



**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
ON RAISED SENATE BILL 293
“AN ACT CONCERNING THE STATUTE OF LIMITATION FOR INJURY CAUSED
BY FRAUD IN THE PROVISION OF FERTILITY CARE AND TREATMENT”**

Connecticut Joint Committee on Judiciary
March 2, 2026

Dear Chair Winfield, Chair Stafstrom, and Members of the Joint Committee on Judiciary:

GLBTQ Legal Advocates & Defenders (GLAD) is New England’s leading legal rights organization dedicated to ensuring equality for LGBTQ people and people living with HIV, and we write to oppose Raised Senate Bill 293.

Since our founding over 40 years ago, protecting children and families has been at the core of our work. We are an LGBTQ movement organization that works closely with partners in the reproductive rights movement, and that work has deepened in the shadow of *Dobbs v. Jackson Women’s Health Org.*, 597 U.S. 215 (2022).

We have seen post *Dobbs* the rapid acceleration of attacks on reproductive rights and on the basic right of people to make the most private decisions for themselves and their children. As you know, in 2024 the Alabama Supreme Court issued a fantastical opinion finding that embryos created for fertility care and cryogenically preserved had legal rights – an opinion that shut down family-building health care in that state within a week. See *LePage v. Ctr. for Reprod. Med., P.C.*, 408 So. 3d 678 (Ala. 2024). This state legislative session, we have seen an increasing attack on fertility health care, including bills to institute background checks that could strip parents through assisted reproduction and surrogacy of their legal parent-child relationship (IL, MI, PA), bills to restrict access to in vitro fertilization (FL), bills to preclude most people from accessing family building through surrogacy (FL), and bills to substitute evidence-based fertility care with unscientific, untested treatments (AR, OK).

This broadening attack is concerning for so many people who rely on fertility health care to build their family, including for LGBTQ people for whom assisted reproduction and gamete donation is a key part of family building health care. GLAD has been working for years to raise awareness of how the attack on reproductive rights can include seemingly well-meaning efforts like regulating fertility fraud and gamete donation. We have developed guidelines along with other organizations to provide guidance to policy makers.¹

¹ See Principles on Family Formation and Recognition, <https://principledprovision.org/> (accessed Mar. 11, 2024).

It goes without saying that patients whose doctors betrayed their trust by using the doctor's sperm rather than donor sperm and the people born from those misdeeds have often suffered harm and trauma.

There should be accountability for doctors who commit misconduct; however, we believe that it is important to first explore existing accountability measures including existing tort law and medical licensing measures. It is not clear that any background work has been done with Connecticut medical societies and other stakeholders on existing accountability measures. An effort to study these issues in more depth would be an appropriate initial step.

Additionally, the language of this bill is extremely problematic. The language is vague and overbroad. It provides no definition of fraud in the provision of fertility care. It does not focus on the misdeeds of a physician. It also purports to give a cause of action to a child when the focus of fertility fraud should be the patient who was harmed by the physician. This language is a far cry from the earlier Connecticut bill that focused squarely on a bad actor physician who knowingly used his own sperm to inseminate a patient without consent and permitted a patient to bring an action.

We hope that policy makers will be thoughtful and cautious on how to address these issues. This is because some in the fertility fraud movement seek to end assisted reproduction and gamete donation. Indeed, the "Greater Than" campaign recently launched to overturn marriage equality is led by an organization, Them Before Us, that opposes fertility health care and seeks to end fertility care and gamete donation (among other extreme changes to society such as ending no fault divorce). We are increasingly seeing proposed state legislation broadening fertility fraud measures that would not just penalize doctors but that would target gamete donors in ways that undermines access to care.

We do not think that legislation is appropriate at this time, particularly before there has been fulsome study of what existing mechanisms may exist in Connecticut to provide accountability, including licensing board actions, tort law, or existing fraud provisions in state law. Additionally this proposed language is unworkable.

Thank you for the opportunity to submit testimony, and please do not hesitate to contact me for additional information.

Sincerely,

A handwritten signature in black ink, appearing to be the name 'Patience', followed by a long horizontal line extending to the right.

Patience Crozier, Esq.
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