We've been on a wait list for several months with a local fertility center but a couple weeks ago we received a notice from the fertility clinic that they would be discontinuing their affordable embryo adoption program. The reason for this was the facility's inability to meet the strict requirements of the current law which is set to go into effect 7/1/2025 for all adoptions arranged after 1/1/2025.</p>

	<p>Opponents of the bill today may choose to defend the current law as it stands and they may assume that it poses no barriers to embryo adoption, but my wife and I would like to testify emphatically and adamantly that it does. Our facility told us that the additional administrative burden, specifically from having to maintain donor records for years on end, posed a challenge to their administrative capacity and they had decided to close their adoption program. It stands to reason that maintaining records poses additional expense to the facilities. Regardless of who does the work (the facilities or a third party) those additional costs will not be carried by the facilities, the politicians, or the state - the cost will be carried by the families adopting.</p> <p>The sentiment of the current law is noble - children should be able to know who their biological parents are, but at what cost? 18 years from now DNA science will likely be at a point that anyone can confirm their parentage with a simple DNA test. It's already that way with organizations like 23 and me, etc. There are forensic investigation technologies in existence today that are able to estimate the appearance of a person based solely on their DNA profile. If confirming parentage is the impetus of this law, the rapid advance of science and technology will quickly render it superfluous.</p> <p>In the meantime, the fact our fertility center discontinued their program has been a disheartening setback to my wife and I. We have no problems connecting our potential adoptive children to information about their origins but the fact that affordable programs are shutting their doors in our face due to the overregulation found within the current law should be a significant testimony that today's bill HB25-1259 needs to be passed in order to alleviate the onerous strictures of the current law.</p>
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Joni S. Mantell, LCSW

Dear Chair Brown and Members of the Committee,

My name is Joni Mantell. I am the Founder and Director of the Infertility and Adoption Counseling Center and have been a psychotherapist specializing in reproductive medicine and family building options for over 30 years. Notably I had already been an advocate for openness in adoption and donor conception, and worked with hundreds of families navigating varying levels of openness in both adoption and donor conception when I took a 23andMe test and learned I was donor conceived. This realization deepened my understanding of the lifelong implications of donor conception and reinforced my commitment to ethical and transparent practices.

I am also the mother of a 27-year-old daughter adopted at birth in an open adoption, with ongoing contact with her first family. Years ago, when she faced a serious illness, we had to reach out to her birth mother for medical history—an experience that highlighted just how critical access to genetic and medical information is. No parent should have to face a crisis wondering whether life-saving medical knowledge is out of reach due to outdated policies.

Access to medical history is not just a convenience—it is a necessity. Medical updates across the lifespan are an attainable, respectful, and essential practice. Anonymous donation, as currently structured, denies donor-conceived persons (DCP) and their parents' access to potentially critical health information. Donors must be educated about the ease and importance of providing these updates, and enforceable standards should ensure that medical transparency is prioritized.

Beyond medical necessity, access to origins has profound psychological implications. I have seen firsthand the emotional, relational, and identity-related benefits for both adopted and donor-conceived individuals when they have knowledge of their genetic history. Trust in their relationships with parents, well-being, and a sense of self are strengthened when DCPs are granted the respect of knowing where they come from and who they really are. Parents who conceive through donor conception need education that is grounded in science and best practices—ensuring they are equipped to meet the emotional needs of their children.

Notable also is the absurdity and indignity of having upwards of 100 siblings; a practice that needs to be stopped, and responsibly managed by the industry. People are individuals, not products made on an assembly line. Family limits protect DCP and their families and this bill weakens the family limit.


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I appreciate the intent behind HB25-1259 to support reproductive medicine. However, I am deeply concerned that in the process, this bill seeks to dismantle critical protections for donor-conceived individuals and their families. By weakening family limits per donor, reducing medical update requirements, and weakening access to mental health education, HB25-1259 removes the protections for the long-term well-being of donor-conceived people that were established in the Donor-Conceived Persons and Families Protection Act, and hard-won for a reason.

Reproductive medicine can advance without sacrificing transparency, ethics, and the rights of donor-conceived individuals. I urge the committee to reject any changes that would erode these protections and to ensure that all families—whether created through IVF, donor conception, or adoption—are given the respect, information, and lifelong support they deserve.

Thank you,



Joni S. Mantell, LCSW
Director, Infertility and Adoption Counseling Center



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Thank you,



Joni S. Mantell, LCSW
Director, Infertility and Adoption Counseling Center

RE: Opposition to HB 25-1259

Dear Chair Brown and Members of the Committee,

I am both a bonus mother to donor-conceived children and a professional in egg donation for over 12 years. As a Colorado resident who has followed the steps for licensure under the Donor-Conceived Persons Protection Act (DCPPA), I strongly oppose HB 25-1259.

HB 25-1259 dismantles core protections in the DCPPA and prioritizes profits over the well-being of donor-conceived individuals. As both a parent and professional, I know firsthand that doing what is right for donor-conceived people should always come before convenience.

One key rollback in HB 25-1259 is removing the requirement for agencies and banks to make a good faith effort to update donor contact and medical history every three years. This is not a burdensome requirement—it does not demand weekly or even annual updates, just a check-in once every three years. Removing this puts donor-conceived individuals at risk of losing access to critical medical history.

HB 25-1259 also strips donor-conceived individuals of their right to speak about their donor with family and friends. Every person should have the freedom to discuss their origins without restriction.

Furthermore, the bill limits the Colorado Department of Public Health and Environment's ability to conduct inspections and enforce the law. If an organization is hesitant about limited oversight, they should not be in business. Industry integrity and accountability should not be optional.

Finally, any donors who are uncomfortable with protections, such as identity release and regular medical updates, should not participate in donation. My professional experience shows that when donors are properly educated, most support these safeguards. We are not seeing a drop in donors due the law.

This bill threatens transparency and ignores the best interests of donor-conceived people. I urge you to vote NO on HB 25-1259.

Thank you for your time and consideration.

VIA EMAIL

Colorado General Assembly
House Health & Human Services Committee
200 East Colfax Avenue
Denver, CO 80203

March 2, 2025

Re: The Need for Caution in Considering HB25-1259—Existing Protections for IVF and Unresolved Legal Questions

Dear Chair Brown and Committee Members:

We write as law professors with decades of expertise in the law and policy of assisted reproduction to urge the Committee to proceed with caution when considering HB25-1259. The bill raises complex legal and policy questions that require careful consideration to avoid unintended consequences, particularly regarding IVF protections and regulation of commercial gamete donation.

Between us, we have written numerous articles and books on the legal and ethical issues surrounding donor conception, assisted reproduction, and emerging reproductive technologies. For example, Naomi Cahn's books include *The New Kinship: Constructing Donor-Conceived Families*, while Sonia Suter has co-authored the only textbook on these topics: *Reproductive Technologies and the Law*.¹ We submitted [testimony](#) in favor of Colorado's 2022 legislation. We have also written about the consequences of the [Alabama LePage ruling for the future of IVF](#), and we appreciate the legislation's goal to preserve access to IVF.

1. Colorado Already Has Strong Legal Protections for IVF

It is important to understand that Colorado already has strong legal protections for individuals seeking to use IVF and that most (about 90%) of IVF cycles do not use donor gametes.² Under the

¹ Please note this testimony is submitted in Naomi Cahn's individual capacity; we reference the law school where Cahn teaches for affiliation purposes only. These are our own views. Additional information about our work and publications is available here:

<https://www.law.virginia.edu/faculty/profile/nrc8g/2915359> (Naomi Cahn);

<https://www.law.gwu.edu/sonia-m-suter> (Sonia Suter).

² CDC, *2021 Assisted Reproductive Technology: Fertility Clinic & National Summary Report* (2023) <https://stacks.cdc.gov/view/cdc/154438>.

Colorado Reproductive Health Equity Act (RHEA), individuals have a “fundamental right” to “make decisions” about their “reproductive healthcare”, including decisions about “fertility care.”³ It is widely recognized that fertility care includes IVF. Indeed, the Colorado Supreme Court has recognized a “fundamental right” to procreate that encompasses the use of assisted reproductive technologies such as IVF.⁴ Furthermore, Colorado law clearly states in multiple code sections that an embryo is not a legal person.⁵

If there is a desire to reinforce protections for IVF, one logical approach would be to explicitly define “fertility care” under the RHEA to include IVF.⁶ In contrast, sweeping changes to fundamental rights—such as those proposed in HB25-1259—risk creating ambiguity and unintended consequences rather than strengthening protections.

2. Creating a Fundamental Right to Donate Gametes is Novel and May Have Harmful Unintended Consequences

One of the most legally fraught/complex provisions in HB25-1259 is the creation of a broad “fundamental right” to “use,” “donate,” and “dispose” of gametes. The law states that one has the “fundamental right . . . to (I) use gametes and embryos; (II) destroy gametes and embryos; or (III) donate gametes and embryos to third parties for procreation or research.”⁷ But it does not indicate over whose gametes one has control, much less how that right relates to existing Colorado law.

With respect to this first issue, there are a variety of questions.

1. If an “individual” sells or donates gametes to someone else, does the individual retain the fundamental right to make determinations about the use or disposition of those gametes?
2. If two individuals created an embryo with their gametes and entered into a contract regarding the disposition of the embryos, would the contract be enforceable if one of the

³ C.R.S. §§ 25-6-402 & 403.

⁴ *In re Marriage of Rooks*, 2018 CO 85, ¶ 39, 429 P.3d 579, 587 (2018) (“[T]he right to procreate or to avoid procreation does not depend on the means by which that right is exercised. An individual may exercise her right to procreate through conventional conception or IVF.”).

⁵ C.R.S. §§ 25-6-403(3); 13-21-1204; 18-3-101; 18-3.5-110.

⁶ We note that it is quite odd that the bill proposes to place IVF protection provisions not in the RHEA but in the Donor Conceived Persons Protection Act. We have not seen these issues linked in this manner before in the existing literature.

⁷ 25-57-113 § 2(a).

progenitors no longer wanted to comply with the terms of the contract? Whose fundamental right would prevail?⁸

3. Does a fundamental right “to use gametes” mean that Colorado will ensure the availability, at the public’s expense, of gametes and embryos for an individual’s use? That is, will Colorado fund IVF for all, and will it supply gametes and embryos for all?

While individuals should generally have the right to control their gametes and donate gametes to family members, no court or legislature has ever created an unrestricted right to donate gametes to commercial entities or dispose of gametes once donated. By creating such a right, the bill would create a very high bar for governmental requirements on commercial gamete donation, which raises critical public policy concerns:

1. Would a fundamental right to “donate gametes” limit the ability of the state and commercial gamete banks from setting reasonable requirements on egg and sperm donors such as age, medical history, and consent to donor identity release? Even if existing regulations are grandfathered in, given the pace of technological progress, the regulations may need to be modified in the future.
2. Would a fundamental right to “dispose of gametes” destabilize industry practices by allowing gamete donors to revoke consent to the use of their gametes after donation? This is just one of many industry practices that may be impacted by the bill.
3. Would such fundamental rights preempt other widely respected state and federal requirements on gamete donation such as FDA’s regulations to prevent the spread of HIV, or New York’s regulations to prevent the transmission of debilitating genetic diseases such as Huntington’s disease?

These are just a few of the many serious legal questions that should not be rushed. Creating a broad and unexamined fundamental right in this area could have far-reaching consequences for donor-conceived individuals, fertility patients, and the broader public.

⁸ Some courts have held that one cannot contract away fundamental rights to make procreative decisions in this context. *A.Z. v. B.Z.*, 725 N.E.2d 1051 (Mass. 2000) (refusing to enforce an agreement that would have embryos used for procreation in the event that the progenitors separated because enforcing the contract would force the former husband to become a genetic parent against his will); *J.B. v. M.B.*, 783 A.2d 707 (N.H. 2001) (holding that parties should not be bound by a contract that would require one of them to become a genetic parent against that person’s will). And Arizona recently passed a law that directs judges to award IVF embryos to the progenitor who plans to use them for procreation, regardless of the terms of any contract. A.R.S. 25-318.03.

Conclusion: Legislators Should Not Act Hastily

The issues raised by HB25-1259 require deeper legal analysis before enacting broad changes to Colorado law, which already provides protections for IVF. Although the bill is designed to add protections for IVF, it also significantly amends and undercuts the [Protections For Donor-Conceived Persons And Families Act](#), enacted by this legislature in 2022. None of HB25-1259's proposed amendments to the 2022 law address the concerns about access to IVF raised by the *LePage* decision. This is an effort at "[retrenchment by diversion](#)," of using a widely accepted principle (procreative freedom) to undo affirmative protections (in this case protections for donor conceived people and families).

We encourage the committee to proceed with caution; carefully evaluate existing protections for IVF; and seek input from more legal, medical, and industry experts and key stakeholders before moving forward. Thank you for your time and consideration. We welcome the opportunity to discuss these legal issues further.

Sincerely,

/s/ Naomi Cahn

Naomi Cahn
Justice Anthony M. Kennedy Distinguished Professor of Law
Armistead M. Dobie Professor of Law
Co-Director, Family Law Center
University of Virginia School of Law
[affiliation listed for purposes of identification only]

/s/ Sonia Suter

Sonia Suter
The Henry St. George Tucker III Dean's Research Professor of Law
The Kahan Family Research Professor of Law
Co-Director, Health Law and Policy Program
The George Washington University Law School

Dear chair brown and committee members,

My name is Neylan Griffy. I'm 25 years old and I was conceived by donor 5114. I have 47 known donor siblings and 2 half-siblings from my mom. Being as donor-conceived was never a big secret for me to discover. Many of my siblings cannot say the same. I have seen parents lie to their children for 20 years, thinking that blood was the glue holding their family together, only to see that illusion shattered. Materials advising parents and donors in these situations could allow healthier home lives and avoid those situations. Because I have known my whole life, I feel like I am one of the more emotionally sound and well-adjusted siblings. I have a better family life too.

My world was never flipped upside down because of my mom's honesty. My donor profile was like a secret treasure in my baby box. My mom even printed out pictures of the half-siblings we knew of at the time and stapled it together to make a little book for me.

My half-siblings have played a vital role in my life. No one pushed us to meet the first time, we did this on our own because of the pull that we feel towards one another. Everyone feels like a familiar soul. We already feel robbed of our childhoods together, so please don't take away these opportunities for connections by weakening record keeping protections. We are limited with very little control in this situation, born with no say how, and this proposal tries to limit our wanting to connect to our family, something that is just human nature.

I've also been lucky to meet my donor and admire who he is. Growing up, I was always nervous about who he was but he has exceeded all my expectations. I see myself and my siblings in him every single day. We are family.

My other siblings, through my mother, have not had it so lucky. Their donor died from heart disease at 45. While obviously unfortunate, imagine that they had no knowledge of this happening, of the family history and genetic predisposition to a potentially fatal disease. If they didn't have this information, because a sperm bank was not required to collect it, then they wouldn't have the information to ensure they take preventative measures and avoid the same fate. This is about the right to make informed decisions about our bodies and this bill attempts to tread on that right. Vote no on HB25-1259.

Dear Chair Brown and Committee Members

My name is Maia Emmons-Boring, a donor-conceived Coloradan, begging the state to reject House Bill 25-1259. I fought for HB20-1014 with Rep. Kerry Tipper, making fertility fraud illegal here—one of few states to do so. I also fought for SB22-224, the groundbreaking ‘Donor Conceived Persons Protection Act,’ a national first. Colorado became my proud example for protections for donor-conceived people and families

As a donor-conceived person, I crave my medical history. You don’t realize its value until it’s gone or out of reach. Without it, generations suffer—not just me. My family battles a dangerous genetic heart condition, but with no full history, we’ve faced expensive testing. If HB25-1259 passes, gamete banks won’t have to update donor contacts or medical records. The bill’s provisions would allow them to once again withhold donor identifying information unless we sign NDAs, keeping us from talking to friends, family, or donor-conceived siblings about our roots.

The bill also weakens live birth reporting, jeopardizing the 25-family-per-donor limit. I have 24 siblings and counting—others know of over 100. We’ll never know our actual numbers. That uncertainty is a gut punch, a trauma unique to us. Imagine suddenly discovering a sibling pod that vast.

HB25-1259 weakens bank record-keeping, and lets them craft their own educational materials instead of using those prepared by many diverse stakeholders and the Colorado Department of Public Health and Environment. It’s a free pass for an industry already lacking accountability.

I’ve spent years building protections for donor-conceived people, using Colorado as a beacon. Now, this bill threatens to unravel it all—prioritizing profits over our pain. Lawmakers, hear me: we need safeguarding, not betrayal. Our families deserve better than half-truths and hidden siblings. Vote no on HB25-1259.

Testimony in Opposition to HB25-1259

Dear Chair Brown, Vice Chair Lieder, and Members of the Committee:

Thank you for the opportunity to provide testimony **in strong opposition** to HB25-1259. I believe this bill represents a troubling rollback of critical protections established in the Donor-Conceived Persons and Families of Donor-Conceived Person's Protection Act (DCPPA), which ensures transparency, medical updates, adequate recordkeeping, and some industry accountability.

My name is Rachel Heffner, and I am the parent of a donor-conceived child. After years of struggling with infertility, my husband and I traveled from California to go through IVF treatment with an anonymous egg donor at a well-known clinic in Colorado. Only later did I realize how profoundly using an anonymous donor could impact a child's sense of identity, including my own.

As my daughter grew, she naturally became very curious about the person who contributed half of her DNA. By age three, she was asking questions like "what is the donor's name, where does she live, what color is her hair?" More recently, when we shared that our donor declined contact, she asked, "but why doesn't she want to meet me?" It is clear that donor anonymity has the potential to greatly impact her future, especially during later years when identity formation and development of self-worth are of large importance.

I share this story because it highlights why strong safeguards around donor conception truly matter. Laws that protect IVF and prioritize donor-conceived individual's well-being, give families like mine the clarity and support we need.

Under the DCPPA, Colorado became a leader in protecting donor-conceived people. HB25-1259 seeks to dismantle or weaken these protections by:

- Eliminating medical updates and recordkeeping, leaving donor-conceived people without critical health information.
- Weakening limits on families per donor, increasing medical and ethical risks.
- Allowing contracts that restrict donor-conceived individuals from sharing their identity experiences with family and friends.
- Repealing educational materials for parents and donors, leading to uninformed decision-making.

I respectfully request that this Committee reject HB25-1259. The best interests of donor-conceived people and their families must remain at the forefront of Colorado's legislation, rather than yielding to private, profit-driven agendas.

Thank you for your time and careful consideration of my testimony.

Sincerely,
Rachel Heffner

Testimony in Support of HB25-1259 Reducing Barriers to Building Families Act

Dr. Eric S. Surrey, M.D., FACOG, Colorado Center for Reproductive Medicine

Chairman Brown, members of the committee, thank you for the opportunity to provide testimony in support of HB25-1259. I am a Colorado resident. My name is Dr. Eric Surrey, I am the senior physician at Colorado Center for Reproductive Medicine, and I am testifying on behalf of our entire practice. We have been providing cutting edge fertility care achieving both national and international recognition for over 30 years and have helped thousands of patients from Colorado as well as from other states and countries to achieve their dreams of becoming parents. I urge you to support [HB251259](#) to protect equitable access to reproductive and fertility health care for all of Colorado's families. Our state is recognized around the country and world for its world class reproductive healthcare ecosystem which has helped thousands of diverse Coloradans build their families. As you know, that ecosystem is under threat by an unpredictable and extreme national environment, as well as the unintended consequences of Senate Bill 224, passed in 2022.

Unfortunately, out-of- state special interest groups continue to try to limit reproductive options for Colorado families and prevent them from accessing the affordable, inclusive, and diverse fertility care they deserve. SB22-224, which was pushed through by these same out-of-state factions, was introduced at the end of a legislative session and allowed little to no input from patients or health care providers. This late legislative introduction allowed no time to discuss the measures or propose appropriate modifications to protect the rights of all while maintaining access to the superb reproductive care that our State has to offer. This bill mandates largely medically unnecessary reporting requirements that are not in line with national medical standards or standards required by other states, jeopardizes donor confidentiality to an extreme degree (e.g. medical information about a donor is required to be given to the "donor conceived person and to the person's friends, family, or other third parties (25-57-106 (1) (b) which is overly vague and would result in a clear breach of the Federal HIPAA Privacy Rule). In addition, this act reduces fertility options especially for low-income families and families of color. It is important to remember that oocyte (egg) donors, in particular, are patients who undergo arduous medical therapy and surgery. They are not commodities and deserve the same rights as any other patient.

In fact, under Colorado's current laws (and well before January 1, 2025 when SB22-224 took effect):

- **Nearly 70% of men say they would not become a sperm donor, driving up costs and reducing access to diverse donors.**

- **There has been a significant decrease in the number of women volunteering to become oocyte donors**
- **Due to increasing costs, over three-fourths of possible Coloradans looking to build their family would be discouraged from using a licensed sperm bank and possibly be forced to shadow markets.**
- **Over 6 in 10 families believe current laws may prevent them from having a baby.**

HB 1259 would address these problems while still ensuring recipients have the ability to contact their donor at 18 and access critical, medically pertinent donor information, retaining limits on the number of families per donor, and providing donors and recipient families with all critical background information and education. Most importantly, HB 1259 increases the ability for all Coloradans to build a family regardless of our race, gender, sexual orientation, or income.

It is deeply concerning, and somewhat offensive, that the opponents of HB 1259 suggest that this bill is designed for financial reasons when, in fact, it is designed to balance the interests and rights of all involved and enhance access to the superb health care that Colorado has to offer.

Please support HB-1259 and ensure Colorado remains a reproductive health refuge, where people of all races, genders, sexual orientations, or income levels can access the opportunity to build a family. As threats to reproductive health care mount across the country, HB-1259 takes the critically important step of enshrining all Coloradan's' right to fertility treatment into law.

All Coloradans should be able to access diverse fertility options that meet their needs. Please stand with Colorado families, and support HB 1259 and protect access to reproductive and fertility care for ALL.

Respectfully,

Eric S. Surrey, M.D., FACOG

Colorado Center for Reproductive Medicine

**Testimony of Tyler Sniff, Esq. U.S. Donor Conceived Council, in Opposition to HB25-1259
Dear Chair Brown and Committee Members:**

My name is Tyler Sniff. I am an attorney with deep expertise in administrative law and enforcement. I am also a donor-conceived person, and I serve as VP of Legal & Regulatory Affairs for the U.S. Donor Conceived Council. For the past 12 years my legal career has been dedicated to administrative law and enforcement specifically in the areas of private property rights, water law, and consumer protection. Currently, I work as an enforcement attorney for the U.S. Environmental Protection Agency where I prosecute Safe Drinking Water Act cases. Prior to that, I was in private practice for seven years. While at The George Washington University Law School, I studied administrative law from Dick Pierce, the greatest living administrative law scholar. I also hold a degree in Physics.

Based on my deep legal expertise in this area, the main purpose of HB25-1259 is not to protect IVF but rather to make the Donor Conceived Persons Protection Act (DCPPA) toothless. This is because Colorado law already has strong legal protections for IVF and most of the bill focuses on stripping the state health agency of widely accepted legal tools. Specifically:

- **First, the bill will allow the State Board of Health—made up of political appointees—to conduct enforcement hearings, instead of independent Administrative Law Judges**
 - This is contrary to good administrative law practice under the existing law which lets the state agency handle uncontested cases through staff and send contested cases to independent Administrative Law Judges.
- **Second, the bill will prevent CDPHE from being able to inspect Colorado-licensed cryobanks located in other states, even when they sell/cause harm in Colorado**
 - This will render the law toothless as almost all large cryobanks and their records are located outside the state.
 - Other Colorado statutes (C.R.S. 8-20-207) and many other state statutes give state agencies the authority to inspect licensed out-of-state facilities, including CDPHE's sister agency in New York that "regularly" inspects out-of-state reproductive tissue banks.
 - The Supreme Court has upheld state statutes that provide for out-of-state inspections to protect in-state consumers. See *e.g.*, *Nat'l Pork Producers Council v. Ross*, 598 U.S. 356 (2023).
 - **The law was already amended last year to make inspections of out-of-state cryobanks non-mandatory and subject to CDPHE funds and citizen complaints. This bill would undo that compromise.**
- **Third, the bill would remove the statutory maximum penalty of \$20,000, which is a fair and vital tool to help ensure compliance and a level playing field for small businesses**
 - Administrative law scholars widely recognize that a "stat max" provides both clarity for industry and deterrence.
 - A stat max of \$20,000 is not unusual and the existing law and its implementing regulations already provide for specific penalty factors and a graduated enforcement scheme that starts with an opportunity to cure violations without a penalty.

If you have any doubt that the intent of the law is not to protect IVF but rather to gut the DCPPA, just look at where the bill proposes to codify the additional IVF protections—not in the Reproductive Health Equity Act but in the DCPPA. And if you have any doubt that regulation of clinics is necessary just remember that the IVF industry behaved so badly that Congress had to pass a law in the 90s to stop clinics from misrepresenting success rates. Please vote no HB25-1259, or amend the bill to remove the provisions that I have discussed. Thank you.

**Testimony of Tyler Sniff, Esq. U.S. Donor Conceived Council, in Opposition to HB25-1259
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VIA ONLINE PORTAL

Colorado General Assembly
House Health & Human Services Committee
200 East Colfax Avenue
Denver, CO 80203

Re: Support for Colorado Donor-Conceived Persons & Families Protection Act (DCPPA) & Opposition to Rollbacks of DCPPA in HB25-1259

Dear Chair Brown and Committee Members:

We are writing on behalf of **The Sperm Bank of California (TSBC)** to express opposition to provisions in HB25-1259 that would repeal or weaken the Donor-Conceived Persons & Families Protection Act (DCPPA). We ask the committee to seek more input from stakeholders before considering any amendments.

TSBC, known as an ethical leader in the field, is the only nonprofit sperm bank in the United States and the first to serve the LGBTQ+ community and single people. **TSBC pioneered many of the services required in the DCPPA including our Identity-Release® Program**, the oldest program in the world where donors agree from the onset to share their identity with donor-conceived adults. We are deeply committed to ethical practices that prioritize the well-being of donor-conceived people (DCP), recipient parents, and gamete donors.

We have two primary concerns with the proposed amendments, specifically about the purpose and the clarity of HB25-1259.

First, what problem is HB25-1259 trying to solve? It is not clear why IVF access and concerns for DC people should be addressed in the same legislation. Access to IVF is already protected under CO law. The DCPPA was passed to support the interests of DCP which include access to information and supporting disclosure. The DCPPA establishes basic industry standards that are reasonable, necessary, and already widely followed by ethical gamete banks.

The specific items being removed are concerning for the long-term well-being of DCP. Removing the requirement that gamete programs conduct periodic (at least every 3 years) outreach to donors for updated contact and medical information, will make it more challenging to provide meaningful information to DCP who request the donor's identity. Removing the requirement for recipient parents to report their births undermines the 25-Family Limit

requirement in the DCPPA that aims to reduce the impact that large numbers of half-siblings can have for DCP.

The removal of the CO Department of Public Health and Environment (CDPHE) educational materials is particularly troubling. The materials are already developed. The CDPHE collaborated with a coalition (including industry and mental health providers) to develop comprehensive, research-backed educational documents for donors and recipients. TSBC was very involved in the process and our research is among the peer-reviewed articles cited. Nevertheless, if a gamete program finds them problematic, and they are located outside of CO as almost all are, they can develop their own.

Second, the wording of the written amendment available online is ambiguous and subject to misinterpretation. For example, the added section stating that every individual has a “fundamental right” to use or refuse reproductive healthcare, including gamete and embryo disposition, “without government restriction” does not clarify whether the rights apply to recipients, donors or both. Other sections also include ambiguities and risk misinterpretation and possible misapplication in other legal contexts. Overall, the wording feels rushed and the bill does not represent the interests of the stakeholders in assisted reproduction.

Additionally, other possible amendments that have been discussed with stakeholders have been shared with us that are also very troubling.

The DCPPA is a first of a kind legislation in the US. Implementation has only just begun, so little outcome information is available to assess the impact. Unclear amendments rushed forward before we better understand the DCPPA’s real-world effects leaves DCP, recipients, donors, medical providers, and industry at the mercy of many possible unintended consequences.

We encourage the committee to take a cautious approach and seek a broader range of input before moving any amendments forward.

Sincerely,

Alice Ruby, MPH, MPPM
Executive Director
The Sperm Bank of California

Joanna Scheib, PhD
Research Director
The Sperm Bank of California &
Psychology Department
University of California, Davis