



United States Conference of Catholic Bishops

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3000

WEBSITE: WWW.USCCB.ORG

United States Senate
Washington, DC 20510

June 7, 2024

Dear Senator:

We wrote in February with shared grief for the growing number of families suffering infertility, and with our corresponding support for life-affirming, yet often overlooked, restorative reproductive medicine. For multiple reasons, we expressed our necessary opposition to legislation that would enshrine or expand the use of problematic technologies like in vitro fertilization (IVF).¹ Regrettably, we are compelled to write again, now in ardent opposition to the “IVF Protection Act” (S.4368). This legislation would force States to either forgo steps to categorically protect innocent preborn children from IVF *or*, instead, have their most vulnerable residents – including low-income mothers and their children – cut off from needed health care via the Medicaid program. With over 40% of births and associated prenatal and postpartum care relying on Medicaid today, the “IVF Protection Act” would tell State lawmakers to either forsake embryonic preborn children or risk increased effects of poverty, pregnancy complications, abortions, and maternal deaths.² To federally impose this “choice” is unconscionable.

The profound desire of couples to have children is good and natural. When this is devastatingly impacted by an experience of infertility, restorative reproductive medicine fortunately exists that can often identify and successfully address the causes. Unfortunately, it is reported that far too many patients, after some limited testing and waiting, are instead funneled toward lucrative fertility clinics that attempt, with relatively lower effectiveness, to override symptoms with IVF instead of treating these individuals’ actual reproductive health conditions. Restorative reproductive medicine involves a deeper and more comprehensive diagnostic study, combined and optimized with detailed cycle monitoring, to inform surgical, hormonal, and/or lifestyle treatments that frequently work to truly heal patients.³ These practices, and additional research to strengthen them, warrant support and awareness. Patients and hopeful parents deserve no less.

IVF, especially as practiced in the United States, represents a relatively unregulated industry that creates hundreds of thousands or even millions of preborn children who will be expended in attempts to place them within a mother, interminably frozen, or discarded and killed (often in a selective, eugenic manner). There is perhaps no more literal example of what Pope Francis has often decried as a “throwaway culture.” In addition to such mass death, IVF poses health risks to both women and the children who are born as a result of it.⁴

The IVF industry also commodifies human beings, often donors or surrogates, and always the children. To be sure, the rights of parents to co-create (with each other and God), and to be the first and primary educators and formators of their children, enjoy high regard in both our national and religious traditions. But children are also human beings in their own right, and therefore a gift of immeasurable, inalienable worth and dignity. No one has a right to order and

transact for them like manufactured goods. To the contrary, children themselves possess the right to be conceived naturally, free from technological manipulation, by their own married mother and father.⁵

We unequivocally affirm that no one is “less than” because of their being conceived through IVF. Immeasurable dignity is innate in *every* person, as made in the image and likeness of God, through every stage and circumstance of life. As such, they are worthy of love; and indeed, most Americans today know and love persons who have conceived or been conceived through the use of IVF. It is, in part, for this very same reason that we must advocate against the practice of IVF, to defend the lives and dignity of *all* the countless preborn children who are created through it, not just the select few who are ultimately born.

It has frankly been disheartening over the past few months to witness public officials who have pro-life records – for which we echo our longstanding gratitude – now attempt to characterize IVF as consistent with pro-life principles. The extraordinary nature and importance of this moment warrants our speaking plainly to it. To be sure, we value and understand the wish of many to help families to build their dreams (and, again, we would support appropriate means of doing so). As Pope St. Paul VI reflected in view of Scripture, however, “it is never lawful, even for the gravest reasons, to do evil that good may come of it.”⁶ A technological process that conceives human beings for only some to be born while leaving others to die or be kept in a freezer cannot be called pro-life. Nor can this characterization be a matter of subjective, individual moral discernment, as some proponents have stated, which may also risk giving rise to increased cynicism. “Life at conception” means *life at conception*, regardless of circumstance or of parents’ heartfelt desires, and must be protected.

Turning then to S.4368’s implicating Medicaid, it is uniquely disturbing that the proposal would *force* IVF to be legal in all States (even though not at risk in any) by threatening to cut them off from the program if they were to ever categorically defend human life from the process. Roughly one out of five Americans relies on Medicaid for essential health care, many of them vulnerable children living below the poverty line. One cannot overstate how tragic and wrong it would be to use them as bargaining chips in this unrelated proposal (Medicaid does not generally cover IVF). Worse still, the Medicaid patient population is disproportionately higher for women in childbirth, representing over 40% of births, and higher still for racial minorities and younger mothers.⁷ Yet the “IVF Protection Act” would enshrine the practice, for those who have means to use it, by threatening the many mothers and children who need Medicaid to help have a healthy pregnancy, birth, and postpartum period and who thus might otherwise face worse health complications, poverty, or even consider abortion. Lastly, this blunt, extortive federal approach would appear to blatantly violate principles of subsidiarity, notions of federalism, and even the Spending Clause of the Constitution of the United States.⁸ In sum, it cannot be condoned.

As pastors, we see the suffering that infertility can cause and the real, deep desire of families to bear children. We strongly encourage licit, restorative means of easing this suffering, both medically and emotionally. For all of the above reasons, however, we implore you to recognize that life-ending IVF cannot be the solution. Therefore, we again further urge you to oppose legislation that would promote or facilitate IVF, or assisted reproductive technology (ART) more broadly, including through measures such as the “IVF Protection Act.”

Sincerely,



Most Reverend Robert E. Barron
Bishop of Winona-Rochester
Chairman, Committee on Laity,
Marriage, Family Life and Youth



Most Reverend Michael F. Burbidge
Bishop of Arlington
Chairman, Committee on Pro-Life
Activities

¹ https://www.usccb.org/resources/Letter_Access_to_Family_Building_Act_2024.pdf.

² Claudia P. Valenzuela and Michelle J.K. Osterman, “Characteristics of Mothers by Source of Payment for the Delivery: United States, 2021,” Centers for Disease Control, National Center for Health Statistics (NCHS) Data Brief, no. 468, May 2023; Kaiser Family Foundation (KFF), “Births Financed by Medicaid,” available at <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

³ See Tyler Arnold, “‘NaPro Technology’ Offers a Pro-Life Alternative to IVF for Infertility Treatment,” National Catholic Register, Mar. 26, 2024, at <https://www.ncregister.com/cna/napro-technology-offers-a-pro-life-alternative-to-ivf-for-infertility-treatment>; “What If We Addressed The Root Of Infertility Rather Than Pushing The Questionable IVF Quick Fix?,” The Federalist, Mar. 25, 2024, at <https://thefederalist.com/2024/03/25/what-if-we-can-heal-infertile-women-rather-than-turning-to-expensive-unethical-ivf-treatments-first/>; see also <https://naprotechnology.com/>; “Isn’t NaProTechnology Just Charting?” and other questions: A Natural Womanhood NaPro FAQ,” Natural Womanhood, Jun. 11, 2020, at <https://naturalwomanhood.org/naprotechnology-answers-to-your-frequently-asked-napro-questions-2020/>; <https://www.usccb.org/resources/Reproductive%20Technology%20Guidelines%20for%20Catholic%20Couples%20Updated.pdf>.

⁴ See <https://www.usccb.org/resources/vitro-fertilization-human-cost-2024>. With respect to regulation, see also Emi Nietfeld, “America’s IVF Failure,” The Atlantic, May 2, 2024; Lenny Bernstein and Yeganeh Torbati, “Inside the opaque world of IVF, where errors are rarely made public,” The Washington Post, Apr. 28, 2024; Emma Waters, “Alabama Embryo Ruling Brings Much-Needed Regulation to Fertility Industry,” Newsweek, Feb. 23, 2024. For more on the dignity of, and respect due, human embryos in the context of and in contrast to IVF, see Congregation for the Doctrine of the Faith, Instruction *Donum vitae*, Rome, Feb. 22, 1987; see also Dicastery for the Doctrine of the Faith, *Dignitas infinita*, Rome, Apr. 8, 2024, fn. 89.

⁵ See, Catechism of the Catholic Church, nos. 2376, 2378; see also Dicastery for the Doctrine of the Faith, *Dignitas infinita*, nos. 48-50; Pope Francis, Audience with the Diplomatic Corps accredited to the Holy See for the exchange of greetings for the New Year, Rome, Jan. 8, 2024 (both with regard to surrogacy); and Pope Francis, colloquium on “The Complementarity of Man and Woman,” Rome, Nov. 17, 2014; Pope Francis, audience with International Catholic Child Bureau, Apr. 11, 2014 (both with regard to children’s rights).

⁶ Pope St. Paul VI, *Humanae vitae*, Rome, Jul. 25, 1968, no. 14 (citing Romans 3:8).

⁷ Valenzuela, *supra*; Kaiser Family Foundation, *supra*.

⁸ See *Nat’l Fed’n of Indep. Business v. Sebelius*, 567 U.S. 519 (2012); *South Dakota v. Dole*, 483 U.S. 203 (1987).