

Dana Cody, Esq.
Executive Director
Catherine W. Short, Esq.
Legal Director
Mary Riley
Administrative Director
Allison K. Aranda, Esq.
Senior Staff Counsel



April 19, 2013

Board of Directors

John R. Streett, Esq.
Chairman
Dana Cody, Esq.
Marcella Tyler Ketelhut
Terry L. Thompson, Esq.
Colette Wilson, Esq.
Anthony E. Wynne, JD

Advisory Board

The Hon. Steve Baldwin
San Diego, California
The Rev. Michael R. Carey, OP, JD
Colorado
Daniel Cathcart, Esq.
Los Angeles, California
The Hon. William P. Clark
Paso Robles, California
Raymond Dennehy, PhD.
San Francisco, California
The Rev. Joseph D. Fessio, SJ
San Francisco, California
The Hon. Ray Haynes
Riverside, California
James Hirsén, Esq.
Riverside, California
The Hon. Howard Kaloogian
Los Angeles, California
David Llewellyn, Esq.
Sacramento, California
Anne J. O'Connor, Esq.
New Jersey
Charles E. Rice, Esq.
South Bend, Indiana
Ben Stein, Esq.
West Hollywood, California
Andrew Zepeda, Esq.
Beverly Hills, California

Northern California

(Administration)
P.O. Box 2105
Napa, California 94558
(707) 224-6675

Southern California

P.O. Box 1313
Ojai, California 93024

California Assembly Committee on Appropriations
State Capitol, Room 2114
Sacramento, California 95814
Sent via fax 916.319.2181

Mike Gatto (Chair)
Diane L. Harkey (Vice Chair)
Franklin E. Bigelow
Raul Bocanegra
Steven Bradford
Ian C. Calderon
Nora Campos
Tim Donnelly
Susan Talamantes Eggman

Jimmy Gomez
Isadore Hall, III
Chris R. Holden
Eric Linder
Richard Pan
Bill Quirk
Donald P. Wagner
Shirley N. Weber

Re: Oppose Assembly Bill 926.

Members of the Appropriations Committee:

AB 926 has been presented in terms of equality for women donating their eggs, the rationale being that they should receive the same type of compensation as anyone else undergoing experimental medical treatments. While I entirely agree with the principle of equality for women, I think it is very important to recognize why the prohibition on payments for human eggs for research was adopted in the first place. The harvesting of human oocytes is different from the average medical research scenario for several reasons.

First, the purpose of the medical techniques involved in egg harvesting is not to test the effectiveness of those techniques, it is purely to harvest a physical human resource, namely, human eggs. In this way, it is far more akin to organ donation than it is to a normal medical research program. The entire process is geared to harvesting a specific body product, and it is that product itself that is useful in terms of research. Thus, usual methods and rates of compensation for research subjects are not a good fit.

Second, some women suffer severe physical consequences from undergoing the procedures necessary for egg harvesting. These consequences are unique to women undergoing egg donation—men can donate sperm in a far simpler process with fewer physical consequences. This is not to justify any perceived inequality (I similarly oppose payments for donation of sperm for research), but the established disparity in the medical process involved begs for reflection in considering appropriate regulation.

Third, although some women find they can donate with no adverse health consequences or fertility risk, there are no published studies available on the long-term health consequences of egg donation. Already, many low-income women are induced to donate their eggs for reproductive purposes, looking for the cash compensation. This will be exacerbated by the demand if researchers are allowed to pay for eggs. There is simply no way to know whether these women will be sacrificing their long-term health for immediate cash. This is an unfair and potentially devastating situation in which to place women, especially those who are motivated by difficult financial situations. If women are motivated by financial pressure, they will be more likely to disregard risks to their health. Thus, even the notion of informed consent to this medically invasive process could be seriously compromised.

Finally if low-income women suffer adverse health consequences following egg harvesting, the State Health Care system could get left picking up the pieces and paying the bills. For example, if a women on Medi-Cal is induced to sell her eggs to pay the rent and buy groceries, and later requires medical treatment, the State may well end up paying for whatever long-term treatment may be required. There simply is not enough information available to adequately weigh the potential cost to the State in terms of harm to women's health.

For all of these reasons, I urge you to reject AB 926 and reject the temptation to add a potential incentive for egg harvesting. I appreciate the level of protection that exists for myself and for women of California, and ask that you keep it in place.

Sincerely,



Rebekah Millard, Staff Counsel, LLDF
707.227.2401
rmillard@lldf.org

On behalf of,

Dana Cody, Executive Director, LLDF
Catherine Short, Litigation Director, LLDF
Allison Aranda, Senior Staff Counsel, LLDF