Amanda Troxler Testimony Against HB25-1259

Chairman Mullica and members of the committee,

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 the provisions of HB25-1259 that impact donor conceived people because the idea of my own DCP offspring being treated with such disregard is troubling and upsetting.

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 the pieces of HB25-1259 that would weaken critical protections from the Colorado Donor Conceived Persons and Families Protection Act (DCPPA) by:

- Removing the good faith effort to maintain contact information and updated medical
- Removing the requirement for written materials written in conjunction with qualified mental health professionals
- Materials provided by facilities themselves do not need to address the implications of updated medical information

I 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.

Please vote no on HB25-1259 and don't let the industry gut the DCPPA 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.
Thank you for your consideration, Amanda Troxler

Carole
LieberWilkins M.A. M.F.T.
Helping to Create Healthy Families

Dear Chairman Mullica 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 remove the provisions of HB25-1259 that would substantially water down Colorado's Donor-Conceived Persons and Families Protection Act (DCPPA). This bill, introduced without the input of donor-conceived **people**, weakens crucial protections, including:

- Eliminating required medical updates, which can be vital for the health of donor conceived people
- Undermining educational materials for parents and donors – putting informed consent and ethical practices at risk
- Gutting enforcement provisions

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 unless it is amended.**

Sincerely,

Carole LieberWilkins, MFT

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Joni S. Mantell, LCSW

30 April 2025

Dear Chair Mullica 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.

Both parents of DCP and donors need assurance that communication about important medical updates will be received and can be delivered by them in a time-sensitive manner. Both cohorts need to know the steps and way to do this is a specific and time-sensitive manner. Without such a clear process, a DCP may suffer unnecessary medical consequences, parents will obviously be very worried and operating without full information to help their child; and donors with important new medical or mental health information will feel anguish and guilt about not being able to share the information and to help the DCP. Clearly, specific guidelines are needed for communication about medical information.

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.

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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

Joni S. Mantell, LCSW
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lorimetz
LCSW•CCMR•BC-TMH

April 30, 2025

Dear Chair Brown and Committee Members,

My name is Lori Metz, LCSW, CCMR, BC-TMH, and I am a licensed clinical social worker specializing in fertility for almost 20 years, having the privilege of walking alongside individuals and families as they navigate the emotional and often challenging journeys of infertility, assisted reproduction, and third-party reproduction. Informed decision-making and emotional resilience are essential and difficult. I provide counseling and education to intended parents, donors, and surrogates to support every stage of the process.

Today, I am reaching out to share my deep concern regarding HB25-1259. This bill would dismantle the critical protections established by the Donor Conceived Persons Protection Act, which give donor-conceived individuals the opportunity to know their origins, protect their health, and preserve their sense of identity. Stripping away these rights would create profound and lasting harm, emotionally, physically, and psychologically.

Knowledge and access to accurate medical histories and information about one's origins are fundamental. Many donors are young at the time of donation and may not yet know the full extent of their medical histories. If updates are no longer required, children and adults conceived through these donations could be left vulnerable to preventable health crises. HB25-1259 proposes to eliminate the requirement,

Educational materials created by qualified professionals and diverse experts have been developed to ensure families and donors are empowered with the information to make informed decisions. This bill removes this requirement, which is essential to those involved.

Perhaps most heartbreaking, HB25-1259 would hinder donor-conceived individuals' ability to understand and embrace their own stories. Imagine, for a moment, not knowing where you come from, not knowing your genetic roots or critical health information about yourself. Imagine the lifelong uncertainty that would sow. Every person deserves the right to know their own truth, and to eliminate or hinder the possibility is wrong.

Protecting these rights, safeguards not only what has been established but also ensures that a donor-conceived person has access to the information, resources, and support they deserve for their physical and emotional well-being.

I respectfully urge you to please oppose HB25-1259 and to stand on the side of compassion, ethics, and the well-being of families across our state. "At its core, this is about giving every person the right to know who they are, to protect their health, and to build their future with truth and dignity. I ask you to please oppose HB25-1259.

Thank you for your time and consideration.
Lori Metz, LCSW, CCMR, BC TMH

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Chairman Mullica and members of the committee,

I am a second-year Genetic Counseling graduate student that has just completed a thesis defense for my project titled "*Exploring the experiences of donor-conceived people in navigating their genetic-relative family health history*." For the past two years I have been researching how donor-conceived people navigate the hurdles of their own genetic-relative family health history, something that all people should have access to.

I am writing to strongly urge you to amend HB25-1259, an industry-backed bill that would gut Colorado's Donor-Conceived Persons and Families Protection Act (DCPPA). This bill weakens crucial protections such as eliminating required medical updates - leaving DCP in the dark about critical medical information.

I strongly oppose the provisions in HB25-1259 that eliminate the obligation for regulated institutions to routinely seek updated medical information from gamete donors. While professional organizations may offer best-practice recommendations, the reality is that protocols for sharing donor health information with recipient families are highly inconsistent. Some recipients are only given a basic medical questionnaire completed by the donor, while others might be offered more comprehensive genetic counseling or insights into the donor's family health history. This is just a snapshot in time from young, healthy donors that haven't had the time to develop many health conditions that would inform their offspring of inherited risk, such as hereditary cancer predisposition. In many cases, there is little to no ongoing communication about changes to the donor's medical background.

As a future genetic counselor, I am keenly aware that access to accurate, evolving family health history is a crucial part of preventive healthcare and risk assessment, especially for genetically related individuals such as donor-conceived people and their donors. When this information is withheld or unavailable, it can lead to missed diagnoses, delays in treatment, or uninformed health decisions. Almost all respondents in my research study describe long diagnostic odysseys, expensive and time-consuming diagnostic work-up, feelings of frustration and anxiety regarding their lack of family history knowledge, health conditions brushed off due to a lack of family history, lack of appropriate screenings, and difficulty in not only medical decision-making, but making decisions about their life.

One of my study's respondents described that "My egg donor has the genetic bone disease Osteogenesis imperfecta, as do I. I pursued a professional dance career until I was in my late teens and was forced to stop due to constant, seemingly out of nowhere bone breaks. I would not have pursued professional dance for as long as did, nor have taken the actions that led to my bone breaks, had I known about the genetic bone disease from the start."

The truth is, most people have the benefit of receiving medical updates and history from relatives throughout their lives. Donor-conceived people often do not, and they overwhelmingly report that this lack of access has contributed to a meaningful health disparity. It is not reasonable or ethical to place the burden of pursuing updates on the individuals most affected. Instead, that responsibility must remain with the donor banks and agencies that facilitated their conception. These institutions played a central role in creating donor-conceived individuals. They should likewise be responsible for helping ensure those individuals have the tools necessary for lifelong health management. Access to family medical history is not a luxury; it is a basic human right.

This bill prioritizes industry 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.

Stand with donor-conceived people and their families. Please remove the harmful components of this bill, and if it does not get amended, vote NO on HB25-1259.

Sincerely,

Courtney Cross
cecross@uams.edu
(479)409-4129

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, but I am speaking on my own behalf today.**

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. I am also concerned about the language encouraging donors and recipient parents to report “significant medical history updates” back to the banks. This bill's language lacks clear guidance and may be interpreted differently among providers, causing confusion and ambiguity. It puts donor-conceived people at risk for missing key health information, such as mental health updates, if they are not deemed “significant” by either the agency or the clinic.

Moreover, it is vital to recognize that when creating informational packets for donor-conceived individuals, mental health professionals with specific knowledge and expertise in working with the donor-conceived community should be 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 on their own.

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

Chair Mullica and Committee Members:

My name is Laura Runnels, and I am a staunch advocate for reproductive justice and a parent of two young donor-conceived children. I testified when HB25-1259, was in Committee in the House, and I remain deeply concerned about the bill. I want to share three reasons why.

First, access to updated donor health information is vital for my children's wellbeing. The current Colorado regulations requiring banks to make good-faith efforts to obtain medical updates every three years represent basic consumer safety, not bureaucratic overreach. This bill would replace these mandatory updates with vague "encouragement" to report "significant" updates according to nonexistent guidelines. As a parent making health decisions for my donor-conceived children, I need reliable, structured medical information—not an unenforceable system of voluntary reporting that leaves families like mine vulnerable to preventable health crises. This change serves industry convenience at the expense of children's health.

Second, while I appreciate the removal of mandatory NDAs, I find it deeply troubling that the bill encourages banks to warn donor-conceived people about "physical and emotional risks associated with publicly releasing a donor's private information." This language fundamentally stigmatizes donor-conceived people as potential threats. Where is the evidence that donor harassment is a widespread problem? Has the legislature collected data showing systematic issues, or is this provision responding to isolated anecdotes amplified through social media? This language perpetuates harmful stereotypes about donor-conceived people while ignoring their fundamental right to understand their genetic origins without being treated as risks.

Third, throughout this process, I've been struck by the misleading narratives driving this legislation. Claims about declining donations before licensure has even begun, opinion pieces from non-expert social media influencers, and appeals to hypothetical problems rather than documented issues reveal that this bill is not about reproductive justice. The evidence directly contradicts these narratives. Recent peer-reviewed research shows:

- 48% of egg donors are interested in participating in open-identity programs (Alland et al., 2024)
- Among previously anonymous egg donors, 62% would share their identity with donor-conceived adults (Holley et al., 2024)
- Open-identity sperm donation has increased from 11.9% in 2006 to 65% in 2024 (Valido et al., 2024)
- 74% of egg donors are curious about children born from their donations (Holley et al., 2024)

These facts demonstrate that donors themselves increasingly support greater transparency—the exact opposite direction of this bill. As a reproductive justice advocate, I urge you to amend HB25-1259 to remove provisions that harm donor-conceived people and their families. If meaningful amendments aren't possible, I respectfully ask you to vote no.

Thank you for your consideration.

Laura Runnels

Dear Chair Mullica 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 the 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 shifts responsibility to the donor and recipient families, “encouraging” them to tell banks about any new medical information. This puts donor-conceived people at risk for missing key information about their health. The bill’s provisions also stigmatize donor-conceived people by encouraging banks to hand out information about the “physical and emotional risks associated with publicly releasing a donor’s private and sensitive information.” There is no evidence that donor-conceived people are publicly shaming donors to a level that would warrant legislation.

HB25-1259 also lets banks 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. Please amend HB25-1259 so that it does not harm donor-conceived people. If these harms cannot be removed from the bill, please vote 'no' on HB25-1259.

Testimony HB25-1259

Dear Chair Mullica, Vice Chair Michaelson Jenet, and Members of the Committee:

Thank you for the opportunity to provide testimony **in strong opposition** to the pieces of HB25-1259 that impact donor conceived people. 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, large 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 <u>and</u> 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 from donors, leaving donor-conceived people without critical health information over their lifetime.
- Repealing educational materials for parents and donors, leading to potentially uninformed decision-making.

I respectfully request that this Committee <u>vote no on HB25-1259 unless amended</u> to include the original protections provided to donor-conceived people under the DCPPA. 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

Vickie Schafer, Ph.D.
Licensed Psychologist

April 30, 2025

Colorado State Senate
Health & Human Services
Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

RE: Testimony on HB1259, In Vitro Fertilization Protection & Gamete Donation Requirements

My name is Dr. Vickie Schafer, and I am writing to express my opposition to specific provisions included in HB1259, In Vitro Fertilization Protection & Gamete Donation Requirements, which is scheduled for hearing on May 1, 2025.

I am a Licensed Psychologist with telehealth practice authority via PSYPACT in the state or Colorado. My son and husband are also residents of Colorado, and I am working to transition my practice to Colorado as I prepare to move there. I am particularly invested in this legislation due to my work as a reproductive psychologist. I have followed Colorado's passage and implementation of the Donor-Conceived Persons and Families Protection Act (DCPPA) with great interest, as it includes important protections for recipient families, donor conceived persons, and for gamete donors. While I applaud the ongoing protections of IVF, I am dismayed by certain provisions of HB25-1259, which would limit some important protections included in the DCPPA.

The legislation declaration asserts that

> (c) Recent legislation in Colorado has been challenging to implement and has had a chilling effect on donations, as individuals are daunted by the invasive reporting requirements. This act seeks to streamline implementation of the provisions of the "Donor-Conceived Persons Protection Act" while preserving the important transparency and 1259-41 reporting requirements.

However, I would assert that there is not evidence that there has been a chilling effect on donations. Rather, DCPPA is an attempt to ensure that recipient families, donor conceived persons, and donors are all cared for with proper attention to the needs of each party. In my many counseling sessions over the years with donor conceived people, recipient families, and with donors, it has become clear that transparency and closer tracking of information from donors is desired by all. I have no doubt that this will be a change for clinics, donor banks, and agencies- but I also strongly believe these are changes that are necessary and I have been pleased that Colorado is setting the needed standard in this regard.

My concerns with portion of Colorado HB25-1259 include that passage of the bill as currently written would:

- repeal DCPPA's requirement that banks use educational materials for donors and prospective parents that the Colorado Department of Public Health and Environment (CDPHE). These educational materials have been created (by the deadline) with a diverse group of stakeholders, including mental health professionals. I have reviewed these materials and believe they are an excellent resource. Repealing this requirement would allow donor banks to develop their own materials, with no standards regarding stakeholders or mental health professionals being included in their development. This change seems completely unnecessary, since the educational materials required by DCPPA are complete and currently available. As a mental health professional with a specialty in third party reproductive medicine, I cannot understand why this change is being proposed.

- remove the requirement that gamete donor banks or clinics that match gamete donors acquire updated medical information from donors at least once every three years (change to 25-57-104). Instead, the proposed language suggests only that donors will be encouraged to inform banks/clinics/agencies of any changes or updates. The proactive practice of contacting donors for medical updates is an important component of protecting donor conceived people and their families.

In conclusion, I urge you to support provisions of this bill that protect IVF and reproductive care (including abortion). However, I ask that you trust the hard work that went into the ground breaking DCPPA, and not to approve provisions of HB25-1259 that reduce the tracking of medical information in donors and the provision of high quality educational materials (which have already been developed). Thank you for your time and for considering my perspective on this important issue.

Sincerely,

Vickie Schafer, Ph. D

Vickie Schafer, Ph.D.
Licensed Psychologist
Texas License #33213
PSYPACT APIT #15055

Kristina Shaw – Chair, Colorado Fertility Advocates
Written Testimony in Support of HB25-1259 | May 1, 2025

Thank you for taking the time to read my testimony today.

My name is Kristina Shaw. I'm a mother of three, a member of the LGBTQ+ community, and the Chair of Colorado Fertility Advocates. My story is deeply personal, but it's also shared by so many others.

As someone in the LGBTQ+ community, I always knew I would need reproductive technology and donor assistance to build my family. What I didn't expect was to also face fertility challenges—compounding an already difficult and expensive path. It ultimately took 13 years and more than $150,000 to bring our children into the world. All three are donor-conceived.

Opponents of this bill have suggested that there are ample donor options available to families like mine. That's simply not true. Donors—especially those from diverse backgrounds—are limited. While my wife and I approached selecting our donors with thoughtfulness and care, our choices were restricted to whoever was available at the time. That limitation created yet another barrier in an already long, emotional, and costly process.

HB25-1259 is a vital step in protecting access to reproductive technology in Colorado—a state known as a beacon for innovation and inclusion in this space. The bill strikes a thoughtful balance: maintaining clear, reasonable guidelines for donors while ensuring continued access for individuals and families who rely on donor gametes.

In contrast, the proposed amendments from the opposition impose unnecessary requirements on "certain types of families"—a veiled reference to families like mine. These efforts single out those who use donor gametes, disproportionately affecting LGBTQ+ families and treating them—and their donor-conceived children—as fundamentally different from others. That is unacceptable.

As Chair of Colorado Fertility Advocates, I stand alongside many others in advocating for equitable access to fertility care and reproductive health. CFA supports HB25-1259 because we believe that every donor, every clinic, and every medical advancement plays a crucial role for people trying to conceive. When access is restricted, families are forced into more expensive options—or lose the chance to have children altogether.

With this experience still top of mind—and deeply felt in my heart—I can't imagine the heartbreak of seeing access to family-building options shrink further or the donor pool grow even more limited.

I urge you to pass HB25-1259. Thank you for your time and consideration.

COLORADO
ORGANIZATION FOR
LATINA
OPPORTUNITY AND
REPRODUCTIVE RIGHTS

May 1, 2025

SUPPORT HB25-1259 In Vitro Fertilization Protection & Gamete Donation Requirements

My name is Vanessa Martinez, and I’m representing the Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR). I urge a YES vote on House Bill 1259 to uphold the right of Coloradans’ to build their families in the way that is best for them.

My IVF baby is 3 years old. It took six years for him to come into our lives. When we were unable to get pregnant, we went through fertility testing and ultrasounds, which found a large cyst on my ovary. The next year and a half, I underwent two surgeries by two different doctors to remove cysts that continued to appear, until, after the complete removal of my left ovary, I was finally diagnosed with endometriosis and referred to a reproductive endocrinologist. For nearly three more years, we tried different methods, including IVF. It took 3 egg retrievals before we had any embryos that we could transfer.

This bill reduces barriers in a process that is already financially, emotionally, and physically exhausting, while also considering national threats to reproductive justice. Last month we witnessed federal layoffs that leave the Center for Disease Control with no experts on infertility – no one to inform public policy, brief members of Congress, or advance public awareness on the causes and treatments for infertility. Additionally, recent court rulings in states like Alabama (2024) uphold laws making it almost practically impossible for medical professionals to perform IVF, given they could be legally prosecuted for manslaughter if an embryo was destroyed or damaged.

My husband and I have 3 embryos frozen at a facility in Nebraska and I’m not certain we want more children. But I am worried every day about potential legislation passed there, actions by the federal government, or judicial rulings like the one in Alabama that would take away that decision from us.

I urge you to support House Bill 1259 to protect IVF in Colorado and uphold the right of Coloradans’ to build their families in the way that is best for them.

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Testimony on HB25-1259

Chairman Mullica and members of the committee,

As someone who is both donor-conceived and a parent through IVF, I'm in a rare position to speak to this issue firsthand.

One month after I found out I was donor-conceived, my biological father nearly died of a widow-maker heart attack.

If I had learned the truth any later, I might never have met him—and I would never have known this life-threatening condition runs in his family. That knowledge changed how I manage my own health.

It may have saved my life.

Some people think donor-conceived individuals don't need access to their origins or medical history. But this isn't about identity alone—it's about survival.

This isn't a partisan issue—it's about protecting every Coloradan's right to know vital medical information that could affect their future or their child's.

That's why I'm urging you to amend HB25-1259.

This bill, shaped heavily by industry input, removes crucial requirements—like the obligation to provide updated medical information to donor-conceived people.

It weakens Colorado's Donor-Conceived Persons and Families Protection Act and takes a dangerous step backward on transparency and ethics.

I understand and support the need to protect access to IVF. I went through 11 rounds to have my son. IVF is a miracle for many families like mine.

But Colorado has already protected that right through the Reproductive Health Equity Act. If you believe it needs reinforcement, I support that—but it should not come at the expense of the health and safety of donor-conceived people.

If you feel the original DCPPA went too far, support Amendment 29. It's a thoughtful adjustment that maintains protections while reaffirming Colorado's leadership in reproductive health.

Please don't let political pressure or industry convenience come before human lives. If this bill isn't amended, I urge you to vote NO on HB25-1259.

Sincerely,
Stacy Since