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HOUSE JOINT RESOLUTION NO. 83

Offered January 14, 2004

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Directing the Joint Commission on Health Care to study the business practices and ethical issues relating to assisted reproductive technology conducted by fertility clinics in the Commonwealth. Report.

Patron—Marshall, R.G.

Referred to Committee on Rules

WHEREAS, in the 25 years since the world's first "test tube" baby was born in England, American scientists and physicians have used constantly improving high-tech procedures to help infertile couples have children; and

WHEREAS, in 1992, Cecil B. Jacobson, a former Fairfax County fertility doctor who used his own sperm to impregnate unknowing patients, was convicted on 52 counts of perjury and fraud in federal court; and

WHEREAS, America has also witnessed embryo theft and mismanagement by fertility programs, bitter custody battles over frozen embryos and resulting children, and people becoming parents after they are dead; and

WHEREAS, Dr. Eugene Pergament, head of reproductive genetics at Northwestern Memorial Hospital in Illinois, estimated in 1998 that 1 in 43 pregnancies at that time was multiple, compared to 1 in 86 in 1978, and that the prematurity and higher risk of neurological impairments for such multiple births increased hospital charges by an average of $3 million a year per hospital; and

WHEREAS, while some countries, such as Britain, Canada, Australia, New Zealand and France, are publicly debating the ethical questions that arise from and have seen legislative initiatives restricting the practice of assisted reproductive technology, including laws limiting the number of transferred embryos, the United States has largely left high-tech babymaking to the marketplace; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study the business practices and ethical issues relating to assisted reproductive technology conducted by fertility clinics in the Commonwealth.

In conducting its study, the Joint Commission shall make legislative, regulatory or policy recommendations to ensure the quality of assisted reproductive technology and address the ethical quandaries that arise from the scientific manipulation of the origins of human life. The Joint Commission shall solicit input from bioethicists from University of Virginia Hospitals, the Medical College of Virginia Hospitals and Eastern Virginia Medical School, the fertility industry, appropriate consumer and professional organizations involved in assisted reproductive technology, legal experts, and all other stakeholders.

Technical assistance shall be provided to the Joint Commission on Health Care by the Virginia Board of Health and the State Board of Medicine. All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings for the first year by November 30, 2004, and for the second year by November 30, 2005, and the Chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the next Regular Session of the General Assembly for each year. Each executive summary shall state whether the Joint Commission on Health Care intends to submit a document of its findings and recommendations to the Governor and the General Assembly. The executive summaries and the documents shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.