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MARYLAND CATHOLIC CONFERENCE

March 31, 2026

House Bill 645
Criminal Law - Fraud - Assisted Reproductive Treatment
Senate Judicial Proceedings Committee

Position: Information

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

House Bill 645 prohibits a person from intentionally or knowingly providing certain assisted reproductive treatment to another using the person's sperm or ovum without the other's written consent to assisted reproductive treatment using the person's sperm or ovum; and establishing a civil cause of action for a violation of the Act.

While assisted reproductive technology (ART) offers new options for addressing infertility, it also presents serious ethical concerns and risks that require meaningful oversight. Documented cases of fraud and malpractice—including the unauthorized use of reproductive specimens by physicians or unknown individuals—undermine patient trust and can result in lifelong harm to mothers, children, and families.

Additionally, embryos created through ART may be destroyed due to contractual disputes, clinic misconduct, or because they are not selected by intended parents. The lack of transparency, donor anonymity, and insufficient accountability mechanisms leaves ART practices vulnerable to exploitation and abuse.[1] ART enables the creation of human life outside the natural process of conception, raising profound ethical concerns. The widespread creation, manipulation, and destruction of embryos—often deemed "spare" and discarded or used for research—treats human life as disposable biological material rather than as unique and irreplaceable persons.[2] These practices fail to respect the inherent dignity of human life, which begins at conception and deserves legal and moral protection.

[1] https://www.scrippsnews.com/science-and-tech/why-fertility-doctors-get-away-with-using-their-own-sperm
[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC9743043/

As infertility becomes more prevalent, many families turn to ART out of deep hope and vulnerability. Without appropriate safeguards, however, these technologies place human dignity at risk and leave women and children exposed to harm without adequate recourse. Sentencing and civil accountability should serve the goals of justice and reparation by recognizing the harm inflicted on mothers, children, and families when ART is misused. Civil authorities have a fundamental responsibility to protect human life, particularly when it is deliberately or unjustly endangered.

The Catholic Church seeks to promote a society that upholds human dignity while balancing justice with mercy. Punishment should not be limited to retribution, but should also support rehabilitation and restoration. True justice holds offenders accountable while encouraging transformation, supports victims without fostering vengeance, restores community trust, and addresses root causes of harm.[3] For this reason, we oppose policies that rely solely on harsher penalties without addressing systemic failures. Instead, we support accountability measures that protect victims, deter misconduct, and promote restorative justice approaches that emphasize healing, responsibility, and respect for human dignity.

For these reasons, the Maryland Catholic Conference asks for this information to be considered on **HB 645**.

Thank you for your consideration.

[3] https://www.usccb.org/resources/responsibility-rehabilitation-and-restoration-catholic-perspective-crime-and-criminal#intro

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INFORMATIONAL STATEMENT

(2026) HB645 – Criminal Law-Fraud-Assisted Reproductive Treatment

Laura Bogley, J.D., Executive Director
Maryland Right to Life, Inc.

On behalf of the Board of Directors of Maryland Right to Life, Inc. we respectfully submit the following information regarding Assisted Reproductive Technology (ART) and how it undermines the legal rights of parents and commoditizes human lives. ART reduces motherhood to a commercial transaction - treating women as human hosts and embryonic human beings as mere commodities to be bought and sold, including for experimentation purposes– rather than adopted and loved.

Science is clear that human embryos are living human beings who may be adopted, but should never be bought, sold or "donated". A human embryo is a living human being who has two parents, both a mother and a father who deserve all legal rights provided to parents under the Constitution and our laws.

While we applaud the sponsor's intention to protect "patients" from fraud and abuse, the language of this bill has broader implications that affect the legal rights of parents and children.

1. This bill creates a new term **"Assisted Reproductive Treatment"**, suggesting that ART, which is never medically necessary, is a medical treatment. This is a strategic choice of the sponsor on this and its predecessor bill HB95 (2025) to compel Medicaid and insurance carriers to provide coverage for elective ART procedures. This creates a public subsidy for the ART industry.

2. This bill seeks to **redefine mothers as mere donors** of embryonic human beings. The current Maryland statutes regarding ART include embryo donation but have not yet defined the term "embryo donor" and speak only to the *donation of s*ingle-celled sex gametes, i.e. sperm and egg. However, this bill adds *donor* of human embryos to the Code, effectively denying parents of embryonic human beings existing legal rights as parents.

As noted by the United States Supreme Court in *Dobbs v. Jackson Women's Health Organization*, states have an interest in protecting maternal health and preserving prenatal life. Accordingly, this State has an interest in ensuring protection for mothers who undergo ART and for the health of children conceived through ART.

Regardless of how one feels about In Vitro Fertilization (IVF), the disregard and disrespect for new human life and for women's sacred role as mothers is dangerous as it allows egregious violations of human rights and wanton destruction of embryonic human beings.

We support restrictions on ART that protect parents from fraudulent practices, including a provider's use of their own sex gametes without the customer's knowledge or consent.

We advocate for "Snowflake adoptions" that encourage the loving adoption and implantation of already existing frozen human embryos. However, we cannot support any bill that commercialize motherhood or reduces living embryonic human beings to "reproductive material".

Why Language Matters

As a matter of law, legislative terminology creates legal definitions, rights and responsibilities. This bill includes new and existing terminology that threatens parental rights and dehumanizes living human beings in their embryonic state, reducing them to mere commodities to be donated, sold and purchased.

It is important to understand that under current Maryland law, a donor is NOT a legal parent. Maryland law *does* include "donation of embryos" and "transfer of embryos": as a form of Assisted Reproductive Technology (ART) (§ 5-1001(d)(2)(iii)). However, existing law only addresses donors of single-celled sex gametes, which are sperm and ovum (egg) (§ 5-1001(h).) While existing statutes do *not* identify women who contribute human embryos as "donors", but this bill does. These are important distinctions that must be preserved and protected by law.

House Bill 645 Exploits Women and Commercializes Conception

The bill shows a wanton disregard for the human rights of both women and children. The bill seeks to redefine "mother" and reduce biological mothers to mere commercial embryo "donors". This change in the code would strip women of their parental rights under the law and allow the ART industry to exploit women for profit increasing the risks of future health and pregnancy complications.

As a result of this change in language, mothers would be left only with contractual rights. The bill provides no required terms for such contracts, which would be determined by the profit-minded provider. ART targets young women of childbearing age, particularly those facing economic challenges such as paying college tuition. These young women cannot be expected to possess the ability to fully understand ART or related contractual terms and do not have equal bargaining power with well-funded ART labs which target them to buy human ova and embryonic children.

While ensuring women give informed consent would afford some protections to young women, the ART industry is inseparable from the commercialization of motherhood at the expense of women's health and future fertility.

Human Embryos are Living Human Organisms Worthy of Protection

ART industry practices are dependent on the biological fact that a human life begins at fertilization, yet the industry has been unaccountable in providing a standard of medical care that recognizes and protects the new human lives created. This bill would create another law that defines living human beings in their embryonic stage as mere products or "reproductive material". Not only is this definition scientifically inaccurate, it is an outrageous attempt to deny the humanity of preborn children and to rob them of their human rights and dignity.

Through In Vitro Fertilization (IVF), large numbers of embryonic human lives are created then destroyed. In fact, at least 90% of these human organisms do not survive, are destroyed, discarded, or frozen for storage. This overwhelming destruction of human life alone is enough to demonstrate that this practice is not "healthcare" and is not worthy of public funding. (See The Facts of Life: A Review of the Science and Ethics of IVF David A. Prentice, Ph.D.)

ART also includes new technologies like pre-implantation genetic diagnosis (PGD), which encourage the termination or disposal of embryonic humans not deemed "perfect" or "fit". There is a high prevalence of misdiagnosis of embryonic and fetal abnormalities when using genetic testing. The financial value of abandoned embryonic human beings for experimentation and cosmetic purposes only incentivizes misdiagnosis.

ART Is Not Healthcare

While we support informed consent requirements as an essential component of healthcare, assisted reproductive technologies (ART) including in vitro fertilization (IVF) are not healthcare and cure no disease. IVF may enable many married couples who suffer various forms of infertility to experience the joy of parenthood with biologically-related children. However, IVF is not a cure for infertility and therefore cannot be defined as "healthcare".

ART raises fundamental questions regarding medical ethics and undermines the nature of parenthood, the parent-child relationship, the identity of children, and the health of women and future children. ART is a broad term which encompasses IVF and all newer forms of reproductive technology. ART may include commercial experimentation on embryonic human beings, human cloning, and unethical embryonic stem cell research.

The ART industry is a multi-billion dollar business that engages in the buying and selling of human embryos, ova and sperm for profit. It can also involve financial renumeration for mass embryo harvesting from human hosts and related human trafficking of human ovum (egg) "mules", fertilization by multiple sperm donors, and the sale of embryonic human beings for cosmetic testing or other commercial uses.

The State Has a Duty to Adopt Reasonable Health and Safety Standards for ART

ART must be regulated to protect the health of mothers and the children conceived, and to preserve parental relationships and the dignity of human procreation. At minimum, this Assembly should establish legislative guardrails to accomplish the following common sense objectives:

(1) Protect the safety and well-being of women who use ART and the children conceived through ART;

(2) Establish standards for obtaining informed consent from couples and individuals seeking ART;

(3) Require adequate annual reporting for facilities providing ART services to the Maryland Department of Health and U.S. Centers for Disease Control and Prevention;

(4) Stem the proliferation of cryopreserved human embryos being stored in fertility clinics and bring the State of Maryland into line with international norms by limiting the number of embryos that can be created in any reproductive cycle;

(5) Reduce the risk of high-order multiple gestations, pre-maturity, and other complications to mothers and children by limiting the number of embryos transferred in any reproductive cycle; and

(6) Reduce the risks of fetal reduction to mothers and children.

The State Should Prioritize Adoption and Life-Affirming Alternatives

In a 2026 Marist poll, 81% of people responded that laws can protect the lives of both mothers and children. Tragically, since 1973 and the imposition of federal abortion mandates under *Roe v. Wade*, domestic adoption programs have been all but obliterated due to the staggering number of abortions (over 66 million lives destroyed). Unfortunately, many individuals dealing with infertility cannot afford the expense of foreign adoptions. Instead of prioritizing and subsidizing abortion violence or ART, the State of Maryland should prioritize funding for life-affirming alternatives, including improving domestic adoption programs to meet the needs of couples dealing with infertility.

ART Additional Information

Since the first in vitro fertilization (IVF) birth was reported in the United States, the provision of IVF has become a multi-billion dollar industry.[1] Between 2015 and 2019, approximately 14.3% of American women aged 25-44 had used infertility services.[12]

ART procedures are elective and expensive. Each cycle can cost $10,000 to $15,000 or more. Surrogacy and mass human embryo harvesting using human mules cost much more both financially and in the cost to society for the loss of human dignity.

Regulation of IVF is highly inconsistent across the states, with the U.S. described as "the Wild West of the fertility industry."[2] This lack of regulation has led to the large-scale creation of embryonic human beings without oversight or accountability. There are now hundreds of thousands cryopreserved human embryos in laboratories across the United States, with unknown numbers being discarded each year.

Abuses of IVF – by doctors and patients alike – are also publicized from time to time, as the infamous case of the "Octo-Mom" aptly demonstrates.[8] In 2008, "Octo-Mom" Nadya Suleman had her fertility doctor implant 12 embryos into her.[9] Not only was this six times the normal amount for a woman of Suleman's age, it also subjected Suleman and her preborn children—eight of which survived the transfer and were carried to term—to numerous health risks.[10]

Only one federal statute, the Fertility Clinic Success Rate and Certification Act of 1992 (42 U.S.C. § 263a-1, et seq.), directly regulates ART procedures by requiring the reporting of clinic success rates.

A number of other nations regulate specific aspects of ART including the number of embryos that can be created. Belgium, Brazil, Denmark, Germany, Hungary, Italy, Saudi Arabia, Singapore, Spain, Sweden, Switzerland, and the United Kingdom limit the number of embryos that can be transferred per treatment cycle, typically limiting the number transferred to two (2) or three (3) embryos.

Voluntary self-regulation of ART programs is ineffective. Not all ART programs or facilities are members of professional organizations, such as the Society for Assisted Reproductive Technology (SART) or the American Society for Reproductive Medicine (ASRM). Moreover, these professional organizations do not independently confirm that their members follow their voluntary guidelines.

In most cases, ART involves the creation of multiple embryos, some of which are not subsequently used in the implantation (transfer) procedure but are destroyed, die or are used for experimentation.

Informed consent is one of the core principles of ethical medical practice, and every patient has a right to information pertinent to an invasive medical procedure. Further, ART is unique because it produces a third party—the prospective child—who must also be considered and protected. Due to the significant risks ART poses to women, the standard for informed consent should be raised.

Thorough recordkeeping and reporting are necessary to ensure meaningful public education about the rates of success for ART and the costs, risks, and benefits of ART, and to ensure proper accountability.

One problem associated with ART is high-order multiple pregnancies (three (3) or more embryos implanting) and the associated risks to the health of mothers and children.

Fetal reduction in the event of a high-order multiple pregnancy involves significant risks to the mother and to children subsequently born.

1 Michael Ollove, Lightly regulated in vitro fertilization yields thousands of babies annually, WASH. POST (Apr. 13, 2015, 3:26 PM), http://www.washingtonpost.com/national/health-science/lightly-regulated-in-vitro- fertilization-yields-thousands-of-babies-annually/2015/04/13/f1f3fa36-d8a2-11e4-8103- fa84725dbf9d_story.html.

2 Naomi Cahn, UVA Law Professor Examines the “Wild West” of the Fertility Industry, UVA (Sept. 13, 2021), https://news.virginia.edu/content/uva-law-professor-examines-wild-west-fertility-industry#:~:text=In%20the%20U.S.%2C%20government%20regulation,issue%20concerning%20conceptio n%20or%20embryos.

8 See Octomom’s Fertility Doctor Has License Revoked, CBS NEWS (June 2, 2011), https://www.cbsnews.com/news/octomoms-fertility-doctor-has-license-revoked/.

9 Id.

10 Id.

12 Centers for Disease Control and Prevention, QuickStats: Percentage* of Women Aged 25–44 Years Who Had Ever Used Infertility Services,† by Type of Service — National Survey of Family Growth, United States, 2006–2010 and 2015–2019 (Oct. 8, 2021), https://www.cdc.gov/mmwr/volumes/70/wr/mm7040a5.htm.