INTERSTATE INTERCOURSE: HOW MODERN ASSISTED REPRODUCTIVE TECHNOLOGIES CHALLENGE THE TRADITIONAL REALM OF CONFLICTS OF LAW

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Sonia Bychkov Green*

“The realm of the conflict of laws is a dismal swamp, filled with quaking quagmires, and inhabited by learned but eccentric professors who theorize about mysterious matters in a strange and incomprehensible jargon. The ordinary court, or lawyer, is quite lost when engulfed and entangled in it.”¹

“The rise of these new technologies and therapeutic modalities, including the use of third parties, to assist in creation or gestation of an embryo has created a host of novel legal issues. The resolution of these issues has caused confusion and contradictions in the application of a body of existing statutory and common law.”²

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INTRODUCTION

It is a Conflicts professor’s dream hypothetical and a parent’s worst nightmare: a woman gives birth to a baby with genetically linked abnormalities, after using sperm donated by a donor in a different state, and having pre-implantation genetic diagnosis by a specialist in a third state. Recent medical advances have made this possible. Imagine the woman was unable to conceive,
and needed donor sperm and the assistance of in-vitro fertilization. Imagine she was concerned about a specific hereditary condition and consulted a genetic specialist. That specialist evaluated a cell from each embryo and directed the reproductive endocrinologist to implant ones that were free of the defect. Imagine that after she gave birth, the mother discovered that her child actually has the defect. This set of facts sets up a potential “wrongful life” or “wrongful birth” suit, which is controversial in and of itself, but facts can easily transform this into a more complicated Conflicts problem. Imagine that the mother, and the embryos are in one state. The sperm donor is in another. The genetic specialist is in another. Imagine further that the mother traveled from her state to see a reproductive specialist in a fourth state, and that the cells from the embryos were removed there, sent to the endocrinologist, but that the mother chose to bring suit in her own state. To perfect the conflicts conundrum that this creates, imagine the last component: all the states have different laws about whether “wrongful life” suits are allowed, different standards for negligence suits against reproductive specialists, and perhaps are missing any clear legislative guidance on some of the trickier issues of regulation of sperm donors and genetic testing.

The courts have cried out for decades for assistance in resolving even simpler issues. For most courts so far, the challenge has been the lack of laws on this area. The American Bar Association, passing a Model Act on Art in February 2008, described the challenge as follows in a prefatory note:

“Since the birth of the first in vitro fertilization (IVF) baby in 1978, extraordinary advances in reproductive medicine have made biological parenthood possible for people with infertility, certain other medical conditions, for individuals who risk passing on inheritable diseases or genetic abnormalities, or for individuals who are effectively infertile due to social rather than medical reasons. Such advances have also been applied to extend reproductive potential by treating post-menopausal women. These advances use technology to enable individuals to have children when for personal reasons they cannot or choose not to do so by means of sexual intercourse. These advances have also been used to retrieve gametes from dead or incapacitated individuals, or to manipulate differentiated cells to produce the equivalent or near-equivalent of a human embryo, capable of implantation in the uterus and gestation to term birth.”

New technologies, and assisted reproductive technologies (hereinafter “ART”) in particular, always provide challenges to established legal norms. Rules and tests may have to be rethought

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3 See e.g., Hodas v. Morin, 814 N.E.2d 320, 327 n. 16 (Mass. 2004), in which the court said: “As we stated in Culliton v. Beth Israel Deaconess Med. Ctr., supra at 293, 756 N.E.2d 1133, and elsewhere, the Legislature is the most appropriate forum to address issues raised by assistive technology in a comprehensive fashion....”
4 See e.g., the following from another court: “We join the chorus of judicial voices pleading for legislative attention to the increasing number of complex legal issues spawned by recent advances in the field of assisted reproduction. Whatever merit there may be to a fact-driven case-by-case resolution of each new issue, some over-all legislative guidelines would allow the participants to make informed choices and the courts to strive for uniformity in their decisions.” Prato-Morrison v. Doe, 126 Cal. Rptr. 2d 509, 516 n. 10 (Cal. Ct. App. 2002).
5 Model ART Act, supra note 2.
6 Widespread use of the internet, for example, has added new wrinkles to the laws of personal jurisdiction, and trademark and copyright infringement, among others. See, e.g., Jeremy Gillman, Personal Jurisdiction and the Internet: Traditional Jurisprudence for a New Medium, 56 Bus. Law. 395 (2000). Earlier, industrialization and
in order to allow the law to address disputes that arise when such technology fails. Moreover, choices - or appearance of choices - through reproductive technologies will open the door to lawsuits because potential parents feel that they have more control over the number, gender and the genetic makeup of their offspring. This article attempts to identify some of the potential problems, and thus, lawsuits that arise from the use of reproductive technology, and propose some solutions.

This article is organized into four sections. The first section describes ART in detail, so that the reader understands the background to the potential problems that may arise. The second section discusses possible problems, lawsuits and why these types of suits may be particularly problematic in a multistate context. The third section describes current choice of law options, and how these might be applied and have been applied to ART lawsuits. The last section proposes some solutions for resolving multi-state ART lawsuits, including the best choice of law approach, and how parties can protect themselves through more proactive choices of law in contract formation.

It is every parent’s nightmare that such lawsuits will arise. This means that something has gone wrong, and when it comes to conception and reproduction, the “something wrong” is likely to be serious. It is this mother’s hope that such lawsuits will not be needed and that procedures will be performed perfectly. However, given the reality of this situation and the fact that such technology is increasingly being applied across state lines, it is at least this professor’s dream that this article can help simplify the adjudication of such suits and help lend some predictability to an area that is inherently unpredictable. The goal of analysis is to help clarify a potentially confusing situation and make the procedures and possible lawsuits less nightmarish for parents and the courts, if a little bit less interesting for Conflicts professors.

PART ONE: THE NEW TECHNOLOGIES AND THE LEGAL ISSUES THEY CREATE

I. THE NEW TECHNOLOGIES: AN OVERVIEW OF ART

In order to understand the legal issues involved, it is helpful to have a general background in ART procedures. It is important to note at the outset that ART is not limited in any way to heterosexual married couples. Such use is still the most frequent, but increasingly, “nontraditional” couples or individuals seek to create families through ART.

The easiest way to discuss ART is to focus on the reasons for the procedures. The first group of these reasons focuses on impaired fertility of one or both members of the couple. In case of a heterosexual couple who find themselves unable to conceive naturally, the first step toward ART

multi-party distribution chains led to the development of the products liability doctrine in tort law. See, e.g., Friedrich Kessler, Products Liability, 76 Yale L.J. 887 (1967).


8 In fact, in North Coast Women’s Care Medical Group, Inc. v. Superior Court, 189 P.3d 959 (Cal. 2008), the California Supreme Court recently held that patients cannot be denied access to ART because of their sexual orientation.
is a screening and workup of both partners. This type of screening may inform the physician whether the inability to conceive is due to a female factor, a male factor, a combination of both, or some unexplained reason. In a case of a single prospective parent, or a couple of the same gender, a workup is often done as well, but often there is a clearer answer to what is necessary for the person or couple to conceive.

A. EGG STIMULATION

In instances where the reason for the inability to conceive is because of insufficient egg production by the female, and in instances where a female needs to have some extra stimulation to produce more than a normal number of eggs, the physician will often try to stimulate the egg production itself. The least invasive method of assisted reproduction is the use of Clomiphene Citrate (“CC”). This is a drug that stimulates the production of eggs in a woman’s ovaries. This type of assisted reproduction does not usually fall into the category of “Assisted Reproductive Technology” because it is more of a stimulating drug and does not involve the manipulation of eggs or sperm in a lab.

B. INTRAUTERINE INSEMINATION

This procedure, sometimes done in conjunction with egg production stimulation, and/or donor sperm, is one in which a doctor inerts washed and concentrated sperm directly into a woman’s uterus to coincide with the time that she is ovulating.

C. IN-VITRO FERTILIZATION AND RELATED PROCEDURES

10 Or, for some couples, the inability to carry a fetus to term. SHERMAN J. SILBER, HOW TO GET PREGNANT 357-77 (rev. ed. 2005).
11 Female factors can include: ovarian cysts, diminished ovarian reserve, blocked or damaged fallopian tubes, uterine fibroids and/or polyps, Asherman’s syndrome (in which scarring causes the uterine walls to become stuck together), and endometriosis. KENIGSBERG, supra note 9 at 83-130.
12 Male factors can include: low or no sperm production, which may have a variety of causes; retrograde ejaculation, in which semen does not exit the body; and varicoceles, in which an obstruction of veinous drainage in the scrotum raises the temperature in the scrotum and damages the sperm. Id. at 141-56.
13 See generally Id. at 83-156 (2006).
15 For example, to save for an in-vitro fertilization cycle.
16 All of this is described very generally for the purpose of this article. In some females, a diagnosis might be made that an attempt to stimulate egg production will not be likely to succeed because of low hormonal levels in certain areas, or for other health reasons. See generally SILBER, supra note 10 at 99-118.
17 See generally DEBRA FULGHAM BRUCE & SAMUEL S. THATCHER, MAKING A BABY: EVERYTHING YOU NEED TO KNOW TO GET PREGNANT 226-28 (2000). This drug is available under the brand names Serophene, Milophene, and the most well known, Clomid. Id.
18 Id.
19 Id.
20 See WARHUS, supra note 14 at 152.
In vitro-fertilization is the most well known of the ART procedures, and the most successful treatment for most causes of infertility.\textsuperscript{21} IVF, which was “born” in the late 1970s at a clinic in England\textsuperscript{22}, gained in popularity and acceptance over the years.\textsuperscript{23} Traditional IVF involved the removal of eggs from a female\textsuperscript{24}, the production of sperm by the male, and the mixing of the eggs and sperm in a culture dish prior to incubation and fertilization.\textsuperscript{25} Traditionally, after two days, a fertilized egg or “embryo”, or, in some instances several embryos, were put back into the woman’s uterus with the hope that it would implant.\textsuperscript{26} Because not all of the resultant embryos are necessarily transferred and some may remain frozen at the laboratory or in a storage facility, there is currently an important national debate about the proper or allowed uses of those embryos.\textsuperscript{27} If unsuccessful, the IVF procedure may be repeated with the frozen embryos.\textsuperscript{28}

Several other procedures became tied to IVF. First, a procedure known as gamete intrafallopian transfer (“GIFT”) was used to replace the mixing of eggs and sperm in a Petri dish.\textsuperscript{29} Instead, with GIFT, sperm and eggs were placed directly into the fallopian tube, and allowed to fertilize there, with the hope that the fallopian tube would move the embryo down to the uterus at the natural time.\textsuperscript{30} Although GIFT initially grew in popularity because of a rise in pregnancy rates with GIFT as opposed to traditional IVF, it quickly fell out of favor with most physicians because there was no way to ensure either fertilization, or embryo quality, and because the placing of sperm and egg into the fallopian tubes required a surgical procedure.\textsuperscript{31} A second related procedure, known as zygote intrafallopian transfer (“ZIFT”) was a combination of IVF and GIFT: with ZIFT, eggs were still fertilized in a Petri dish, but the zygotes\textsuperscript{32} were transferred into the fallopian tube rather than being put in an incubator.\textsuperscript{33} Both GIFT and ZIFT fell out of favor as other techniques helped couples achieve pregnancy in less complicated ways.\textsuperscript{34} Two more related, but even less widely used procedures are tubal embryo transfer (“TET”) and Pronuclear Stage Transfer (“PROST”).\textsuperscript{35} Both of these procedures differed from IVF, GIFT and ZIFT in the stage of development at which transfer of the embryo was made.\textsuperscript{36} The high cost of these procedures along with their relative lack of success compared to IVF has made these much

\begin{itemize}
\item \textsuperscript{21} Silber, supra note 10 at 198.
\item \textsuperscript{22} Id. at 197.
\item \textsuperscript{23} See id. at 197-98.
\item \textsuperscript{24} Referred to as “aspiration.” See generally Bruce & Thatcher, supra note 17 at 248.
\item \textsuperscript{25} Silber, supra note 10 at 199.
\item \textsuperscript{26} Id.
\item \textsuperscript{27} For an excellent discussion of transfer of embryos, see Charles P. Kindregan and Maureen McBrien, Embryo Donation: Unresolved Legal Issues in the Transfer of Surplus Cryopreserved Embryos, 49 Vill. L. Rev. 169 (2004).
\item \textsuperscript{28} See Warhus, supra note 14 at 167. For some couples, this is a very favorable option because the woman does not need to go through ovarian stimulation or aspiration.
\item \textsuperscript{29} Silber, supra note 10 at 199.
\item \textsuperscript{30} Id.
\item \textsuperscript{31} Id. at 200. Interestingly, one of the reasons that GIFT is still occasionally used is because it allows Catholic couples to “follow the papal injunction against IVF. The Catholic church still fully approves GIFT because the papacy prefers that fertilization of the egg take place inside the body rather than in a Petri dish.” Id.
\item \textsuperscript{32} The pre-embryonic stage.
\item \textsuperscript{33} Silber, supra note 10 at 200.
\item \textsuperscript{34} Id. at 201.
\item \textsuperscript{35} Bruce & Thatcher, supra note 17 at 254-55.
\item \textsuperscript{36} Id. at 255.
\end{itemize}
Another form of ART, used on its own or in conjunction with IVF is intracytoplasmic sperm injection ("ICSI"). Developed by American and European doctors in the mid 1990s, ICSI allows even men with poor sperm amount or quality to use their own sperm in fertilizing an egg. With this procedure, "each egg is individually injected with a single sperm under a microscope using delicate microscopic tools," so that as long as there is one spermatid with DNA, the egg will often become fertilized. This procedure is sometimes used in conjunction with sperm aspiration procedures, which are designed to extract sperm from the male reproductive tract.

The significance of these procedures for the purpose of choice of law analysis is that they allow for the possibility of having reproductive components (sperm, egg, or even cells from eggs) in a different location than the people involved in the procedures, and allows for multiple persons and locations to be involved in a lawsuit where the laws may differ.

E. THIRD PARTY REPRODUCTION – AND MORE

The procedures described above are used to make a baby using the genetic materials (sperm and egg) and place for the embryo-fetus to develop (uterus) of two people, whether known to each other or not. However, these procedures, combined with other techniques and innovative solutions, have opened the door to “reproduction” done with three or more people rather than two.

1. OVUM (EGG) DONATION

For this procedure, a woman first needs to be identified as a donor. The menstrual cycles of the donor and recipient are manipulated to be in sync: the goal is to have their cycles in sync. The donor takes fertility medications of the kind described above to stimulate the production of multiple eggs. These eggs are removed from her body, and can be fertilized with sperm. The

37 Id.
38 See Silber, supra note 10 at 249-71.
39 Id. at 249.
40 Id.
41 Id.
42 See generally Bruce & Thatcher, supra note 17 at 256-57. These procedures include percutaneous epididymal sperm aspiration (“PESA”), microsurgical sperm aspiration (“MESA”) and testicular sperm aspiration (“TESA”). Id. at 256.
43 For example, a woman might use her own eggs but sperm from a donor.
44 See generally Bruce & Thatcher, supra note 17 at 257.
45 Id.
46 Id. A woman will often produce 10 to 20 eggs. Id. Although this is not yet done in any reported or known fashion, it is at least theoretically possible that an egg donor could donate eggs to more than one recipient, thus increasing the number of potential parties involved.
fertilized eggs can mature in a laboratory for up to five days, at which point some of the fertilized eggs are transferred to the recipient.\(^4\) While the donor is taking fertility medications, the recipient is taking hormones to prepare her uterus to accept an embryo.\(^4\) After implantation of the embryo, the woman continues to take hormones to support the pregnancy.\(^5\)

### 2. Donor Cytoplasm

Another, newer, type of third-party reproduction is a procedure where a donor donates not her eggs, but the cytoplasm of the eggs.\(^5\) Very simply, the cytoplasm is the component of the egg that makes the machinery of the egg “work”.\(^5\) In this way, it is distinguished from the other component of the egg – the nucleus –, which contains most of the genetic material of the egg.\(^5\) Technically, this is a form of third-party reproduction\(^5\) because the components of a third party are used in the reproductive process. However, since the donated cytoplasm is added to the DNA containing nucleus of the recipient, the resulting embryo is more genetically related to the recipient than an embryo achieved through egg donation.\(^5\) Regardless, donor cytoplasm is currently under study, and usually not recommended as a procedure to achieve pregnancy.\(^5\)

### 3. Donor Sperm

Donor sperm has become a less necessary option for heterosexual couples, who can improve sperm quality through other methods, but continues to be an important option for single women and lesbian couples.\(^5\) The most recommended method sperm donation is “using the sperm of a well selected anonymous donor.”\(^5\) For this option, sperm is chosen from a sperm bank, most frequently, and then used to inseminate the prospective mother, or to fertilize the chosen eggs.\(^5\) It is important for the recipient to choose a reputable sperm bank, as some states do not require licensing of banks while others require more stringent screening for various diseases prior to donation.\(^6\)

Some sperm donation is done less formally, such as cases where a friend volunteers to donate a sperm sample. Most guidelines warn women to be very careful of such donations in part because

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\(^4\) Id. The sperm may be that of the husband of the woman who will carry the fetus, thus creating a reproductive situation with three parties (egg donor, recipient, husband) or it may be that of a sperm donor, which would add that donor as a replacement third party to the reproductive process, but also, if the woman has a spouse, as a fourth party to the formation of their family.

\(^5\) Id.

\(^6\) Id.
of the health risks that might not be screened out, the way they would be at a sperm bank, and in part because the donor’s claim for parental rights, as discussed later, may depend on whether he is a known donor.

4. SURROGACY (“DONOR” UTERUS)

For a surrogacy as option to assisted reproduction, the component of the process that comes from a third party is the uterus used to carry the embryo and then fetus to term.

A “gestational surrogate” “carries a pregnancy that is the product of an egg and sperm of two other individuals.” In that way, a gestational surrogate brings a third party to the reproductive process. A “traditional surrogate” is inseminated with sperm from the male partner of the couple who wants the baby; “the child that results is genetically related to the surrogate and also to the male partner, but not to the female partner of the infertile couple.”

5. DONOR EMBRYOS

The last, and most ridden with problems and even hard to describe without contributing to the debate on this, is the procedure where embryos that exist are transferred into the uterus of a woman. The discussion on this topic – and the description of this process as “adoption” versus “donation” - brings highlights the differences of opinion that exist about the precise status of an embryo. For the purpose of this article, it is not necessary to resolve that controversy or to label this procedure “donation” or “adoption”. The focus here remains on the facts that third (and possibly fourth) party components (egg or sperm or both) are transferred to a woman whose uterus then carries the fetus to term. The embryos may come from those that remain after an IVF procedure or may be embryos created in particular for this procedure. With this procedure, there may be three parties involved in the reproduction again: the provider of the sperm for the embryo, the provider of the egg, and the provider of the uterus that houses the embryo.

As a result of all of these advances, the number of people involved in making a baby and becoming parents could be as many as five. As a result of all of these advances, the number of

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61 KENIGSBERG & HARTMAN, supra note 9 at 308-9.
63 See KENIGSBERG & HARTMAN, supra note 9 at 311-6; see also Lori B. Andrews, Beyond Doctrinal Boundaries: A Legal Framework for Surrogate Motherhood, 81 VA. L. REV. 2343 (1995) for an excellent discussion of the legal issues involved.
64 BRUCE & THATCHER, supra note 17 at 260.
65 Id. at 260.
66 See Id. at 258.
69 See supra note 27 and accompanying text.
70 Id.
people involved in making a baby and becoming parents could be as many as five.\(^1\)

<table>
<thead>
<tr>
<th>Type of Conception</th>
<th>Maximum number of people involved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conception involving a man and woman</td>
<td>2 (man and woman)</td>
</tr>
<tr>
<td>Donor sperm</td>
<td>3 (two intended parents plus donor)</td>
</tr>
<tr>
<td>Donor Egg</td>
<td>3 (two intended parents plus donor)</td>
</tr>
<tr>
<td>Traditional Surrogacy</td>
<td>3 (two intended parents plus surrogate, inseminated with sperm from the male)</td>
</tr>
<tr>
<td>Gestational Surrogacy</td>
<td>3 (two intended parents plus surrogate)</td>
</tr>
<tr>
<td>Donor Embryo</td>
<td>4 (two intended parents plus the two people who donated egg and sperm to create the embryo)</td>
</tr>
<tr>
<td>Donor Egg and Donor Sperm</td>
<td>4 (two intended parents plus donors of egg and sperm)</td>
</tr>
<tr>
<td>Donor egg plus gestational surrogate</td>
<td>4 (two intended parents plus egg donor plus surrogate)</td>
</tr>
<tr>
<td>Donor Egg plus donor sperm plus gestational surrogate</td>
<td>5 (two intended parents plus egg donor, sperm donor and surrogate)</td>
</tr>
</tbody>
</table>

Adding the fact that eggs and sperm can even be separated geographically from the donors – stored and moved to different locations – and that even cells from embryos can be moved, the potential for interstate conflicts is significant. On top of that, a court may need to adjudicate the behavior of the physicians and specialists involved, who could be in various states, and if insurance companies are added to the consideration\(^2\), then even more potential arises for interstate conflicts.

Adding the fact that eggs and sperm can even be separated geographically from the donors – stored and moved to different locations – and that even cells from embryos (Zygotes?) can be moved, the potential for interstate conflicts is significant. On top of that, a court may need to adjudicate the behavior of the physicians and specialists involved, who could be in various states, and if insurance companies are added to the consideration\(^3\), then even more potential arises for interstate conflicts.

II. THE LEGAL PROBLEMS CREATED: LAWSUITS AND LACK OF GUIDANCE

The next step is to examine the legal issues that arise from the use of such technologies, before considering these issues in a multistate context.

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\(^1\) This assumes that there are two intended parents, whether of same gender of different genders. This does not take into account the interests of a surrogate’s husband, or the possibility of a larger blended family, where there are more than two intended parents. That, of course, could increase these numbers even more.


One of the problems in this area, important for resolution of any suit, regardless of whether there is a choice of law issue or not, is that there is a lack of legislative guidance or regulation on much of what is done.74 The world of ART has been referred to for many years as the “Wild West” of medicine because it uses so many new technologies, and reinvents medical procedures in unique ways.75 Given this, lawsuits have arisen on a variety of issues, and the differences in how these issues get resolved indicates both their intrinsic difficulty and the lack of uniformity in the approaches themselves. In other words, it is both the lack of legislation AND inconsistency in judicial decisions that creates problematic, conflicting situations.

A. LAWSUITS FROM FAILURES IN THE TECHNOLOGY ITSELF, OR PHYSICIAN MALPRACTICE

The first group of lawsuits arising from ART is those that stem from allegations of malpractice. These types of lawsuits are akin to many medical malpractice suits, though they can extend beyond that as well, due to the lack of regulations and medical standards in this area.

The first group of medical malpractice type cases is those that arise from insemination using the wrong sperm.76 For example, in one case, parents and their child, born through in vitro fertilization, brought suit against the clinic, clinic owner, doctors and embryologist alleging medical malpractice and negligence.77 The couple, Nancy and Thomas Andrews, had intended that Thomas’ sperm would be used to fertilize Nancy’s egg, but instead sperm from another man was used.78 When baby Jessica Andrews was born, she appeared to be of African or African-American descent, while he father is white and her mother is from the Dominican Republic.79 According to their suit, one of their doctors originally told them nothing was wrong, and that Jessica would get “lighter” over time.80 When that didn’t happen, the couple bought a home DNA kit that confirmed that Thomas Andrews was not the child’s biological father.81 The trial court found the Andrews couple could not recover for the emotional distress they experienced when they were deprived of the chance to have their own genetic child, saying that the birth of a healthy child is not a cognizable injury under New York law.82 However, the court allowed their emotional distress claim for the pain they suffered over uncertainty as to whether their genetic material had been improperly given to others, as well as their fear that Jessica’s genetic father might someday seek custody.83 The trial court dismissed Jessica’s claims for emotional distress, finding that defendants owed no duty of care to her because their alleged negligence took place before she was even in utero.84 However, the court found that the Andrews couple was entitled

72 KINDREGAN & McBRIEN, supra note 62, at 24-25.
75 Id.
76 Id. at 365-66.
77 Id. at 368-69.
78 Id. at 369.
79 Id. at 370.
to summary judgment in their negligence claim against the embryologist on the grounds of *res ipsa loquitur* because their circumstantial evidence of negligence was strong and unrebutted by the embryologist. 85

In a similar case, parents brought suit after medical center allegedly used sperm from a donor other than the one the couple had selected in order to perform in vitro fertilization. 86 The couple, David and Stephanie Harnicher, sought recovery for negligent infliction of emotional distress, but the court, affirming a grant of summary judgment to the hospital, found the couple failed to state a claim for negligent infliction of emotional distress, primarily because the couple stated in depositions that they had not suffered any bodily harm as a result of the sperm mix-up. 87 The Harnichers apparently had hoped to be able to have their own genetic child, but when that appeared unlikely, their doctor suggested they use a mix of donor sperm and David’s sperm: the couple agreed, but argued that they only agreed to the use of sperm from one donor, No. 183, who physically resembled David and had the same blood type. 88 Essentially, if the children weren’t David’s, they never wanted to know about it. 89 However, after Stephanie gave birth to triplets, the couple discovered the children were genetically neither David’s nor donor 183’s. 90 The high court majority described the Harnichers’ claim as one for “the destruction of a fiction” that David was the children’s father, and said that cannot be grounds for a suit for malpractice or negligent infliction of emotional distress. 91

In another situation, several lawsuits sprang from allegations that a fertility specialist had inseminated patients with *his own* sperm. 92 One of the case involved whether a couple could testify anonymously, 93 but another case was an insurance dispute related to the activities described in the above suit, namely Dr. Jacobson’s insemination of his patients with his own sperm. 94 St. Paul, which insured Jacobson and the clinic where he worked, brought a declaratory judgment action seeking that it did not have to indemnify Jacobson or the clinic, Reproductive Genetics Center, Ltd., located in Virginia. 95 The insurer had provided a professional liability policy to the clinic and Jacobson. 96 The insurer argued that Jacobson lied on an insurance application, 97 that it was against public policy to have a duty to defend Jacobson for his own...

85 *Id.* at 372-73.
86 *Harnicher*, 962 P.2d at 68.
87 *Id.* at 71.
88 *Id.* at 68.
89 *Id.*
90 *Id.*
91 *Id.* at 72. Note, however, that two dissenting justices disagreed, finding that evidence of mental distress on the Harnichers’ part should have been enough for the case to go forward. The dissenters point out that the Harnichers specifically contracted with the medical center for children who would appear to be David’s. Because they don’t, the Harnichers suffered an injury that should be compensable, the dissenting justices said. *Id.* at 74-75 (Durham, J., dissenting).
92 *St. Paul Fire and Marine Ins. Co. v. Jacobson*, 826 F. Supp. 155; *see also James v. Jacobson*, 6 F.3d 233 (4th Cir. 1993) (holding that a couple whose children were Dr. Jacobson’s genetic offspring because the wife had been inseminated with Jacobson’s own sperm could proceed anonymously in their medical malpractice suit against the doctor).
93 *James*, 6 F.3d 233.
95 *Id.* at 157.
96 *Id.*
97 *Id.* at 158-59.
intentional misconduct, and that his activities did not constitute “professional services.” The court rejected all of those arguments, and granted summary judgment in favor of Jacobson and the clinic. The court found Jacobson did not lie on the application when it asked whether he was aware of “any pending claims or activities (including request for medical records) that might give rise to a claim in the future.” Jacobson said yes, but was referring to an unrelated suit and did not disclose any of his activities in inseminating patients with his own sperm. The court said this was at most a “non-disclosure,” not a misrepresentation, and so the response did not bar coverage. The court also found the activities clearly arose out of Jacobson’s professional services because they had to do with insemination. And while the court said there were public policy considerations that bar coverage for intentional wrongdoing, it said there were countervailing policy concerns here, where the injured patients would ultimately benefit from the coverage extended to Jacobson. Further, the policy could have included a bar for intentional or criminal wrongdoing, but did not. Another famous medical malpractice ART case involved Doctor Stone, who was on the faculty of a state university hospital and was sued as part of alleged “egg-stealing” scheme. The allegations were that Stone and other doctors affiliated with his reproductive clinic took human eggs and implanted them in other women without the consent of the donor. The appellate court reversed the trial court’s finding that the Regents of the University were obligated to defend Stone in the suit brought by patients Susan and Wayne Clay, ruling there was evidence to support the Regents’ conclusion that Stone was not entitled to a defense because he was not acting within the scope of his employment at the time of the alleged scheme. The court noted that Stone had been a tenured professor for 18 years with a renowned fertility clinic: as such, his conduct in allegedly stealing eggs was so “startling and unusual” that it would be unfair to impose the risks of his conduct on the university. Other cases have focused on issues such as lack of consent in an insemination procedure and illness resulting from the procedure itself. In one such case, somewhat atypical for these cases, punitive damages were even upheld. In this case, life partners Kelly and Caroline Chambliss sued their fertility clinic and nurse, seeking compensatory and punitive damages after

98 Id. at 162.
99 Id. at 160.
100 Id. at 165.
101 Id. at 159.
102 Id. at 158.
103 Id. at 159.
104 Id. at 161-62.
105 Id. at 164-65.
106 Id. at 165.
108 Id. at 96.
109 Id. at 101-02.
110 Id. at 102.
111 Kerns v. Schmidt, 641 N.E.2d 280 (Ohio Ct. App. 1994) (holding that a husband could maintain a private right of action against a doctor when his sperm was used without his consent); Shin v. Kong, 95 Cal. Rptr. 2d 304 (Cal. Ct. App. 2000) (holding that a father and husband could not bring a tort claim against a physician who had performed an artificial insemination on his former wife without his consent because he was never a patient himself).
113 Id. at 795.
Kelly became violently ill when the clinic inseminated her with unwashed sperm in violation of its own safety procedures.\textsuperscript{114} The jury ruled in their favor, and the appeals court affirmed.\textsuperscript{115} On appeal, the defendants contended the evidence was insufficient to support an award of punitive damages.\textsuperscript{116} But the appeals court disagreed, noting that the nurse admitted she violated the safety protocol in several ways, including by failing to examine the sperm sample under a microscope prior to the insemination.\textsuperscript{117} As such, there was sufficient evidence for the jury to determine that the nurse acted willfully and wantonly.\textsuperscript{118}

Yet other medical malpractice type cases involving ART have, not surprisingly, focused on the duties of the insurance company.\textsuperscript{119} One case was an insurance dispute over whether American Economy was required to defend and indemnify a doctor and clinic sued for allegedly failing to screen a donor egg for cystic fibrosis, resulting in the birth via in vitro fertilization of a baby girl suffering from the disease.\textsuperscript{120} In the underlying action, the child’s parents, brought suit against their doctor and the clinic where he practiced; that suit was eventually settled with the dismissal of the complaints against the named doctors and the clinic’s agreement to go to arbitration on the issue of damages.\textsuperscript{121} The arbitration award to the parents exceeded the available insurance coverage under the clinic’s professional liability policy, which is why the parties were looking to American Economy’s commercial general liability party.\textsuperscript{122} American Economy filed suit seeking a declaration that it had no duty to defend or indemnify the clinic because the accusations in the Goff/Taylor suit fell into professional services exclusion in the policy.\textsuperscript{123} The court agreed, finding the allegations were all related to the provision of medical services in an in-vitro fertilization procedure, as well as genetic screening and counseling.\textsuperscript{124}

**B. LAWSUITS FROM IMPROPER GENETIC DIAGNOSIS**

Another type of ART medical malpractice case is that of improper genetic diagnosis.\textsuperscript{125} These types of cases are unique to ART because ART makes certain types of pre-implantation diagnosis possible, or at least easier to perform.\textsuperscript{126} The problems also arise because the possibility of diagnosis that would have been unavailable without ART raises the parents’ expectations that they will have a child free of genetic “defects”.\textsuperscript{127}

\textsuperscript{114} *Id.* at 793-94.
\textsuperscript{115} *Id.* at 792.
\textsuperscript{116} *Id.* at 794.
\textsuperscript{117} *Id.* at 794-95.
\textsuperscript{118} *Id.* at 795.
\textsuperscript{120} *Id.* at 1237-38.
\textsuperscript{121} *Id.* at 1238.
\textsuperscript{122} *Id.*
\textsuperscript{123} *Id.* at 1239-40.
\textsuperscript{124} *Id.* at 1243-44.
\textsuperscript{126} *Silber*, supra note 10 at 323-56.
\textsuperscript{127} These raised expectations may create an even greater climate for lawsuits.
These types of cases are difficult in and of themselves because of the proof issues involved, but they are also very difficult because they confront courts with the issue of whether to allow recovery for “wrongful life,” a controversial, and importantly for this article, conflicting topic for the states and courts.

For example, in one case, parents of child born with cystic fibrosis, brought suit against health care facilities and doctors involved in vitro fertilization performed on wife using a donor egg and the husband’s sperm. The couple alleged that the defendants failed to warn them that the egg donor was a carrier of cystic fibrosis and failed to test the father to determine if he was a carrier of the disease. Cystic fibrosis is inherited from both parents, and the child was born with the disease, requiring several surgeries and treatment for the rest of her life. The parents brought a number of claims against the defendants, including seeking recovery for emotional distress and expenses related to Therese’s care and treatment. The court dismissed all claims brought on Therese’s behalf, agreeing with the defendants that it would amount to a “wrongful life” claim, which New York law does not recognize. The court also rejected the emotional distress claims brought by the Parettas, but found the Parettas could pursue recovery for the expenses they incurred caring for their sick child, possibly even including Josephine’s lost wages for having to leave her job to care for Theresa. The court also left open the possibility of recovery for punitive damages against the defendants for gross negligence.

In a similar case, parents and son sued their doctor, fertility clinic and a genetic testing lab after the son was born with cystic fibrosis. In 1993, the parents had a daughter with cystic fibrosis, so they turned to the defendants to try to ensure their next child would be born without the genetic disorder. However, although their doctor sent cells from their embryos to be genetically tested, the test results were apparently erroneous, and the mother was implanted with an embryo (the son) that did have the genetic mutation for cystic fibrosis. The son himself brought negligence claims against the defendants, but the court dismissed it on the grounds it

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128 For example, it is very hard to prove exactly how, when and where the negligence occurred. See, e.g., Paretta, 760 N.Y.S.2d 639; see also Brown v. Wyatt, 202 S.W.3d 555 (Ark. App. 2005) (holding, in a husband and father’s suit for the doctor’s failure to obtain his written consent to his wife’s insemination, that the plaintiff could not recover for negligence and the tort of “outrage,” and also noting that the husband was essentially seeking to recover for “wrongful birth,” which is not recognized under Arkansas law.)

129 Compare Harbeson v. Parke-Davis, Inc. 656 P.2d 483 (Wash. 1983) (allowing siblings born with birth defects to recover damages for medical treatment from doctors who failed to research the possible effects of a seizure drug) and Turpin v. Sortini, 643 P.2d 954 (Cal. 1982) (ruling that a deaf child could recover damages from doctors who failed to warn her parents of a hereditary disorder prior to her conception), with Walker v. Mart, 790 P.2d 735 (Ariz. 1990) (refusing to allow “wrongful life” action where doctors failed to diagnose the risk of severe birth defects in utero that would have chased the mother to have an abortion; the court held that bringing a child into the world cannot be an injury to that child).

130 Paretta, 760 N.Y.S.2d 639.
131 Id. at 641.
132 Id. at 641-42.
133 Id. at 642.
134 Id. at 645-46.
135 Id. at 647.
136 Id.
137 Id.
139 Doolan, 2000 WL 33170944, at *1.
140 Doolan, 2000 WL 33170944, at *1.
was a “wrongful life” claim not cognizable under Massachusetts law. The court says determining such a claim would require comparing the values of an impaired life with the value of nonexistence.

C. LAWSUITS THAT ARISE FROM NEW SITUATIONS THAT ART CREATES

In some instances, the new technologies themselves may create a situation where litigation is more likely. In this group are the variety of lawsuits where the suit itself is not about a mistake, malfunction of malpractice: these lawsuits are ones a dispute arises about parentage or the rights of a surrogate and/or biological parents who use a surrogate, or inheritance issues for ART offspring and posthumous use of sperm.

1. PARENTAGE

Parentage disputes are not unique to ART, of course, but the possibility of ART certainly raises the potential issues that can cause parentage disputes.

One case is fairly typical of the types of parentage disputes that can arise. This case involved a dispute over 2-year-old Daniel B. who was born to Susan B., a single woman, after a fertility clinic wrongly implanted in her embryos that were meant for Robert and Denise B., a married couple. The appellate court affirmed the trial court’s ruling that Susan was Daniel’s mother and Robert was his father, while Denise was dismissed for lack of standing. In this case, in May 2000, Robert and Denise went to clinic and contracted to use an anonymous egg donor’s egg, which was fertilized with Robert’s sperm. At the same time, Susan was seeking to buy genetic material from two strangers to be implanted in her. When she became pregnant, Susan assumed that was what happened, but several months after she gave birth she learned she had mistakenly received embryos intended for Robert and Denise. After an initial attempt at visitation between the three failed, Robert and Denise brought a parentage suit. The trial court dismissed Denise from the case, awarded temporary custody to Susan and temporary visitation to

141 Doolan, 2000 WL 33170944, at *3-4.
142 Doolan, 2000 WL 33170944, at *2. The court dismissed Thomas’ claim for the financial expenses of his treatment, but said his parents may be able to recover those costs. Doolan, 2000 WL 33170944, at *3. Also dismissed was the parents’ claim for loss of consortium due to their child’s illness: in order to make such an award, the court found, would have to compare their relationship with their actual son to the relationship they would have had with a hypothetical healthy son had the defendants not been negligent. Doolan, 2000 WL 33170944, at *4-5.
143 Infra notes 146 to 198 and accompanying text.
144 Infra notes 199 to 238 and accompanying text.
147 Id.
148 Id. at 790.
149 Id. at 786.
150 Id.
151 Id.
152 Id.
Robert. On appeal, Susan argued her case should be deemed similar to those involving sperm donors, in which the donor is not deemed the child’s natural father, but, interestingly, the appeals court rejected that argument because Robert never intended to be a sperm donor. The appeals court likewise rejected Denise’s argument that she should have standing in the suit because she was the intended mother of Daniel: here, the appeals court agreed with the trial court that Denise lacked standing because she had no genetic or gestational relationship to Daniel.

In another case a mother of twins brought parentage suit against her former long-term boyfriend, seeking child support for children conceived through artificial insemination by an anonymous donor. The Illinois Supreme Court found the Parentage Act did not bar Alexis Mitchell’s claims for child support based on common law theories of oral contract or promissory estoppel. The court said the bests interests of children would be served by recognizing that parental responsibility can be imposed based on conduct “evincing actual consent to the artificial insemination procedure.” In sum, if former boyfriend Raymond Banary’s conduct led to the birth of the children, he should be made to support them.

Other parentage cases have involved issues relating to obligations of parents for child support, both for opposite sex and same sex couples. Sadly, but not surprisingly, the parentage cases have been tougher for the same-sex petitioners, as exemplified in a Massachusetts case where the biological mother of child born through artificial insemination sought child support from her former domestic partner, with whom she had been living at the time she conceived the child. The Probate and Family Court judge found the couple had an implied agreement to create a child, which the domestic partner had breached, but made no determination as to support. The Supreme Judicial Court agreed there had been an implied contract to create a child, but found it unenforceable under Massachusetts law.

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153 Id. at 786-87.
154 Id. at 787.
155 Id. at 788-89.
156 In re Parentage of M.J., 787 N.E.2d 144 (Ill. 2003).
157 Id. at 151-52.
158 Id. at 152.
159 Id. Cf. Brown v. Brown, 125 S.W.3d 840 (Ark. Ct. App. 2003) (holding, in a parentage dispute over twins born via artificial insemination, that while a husband never consented to an insemination procedure in writing, as required by Arkansas law, the children his wife bore while they were married were legally his because allowed his name to be used on the birth certificate and recognized the children as his own until his former wife began talking about divorce); and Lane v. Lane, 912 P.2d 290 (N.M. Ct. App. 1996) (holding, in an insemination case, that a husband who did not sign a consent for insemination was still legally the father because he manifested his consent to the insemination through their actions and words.)
160 See, e.g., Jackson v. Jackson, 739 N.E.2d 1203 (Ohio Ct. App. 2000) (holding that an ex-husband had a duty to support twins born to his former wife during their marriage as a result of artificial insemination, noting that although husband did not provide his written consent to the procedure, the ex-wife met her burden of showing he orally consented to the procedure). See also T.F. v. B.L., 813 N.E.2d 1244 (Mass. 2004).
161 T.F. v. B.L., 813 N.E.2d 1244.
162 Id. at 1246.
163 Id. at 1251. Note, however, that three dissenting justices would have ordered the domestic partner to pay child support. Id. at 1254 (Greaney, J., dissenting). But see K.M. v. E.G., 117 P.3d 673 (Cal. 2005) (holding that a woman who donated her eggs to her former lesbian partner was a parent of the twin girls her partner gave birth to via in vitro fertilization because the provision of the Uniform Parentage Act preventing sperm donors from being considered the father of children so born did not apply here.)
In contrast, a California court held that a California statute explicitly stated that there can be no paternity claim from a sperm donor who is not married to a woman who becomes pregnant via the donated semen, provided that semen is provided to a licensed doctor. The court determined that the law makes no exception for a sperm donor known to the woman in question, even if he is a sexual partner of the woman, and thus denied the paternity claim of a man who was the sperm donor and genetic father of a child born to his lover, who was challenging paternity.

Generally, husbands whose sperm is involved in fertilization of an egg, eventually leading to a baby, are unable to escape paternity. For example, in a case where a former husband filed a paternity suit over child born to his ex-wife through in vitro fertilization performed after their divorce, the appellate court affirmed the court’s holding in the former husband’s favor. The couple, Donald McGill and Mildred McGill Schmidt, had sought IVF treatment during their marriage, but it didn’t work. Four of their pre-embryos were frozen, however, but their divorce decree did not address what would happen to the stored pre-embryos. Three months after the divorce, McGill accompanied Schmidt to the clinic, where she attempted IVF again, this time successfully. However, the parties disagreed as to their discussion over McGill’s rights. McGill said they agreed he would be the father, while his ex-wife said she donated the pre-embryos to her. In finding McGill to be the children’s legal father, the trial court relied on several factors, including that he was named the father on the birth certificate, that the pre-embryos were conceived while the couple was married, that McGill was present when the IVF took place, and that O.M.G. would only have one parent if he were denied paternity. The appeals court found that evidence sufficient.

In direct contrast to this, an Illinois court interpreted the Illinois Parentage Act, which is modeled on section 5 of the Uniform Parentage Act to require a husband’s written consent to artificial insemination before he could be held to a duty of child support. In a case where a husband was

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165 Id. at 486-87.
166 See, e.g., In re O.M.G., 988 S.W.2d 473 (Tex. App. 1999). See also In re Baby Doe, 353 S.E.2d 877 (S.C. 1987) (holding that a husband was responsible for child support to a child born to his wife as a result of artificial insemination even without written consent. If the husband agrees to the insemination with the understanding that the child will be treated as his own, he is legally the father; his consent can be express or implied.); K.S. v. G.S., 440 A.2d 64 (N.J. Super. Ct. Ch. Div.1981) (noting that some states require written consent to insemination, but finding that public policy considerations required a strong presumption of consent and a strong burden – unmet – on the father attempting to show that he revoked the consent.); but see In re Marriage of Witbeck-Wildhagen, 667 N.E.2d 122 (Ill. App. Ct. 1996) (finding no obligation without written consent), discussed infra notes 176 to 179 and accompanying text.
167 See In re O.M.G., 988 S.W.2d 473.
168 Id. at 474.
169 Id.
170 Id. at 474-75.
171 Id. at 475.
172 Id.
173 Id. at 478.
174 Id.
175 In re Parentage of M.J., 787 N.E.2d at 149.
176 In re Marriage of Witbeck-Wildhagen, 667 N.E.2d 122.
not the biological father of the child, and where he had made it clear that he did not want a child, and his wife was inseminated without his knowledge, the court denied the mother’s claim for child support when the couple divorced.\textsuperscript{177} The court found that the legislature intended that the husband’s written consent be a prerequisite to the creation of a parent-child relationship and that in this particular case, there was no other statutory or equitable basis to hold the husband responsible for the child.\textsuperscript{178} The court recognized the boy had a need of support, but said the husband also had a right to decide not to become a parent.\textsuperscript{179}

In keeping with this obligation, a husband who becomes a father through his wife’s insemination with someone else’s sperm continues to be responsible for child support even after the couple splits up.\textsuperscript{180} In contrast, a man who is merely a sperm donor, who relinquishes his rights, and/or has no relationship to the mother, is usually not found to be the legal father or held to paternity obligations.\textsuperscript{181} In fact, the rights and duties of sperm donors are different from those of egg donors, surrogates and marital partners; these rights are discussed more fully later in the article.\textsuperscript{182}

One rather unique case relating to parentage was brought by a girl who was born through artificial insemination against the doctors and clinic involved, alleging their failure to certify the signature of her mother’s then-husband deprived the girl of a legal father.\textsuperscript{183} The girl’s mother underwent artificial insemination in 1992 and her then-husband signed a consent form, but the doctors did not certify his signature as required by state law.\textsuperscript{184} In the couple’s divorce proceedings, the husband testified that their marriage was already falling apart at the time of the insemination; he said he signed a form authorizing the procedure so his wife could be a mother, but denied signing any consent form that would make him the legal father of the child.\textsuperscript{185} After the dissolution court found the husband was not legally obligated to support the daughter, she brought suit against the doctors through her mother.\textsuperscript{186} Her negligence action claimed her mother would not have been inseminated if she had not thought that the husband would take responsibility for the child.\textsuperscript{187} She also claimed the clinic’s negligent misrepresentation resulted in her birth.\textsuperscript{188} The appeals court affirmed the dismissal of the suit, declining to recognize a tort for the deprivation of a legal parent on public policy grounds.\textsuperscript{189} The court stated that to

\textsuperscript{177} Id. at 125-26.
\textsuperscript{178} Id. at 125.
\textsuperscript{179} Id. at 125-26.
\textsuperscript{180} People v. Sorenson, 437 P.2d 495 (Cal. 1968) (noting that the child would not have been born without the father’s participation).
\textsuperscript{181} See Lamaritata v. Lucas, 823 So. 2d 316 (Fla. Dist. Ct. App. 2002) (finding that under Florida law sperm donors relinquish all parental rights, and that in this case the parties also had a contract providing that the donor would have no parental rights.)
\textsuperscript{182} See infra notes 239 to 259 and accompanying text.
\textsuperscript{183} Alexandria S. v. Pacific Fertility Medical Center Inc., 64 Cal. Rptr. 2d 23 (Cal. Ct. App. 1997).
\textsuperscript{184} Id. at 24.
\textsuperscript{185} Id. at 25.
\textsuperscript{186} Id.
\textsuperscript{187} Id. at 30.
\textsuperscript{188} Id.
\textsuperscript{189} Id.
recognize such a theory would invite suits from children with single parents, gay or lesbian parents, etc.\(^{190}\) The court declined to find that illegitimacy is an injury under the law.\(^{191}\)

What makes the ART parentage cases most challenging, and what leads to conflicts in the laws, is that some courts do not use uniform parentage laws to decide these types of cases.\(^{192}\) One recent case dealt with the difficult issue of how to determine parentage when an unmarried couple decides to undergo in vitro fertilization using donor eggs, the sperm of the male partner of the couple, and the uterus of the female partner.\(^{193}\) In this case, a couple underwent in-vitro as described, and the female partner gave birth to triplets.\(^{194}\) However, the couple broke up, and the female filed a petition in the lower court to establish parentage and obtain custody and child support.\(^{195}\) The male, however, argued that she lacked standing to seek that relief because she was not the genetic mother of the children and sought sole custody.\(^{196}\) The Tennessee Supreme Court, ruling on a case of first impression in that state, found that Tennessee’s parentage laws did not apply to the situation at issue here, where there was no marriage or surrogacy contract.\(^{197}\) In a narrowly crafted opinion, the court held that Cindy was the legal mother due to: (1) her and Charles’ intent that she become a parent, (2) her adoption of the legal responsibilities of parenthood, (3) her having given birth to the children; and (4) the fact that there was no controversy between her and the genetic mother of the children, an anonymous egg donor who waived her parental rights.\(^{198}\)

2. **Surrogacy**

Surrogacy cases have been in the spotlight since the famous case of Baby M, almost twenty years ago.\(^{199}\) Disputes over surrogacy have concerned issues of parentage, as above, and conflicts over who should be deemed to be the parent. Some disputes arise when the surrogate seeks to keep the child or children to whom she gave birth; some, more surprisingly, arise in situations where the genetic or intended parents and the surrogate herself agree that the parents should have the child, but other parties, or the courts, intervene.

In fact, some courts have been confronted with the issue of a surrogate who seeks to have her name removed from a birth certificate.\(^{200}\) In one such case, despite concerns that a child would

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\(^{190}\) *Id.*

\(^{191}\) *Id.* Interestingly, and related to the discussion, *supra* note 130 and accompanying text, on wrongful life, the court also found that Alexandria was essentially bringing a “wrongful life” suit, which was not cognizable under California law because she was born healthy. *Id.* at 30-31.

\(^{192}\) See, e.g., *In re C.K.G.*, 173 S.W.3d 714 (Tenn. 2005), discussed *infra*

\(^{193}\) *Id.* at 716.

\(^{194}\) *Id.* at 718.

\(^{195}\) *Id.*

\(^{196}\) *Id.* at 718-19.

\(^{197}\) *Id.* at 722-23.

\(^{198}\) *Id.* at 730. The dissent, focusing on the language of Tennessee law, noted that intent and gestation should not be used as factors to determine parentage because the laws instead rely on genetics, marriage or adoption; while Cindy could adopt the children, the dissent would not find that she was their legal mother. *Id.* at 736 (Birch, J., dissenting).


\(^{200}\) *In re Roberto d.B.*, 923 A.2d 115 (Md. 2007)
be “motherless”, the court allowed a surrogate to do just that, noting that in light of Maryland’s Equal Rights Amendment, the state’s parentage laws should be read to allow women as well as men to deny their parentage of a child; as such, a gestational carrier of a child should be able to receive a court order dictating that she is not the parent of the child.²⁰¹

Some laws about surrogacy have been challenged in the courts.²⁰² For example, a biological mother of triplets born via gestational surrogate challenged the constitutionality of an Arizona law that declared the surrogate to be the legal mother of children born to her.²⁰³ The law, A.R.S. § 25-218(B), prohibited surrogacy agreements.²⁰⁴ However, it allowed that the genetic father of a child so born would have a chance to establish paternity.²⁰⁵ No such provision was made for the mother.²⁰⁶ In affirming the trial judge’s finding of unconstitutionality, the court said the interest of the genetic mother in proving maternity was equal to the father’s interest in proving paternity, and thus the law could not stand without affording the mother a means to prove maternity.²⁰⁷

In other states, however, surrogacy laws have been upheld.²⁰⁸ One suit was brought by prospective surrogate mothers and infertile couples challenging Michigan’s Surrogate Parenting Act, which prohibited such agreements.²⁰⁹ The Michigan appellate court affirmed the constitutionality of the law, although interpreting it differently from the trial judge.²¹⁰ The plaintiffs contended that the law violated the due process guarantee of freedom from government interference in matters of procreation.²¹¹ The appeals court disagreed, and, stating some of the most commonly used arguments against surrogacy agreements, found that the state had a compelling interest in forbidding surrogacy agreements to (1) prevent children from becoming commodities; (2) protect the best interests of the child, which are not preserved by surrogacy agreements; and (3) preventing the exploitation of women.²¹² The court held that the law forbade surrogacy agreements involving (1) conception, either through natural or artificial insemination of, or surrogate gestation by a female and (2) the voluntary surrender of her parental rights to the child.²¹³ The court also noted a recent legislative amendment that creates a presumption that every surrogacy contract includes a provision by which the surrogate agrees to give up her parental rights, but did not comment on the constitutionality of the law as amended.²¹⁴

²⁰¹ Id. at 124-25.
²⁰³ Id. at 1358.
²⁰⁴ Id. at 1359.
²⁰⁵ Id.
²⁰⁶ Id.
²⁰⁷ Id. at 1361. Accord J.R. v. Utah, 261 F. Supp. 2d 1268 (D. Utah 2002) (holding unconstitutional a challenged provision of Utah law mandating that a surrogate mother, is for all legal purposes, deemed the mother of a child born through such an agreement, because the law was an undue burden on the biological mother’s fundamental right to bear and raise her own children).
²⁰⁹ Id. at 485.
²¹⁰ Id. at 486.
²¹¹ Id.
²¹² Id. at 486-87.
²¹³ Id. at 488-89.
²¹⁴ Id. at 489.
In addition to differences in the laws themselves, the differences in the judicial resolution of surrogacy cases illustrate both the potential legal issues that ART creates, but also, importantly, the differences in the state court’s disposition of those cases.\textsuperscript{215}

The easiest cases and the ones where there has been the most consistency are cases 1) from states that allow surrogacy agreements\textsuperscript{216} and 2) where there is no challenge to the biological parents’ request to have legal parentage. For example, in a Connecticut case where a married couple from Venezuela entered into a gestational surrogacy agreement with a Connecticut couple to have the Connecticut wife carry the Venezuelan couple’s genetic and then turn over the child to the Venezuelan couple, the couple was able to obtain a declaration of parental rights over the child, including being named as the parents on the birth certification, in large part because neither the Connecticut couple, nor the state department of health nor the hospital where the child was to be born objected.\textsuperscript{217} The court noted that a number of other Connecticut superior courts had recognized gestational surrogacy agreements, and state laws allowed for replacement birth certificates, which appeared to reflect a public policy in favor of the court having authority to issue orders regarding surrogate parentage.\textsuperscript{218} The court did review the surrogacy agreement, but found it to be fair and reasonable and entered an order naming the Venezuelan couple the legal and biological parents of the baby.\textsuperscript{219}

In one New York case, a couple was unable to obtain a pre-birth order that the biological (genetic) mother of triplets was the legal mother -- and not the surrogate who had carried them -- but were able to obtain such an order after the babies’ birth.\textsuperscript{220} Interestingly in cases similar to this one, even states that do not allow for surrogacy agreements and might not enforce an agreement itself, do allow for parentage declarations for the biological parents \textit{if the surrogate does not dispute the request.}\textsuperscript{221}

However, even in cases where there is no challenge to the biological mother’s claim of legal parentage, some courts have been reluctant to allow the biological mother to be listed as the legal parent.\textsuperscript{222}

In some cases where the surrogate seeks to keep the child, some courts have been reluctant to “enforce” the surrogacy agreement by giving legal rights to the biological parents instead of the surrogate. However, in other cases, even where the surrogate seeks to keep the baby and even

\textsuperscript{215} Here, the focus is on different cases, each of which though was just a single-state case, and did not involve a conflicts issues. Later, the article examines surrogacy disputes that touch upon several states, and thus the courts must determine which (differing) law will apply.

\textsuperscript{216} See table on surrogacy laws, infra.


\textsuperscript{218} \textit{Id.} at *2-3.

\textsuperscript{219} \textit{Id.} at *3.


\textsuperscript{221} See \textit{Id.} at 183.

\textsuperscript{222} See, e.g., \textit{Andres A. v. Judith N.}, 591 N.Y.S.2d 946 (N.Y. Fam. Ct. 1992) (holding, in a case where petitioners were a husband and wife who had twins via gestational surrogacy and brought an uncontested petition to be declared the mother and father of the twins, that the court lacked subject matter jurisdiction, but noting that \textit{the biological mother could move to adopt her children}.). The opinion also notes that the New York legislature in 1992 passed a law making surrogacy contracts void, but that law was not at issue here. \textit{Id.} at 948.
where the state may have a policy against surrogacy agreements, courts have granted the biological parents legal rights if it is in the “best interests” of the child. See, e.g., *In re Baby M*, 537 A.2d 1227 (finding that a surrogacy agreement conflicted with New Jersey laws prohibiting payment for adoptions because of a public policy against baby bartering and that the agreement itself was in its “total disregard of the best interests of the child,” but still allowing the biological parents legal rights because it was in the baby’s best interest to remain with them given that their family life was more stable.)

To the extent that there has been any consistency amongst the various state courts in resolving tricky parentage issues with surrogates, it has been the use of the “intent” test. In 1993, the California courts reviewed a case of first impression in that state where a husband and wife sought legal declaration that they were the parents of a child born to a gestational surrogate. The Supreme Court affirmed the trial and appellate court’s holding in favor of the genetic parents, but analyzed the case under the Uniform Parentage Act, which it acknowledged was not designed to resolve surrogacy disputes. Nonetheless, the court said the law provided a framework for determining who a child’s natural mother is: the woman who gives birth to a child is presumptively the natural mother. However, the UPA allows women like the genetic mother to prove their natural parentage through genetic testing, which in this case showed she was the genetic mother of the child. Noting that although under the UPA both the surrogate and the genetic mother had proven “maternity”, the court employed a “tie-breaker” based on the intent of the parties, noting that it was the genetic parents who intended to bring a child into the world and raise it. As such, it affirmed the ruling of the lower courts. The court also found surrogacy contracts were not inconsistent with California public policy, which two concurring justices found went a step too far.

Similarly using the intent test, but in a different kind of case, a New York court rejected a father’s argument that he was the only “parent” of children born via egg donation, finding that his wife, who had carried and given birth to the couples’ twins, with the intent of raising them, was the natural mother.

In yet a different kind of situation, but also using the “intent” test, a California court was faced with a situation where a husband and wife agreed to have an embryo genetically unrelated to either of them be implanted in a surrogate, who would carry the child and give birth for them.

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223 See, e.g., *In re Baby M*, 537 A.2d 1227 (finding that a surrogacy agreement conflicted with New Jersey laws prohibiting payment for adoptions because of a public policy against baby bartering and that the agreement itself was in its “total disregard of the best interests of the child,” but still allowing the biological parents legal rights because it was in the baby’s best interest to remain with them given that their family life was more stable.)


225 *Id.* at 777-78.

226 Discussed infra at notes 473 to 476 and accompanying text.

227 *Johnson* at 779.

228 *Id.* at 780.

229 *Id.* at 781.

230 *Id.* at 782.

231 *Id.* at 783-85.

232 *Id.* at 787-88. A dissenting justice would have employed a best interests of the child standard to determine who should be the child’s legal mother. *Id.* at 789, 799-800. That judge also noted model legislation by the National Conference of Commissioners on Uniform State Laws, the Uniform Status of Children of Assisted Conception Act, which would have required court approval of surrogacy agreements in for them to be valid. *Id.* at 793-94. The justice criticizes the majority opinion as a “sweeping endorsement of unregulated gestational surrogacy.” *Id.* at 798.


However, after the pregnancy, the couple broke up, and the court had to decide who were the legal parents of the child: the wife wanted the court to declare her the legal mother of the child; the husband contended he was not the legal father\textsuperscript{235}. The trial court, after accepting a stipulation that the surrogate and her husband were not the legal parents of the child, determined further that the husband and wife were also not the legal parents, so the child effectively had no legal parents\textsuperscript{236}. The appeals court sharply disagreed, and reversed\textsuperscript{237}. The appeals court relied in part on the “intended parents” analysis of Johnson, and held that the child would not have been born but for the actions of the husband and wife\textsuperscript{238}.

3. **Lawsuits Related to Sperm Donation**

Lawsuits regarding sperm donation are of course linked to parentage suits\textsuperscript{239} and also show the wide variety of both legal issues and methods for resolving legal issues that ART creates. In particular, these suits are important because sperm donation – use of sperm from a bank, for example – can easily be done across state lines, and thus has the potential for creating conflicts of law situations\textsuperscript{240}.

In one case, a mother sought child support from a known sperm donor, who was her former lover, while she was married to another man\textsuperscript{241}. Here, interestingly, both the trial and appeals court found an agreement between the mother and the donor releasing him from any obligation to pay child support was unenforceable on public policy grounds, essentially because the right to support belongs to the child and cannot be waived by the parents\textsuperscript{242}. The Supreme Court reversed, finding the agreement was similar to what occurs in a standard artificial insemination procedure and was therefore enforceable\textsuperscript{243}. The Supreme Court invoked the Uniform Parentage Act\textsuperscript{244}, which provides that sperm donors have no parental rights or responsibilities\textsuperscript{245}. The court noted that the sperm donor and the mother “imbue[d] the transaction with the hallmarks of institutional, non-sexual conception” by entering into the agreement outside the context of a romantic relationship and hiding the donor’s identity as the genetic father\textsuperscript{246}. As such, the court

\begin{footnotes}
\footnotetext{235}{Id. at 282-83.}
\footnotetext{236}{Id. at 283.}
\footnotetext{237}{Id. at 282.}
\footnotetext{238}{Id. at 288-89. Essentially, the court applied the rules of artificial insemination to this situation: as discussed infra at notes 239 to 259 and accompanying text, if a husband consents to the insemination of his wife, he is usually deemed the legal father. Id. at 285-87. The appeals court found the same should be true when a husband and wife contract with surrogate to carry a child on their behalf, regardless of whether they are genetically related to the child. Id. at 288.}
\footnotetext{239}{Discussed supra at notes 146 to 198 and accompanying text.}
\footnotetext{240}{See, e.g., Guardianship of I.H., 834 A.2d 922 (Me. 2003) (relying on California common law in part to address a question of whether a donor to a California sperm bank must receive notice when the sperm is used to inseminate a woman in Maine, and the woman and her lesbian partner subsequently petition to become the child’s legal parents.).}
\footnotetext{241}{Ferguson v. McKiernan, 940 A.2d 1236 (Pa. 2007).}
\footnotetext{242}{Id. at 1238.}
\footnotetext{243}{Id. at 1245-48.}
\footnotetext{244}{Discussed infra at notes 473 to 476 and accompanying text. Note that it has not been adopted in Pennsylvania, which was the grounds for the dissent of one of the justices. Ferguson at 1250. The lack of uniform acceptance of the Uniform Parentage Act may also lead to tricky conflicts situations.}
\footnotetext{245}{Id. at 1243.}
\footnotetext{246}{Id. at 1246.}
\end{footnotes}
found, the principles that normally apply to sperm donation should apply here, and the donor should not be made to pay support.\(^{247}\)

In a case where the sperm donor brought suit to establish paternity over a child, a California Appellate court affirmed a lower court’s finding that the donor was the child’s legal father and that he should have visitation rights.\(^{248}\) The court relied on California’s version of the Uniform Parentage Act, which provides that if a sperm donation is made to a licensed doctor for use in artificial insemination, the donor is treated in the law as if he were not the natural father of the child so conceived.\(^{249}\) Here, the mother – who was a nurse - did not rely on the provisions of the law, but instead had the donor make the donation directly to her and inseminated herself.\(^{250}\) The court stated that it was not passing judgment on traditional versus non-traditional families, but instead ruling on the particular circumstances of this case, including the failure to conduct the insemination through a physician.\(^{251}\)

In direct contrast to this, an Oregon court held that under Oregon law, sperm donors have no rights or obligation to children born through artificial insemination, regardless of whether a doctor is involved in the insemination.\(^{252}\) However, that court noted that if, as in the situation before them, the donor could establish that he and the mother in fact had an agreement whereby he should have the rights and responsibilities of fatherhood, and that he relied on that agreement in donating his semen, then the state could not absolutely bar a biological father’s efforts to assert the rights and responsibilities of fatherhood.\(^{253}\)

An entirely different case illustrates a new situation in sperm donation: the posthumous use of sperm.\(^{254}\) In a 1993 California case the former girlfriend of man who committed suicide got into dispute with his surviving, adult children over the disposition of his frozen sperm.\(^{255}\) The man had left a rambling suicide note in which he indicated he wanted his girlfriend to have his child after he died; he also bequeathed his frozen sperm to her in his will, but his children contested the validity of that document.\(^{256}\) The trial court ordered the destruction of his sperm, but the appellate court vacated the order directing the destruction of the sperm and remanded for findings of fact on issues including the validity of the will and whether the man intended to posthumously father a child with Hecht.\(^{257}\) The court rejected arguments by the adult children that the public policy of California prohibited the artificial insemination of unmarried women or

\(^{247}\) Id. at 1247-48.
\(^{249}\) Id. at 533, citing CAL. CIV. CODE § 7005.
\(^{250}\) Id. at 532.
\(^{251}\) Id. at 537-38.
\(^{253}\) Id. at 246. See, similarly, In interest of R.C., 775 P.2d 27 (Colo. 1989) (remanding a case for further proceedings to determine if there was an agreement between the mother and the donor).
\(^{254}\) No doubt familiar to viewers of the TV show Ugly Betty. For a thorough and interesting analysis (of the case, not the show), see Lori B. Andrews & Nanette Elster, Regulating Reproductive Technologies, 21 J. Legal Med. 35, 53-4 (2000).
\(^{255}\) Hecht v. Superior Court, 20 Cal. Rptr. 2d 275.
\(^{256}\) Hecht at 276-77.
\(^{257}\) Id. at 289 n.9.
that the state’s public policy prohibited post-mortem artificial insemination. The court focused on whether there was evidence to establish intent of parenthood, holding that if the man and woman intended to conceive a child after his death, there is no state interest sufficient to prevent them from doing so.

4. **Lawsuits over Embryos**

Cases involving embryos are, of course, unique to ART, and have arisen in both a medical malpractice context and in cases where there is a dispute about the use and/or disposition of the embryos.

One example in the medical malpractice context is a case where a couple went to fertility clinic and underwent in vitro fertilization, which resulted in the birth of a healthy son. However, the couple brought suit against the clinic, alleging that on the day before the successful implantation, the embryologist negligently dropped a tray containing nine embryos, resulting in the destruction of all but one. The couple sought damages for negligence, bailment and wrongful death, although they later acknowledged a wrongful death claim does not exist for the destruction of embryos. The clinic filed a motion to dismiss, alleging the plaintiffs had failed to file the expert’s report required in cases of medical negligence. The trial court denied the motion, but the appeals court reversed. The couple claimed they were alleging only simple negligence, so no report was required; the appeals court disagreed, and found the couple was in fact alleging “health care liability claims,” for which expert testimony would be required.

Additional cases have arisen over the negligent destruction of embryos with other issues attached. For example, in one, a couple sued a clinic for negligently destroying or losing five frozen pre-embryos that the clinic agreed to store. The couple brought several claims, including wrongful death, negligent loss of irreplaceable property, breach of fiduciary duty and breach of a bailment contract. The trial court dismissed all counts, but the court of appeals reversed as to all counts except the wrongful death claim: the court agreed there could be no wrongful death action because a pre-embryo would not be categorized as a “person” under

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258 Id. at 284-89. On this issue, the adult children argued in part that being born after their father’s death would be psychologically unhealthy for the children and for their half-siblings, as well as a potential financial burden to the estate and/or society. Id. at 289-90.
259 Id. at 284.
262 Id. at *1.
263 Id. at *1, *2 n. 1.
264 Id. at *1.
265 Id. at *1, *3.
266 Id. at *3.
267 See *Jeter v. Mayo Clinic Arizona*, 121 P.3d 1256 (Ariz. Ct. App. 2005); see also *Frisina v. Women and Infants Hosp. of Rhode Island*, 2002 WL 1288784 (R.I. Super., May 30, 2002) (where hospital’s in vitro fertilization clinic lost or destroyed their frozen pre-embryos, plaintiffs could not state a claim for negligent infliction of emotional distress under Rhode Island law, but could recover for emotional distress due to breach of contract.)
268 *Jeter* at 1258.
269 Id. at 1258-59.
Arizona’s wrongful death law\textsuperscript{270}. The court did allow the couple to pursue their claims for the negligent loss or destruction of the pre-embryos, relying on Restatement (Second) of Torts § 323, which applies to people who fail to take reasonable care after having agreed to protect another’s person or property\textsuperscript{271}. The appeals court also found that the trial court acted too quickly in dismissing the breach of fiduciary duty count on the basis that it was barred by the state’s medical malpractice law\textsuperscript{272}. Further, the court found there was a valid bailment contract between the couple and the clinic, and that the couple should be allowed to proceed with their claim that the clinic breached it\textsuperscript{273}.

Other cases have involved spousal disputes over the use and disposition of frozen embryos\textsuperscript{274}. For example, in a Massachusetts divorce case, the husband sought and obtained from a Probate and Family Court judge a permanent injunction preventing his wife from trying to become pregnant via frozen pre-embryos made with the couple’s genetic material and held at a fertility clinic the couple had utilized while married\textsuperscript{275}. At issue was the agreement\textsuperscript{276} the couple had with the clinic as to what should happen to the frozen pre-embryos\textsuperscript{277}. Both signed a consent form indicating that if the couple separated, the embryos would be returned to the wife for implantation\textsuperscript{278}. The Supreme Judicial Court, however, agreed with the trial judge that the husband’s interests in avoiding parenthood outweighed his former wife’s interest in having additional children\textsuperscript{279}. The court, deciding an issue of first impression, found that the consent form was primarily meant to govern the couple’s relationship with the clinic, and not to be a binding agreement between the A.Z. and B.Z. if they later disagreed about the disposition of the pre-embryos\textsuperscript{280}. The court also found that the consent form used the word “separation,” not divorce, and was not necessarily meant to govern a divorce proceeding\textsuperscript{281}. Further, the court said that even if the agreement had been unambiguous, public policy would prevent the court from forcing someone to become a parent against his will\textsuperscript{282}. As such, prior agreements to enter into parenthood should not be enforced when one of the parties changes his or her mind\textsuperscript{283}.

\textsuperscript{270} Id. at 1259.
\textsuperscript{271} Id. at 1272.
\textsuperscript{272} Id. at 1274.
\textsuperscript{273} Id. at 1275.
\textsuperscript{274} See, e.g., A.Z. v. B.Z., 725 N.E.2d 1051 (Mass. 2000). See also In re Marriage of Witten, 672 N.W.2d 768 (Iowa 2003) (holding that any agreement between the parties would be enforced, unless one of them later changed his or her mind and informed the clinic in writing of that change of heart, and declining to apply a “balancing” of the parties’ interests to determine what should happen with the pre-embryos, in order to leave the decision up to the couple.) These cases also have the potential to raise multiple conflicts issues since it is become more common for couples to use clinics that are out of state, and/or to store frozen embryos in out-of-state facilities.
\textsuperscript{275} Id. at 1052.
\textsuperscript{276} See infra at notes 483 to 485 and accompanying text for a discussion of such agreements.
\textsuperscript{277} Id. at 1053.
\textsuperscript{278} Id. at 1054.
\textsuperscript{279} Id. at 1057-58.
\textsuperscript{280} Id. at 1056-57.
\textsuperscript{281} Id. at 1057.
\textsuperscript{282} Id. at 1057-58.
\textsuperscript{283} Id. at 1058. See also J.B. v. M.B., 783 A.2d 707 (noting that in the event of a disagreement about the use of pre-embryos, the party wishing to avoid procreation would ordinarily prevail; however, that analysis could change if one of the parties was infertile, which was not the case here.)
As with most legal issues concerning embryos, religion and ethics become important to the courts. For example, in a Tennessee case, a couple divorced and disagreed about the disposition of their frozen embryos: the wife wanted to donate them to another couple while the husband wanted them to remain frozen. The Tennessee Supreme Court reversed the trial court’s decision that the pre-embryos were “children in vitro” who should be allowed a chance to be born. The court then noted that the couple had never made an agreement about what should happen to the embryos: if they had, then it would have been enforced. Absent such an agreement, however, the court looked to the relative interests of the parties. In this case, the husband had grown up without a close relationship with his parents and was opposed to having any of his children grow up without both of their parents. He opposed the wife donating the pre-embryos because the couple who received them might divorce, meaning children the husband considered to be his own could grow up in a single-parent home. His interests in avoiding parenthood outweighed his former wife’s interest in donating the pre-embryos, the court found. Importantly, the court noted that ordinarily, the party seeking to avoid procreation will prevail, as least as long as the other party has reasonable alternative means of becoming a parent.

In a case with a similar issue, a divorced couple disagreed as to what should happen to two frozen pre-embryos produced during an attempt at in vitro fertilization. The wife wanted to implant the pre-embryos in a surrogate mother and raise any resulting child herself. The trial court applied a best interests of the child standard in refusing that request and ordering the embryos be given to the husband. The high court found the trial court’s characterization of the pre-embryos as a child to be questionable, but declined to get into the philosophical issue of how the pre-embryos should be categorized. Instead, the court decided the case on the basis of the contract the couple had with the California-based fertility clinic. The contract provided that the pre-embryos would be thawed but not allowed to undergo further development after five years. Those five years had passed, and the court said it was not even aware of whether the

284 See, e.g., Davis v. Davis, 842 S.W.2d 588 (Tenn. 1992).
285 Id. at 603-04.
286 Id. at 594.
287 Id. at 597-98.
288 Id. at 603-04.
289 Id. at 603-04.
290 Id. at 604.
291 Id. at 604.
292 Id. at 603. An interesting corollary to this is the use of technologies or surgeries to prevent pregnancy. This could be thought of as “anti-reproductive” technologies. It’s worth discussing these procedures as well because these, too, give rise to lawsuits, and can create conflicts issues as well.
293 Id. at 604.
295 Id. at 264.
296 Id.
297 Id. at 269.
298 Id. at 268-69.
299 Id. at 268.
pre-embryos were still in existence. If they were however, the terms of the contract would govern and the pre-embryos would be thawed (essentially destroyed).

In a terrible mix-up in New York, an embryologist mistakenly implanted into a women’s uterus two embryos: one, which was genetically hers, and another, mistakenly, that belonged to another couple. Several lawsuits arose. One suit was brought by the genetic parents of the embryo implanted in the woman. The court rejected the defendants’ arguments that the parents’ malpractice claim had to be dismissed because it sought recovery for emotional harm caused by the creation of a human life. The court distinguished this case from a typical “wrongful life” case, with the difference here being that the plaintiffs were deprived of experiencing pregnancy, parental bonding and the birth of their child.

The second suit was brought against the same defendants by the woman who carried the “twins”: she sued the embryologist for negligence over the mistaken implantation into her uterus of an embryo genetically belonging to another couple. The plaintiff alleged she suffered physical and emotional injuries, including having to undergo a C-section due to a twin birth and having to make difficult decisions as to whether to carry to term a fetus that was not genetically hers. The trial court found that the woman stated a cause of action and the appeals court affirmed and allowed her to recover as well.

The third suit was brought by the genetic parents of the mistakenly implanted “twin”, seeking custody of him from the birth mother. The trial court granted custody to the genetic parents, with the “birth parents” receiving visitation: both sides appealed. The appellate court affirmed award of custody to the genetic parents, but found the “birth parents” lacked standing to seek visitation. The court relied on the fact that the “birth parents” knew of the mistaken implantation not long after it occurred, but refused to correct the mistake by immediately turning the child over to his genetic parents after birth. The boy’s “twin,” though he had shared a womb with him, was not genetically related to the boys, and so also lacked standing to seek visitation. The court also noted the public policy of New York that parents are given broad

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300 Id. at 269.
301 Id. at 270-71. A dissenting judge contended the majority misread the contractual provision ordering the thawing of the pre-embryos, and that it did not apply here. Further, the dissenting judge said the majority’s decision would call for the destruction of “unborn human life,” even though both parties wanted the pre-embryos to be implanted, although they could not agree on who would receive them. Id. at 272-74.
303 Id.
305 Id. at 29.
306 Id. at.
308 Id.
309 Id.
311 Id. at 22-23.
312 Id. at 24-25.
313 Id. at 25.
314 Id.
rights to exclude visitation, even by those people who have raised the child in question as their own.\textsuperscript{315}

In this case, as in others, the facts could have just as easily crossed state lines and been complicated by differences in the laws. Thus, it is important to turn next to a discussion of those differences, and an explanation of the choice of law approaches used to resolve them.

D. CONFLICTING LAWS

To the extent that there is any legislative guidance, it is done on a state-by-state level, with many states changing their laws as the technologies evolve, leading to potential inconsistency even within a single state, not to mention across state line. The laws vary widely about all of the issues discussed in the sections above, but two area in particular warrant an even more detailed description because there has been legislation to address them: surrogacy and disposition of embryos.

1. SURROGACY

The laws on surrogacy vary greatly: some states expressly prohibit and some expressly allow surrogacy agreements; some states have provisions that would imply permission or forbidding of such contracts; and some have no provisions at all. The latest description can be summarized as follows:

The chart below details the legal situation in each state:

<table>
<thead>
<tr>
<th>State</th>
<th>Law</th>
<th>Comments</th>
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<tr>
<td>Alabama</td>
<td>ALA. CODE § 26-10A-33: Designates who is allowed to place children for adoption (parents, certain relatives and licensed agencies) and makes it a crime for others to do so. Specifies that surrogate motherhood is not covered by the law. ALA. CODE § 26-10A-34 (c). “Surrogate motherhood is not intended to be covered by this section,” which criminalizes payments to a parent to consent to an adoption. Alabama has adopted a modified version of the Uniform Parentage Act, effective January 1, 2009. ALA. CODE § 26-17-101 et seq. However, Alabama chose not to adopt Article 8 of the UPA (which authorizes surrogacy agreements), providing instead that “This chapter does not authorize or prohibit an agreement between a woman and intended parents in which the woman relinquishes all rights as a parent of a child conceived by means of assisted reproduction, and which provides that the intended parents become the</td>
<td>No laws specifically authorizing surrogacy; but it is exempted from law criminalizing baby-selling. The Alabama version of the UPA leaves it to Alabama courts to decide whether and under what conditions surrogacy agreements are valid. If a surrogacy agreement is held invalid, an intended parent who provided his/her own genetic material for implantation should still be able to prove paternity, but intended parents who rely on donated eggs/sperm will not be able to.</td>
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\textsuperscript{315} Id. at 25-26.
<table>
<thead>
<tr>
<th>State</th>
<th>Statutes or Provisions</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>No statutes on surrogacy</td>
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<tr>
<td>Arizona</td>
<td>Law prohibiting surrogacy contracts, ARIZ. REV. STAT. § 25-218, was found at least partially unconstitutional in <em>Soos v. Superior Court</em>, 897 P.2d 1356 (Ariz. Ct. App. 1994).</td>
<td><em>Soos</em> was an appellate court decision; the Arizona Supreme Court denied review. The portion of the law found unconstitutional provided that: “A surrogate is the legal mother of a child born as a result of a surrogate parentage contract and is entitled to custody of that child.” ARIZ. REV. STAT. § 25-218(B). Court based its decision on the fact that a biological father of a child born through surrogacy could prove his parentage, but the biological mother was not permitted to do the same, which violated the Equal Protection clause of the U.S. Constitution.</td>
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<td>Arkansas</td>
<td>ARK. CODE ANN. § 9-10-201(b), dealing with artificial insemination and the status of the individuals involved, says: “A child born by means of artificial insemination to a woman who is married at the time of the birth of the child shall be presumed to be the child of the woman giving birth and the woman’s husband except in the case of a surrogate mother, in which event the child shall be that of: (1) the biological father and the woman intended to be the mother if the biological father is married; or (2) the biological father only if unmarried; or (3) the woman intended to be the mother in cases of a surrogate mother when an anonymous sperm donor’s sperm was utilized for the artificial insemination. ARK. CODE ANN. § 9-10-201(c)(1) provides a similar provision regarding the status of unmarried surrogates. ARK. CODE ANN. § 9-10-201(c)(2) provides that the woman giving birth will be listed on the birth certificate, but in the case of surrogate mothers a substituted birth certificate can be issued upon order of the court.</td>
<td>Surrogacy contracts allowed.</td>
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<td>California</td>
<td>CAL. FAM. CODE § 7648.9 mentions surrogacy agreements in the context of saying that a law allowing paternity judgments to be set aside does not apply to children conceived via surrogacy agreements. Courts have said, however, that the determination of maternity in surrogacy situations is governed by the same principles as those governing paternity in the Uniform Parentage Act. See CAL. FAM. CODE § 7600 et seq.</td>
<td>No provisions specifically dealing with the validity of surrogacy contracts, but they have been allowed by the courts. California uses “intent test” to determine parentage of children born via a gestational surrogacy agreement. <em>Johnson v. Calvert</em>, 851 P.2d 776 (Cal. 1993).</td>
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<tr>
<td>State</td>
<td>Statutes on Surrogacy</td>
<td>Details</td>
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<tr>
<td>Connecticut</td>
<td>No statutes on surrogacy</td>
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<td>Delaware</td>
<td>No statutes on surrogacy</td>
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<tr>
<td>District of Columbia</td>
<td>Surrogacy agreements prohibited. See D.C. Code § 16-402: (a) Surrogate parenting contracts are prohibited and rendered unenforceable in the District. (b) Any person or entity who or which is involved in, or induces, arranges, or otherwise assists in the formation of a surrogate parenting contract for a fee, compensation, or other remuneration, or otherwise violates this section, shall be subject to a civil penalty not to exceed $10,000 or imprisonment for not more than 1 year, or both. See also D.C. Code § 16-401(4), which defines surrogacy agreements as: (4) “Surrogate parenting contract” means any agreement, oral or written, in which: (A) A woman agrees either to be artificially inseminated with the sperm of a man who is not her husband, or to be impregnated with an embryo that is the product of an ovum fertilization with the sperm of a man who is not her husband; and (B) A woman agrees to, or intends to, relinquish all parental rights and responsibilities and to consent to the adoption of a child born as a result of insemination or in vitro fertilization as provided in this chapter.</td>
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<td>Florida</td>
<td>FLA. STAT. § 742.15 permits married couples to use a gestational surrogate under certain circumstances, such as when the “commissioning mother” cannot carry to term, or to do so would create a health risk to the mother or the child. The statute reads, in part, “Prior to engaging in gestational surrogacy, a binding and enforceable gestational surrogacy contract shall be made between the commissioning couple and the gestational surrogate. A contract for gestational surrogacy shall not be binding and enforceable unless the gestational surrogate is 18 years of age or older and the commissioning couple are legally married and are both 18 years of age or older.”</td>
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<tr>
<td>Georgia</td>
<td>No statutes on surrogacy</td>
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</tr>
<tr>
<td>Hawaii</td>
<td>No statutes on surrogacy</td>
<td></td>
</tr>
<tr>
<td>Idaho</td>
<td>No statutes on surrogacy</td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>Gestational surrogacy agreements allowed. 750 ILL. COMP. STAT. 47/1 et seq. Law contains several requirements for both the surrogate and the intended parents. The gestational surrogate must be at least 21, have given birth to at least one child, and have had medical and mental health evaluations. The intended parents must have a medical need for surrogacy and at least one of them must have a medical need for surrogacy. Surrogacy agreements also must be</td>
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<tr>
<td>State</td>
<td>Description</td>
<td>Notes</td>
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<td>-------------------------------------------------------------------------------------------------</td>
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</tbody>
</table>
| Indiana  | Surrogacy agreements are deemed void and contrary to public policy. See IND. CODE § 31-20-1-1, which provides: “Sec. 1. The general assembly declares that it is against public policy to enforce any term of a surrogate agreement that requires a surrogate to do any of the following:
(1) Provide a gamete to conceive a child.
(2) Become pregnant.
(3) Consent to undergo or undergo an abortion.
(4) Undergo medical or psychological treatment or examination.
(5) Use a substance or engage in activity only in accordance with the demands of another person.
(6) Waive parental rights or duties to a child.
(7) Terminate care, custody, or control of a child.
(8) Consent to a stepparent adoption under IND. CODE § 31-19 (or IND. CODE § 31-3-1 before its repeal).”
See also IND. CODE § 31-20-1-2 Void agreements. “Sec. 2. A surrogate agreement described in section 1 of this chapter that is formed after March 14, 1988, is void.” | No specific laws dealing with surrogacy, but it is specifically exempted from statute making it a crime to sell another person. |
<p>| Iowa     | IOWA CODE § 710.11 provides that: “A person commits a class &quot;C&quot; felony when the person purchases or sells or attempts to purchase or sell an individual to another person. This section does not apply to a surrogate mother arrangement. For purposes of this section, a “surrogate mother arrangement&quot; means an arrangement whereby a female agrees to be artificially inseminated with the semen of a donor, to bear a child, and to relinquish all rights regarding that child to the donor or donor couple.” | No specific laws dealing with surrogacy, but it is specifically exempted from statute making it a crime to sell another person. |
| Kansas   | No statutes on surrogacy                                                                                                                                                                                     | No Kentucky law addresses gestational surrogacy agreements.                                   |
| Kentucky | Traditional surrogacy agreements (where the surrogate is genetically related to the child) appear to be void: KY. REV. STAT. ANN. § 199.590 (4) provides that “A person, agency, institution, or intermediary shall not be a party to a contract or agreement which would compensate a woman for her artificial insemination and subsequent termination of parental rights to a child born as a result of that artificial insemination. A person, agency, institution, or intermediary shall not receive compensation for the facilitation of contracts or agreements as proscribed by this subsection. Contracts or agreements entered into in violation of this subsection shall be void.” | No Kentucky law addresses gestational surrogacy agreements.                                   |
| Louisiana | Contracts for traditional surrogate motherhood void under LA. REV. STAT. ANN. § 9:2713. “A. A contract for surrogate motherhood as defined herein shall be absolutely null and shall be void and | Does not address directly gestational surrogacy agreements. However, the Vital Records Law, LA. REV. STAT. ANN. § 40:34 appears to allow gestational |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Statutes on Surrogacy</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>No statutes on surrogacy</td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td>No statutes on surrogacy</td>
<td>Note that a Maryland Attorney General’s opinion has declared surrogacy contracts that involve a payment of a fee to the birth mother to be illegal and unenforceable under Maryland law. But the same opinion said the payment of a surrogacy fee would not necessary be a bar to an adoption because the decision on whether to grant an adoption petition depends on the best interests of the child. 85 Md. Op.Att’y.Gen. 348 (2000).</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>No statutes on surrogacy</td>
<td>Note that a traditional surrogacy contract was held unenforceable by the Massachusetts high court in R.R. v. M.H., 689 N.E.2d 790 (Mass. 1998). Surrogate was genetic mother of child and had agreed to give baby up; her services were compensated and the agreement provided that she would have to refund the fee paid if she did not give up custody. However, in a case dealing with a gestational surrogacy contract, the court allowed the entry of a judgment declaring the biological parents to be the legal parents of twins born via surrogacy. Culliton v. Beth Israel Deaconess Medical Center, 756 N.E.2d 1133 (Mass. 2001).</td>
</tr>
<tr>
<td>Michigan</td>
<td>Surrogacy contracts are declared void and contrary to public policy, and criminal penalties are set forth for those who participate in them. See Mich. Comp. Laws § 722.851 et seq. Law applies to both gestational and traditional surrogacy agreements. See Mich. Comp. Laws § 722.859. Contracts for compensation; violations; penalties. &quot;Sec. 9. (1) A person shall not enter into, induce,</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Surrogacy Laws</td>
<td>Note</td>
</tr>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Minnesota</td>
<td>No provisions specifically addressing surrogacy</td>
<td>Note that there is a provision of Minnesota law that allows an action to declare a mother-child relationship, similar to a paternity action. See MINN. STAT. § 257.71 “A child, the father or personal representative of the child, the public authority chargeable by law with the support of the child, the personal representative or a parent of the father if the father has died, a woman alleged or alleging herself to be the mother, or the personal representative or a parent of the alleged mother if the alleged mother has died or is a minor may bring an action to determine the existence or nonexistence of a mother and child relationship. Insofar as practicable, the provisions of sections 257.51 to 257.74 applicable to the father and child relationship apply.”</td>
</tr>
</tbody>
</table>
| Mississippi | No statutes on surrogacy | Trafficking in children is a crime, but it’s not clear if surrogacy would fall under this law. See MO. REV. STAT. § 568.175: “Trafficking in children--elements of crime--penalty

1. A person, partnership, corporation, agency, association, institution, society or other organization commits the crime of trafficking in children if he or it
offers, gives, receives or solicits any money, consideration or other thing of value for the delivery or offer of delivery of a child to another person, partnership, corporation, agency, association, institution, society or other organization for purposes of adoption, or for the execution of a consent to adopt or waiver of consent to future adoption or a consent to termination of parental rights.

2. A crime is not committed under this section if the money, consideration or thing of value or conduct is permitted under chapter 453, RSMo, relating to adoption.”

<table>
<thead>
<tr>
<th>State</th>
<th>Statute Information</th>
</tr>
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<tbody>
<tr>
<td>Montana</td>
<td>No statutes on surrogacy</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Surrogacy contracts void and unenforceable, at least when they are compensated.</td>
</tr>
<tr>
<td></td>
<td>“(1) A surrogate parenthood contract entered into shall be void and unenforceable. The biological father of a child born pursuant to such a contract shall have all the rights and obligations imposed by law with respect to such child.</td>
</tr>
<tr>
<td></td>
<td>(2) For purposes of this section, unless the context otherwise requires, a surrogate parenthood contract shall mean a contract by which a woman is to be compensated for bearing a child of a man who is not her husband.”</td>
</tr>
<tr>
<td>Nevada</td>
<td>Couples married under Nevada law are allowed to enter into gestational surrogacy agreements. See Nev. Rev. Stat. § 126.045:</td>
</tr>
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<td>“1. Two persons whose marriage is valid under chapter 122 of NRS may enter into a contract with a surrogate for assisted conception. Any such contract must contain provisions which specify the respective rights of each party, including:</td>
</tr>
<tr>
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<td>(a) Parentage of the child;</td>
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<td>(b) Custody of the child in the event of a change of circumstances; and</td>
</tr>
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<td></td>
<td>(c) The respective responsibilities and liabilities of the contracting parties.</td>
</tr>
<tr>
<td></td>
<td>2. A person identified as an intended parent in a contract described in subsection 1 must be treated in</td>
</tr>
</tbody>
</table>
law as a natural parent under all circumstances.

3. It is unlawful to pay or offer to pay money or anything of value to the surrogate except for the medical and necessary living expenses related to the birth of the child as specified in the contract.

4. As used in this section, unless the context otherwise requires:

(a) "Assisted conception" means a pregnancy resulting when an egg and sperm from the intended parents are placed in a surrogate through the intervention of medical technology.

(b) "Intended parents" means a man and woman, married to each other, who enter into an agreement providing that they will be the parents of a child born to a surrogate through assisted conception.

(c) "Surrogate" means an adult woman who enters into an agreement to bear a child conceived through assisted conception for the intended parents.

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<thead>
<tr>
<th>State</th>
<th>Description</th>
<th>Note</th>
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<tbody>
<tr>
<td>New Hampshire</td>
<td>Surrogacy agreements are allowed under certain circumstances, including that all the parties involved are age 21 or older and that the intended mother is medically unable to bear a child. At least one of the intended parents must supply the sperm or the egg. The intended parents must be a married couple. See N.H. REV. STAT. ANN. § 168-B:1 et seq.</td>
<td>New Hampshire statutes allow for certain fees to be paid to a mother but “Any person who makes payments that are not permitted pursuant to the provisions of this section is in violation of the Adoption Act and subject to the penalties.”</td>
</tr>
<tr>
<td>New Jersey</td>
<td>No statutes on surrogacy</td>
<td>Note that traditional surrogacy contract providing for termination of mother’s parental rights was found void by New Jersey Supreme Court in Matter of Baby M., 537 A.2d 1227 (N.J. 1988).</td>
</tr>
<tr>
<td>New Mexico</td>
<td>No laws specifically addressing surrogacy</td>
<td>Note that N.M. STAT. § 32A-5-34 (1978), relating to adoption, allows for certain fees to be paid to a mother but “Any person who makes payments that are not permitted pursuant to the provisions of this section is in violation of the Adoption Act and subject to the penalties.”</td>
</tr>
<tr>
<td>New York</td>
<td>Surrogate parenting contracts, both gestational and traditional, are contrary to public policy, void and unenforceable. See N.Y. DOM. REL. LAW §§ 121-124.</td>
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</table>

See N.Y. DOM. REL. LAW § 123 on penalties:

“1. No person or other entity shall knowingly request, accept, receive, pay or give any fee, compensation or other remuneration, directly or indirectly, in connection with any surrogate parenting contract, or induce,
arrange or otherwise assist in arranging a surrogate parenting contract for a fee, compensation or other remuneration, except for:

(a) payments in connection with the adoption of a child … and disclosed; or

(b) payments for reasonable and actual medical fees and hospital expenses for artificial insemination or in vitro fertilization services incurred by the mother in connection with the birth of the child.

2. (a) A birth mother or her husband, a genetic father and his wife, and, if the genetic mother is not the birth mother, the genetic mother and her husband who violate this section shall be subject to a civil penalty not to exceed five hundred dollars.

(b) Any other person or entity who or which induces, arranges or otherwise assists in the formation of a surrogate parenting contract for a fee, compensation or other remuneration or otherwise violates this section shall be subject to a civil penalty not to exceed ten thousand dollars and forfeiture to the state of any such fee… Any person or entity who or which induces, arranges or otherwise assists in the formation of a surrogate parenting contract for a fee, compensation or other remuneration or otherwise violates this section, after having been once subject to a civil penalty for violating this section, shall be guilty of a felony.”

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<thead>
<tr>
<th>State</th>
<th>Statutory Status</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>No statutes addressing surrogacy</td>
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</tbody>
</table>
| North Dakota  | Traditional surrogacy agreements are void, but gestational surrogacy agreements are allowed. | See N.D. CENT. CODE, § 14-18-05:  
“Any agreement in which a woman agrees to become a surrogate or to relinquish that woman's rights and duties as parent of a child conceived through assisted conception is void. The surrogate, however, is the mother of a resulting child and the surrogate's husband, if a party to the agreement, is the father of the child. If the surrogate's husband is not a party to the agreement or the surrogate is unmarried, paternity of the child is governed by chapter 14-20.”  
See also: N.D. CENT. CODE § 14-18-08. Gestational carrier agreements  
“A child born to a gestational carrier is a child of the intended parents for all purposes and is not a child of the gestational carrier and the gestational carrier's husband, if any.” |
<table>
<thead>
<tr>
<th>State</th>
<th>Statutes on Surrogacy</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>No statutes on surrogacy</td>
<td>Note that Ohio law does allow a woman to bring an action to determine her parentage using the same standards as paternity actions. See OHIO REV. CODE ANN. § 3111.17.</td>
</tr>
<tr>
<td>Oregon</td>
<td>No laws specifically dealing with surrogacy, however the law making it illegal to buy or sell a child exempts fees paid in a surrogacy agreement. See OR. REV. STAT. § 163.537</td>
<td>&quot;(1) A person commits the crime of buying or selling a person under 18 years of age if the person buys, sells, barter, trades or offers to buy or sell the legal or physical custody of a person under 18 years of age. (2) Subsection (1) of this section does not: (a) Prohibit a person in the process of adopting a child from paying the fees, costs and expenses related to the adoption as allowed in ORS 109.311. (b) Prohibit a negotiated satisfaction of child support arrearages or other settlement in favor of a parent of a child in exchange for consent of the parent to the adoption of the child by the current spouse of the child's other parent. (c) Apply to fees for services charged by the Department of Human Services or adoption agencies. (d) Apply to fees for services in an adoption pursuant to a surrogacy agreement. (e) Prohibit discussion or settlement of disputed issues between parties in a domestic relations proceeding. (3) Buying or selling a person under 18 years of age is a Class B felony.”</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>No statutes on surrogacy</td>
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<tr>
<td>Rhode Island</td>
<td>No statutes on surrogacy</td>
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</tr>
<tr>
<td>South Carolina</td>
<td>No statutes on surrogacy</td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td>No statutes on surrogacy</td>
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<tr>
<td>Tennessee</td>
<td>A statute says that adoption by the intended parents is</td>
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not necessary in the case of surrogacy, but does not explicitly authorize surrogacy agreements.

See TENN. CODE ANN. § 36-1-102:
“(48)(A) "Surrogate birth" means:
(i) The union of the wife's egg and the husband's sperm, which are then placed in another woman, who carries the fetus to term and who, pursuant to a contract, then relinquishes all parental rights to the child to the biological parents pursuant to the terms of the contract; or
(ii) The insemination of a woman by the sperm of a man under a contract by which the parties state their intent that the woman who carries the fetus shall relinquish the child to the biological father and the biological father's wife to parent;
(B) No surrender pursuant to this part is necessary to terminate any parental rights of the woman who carried the child to term under the circumstances described in this subdivision (48) and no adoption of the child by the biological parent(s) is necessary;
(C) Nothing in this subdivision (48) shall be construed to expressly authorize the surrogate birth process in Tennessee unless otherwise approved by the courts or the general assembly.”

<table>
<thead>
<tr>
<th>State</th>
<th>Surrogacy Status and Regulations</th>
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<tbody>
<tr>
<td>Texas</td>
<td>Gestational surrogacy agreements allowed, but regulated. See TEX. FAM. CODE ANN. § 160.751 et seq. The intended parents must be married to each other, the gestational surrogate’s own eggs must not be used, and the agreement must not seek to control the surrogate mother’s decisions regarding her health and the health of the embryo. A gestational surrogacy agreement must be validated by the court. An agreement that is not validated is unenforceable under the law.</td>
</tr>
<tr>
<td>Utah</td>
<td>Gestational surrogacy agreements authorized under certain circumstances. See UTAH CODE ANN. § 78B-15-801 et seq. The intended parents have to be married, and the parties to a gestational surrogacy agreement have to be age 21 or older. The agreement must be validated by the court, and the intended mother must be unable to bear a child without a risk to her health or to the health of the child. The gestational surrogate’s egg cannot be used in the procedure. A surrogacy agreement that is not validated by the court is unenforceable. Payment to the surrogate is allowed.</td>
</tr>
<tr>
<td>Vermont</td>
<td>No statutes on surrogacy</td>
</tr>
<tr>
<td>Virginia</td>
<td>Gestational surrogacy contracts allowed if approved by the court, and if a number of requirements are met, including that the intended parents are married to each other. See VA. CODE ANN. § 20-156 to §20-165, and in particular VA CODE. ANN. § 158: “D. Birth pursuant to court approved surrogacy contract.--After approval of a surrogacy contract by the court, the court shall issue a certificate of birth to the biological parent(s) of the child, or to the intended parents if there is no biological parent(s) of the child. The certificate shall be issued upon receipt of a surrogacy contract and a statement from the surrogate that she consents to the issuance of the certificate. The certificate shall be issued in the form of a birth certificate and shall be recorded in the vital records. The court shall also review the surrogacy contract and may require changes to the contract to ensure that it is fair to the surrogate and the intended parents. The court shall also require that the surrogate be paid the agreed upon compensation. Payment to the surrogate is allowed. Note that Virginia law controls surrogacy disputes brought in Virginia courts. VA. CODE ANN. § 20-157</td>
</tr>
</tbody>
</table>

"The provisions of this chapter
court and entry of an order as provided in subsection D of § 20-160, the intended parents are the parents of any resulting child. However, if the court vacates the order approving the agreement pursuant to subsection B of § 20-161, the surrogate is the mother of the resulting child and her husband is the father. The intended parents may only obtain parental rights through adoption as provided in Chapter 12 (§ 63.2-1200 et seq.) of Title 63.2.

Washington


“No person, organization, or agency shall enter into, induce, arrange, procure, or otherwise assist in the formation of a surrogate parentage contract, written or unwritten, for compensation.”


“A surrogate parentage contract entered into for compensation, whether executed in the state of Washington or in another jurisdiction, shall be void and unenforceable in the state of Washington as contrary to public policy.


“If a child is born to a surrogate mother pursuant to a surrogate parentage contract, and there is a dispute between the parties concerning custody of the child, the party having physical custody of the child may retain physical custody of the child until the superior court orders otherwise. The superior court shall award legal custody of the child based upon the factors listed in RCW 26.09.187(3) and 26.09.191.”

West Virginia

No specific provision on surrogacy, but it is exempted from statute making baby selling a crime.

W. VA. CODE, § 48-22-803

“(a) Any person or agency who knowingly offers, gives or agrees to give to another person money, property,
service or other thing of value in consideration for the recipient's locating, providing or procuring a minor child for any purpose which entails a transfer of the legal or physical custody of said child, including, but not limited to, adoption or placement, is guilty of a felony and subject to fine and imprisonment as provided herein.

(b) Any person who knowingly receives, accepts or offers to accept money, property, service or other thing of value to locate, provide or procure a minor child for any purpose which entails a transfer of the legal or physical custody of said child, including, but not limited to, adoption or placement, is guilty of a felony and subject to fine and imprisonment as provided herein.

(c) Any person who violates the provisions of this section is guilty of a felony and, upon conviction thereof, may be confined in the state correctional facility for not less than one year nor more than five years or, in the discretion of the court, be confined in jail not more than one year and fined not less than one hundred dollars nor more than two thousand dollars.

(d) A child whose parent, guardian or custodian has sold or attempted to sell said child in violation of the provisions of this article may be deemed an abused child as defined by section three, article one, chapter forty-nine of this code. The court may place such a child in the custody of the department of health and human resources or with such other responsible person as the best interests of the child dictate.

(e) This section does not prohibit the payment or receipt of the following [lists fees here].

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<thead>
<tr>
<th>State</th>
<th>Status</th>
<th>Note</th>
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</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>No specific statutes on surrogacy</td>
<td>Note that the law dealing with registration of births does mention surrogacy:  &lt;br&gt;  &lt;br&gt; See Wis. Stat. § 69.14</td>
</tr>
<tr>
<td>Wyoming</td>
<td>No statutes on surrogacy</td>
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</tbody>
</table>

2. **EMBRYO DISPOSITION**

The laws of embryo disposition are similarly varied and address a variety of areas: “advanced written directives prior to the creation of frozen embryos; embryo disposition in the event of divorce or death involving a couple that has donated eggs, sperm or had embryos in
vitro fertilized; options for disposition of unused embryos, including storage, disposal, donation to scientific research and adoption.\footnote{National Conference of State Legislatures, \textit{State Laws on Frozen Embryos}, http://www.ncsl.org/programs/health/embryodisposition.htm}

Here is a state-by-state summary of these laws:

<table>
<thead>
<tr>
<th>State</th>
<th>Embryo Law</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>No laws regarding embryo disposition</td>
<td></td>
</tr>
<tr>
<td>Alaska</td>
<td>No laws regarding embryo disposition</td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td>No laws specifically dealing with storage or disposal, but experimentation on human embryos is prohibited by ARIZ REV. STAT. § 36-2302</td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>No laws dealing with storage or disposal of embryos, but human cloning is prohibited by ARK CODE ANN. § 20-16-1002</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>Doctors must obtain informed consent for use of donated sperm and eggs. That consent should specify the disposition of any unused genetic material. See CAL. BUS. &amp; PROF. CODE § 2260. Human cloning prohibited by CAL. HEALTH &amp; SAFETY CODE § 24185. Disposition of human embryos governed by CAL. HEALTH &amp; SAFETY CODE § 125315. Statute requires that infertility patients be told they have the option of storing unused embryos, donating them to another individual, donating them for research, or discarding them. Doctors must give each partner a form setting forth advance directives regarding the disposition of embryos. It is illegal to use embryos, eggs, or sperm in ways other than those indicated by the patient on a written consent form. See CAL. PENAL CODE § 367g. Violators face three to five years in prison and a $50,000 fine. Written consent not required by donors to sperm banks.</td>
<td>Note that embryos cannot be sold for use in research, but only donated. See CAL. HEALTH &amp; SAFETY CODE § 125320 and § 125350.</td>
</tr>
</tbody>
</table>
| Colorado   | COLO. REV. STAT. § 19-4-106 governs disposition of embryos in the case of death or divorce. ``(7)(a) If a marriage is dissolved before placement of eggs, sperm, or embryos, the former spouse is not a parent of the resulting child unless the former spouse consented in a record that if assisted reproduction were to occur after a dissolution of marriage, the former spouse would be a parent of the child. (b) The consent of a former spouse to assisted
reproduction may be withdrawn by that individual in a record at any time before placement of eggs, sperm, or embryos.

(8) If a spouse dies before placement of eggs, sperm, or embryos, the deceased spouse is not a parent of the resulting child unless the deceased spouse consented in a record that if assisted reproduction were to occur after death, the deceased spouse would be a parent of the child.

| Connecticut | Human cloning criminalized under CONN. GEN. STAT. § 19a-32d. The law also provides: “(c)(1) A physician or other health care provider who is treating a patient for infertility shall provide the patient with timely, relevant and appropriate information sufficient to allow that person to make an informed and voluntary choice regarding the disposition of any embryos or embryonic stem cells remaining following an infertility treatment.  
(2) A patient to whom information is provided pursuant to subdivision (1) of this subsection shall be presented with the option of storing, donating to another person, donating for research purposes, or otherwise disposing of any unused embryos or embryonic stem cells.  
(3) A person who elects to donate for stem cell research purposes any human embryos or embryonic stem cells remaining after receiving infertility treatment, or unfertilized human eggs or human sperm shall provide written consent for that donation and shall not receive direct or indirect payment for such human embryos, embryonic stem cells, unfertilized human eggs or human sperm.  
(4) Any person who violates the provisions of this subsection shall be fined not more than fifty thousand dollars or imprisoned not more than five years, or both. Each violation of this subsection shall be a separate and distinct offense.” |

| Delaware | Delaware law provides that if a couple divorces before the placement of sperm, eggs, or embryos, the former spouse is not a parent of the resulting child unless he or she consented in a record that if reproduction occurred after divorce, he or she would be a parent of the child. Consent to assisted reproduction can be withdrawn in a record at any time before the placement of the eggs, sperm or embryos. That person is then not considered a parent of the child. See DEL. CODE ANN. tit. 13, § 8-706.  
See also DEL. CODE ANN. tit. 13, § 8-707, which provides that if an individual who consented to be a parent by assisted reproduction dies before placement of eggs, sperm, or embryos, the deceased individual is not a parent of the resulting child unless the deceased individual consented in a record that if assisted |
reproduction were to occur after death, the deceased individual would be a parent of the child.

<table>
<thead>
<tr>
<th>District of Columbia</th>
<th>No laws regarding embryo disposition</th>
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<tbody>
<tr>
<td>Florida</td>
<td>Disposition of embryos governed by FLA. STAT. § 742.17, which provides:</td>
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<tr>
<td></td>
<td>“A commissioning couple and the treating physician shall enter into a written agreement that provides for the disposition of the commissioning couple's eggs, sperm, and preembryos in the event of a divorce, the death of a spouse, or any other unforeseen circumstance.</td>
</tr>
<tr>
<td></td>
<td>(1) Absent a written agreement, any remaining eggs or sperm shall remain under the control of the party that provides the eggs or sperm.</td>
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<td></td>
<td>(2) Absent a written agreement, decisionmaking authority regarding the disposition of preembryos shall reside jointly with the commissioning couple.</td>
</tr>
<tr>
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<td>(3) Absent a written agreement, in the case of the death of one member of the commissioning couple, any eggs, sperm, or preembryos shall remain under the control of the surviving member of the commissioning couple.</td>
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<tr>
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<td>(4) A child conceived from the eggs or sperm of a person or persons who died before the transfer of their eggs, sperm, or preembryos to a woman's body shall not be eligible for a claim against the decedent's estate unless the child has been provided for by the decedent's will.”</td>
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<tr>
<td>Georgia</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Hawaii</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Idaho</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Illinois</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Indiana</td>
<td>No laws addressing embryo disposition</td>
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<tr>
<td>Iowa</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Kansas</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Kentucky</td>
<td>No laws regarding embryo disposition</td>
</tr>
<tr>
<td>Louisiana</td>
<td>See LA. REV. STAT. ANN. § 9:121 et seq., titled Human Embryos, which defines an embryo as a human being, bans research on human embryos and bans the sale of embryos. The law gives embryos the legal status to sue. It also provides that if the intended parents renounce their parental rights to the embryos, then they are available for “adoptive implantation.” The intended parents can renounce their parental rights in favor of another married couple, but “only if</td>
</tr>
<tr>
<td></td>
<td>Human cloning criminalized in IND. CODE § 35-46-5-2, which does not apply to in vitro fertilization.</td>
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</tbody>
</table>
the other couple is willing and able to receive the in vitro fertilized ovum. No compensation shall be paid or received by either couple to renounce parental rights.”

The law also provides that disputes regarding the custody of embryos shall be resolved based on the best interest of the embryo.

The law also gives inheritance rights to embryos that develop into live births. Donated embryos do not retain inheritance rights from their genetic parents.

<table>
<thead>
<tr>
<th>State</th>
<th>Law Description</th>
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<tbody>
<tr>
<td>Maine</td>
<td>No laws regarding embryo disposition</td>
</tr>
</tbody>
</table>
| Maryland  | Disposition of unused embryos governed by Md. ANN. CODE art. 83A, § 5-2B-10. Law provides that: “(a) A health care practitioner licensed under the Health Occupations Article who treats individuals for infertility shall:

1) Provide individuals with information sufficient to enable them to make an informed and voluntary choice regarding the disposition of any unused material; and

2) Present to individuals the option of:

i) Storing or discarding any unused material;

ii) Donating any unused material for clinical purposes in the treatment of infertility;

iii) Except as provided in subsection (b) of this section, donating any unused material for research purposes; and

iv) Donating any unused material for adoption purposes.

(b) Any unused material donated for State-funded stem cell research may not be an oocyte.

(c) An individual who donates any unused material for research purposes under subsection (a)(2) of this section shall provide the health care practitioner with written consent for the donation.” |
| Massachusetts | Under Massachusetts law, doctors must provide in vitro fertilization patients with information so that they can make an informed choice regarding the disposition of embryos or gametes remaining following treatment. See MASS. GEN. LAWS ch. 111L, § 4, which provides that the doctor shall give the patient the options of storing, donating to another person, donating for research purposes or otherwise disposing of or destroying any unused embryos. |
The Department of Public Health is to provide shall prescribe and provide doctors with two documents: an informational pamphlet describing the potential health risks of egg extraction, alternatives and side effects; and an informed consent form, stating that the patient has reviewed the informational pamphlet, consulted with her doctor, and understands the risks.

<table>
<thead>
<tr>
<th>State</th>
<th>Law on Embryo Disposition</th>
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</thead>
<tbody>
<tr>
<td>Michigan</td>
<td>No laws specifically addressing embryo disposition, but non-therapeutic research on live human embryos is banned under Michigan law. See MICH. COMP. LAWS § 333.2685, which provides:</td>
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<td>“(1) A person shall not use a live human embryo, fetus, or neonate for nontherapeutic research if, in the best judgment of the person conducting the research, based upon the available knowledge or information at the approximate time of the research, the research substantially jeopardizes the life or health of the embryo, fetus, or neonate. Nontherapeutic research shall not in any case be performed on an embryo or fetus known by the person conducting the research to be the subject of a planned abortion being performed for any purpose other than to protect the life of the mother. (2) For purposes of subsection (1) the embryo or fetus shall be conclusively presumed not to be the subject of a planned abortion if the mother signed a written statement at the time of the research, that she was not planning an abortion.”</td>
</tr>
<tr>
<td>Minnesota</td>
<td>No laws addressing embryo disposition</td>
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<tr>
<td>Mississippi</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Missouri</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Montana</td>
<td>No laws regarding embryo disposition</td>
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<tr>
<td>Nebraska</td>
<td>No laws regarding embryo disposition</td>
</tr>
<tr>
<td>Nevada</td>
<td>No laws regarding embryo disposition, but an aborted embryo cannot be used for a commercial purpose. See NEV. REV. STAT. § 451.015.</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>No laws regarding embryo disposition</td>
</tr>
<tr>
<td>New Jersey</td>
<td>People undergoing fertility treatment must be informed of their options for unused embryos under N.J. STAT. ANN. § 26:2Z-2. That law provides that embryonic stem cell research is allowed in New Jersey. It also provides, in part, that:</td>
</tr>
<tr>
<td></td>
<td>“b. (1) A physician or other health care provider who is treating a patient for infertility shall provide the patient with timely, relevant and appropriate information sufficient to allow that person to make an informed and voluntary choice regarding the disposition of any human embryos remaining following the infertility treatment.”</td>
</tr>
</tbody>
</table>

Human cloning is banned under MICH. COMP. LAWS § 333.16274.
(2) A person to whom information is provided pursuant to paragraph (1) of this subsection shall be presented with the option of storing any unused embryos, donating them to another person, donating the remaining embryos for research purposes, or other means of disposition.

(3) A person who elects to donate, for research purposes, any embryos remaining after receiving infertility treatment shall provide written consent to that donation.

c. (1) A person shall not knowingly, for valuable consideration, purchase or sell, or otherwise transfer or obtain, or promote the sale or transfer of, embryonic or cadaveric fetal tissue for research purposes pursuant to this act; however, embryonic or cadaveric fetal tissue may be donated for research purposes in accordance with the provisions of subsection b. of this section or other applicable State or federal law.

For the purposes of this subsection, “valuable consideration” means financial gain or advantage, but shall not include reasonable payment for the removal, processing, disposal, preservation, quality control, storage, transplantation, or implantation of embryonic or cadaveric fetal tissue.

(2) A person or entity who violates the provisions of this subsection shall be guilty of a crime of the third degree and, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, shall be subject to a fine of up to $50,000 for each violation."

| New Mexico | No laws regarding disposition of embryos. |
| New York | Informed consent for donors to reproductive tissue banks required under N.Y. COMP. CODES R. & REGS. tit. 10, § 52-8.8. The informed consent must include “notification of all currently known ways in which the donor's reproductive tissue and resulting embryos may be used. If the reproductive tissue bank accepts reproductive tissue with restrictions on the manner in which embryos created may be used, the consent also shall include a statement that the reproductive tissue bank has informed the donor that it will make a good faith effort to ensure that the donor's restrictions are respected, but that it cannot guarantee that the recipients of the reproductive tissue will abide by the donor's restrictions.”

Also, embryos may only be created via donor tissue at the request of a specific patient who wants to use the embryos herself. (N.Y. COMP. CODES R. & REGS. tit. 10, § 52-8.7). |
<table>
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<tr>
<th>State</th>
<th>Law Details</th>
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</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>No laws regarding embryo disposition</td>
</tr>
<tr>
<td>North Dakota</td>
<td>No laws specifically governing disposition of embryos, but the law does govern parentage determinations of children born via assisted reproduction after death or divorce. North Dakota law provides that if a marriage is dissolved before the placement of sperm, eggs, or embryos, the former spouse is not a parent of the resulting child unless he or she consent in a record that he or she would be a parent if assisted reproduction occurred after divorce. See N.D. CENT. CODE §14-20-64, which also provides that consent to reproductive technology can be withdrawn in a record at any time before placement of eggs, sperm, or embryos. The individual who withdraws consent is not a parent of a resulting child. See also N.D. CENT. CODE § 14-20-65, which provides that if a person who consented in a record to assisted reproduction dies before it is performed, he or she is not a parent of a resulting child unless the deceased spouse agreed in a record that he or she would still be a parent even if reproduction occurred after death.</td>
</tr>
<tr>
<td>Ohio</td>
<td>See OHIO REV. CODE ANN. § 3111.97, which provides that if the an individual who produced genetic material to create an embryo dies, the other genetic parent may consent to donate the embryo, and then shall have no parental rights or responsibilities.</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Embryos may be donated from one married couple to another under OKLA. STAT. tit 10, § 556. The donors are then relieved of parental rights and responsibilities, and the donees are considered the parents of the resulting child.</td>
</tr>
<tr>
<td>Oregon</td>
<td>No laws regarding embryo disposition.</td>
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<tr>
<td>Pennsylvani a</td>
<td>No laws regarding embryo disposition.</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>No laws specifically regarding embryo disposition, but experimentation on embryos is prohibited under R.I. GEN. LAWS § 11-54-1. Note that human cloning is prohibited under R.I. GEN. LAWS § 23-16.4-2.</td>
</tr>
<tr>
<td>South Carolina</td>
<td>No statutes regarding embryo disposition.</td>
</tr>
<tr>
<td>South Dakota</td>
<td>No statutes specifically dealing with dispositions of embryos, although research on embryos banned.</td>
</tr>
<tr>
<td></td>
<td>Research that destroys a human embryo is prohibited under S.D. CODE ANN. § 34-14-16 and punished as a misdemeanor. Research that subjects an embryo to substantial risk of harm is also punished as misdemeanor, under S.D. CODE ANN. § 34-14-17, which also prohibits the sale or transfer or transfer of embryos for use in nontherapeutic research. Human cloning criminalized under S.D. CODE ANN. § 34-14-</td>
</tr>
<tr>
<td>State</td>
<td>Laws Regarding Embryo Disposition</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>Tennessee</td>
<td>No laws regarding embryo disposition</td>
</tr>
<tr>
<td>Texas</td>
<td>No laws specifically governing embryo disposition, but parentage is governed under <strong>TEX. FAM. CODE ANN. § 160.706</strong>, which provides that if a marriage ends before assisted reproduction takes place, the former spouse is not a parent of the resulting child unless the former spouse consented in a record kept by a licensed physician that if assisted reproduction were to occur after a divorce the former spouse would be a parent of the child. The law also provides that the consent of a former spouse to assisted reproduction can be withdrawn in a record kept by a licensed physician at any time before the placement of the embryos. <strong>TEX. FAM. CODE ANN. § 160.707</strong> provides that if a spouse dies before the placement of embryos, the deceased spouse is not a parent of the resulting child unless the spouse consented in a record kept by a licensed physician that if assisted reproduction were to occur after death the deceased spouse would be a parent of the child.</td>
</tr>
<tr>
<td>Utah</td>
<td>No laws specifically regarding embryo disposition, but parentage is governed under <strong>UTAH CODE ANN. § 78B-15-706</strong>, which provides that in the case of a divorce prior to the placement of an embryo, the former spouse is not a parent of the resulting child unless the former spouse consented in a record that if assisted reproduction were to occur after a divorce, the former spouse would be a parent of the child. That consent can be revoked in a record prior to use of the embryos. <strong>See also</strong> <strong>UTAH CODE ANN. § 78B-15-707</strong>, which provides that a deceased spouse is not the parent of a child born via assisted reproduction unless the deceased spouse agreed in a record to be the parent of the child if assisted reproduction occurred after death.</td>
</tr>
<tr>
<td>Vermont</td>
<td>No statutes regarding embryo disposition.</td>
</tr>
<tr>
<td>Virginia</td>
<td>No laws specifically governing embryo disposition, but parentage is governed under <strong>VA. CODE ANN. § 20-158</strong>, which provides that “any person who dies before in utero implantation of an embryo resulting from the union of his sperm or her ovum with another gamete, whether or not the other gamete is that of the person’s spouse, is not the parent of any resulting child unless (i) implantation occurs before notice of the death can reasonably be communicated to the physician performing the procedure or (ii) the person consents to be a parent in writing executed before the implantation.” In cases of divorce “any person who is a party to an action for divorce or annulment commenced by filing...&quot;</td>
</tr>
</tbody>
</table>
before in utero implantation of an embryo resulting from the union of his sperm or her ovum with another gamete, whether or not the other gamete is that of the person's spouse, is not the parent of any resulting child unless (i) implantation occurs before notice of the filing can reasonably be communicated to the physician performing the procedure or (ii) the person consents in writing to be a parent, whether the writing was executed before or after the implantation."

Washington

No laws specifically related to embryo disposition, but parentage determinations are governed by WASH. REV. CODE § 26.26.725, which provides that if there is a divorce prior to placement of an embryo, the former spouse is not a parent of the resulting child unless the former spouse has consent to parentage in a record. Consent may be revoked in a record before the placement of the embryo. Also, WASH. REV. CODE § 26.26.730 provides that if a spouse dies before placement of an embryo, the deceased spouse is not a parent of the resulting child unless the deceased spouse consented in a record that if assisted reproduction were to occur after death, the deceased spouse would be a parent of the child.

West Virginia

No laws regarding embryo disposition

Wisconsin

No laws regarding embryo disposition

Wyoming

No laws specifically governing disposition, but parentage of children born via assisted reproduction governed by WYO. STAT. ANN. § 14-2-906, which says that if a marriage is dissolved before placement of embryos, the former spouse is not a parent of the resulting child unless the former spouse consents to parentage in a record. That consent can be withdrawn prior to placement of the embryo. WYO. STAT. ANN. § 14-2-907 provides that if an individual who consented in a record to be a parent by assisted reproduction dies before placement of an embryo, the deceased spouse is not a parent of the resulting child unless the deceased spouse consented in a record that if assisted reproduction were to occur after death, the deceased spouse would be a parent of the child.

PART TWO: THE MAIN CONFLICTS OF LAW APPROACHES, AND HOW THEY FAIL TO ADEQUATELY ADDRESS THE COMPLEXITIES OF ART

I. THE APPROACHES

There are four leading approaches to conflicts of law:
This section describes each approach with a general overview; the next section analyzes each approach in even more detail in the context of the cases that have relied on them to decide choice-of-law ART issues.

A. Vested Rights (First Restatement)

The oldest approach is known as the “First Restatement” or “vested rights” approach. Under this approach, the court is charged with determining where the rights of the parties “vested”. The approach itself requires three steps: first, the court has to determine what area of law is involved – essentially find the right box to fit the lawsuit. This assessment requires a determination of whether the issue is substantive or procedural and a “characterization” of the issue to select its topical area. Second, the court has to find the rule for that particular area of the law: the Restatement itself provided all of these rules. In the last step, the court applies the rule to that set of facts, to “localize” the case to a particular location.

Under the First Restatement, one of the paramount concerns is territoriality. It is the “where” of the vesting of the rights that is important. However, in order to determine “where” the rights vested, the court needs to know when they “vested”. Once this is determined, it is then usually a fairly straightforward process to apply the law of that state.

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317 See Symeon C. Symonodies, Choice of Law in the American Courts in 2006: Twentieth Annual Survey, 54 AM. J. COMP. L. 697, 713 (2006). This list presents them in roughly chronological order. Of course, it is simplifying the approaches a bit to say that there are only four, since there are additional partial solutions that have been proposed. For the purpose of this article, these four approaches will be the focus because they are the most widely used generally, and because they are the ones that have been used to solve ART cases.

318 Id.

319 Id.

320 Id.

321 This approach was described in the RESTATEMENT (FIRST) OF CONFLICTS OF LAW.

322 If procedural, the court will use its own law. For a classic discussion of this, see Walter Wheeler Cook, “Substance” and “Procedure” in the Conflict of Law, 42 YALE L.J. 333 (1933).

323 For example, whether the case is about a tort or a conflict.

324 This is comparable to other legal developments where territory was compared. Compare, for example, the notions of Pennoyer v. Neff, 95 U.S. 714 (1877) with later developments in jurisdiction.

325 The “where” aspect of a “when”-type territorial approach can be seen, for instance, in a case about validity of an indenture. Under vested rights, the court will use the law of the place where the contract was formed. However, in order to know where that occurred, the court must determine when it was formed: in other words, the court must determine the last act necessary for contract formation.

326 Although, as with anything in Conflicts, the application is not problem-free. First, the court will use its own laws to “localize” a case, which means that if the rule asks for the place of contract formation, the court will use its own rules for what is needed to have a contact. Second, the issue of renvoi – the bane of students’ existence – may arise: renvoi raises the possibility that if a forum must use some other state’s law, instead of just applying the substantive law which applies to the case, the court will actually use the other state’s choice of law approach, and go
B. **GOVERNMENTAL INTEREST ANALYSIS**

The next approach to appear was interest analysis. Developed by Professor Brainerd Currie in the late 1950’s, this approach seeks to determine areas where a choice of law is even needed.\(^{327}\) One innovation of this approach is that the court does not need to determine at the outset the area of law with which it is concerned: instead, the court needs to examine the law involved and see if there is a “state interest” in having its law applied.\(^{328}\) Another innovation is that the court is asked to make a *choice* of law only where there is a real conflict, thus eliminating from consideration cases where there appears to be a conflict, but there is not.

C. **BETTER LAW**

The third major approach that appeared chronologically is the “better law” approach, or, as some courts call it, the “choice influencing factors” approach.\(^{329}\) Developed by Professor Leflar in the late 1960’s, thus approach lists five factors that the court needs to consider:

1. Predictability of Results;
2. Maintenance of Interstate & International Order;
3. Simplification of The Judicial Task;
4. Advancement of Forum’s Governmental Interest;
5. Application of The Better Rule Of Law.\(^{330}\)

The court is free to pick and choose among these five factors, but most courts using this

through a second choice of law process (which may lead in some other substantive law being applied.) *See In re Schneider’s Estate*, 96 N.Y.S.2d 652 (N.Y. Sur. Ct. 1950).


\(^{328}\) In teaching this topic, this author asks students to draw a line between the facts of the case and the law involved. Then, they look at the law, and figure out the purpose to the law, while covering up the set of facts. I ask them to think about what facts they would want to see in that state’s column – what events needed to have occurred in the state – in order for that law to apply. For example, if the law at issue is a “guest statute” type situation, as many cases have been, the students must consider the policy involved. A “guest statute” regulates conduct between a plaintiff and a defendant, where an auto accident is involved. The statute might try to prevent ungrateful guests from recovering from host drivers, and/or might seek to prevent collusive lawsuits between passenger and driver. They might suggest that collusive lawsuits are problematic because the driver’s insurance company might be defrauded. The next inquiry for them is this: what facts are we looking for in that state that are relevant to that purpose? The students would then list possible connections that would give the state an interest in the case: if the driver is from that state, if the driver’s insurance company is in that state, if the accident occurred in that state. The more of these, the greater the state’s interest. The students must then uncover the connections they’ve listed in that state’s column: driver from state, passenger from state. Then, they would do the same for the other state (or states) involved in the suit, and put a check mark by every state that has an “interest”. Then, they step back and look at their results. If they find that only one state is “interested”, they see that it is a “false conflict”. If two or more states are “interested”, it is a true conflict, and a secondary analysis is needed. If no state is interested, it is technically an “unprovided for case”, and the forum would simply apply its own law. This is depicted nicely in *WILLIAM M. RICHMAN & WILLIAM L. REYNOLDS, UNDERSTANDING CONFLICT OF LAWS* (2ND ED. 1993).


\(^{330}\) *Id.*
approach choose it because it allows for the court to select a law that it has deemed to be the “better” law.331

D. MOST SIGNIFICANT RELATIONSHIP (SECOND RESTATEMENT)

The Second Restatement approach is the most widely used approach of the four.332 The focus of this approach is to seek out the state that has the “most significant relation” to the case, using a number of topic specific factors and, if the court chooses, a presumption for that area of law. The court may also consult a list of policy principles to determine which law should apply, and/or to break a “tie” in the fact-specific factor analysis. A fuller explanation of this approach appears below. This outline provides the basic steps of the approach:

1. Determine area of law:
   a. substance or procedure
   b. characterize

2. Count up the Law Specific Factors

   Torts:
   2a. Is there a presumption?
   2b. Look to factors in Section 145 to find most significant relationship:
       1) place of injury
       2) place of conduct causing injury
       3) domicile, residence, etc.
       4) place where relationship, if any, is centered

   Contracts:
   2a. Is there express choice of law in the contract:
       If yes, will apply UNLESS:
       1) no relationship to chosen state OR
       2) public policy prevents its application
   2b. Is there a presumption?
   2c. Look to factors in Section 188 to find most significant relationship
       1) place of contracting
       2) place of negotiation
       3) place of performance
       4) location of subject matter
       5) domicile, residence etc. of the parties

3. Consider relevant Section 6 Principles
   a. needs of interstate system
   b. policies of forum
   c. policies of other states
   d. justified expectations
   e. basic polices underlying this field of law
   f. certainty, predictability & uniformity
   g. ease in determination

331 Id. See, e.g., Milkovich v. Saari, 203 N.W.2d 408 (Minn. 1973).
332 See Symonodies, supra note 317 at 713.
4. Localize: apply the Law of the state chosen.

II. HOW THE APPROACHES MISHANDLE ART CASES

There have not yet been many cases where there is a choice of law argument made, but enough have arisen for analysis, and as the above analysis demonstrates, there is certainly potential for many more to arise.

Like the single state cases, the interstate cases have involved: surrogacy agreements, disposition of embryos and parentage issues. Several of these cases illustrate particular issues that arise, and problems with the choice of law approaches, and thus warrant additional discussion. Cases have been decided under a variety of the approaches, and, as the analysis below demonstrates, some cases have been decided in states that use a particular approach, but were not necessarily decided using that approach.

A. CASES DECIDED IN STATES THAT USE THE VESTED RIGHTS/FIRST RESTATEMENT APPROACH

Kansas.

A very recent case from Kansas indicates the difficulties that the First Restatement approach poses for ART conflicts. In this case, the mother of twins impregnated by artificial insemination, sought termination of the donor’s parental rights. The donor opposed the action and sought a declaration and visitation or joint custody. Complicating the issue was the fact that the two were friends, but had not made a written contract governing the donation or deciding whether the donor would be considered the children’s father. The trial court dismissed the donor’s suit, and he appealed; the Kansas Supreme Court affirmed.

There were several issues on appeal, including whether Kansas or Missouri law should govern the dispute. Both parties were Kansas residents, the agreement to donate sperm was made in Kansas, and the twins were born and lived there. The only action that occurred in Missouri was the actual insemination.

This chart illustrates the mutistate connections in this case:

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333 This is different from the many interstate cases that have arisen. The cases noted in this section are those where there was the potential for the law of more than one state to apply, and one of the parties made that argument. In some of the cases described above, the potential was there, but the argument was never made.
334 Kansas uses the vested rights approach. See Symonodies, supra note 317 at 713.
335 In the Interest of K.M.H., 169 P.3d 1025 (Kan. 2007).
336 Id. at 1029.
337 Id.
338 Id.
339 Id. at 1030, 1044.
340 Id. at 1031-32.
341 Id. at 1032.
342 Id.
As soon as the children were born, the mother filed a petition in Kansas to establish that the donor did not have any parental rights; the donor responded with a paternity action that acknowledged his financial responsibility for the babies and claimed his parental rights (joint custody, visitation, and others)\(^\text{343}\). The two actions were consolidated, and when the court heard the case, the parties presented a choice of law conflict\(^\text{344}\). The donor argued that Missouri law should apply because the contract was performed there, i.e. that is where the insemination occurred; the donor sought the more favorable (for him) Missouri common law, which would presume paternity when the sperm donor is known to the unmarried woman\(^\text{345}\). Missouri has no statute on this, but by contrast, Kansas law requires that “the donor of semen provided to a licensed physician for use in artificial insemination…is treated in law as if he were not the birth father of a child thereby conceived, unless agreed to in writing by the donor and the woman.”\(^\text{346}\) The mother, given this harsher treatment of the donor, argued that Kansas law should apply\(^\text{347}\). The Kansas Supreme Court found that Kansas law should apply\(^\text{348}\). The result here was not surprising: as the court noted, and as the above chart indicates, almost all of the connections, and certainly all of the significant connections (birth of children, etc.) were with the state of Kansas\(^\text{349}\). The court noted that in contracts cases Kansas uses the First Restatement rule of *lex loci contractus*\(^\text{350}\): here, Kansas would be the place of contracting because that is where the contract was made\(^\text{351}\). The court also noted that Kansas has a slight preference for the *lex fori* approach, and that the courts should apply Kansas law unless there is a “clear showing that another state’s law should apply.”\(^\text{352}\)

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\(^{343}\) *Id.* at 1029.

\(^{344}\) *Id.*

\(^{345}\) *Id.* at 1030.

\(^{346}\) KAN. STAT. ANN. § 38-1114(f).

\(^{347}\) K.M.H. at 1030.

\(^{348}\) *Id.* at 1032.

\(^{349}\) *Id.*

\(^{350}\) i.e. “the law of the state where the contract is made.” *Id.* at 1031-32.

\(^{351}\) *Id.* at 1031-32.

\(^{352}\) *Id.* at 1032.
Surprisingly, the court also used a section of the *Second* Restatement of Conflicts, citing Section 287, which provides that “legitimacy” is determined by the law of the state with the most significant relationship to child and parent. These three elements together all pointed to Kansas law, which supported the donor’s motion for parentage. The court noted: “…the parties are Kansas residents. Whatever agreement that existed between the parties was arrived at in Kansas, where they exchanged promises supported by consideration, and [the donor] literally delivered on his promise by giving his sperm to [the mother]. The twins were born in Kansas and reside in Kansas. The only fact tying any of the participants to Missouri is the location of the clinic where the insemination was performed.” Thus, the court denied the father’s motion for parentage.

Even more surprisingly, the Kansas Supreme Court seemed to meld of choice of law and constitutional concerns: the court used a “most significant relationship” analysis as a proxy for the standard constitutional inquiry of whether the state has a “legitimate interest” in applying its own law. Thus, in this case, the analysis was still done under Vested Rights, and the result reached was not surprising given the balance of factors, but the court did employ an analysis that seems overly cumbersome given the basic facts of this case. As will be discussed below in Part III, this case could have been much easier.

**Georgia**:

In a Georgia case the court had to address the question of whether a Florida insemination contract was contrary to Georgia’s public policy. In this case, a Florida woman entered into a contract in Florida with a Florida man, by which the man agreed to provide her with semen to be used in her attempt at artificial insemination. The woman conceived two children via artificial insemination using the man’s sperm, but one of them died at birth. After having the second child, the woman moved to Georgia, where she filed a petition for determination of paternity and child support against the man: he sought dismissal, arguing that the agreement entered into by the parties relieved him of the duties of parenthood, including child support. The trial court granted the motion for dismissal; the appeals court affirmed. The primary issue on appeal was whether the insemination contract entered into in Florida was contrary to Georgia’s public policy.

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353 Which did not seem to be the exact issue in this case.
354 *Id.* at 1032.
355 *Id.*
356 *Id.*
357 *Id.* at 1044. The court noted further, in this case of first impression, Kansas’ law, including the “opt out” provision by which a sperm donor could assert his parental rights via a written contract, is constitutional. *Id.* at 1039-42. The court focused on the fact that until the donation is made, the would-be father has complete control to insist on his rights via a written agreement. *Id.* at 1041. Two justices dissented, finding that parenthood is a fundamental right which cannot be waived by failure to obtain a written agreement as required by statute.
358 See *K.M.H.*, 169 P.3d 1025, *supra* note 325
359 Georgia uses the vested rights approach. See *Symonodies*, *supra* note 317 at 713
361 *Id.* at 180.
362 *Id.*
363 *Id.*
364 *Id.* at 179.
policy. The appeals court held that it was not. The agreement, entered into in October 2003, provided that the man would provide his sperm to a fertility clinic in Tampa, Fla., and in return the woman relinquished her rights to hold him “legally, financially or emotionally responsible for any child” resulting from the insemination. In finding the agreement did not violate Georgia’s public policy, the court noted that the Georgia Supreme Court has found that biological paternity does not equal the responsibility to provide support in cases of artificial insemination. Further, the agreement was authorized by Florida law.

B. CASES DECIDED IN STATES THAT USE THE BETTER LAW APPROACH

Minnesota:

Very recently, a Minnesota court was confronted with a complicated situation. This case was both a paternity and a maternity dispute, and also involved a conflicts of law issue. In this case, a New York gay man with HIV, wanted to have a child. Because of his circumstances, he felt his only option was to use in vitro fertilization with sperm washing and a gestational surrogate. His niece, a Minnesota college student, offered to assist him. He discussed the process with her, and, interestingly, found sample surrogacy agreements online: he used one of those as the basis for his contract with his niece.

The opinion of the court indicates that the man sent the agreement to his niece, and it appears – though does not state – that she signed it in Minnesota. More importantly for this court, the contract itself that both parties signed provided that: 1) it was to be governed by Illinois law; 2) that the niece would carry the man’s genetic child (using P.G.M.’s sperm and an egg from an anonymous donor); and 3) that she would give up any rights to the child. The man agreed to pay her medical expenses and later orally agreed to pay her $20,000 for her services as a surrogate.

The uncle and niece traveled to Illinois where his sperm was used to fertilize an egg that

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365 Id. at 180.
366 Id.
367 Id. at 180.
368 Id.
369 Id.
370 Minnesota uses the Better Law approach. See Symonodies, supra note 317 at 713.
372 Id. at *1.
373 He was an attorney, which may explain the sophistication and choice of law provision of the contract. Id.
374 The court is careful to note that he was in good health, with an “excellent life expectancy”. Id. at *1 n1. It leaves the reader to wonder whether had he been in poor health, the court would have used some other factor – perhaps the interest of the child – to decide not only parentage, but also which law should govern.
375 Id. at *1.
376 Id.
377 Id.
378 Id.
379 Id. at *2. For the Better Law approach – unlike the First or Second Restatement – the question of “where” a contract was “made” is not relevant, so it may be that the court did not need to discuss that issue.
380 Id.
381 Id.
belonged to an anonymous donor. They then traveled to New York, back to the man’s home, where the niece spent a few months. However, at some point during the pregnancy the niece demanded more money and the two had a falling out. The niece returned to Minnesota, where the child was born, and the man – the genetic father - filed a paternity suit in Minnesota.

The trial court used the Better Law approach, found that Illinois law applied under this approach, and upheld the validity of the agreement. Thus, it declared the plaintiff as the father, and denied the defendant’s alleged parental rights. The defendant appealed, arguing, inter alia, that the court should have applied Minnesota law, which presumably, and quite possibly, would have warranted a different finding. Perhaps the niece hoped to use to her advantage the divergence in the laws and specifically, Minnesota’s silence on surrogacy agreements: without a specific law to allow them, she might have successfully argued, there should be no way to prove that such an agreement is valid and enforceable, and no way to overcome the presumption that the birth mother is the legal parents of the child.

The Minnesota Court of Appeals affirmed, holding that Illinois law governed. The trial court had made a factual finding that the niece had not only not been coerced, but had proposed the arrangement and refused her uncle’s offer to hire her an attorney. Importantly, the court found that the Illinois choice of law clause was not an attempt to evade Minnesota law and that Minnesota law neither addresses nor prohibits gestational surrogacy agreements. Thus, the court could decide the case using Illinois law. Under Illinois law, the court found that while the Illinois Gestational Surrogacy Act would allow for enforcement of such an agreement, the Act was inapplicable because it had gone into effect after the agreement. However, the Illinois Parentage Act allowed for the rebuttal of a presumption that the birth mother was the legal mother and under this Act, such an agreement could be recognized and enforced when, as in this case, the plaintiff could bring sufficient evidence. Thus, the appeals court found the gestational surrogacy agreement was legally enforceable and did not violate the public policy of Minnesota: for choice of law concerns, it confirmed the (sometimes disputed) notion that the parties could contract for the law that they wanted to apply.

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382 Id.
383 Id.
384 Id.
385 Id.
386 The appellate decision refers to this approach as the “choice influencing factors”. Id. at *1.
387 Id. at *3.
388 Id. at *3.
389 See supra, table 1.
391 Id. at *2.
392 This attempt could be enough to invalidate an express choice of law provision.
393 Id. at *3. See also Symeon C. Symonodies, Choice of Law in the American Courts in 2007: Twenty-First Annual Survey, 56 AM. J. COMP. L. 243, 301 (2007): “Although Minnesota law was silent on surrogacy agreements, certain statutes seemed to contemplate them by, for example, protecting the rights of individuals who use assisted-reproduction technologies, or providing a procedure for recognizing the father of a child conceived by artificial insemination.”
395 Id. at *7.
396 Id. at *7-8.
397 Id. at *8, 5-6.
C. CASES DECIDED IN STATES THAT USE THE GOVERNMENTAL INTEREST APPROACH

New York\(^{398}\):

The issue of posthumous children has already arisen in an interstate context.\(^{399}\) For example, in one “only in these times” kinds of cases, a man created trusts for the benefit of the issue of his eight children (who would be the settlor’s grandchildren), but specifically excluded adopted grandchildren as trust beneficiaries.\(^{400}\) His daughter and her husband hired a surrogate who would be impregnated with the husband’s sperm and a donor egg: this was done, and twins were born in California\(^{401}\). With the surrogate’s consent, the daughter and her husband obtained a judgment of parental relationship from a California court, and then filed a declaratory judgment action in New York to determine whether the twins were excluded as trust beneficiaries because of the trust language against “adoptions”\(^{402}\).

The focus of the court here was less on which law to use, and more on whether New York could refuse to recognize California’s grant of parentage\(^{403}\): it found that it could not\(^{404}\). Noting that California’s decision should be upheld in New York, the court further went on to say that California’s decision to declare the genetic father and his wife the “parents” of the twins was different, under California law, than a declaration of parentage through adoption, because it was done under the power of a statute different from the one that allows adoptions\(^{405}\).

D. CASES DECIDED IN STATES THAT USE THE MOST SIGNIFICANT RELATIONSHIP APPROACH/SECOND RESTATEMENT

Massachusetts\(^{406}\):

Massachusetts has had several cases that involve choice of law issues and choice of law

\(^{398}\) New York’s choice of law approach is difficult to classify. Dean Symonodies puts New York in the “combined modern” column of his choice of law chart. See Symonodies, supra note 317 at 713. However, in this case, ??

\(^{399}\) See In re Doe, 793 N.Y.S.2d 878 (N.Y. Sur. Ct. 2005); c.f. supra note 145 (discussing posthumous use of sperm); see also Kindregan, supra note 7, at 222-23 for an excellent discussion of this case.

\(^{400}\) Id. at 879.

\(^{401}\) Id. at 880.

\(^{402}\) Id.

\(^{403}\) Id. at 881-82. This is similar to the focus of the Miller-Jenkins cases, discussed infra at notes 449 to 470 and accompanying text.

\(^{404}\) Id. The court cited Baker v. General Motors, 522 U.S. 222 (1998) for the proposition that public policy is not a bar to Full Faith and Credit. Interestingly, the public policy objection is often used in the argument that states do not have to recognize same-sex marriages entered into in other states. See Patrick J. Borchers, Baker v. General Motors: Implications for Interjurisdictional Recognition of Non-Traditional Marriages, 32 CREIGHTON L. REV. 147 (1998).

\(^{405}\) Id. at 881.

\(^{406}\) Which uses the Second Restatement in most cases. See Symonodies, supra note 317 at 713.
agreements. In a relatively early case, a father (R.R.) brought suit against surrogate mother (M.H.), seeking to establish his paternity and arguing that she had breached their surrogacy contract. Both parties were married to other people at the time of the surrogacy agreement: R.R.’s wife was infertile, while M.H. at the time said her family was complete and she wanted to help another couple have a child. R.R. and M.H. – who lived in Rhode Island - were put in contact through New England Surrogate Parenting Advisors and entered into the surrogacy agreement in November 1996.

The agreement provided that M.H. would be artificially inseminated with R.R.’s sperm and would give custody of the child to R.R. after birth. She was to receive $10,000 in compensation, which she would be required to repay if she refused to let the father take the child home from the hospital. In her sixth month of pregnancy, M.H. changed her mind and decided to keep the child. Although a custody agreement had been worked out by the time the case reached the Supreme Judicial Court, the court, in a case of first impression, reviewed the trial judge’s determination that the father was likely to prevail on his claim that the surrogacy agreement was enforceable.

The court first determined that Massachusetts law would govern, even though the agreement provided that Rhode Island law would govern its interpretation. This court found that Massachusetts law applied because the child was conceived and born in Massachusetts and the mother was a Massachusetts resident. The court held surrogacy agreements could be valid under certain circumstances, but also that any custody agreement is subject to a judicial determination of what is in the best interests of the child. Using Massachusetts’ adoption law as a guidepost, the court further found that the surrogacy agreement was unenforceable because the agreement was induced by money and because the surrogate mother agreed to give up the baby before her birth.

Another case from Massachusetts – and one that probably best illustrates the use – and problems – of the Second Restatement is Hodas v Morin. In this case, the plaintiffs were a married couple from Connecticut who entered into a gestational surrogacy agreement with a New York resident and her husband wherein the New Yorker would serve as a surrogate for their genetic child. The chart below can help illustrate the facts of Hodas.

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408 689 N.E.2d 790
409 Id. at 791.
410 Id. at 792.
411 Id. at 793.
412 Id.
413 Id. at 793-4.
414 Id. at 793.
415 It is not completely unheard-of for courts, even those using the “modern” Second Restatement approach to ignore party choice of law provisions in a contract. Interestingly neither side had asked the court to use Rhode Island Law, Id. at 795, quite possibly because Rhode Island has no statute or case law on this issue.
416 Id. at 795.
417 Id. at 795-6.
418 Id. at 795. No consent would be valid before the fourth day following the baby’s birth. Id. at 796.
419 Hodas, 814 N.E.2d 320.
420 Id. at 322.
<table>
<thead>
<tr>
<th>State</th>
<th>Connecticut</th>
<th>NY</th>
<th>Massachusetts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connections to the state</td>
<td>P’s (couple) Provided gametes Implantation</td>
<td>Surrogate</td>
<td>Hospital designated Baby to be, and was, delivered Massachusetts law specified in contract</td>
</tr>
<tr>
<td>Law in that state</td>
<td>No stated position on gestational carrier agreements; Allows for birth certificates to name someone other than the birth mother</td>
<td>Strong policy against such agreements (would expressly forbid it)</td>
<td>Provides for pre-birth orders naming the genetic parents as the child’s parents so that they do not have to subsequently adopt the child; Would uphold agreement *Note: case law; no statute on point.</td>
</tr>
</tbody>
</table>

The agreement specified that the child would be born at a Massachusetts hospital, apparently because it was the halfway point between the couples’ residences, but also because Massachusetts law provides for pre-birth orders naming the genetic parents as the child’s parents so that they do not have to subsequently adopt the child. The couple, with no objection from either the surrogate and her husband or the hospital, went to court in Massachusetts to obtain such an order. The probate and family court judge, apparently concerned about forum shopping, dismissed Hodas’ complaint. The Supreme Judicial Court vacated that order, and remanded with directions that the genetic parents be named on the child’s birth certificate.

The court’s ruling primarily dealt with a choice-of-law issue: the court had to whether to respect the choice of non-Massachusetts residents to have that state’s law govern their contract. The court noted that Connecticut apparently had no stated position on “gestational carrier agreements,” but New York has a strong policy against such agreements.

The court said that where the parties express an intent as to the governing law for their contract, Massachusetts courts would generally abide by that choice. More specifically, the court applied the Restatement (Second) of Conflicts of Laws, which presumes that the law chosen by the parties applies unless “(a) the chosen state has no substantial relationship to the parties or transaction and there is no other reasonable basis for the choice, and (b) application of the law of the chosen state would be contrary to the fundamental policy of a state with a materially greater

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421 *Id.*
422 *Id.* at 321.
423 *Id.*
424 *Id.* at 327.
425 *Id.* at 324.
426 *Id.*
427 Even though the court didn’t in *R.R. v. M.H.*, discussed *supra*. The *Hodas* court distinguished *R.R. v. M.H.* as follows: “That case concerned a surrogacy agreement where the genetic mother (not married to the father) carried the child, was required to consent to the father's custody of the child prior to birth, and was to be paid $10,000 for being a gestational carrier…. The gestational carrier was a Massachusetts resident, the child was born in Massachusetts, and the genetic father and his wife were residents of Rhode Island…. Although the gestational carrier contract provided that ‘Rhode Island Law shall govern the interpretation of this agreement,’ we applied Massachusetts law to invalidate the contract as contrary to Massachusetts public policy.” *Id.* at 325 n.10 (cites omitted).
interest than the chosen state and is the state whose laws would apply in the absence of a choice of laws by the parties.\textsuperscript{428}

The court concluded that Massachusetts had a substantial relationship to the transaction because the child was to be born there and the gestational carrier had obtained prenatal care at the Massachusetts hospital. Although the agreement was contrary to New York’s public policy, the court found it was doubtful New York’s law would have applied in the absence of the contract provision because parts of the transaction took place in New York, Massachusetts and Connecticut.

The court noted generally “The gestational carrier agreement implicates the policies of multiple States in important questions of individual safety, health, and general welfare.”\textsuperscript{429} Like many courts before, this court noted that the legislature should provide more guidance in the area of ART.\textsuperscript{430}

The court explained the difficulty posed not just by the facts that the parties had connections to various states, but also the significant differences in the laws:

“Complicating matters is the fact that the laws of Connecticut, New York, and Massachusetts, the three States that potentially could govern the agreement, are not in accord. In Connecticut … gestational carrier agreements are not expressly prohibited by, and perhaps may be contemplated by, the recently amended statute governing the issuance of birth certificates. New York … has expressed a strong public policy against all gestational carrier agreements. Massachusetts … recognizes gestational carrier agreements in some circumstances.”\textsuperscript{431}

The court engaged in the laborious analysis of the Second Restatement approach. Under this approach, the party choice of law approach will usually establish the “most significant relationship” to the case.\textsuperscript{432} The Hodas court acknowledged this as well.\textsuperscript{433} However, as allowed by the Second Restatement, the court went on to conduct an additional analysis, to look for a connection to the state beyond that of the law chosen by the parties.\textsuperscript{434}

\textsuperscript{428} Id. at 325, citing RESTATEMENT (SECOND) OF CONFLICTS § 187.
\textsuperscript{429} Id. at 324.
\textsuperscript{430} “Until and unless the Legislature speaks to the contrary, the Commonwealth’s paramount concern to protect the best interests of children requires that parties seeking prebirth declarations of parentage or a prebirth order follow the procedures set out in Culliton v. Beth Israel [765 N.E.2d 1133 (Mass. 2001)].” Id. at 327 n. 16.
\textsuperscript{431} Id. at 324 (citations omitted).
\textsuperscript{432} See generally RESTATEMENT (SECOND) OF CONFLICT OF LAWS § 187 (1971).
\textsuperscript{433} 814 N.E.2d at 324-25 (“As a rule, ‘[w]here the parties have expressed a specific intent as to the governing law, Massachusetts courts will uphold the parties' choice as long as the result is not contrary to public policy.’ Steranko v. Inforex, Inc., 5 Mass.App.Ct. 253, 260, 362 N.E.2d 222 (1977), citing RESTATEMENT (SECOND) OF CONFLICT OF LAWS § 187 (1971). See Morris v. Watsco, Inc., 385 Mass. 672, 674, 433 N.E.2d 886 (1982) (‘Massachusetts law has recognized, within reason, the right of the parties to a transaction to select the law governing their relationship’”).
\textsuperscript{434} 814 N.E.2d at 325 (“The Restatement similarly presumes that the law the parties have chosen applies, unless ““(a) the chosen state has no substantial relationship to the parties or the transaction and there is no other reasonable basis for the parties' choice, or (b) application of the law of the chosen state would be contrary to a fundamental policy of a state which has a materially greater interest than the chosen state” and is the State whose law would apply under §
The specific provision of the Second Restatement on party choice of law notes the following:

“(2) The law of the state chosen by the parties to govern their contractual rights and duties will be applied, even if the particular issue is one which the parties could not have resolved by an explicit provision in their agreement directed to that issue, unless either (a) the chosen state has no substantial relationship to the parties or the transaction and there is no other reasonable basis for the parties' choice, or (b) application of the law of the chosen state would be contrary to a fundamental policy of a state which has a materially greater interest than the chosen state in the determination of the particular issue and which, under the rule of § 188, would be the state of the applicable law in the absence of an effective choice of law by the parties.”

The Hodas court interpreted and used § 187(2) as a “two-tiered analysis”, first checking to see whether Massachusetts has a “substantial relationship” to the “transaction”, and second checking whether applying Massachusetts law would violate a “fundamental policy” of that state.

On the first prong, the court found that the parties chosen law – that of Massachusetts – could govern because Massachusetts has a “substantial relationship” to the transaction. The court noted, “that substantial relationship is anchored in the parties' negotiated agreement for the birth to occur at a Massachusetts hospital and for a Massachusetts birth certificate to issue, and bolstered by the gestational carrier's receipt of prenatal care at a Massachusetts hospital in anticipation of delivery at that hospital.”

What is interesting here is that the court did not give a presumption to the chosen law, but instead looked for a substantial relationship despite the fact that the law had been provided. This makes this court’s analysis under the Second Restatement more cumbersome than it needed to be: it could have relied more easily on the chosen law. Moreover, in an excellent legal move, the attorneys involved may have anticipated that Massachusetts would look for a connection beyond just the law of Massachusetts being chosen, and for that reason decided that the baby should be born in Massachusetts. This demonstrates a “best practice” for lawyers, to be sure, but certainly creates a confusing and counter-intuitive solution for the actual parties involved.

On the second prong, the court noted, “it is a close question whether applying the parties' choice of law would be “contrary to a fundamental policy” of another State with a “materially greater interest.”

188 of the Restatement “in the absence of an effective choice of law by the parties.” Restatement (Second) of Conflict of Laws, supra at § 187(2).”


436 Hodas at 325.

437 Id.

438 Id. The court noted that under Restatement § 187 comment f, the “place of partial performance considered to be sufficient to establish a reasonable basis for the parties' choice of law”. Id.

439 Id.
“Certainly the interests of New York and Connecticut are material and significant, for the contracting parties reside in these States. Nevertheless, the interests of New York and Connecticut may be at cross-purposes here. New York, the home of the gestational carrier and her husband, expressly prohibits gestational carrier agreements in order to protect women against exploitation as gestational carriers and to protect the gestational carrier's potential parental rights. … New York has thus expressed a “fundamental policy” on a matter in which it has a great interest. Connecticut … is silent on the question of gestational carrier agreements, but in any event does not expressly prohibit the plaintiffs from entering into such an arrangement. Massachusetts also has interests here, including interests in “establishing the rights and responsibilities of parents [of children born in Massachusetts] as soon as is practically possible” and “furnishing a measure of stability and protection to children born through such gestational surrogacy arrangements. 440,

Even more surprisingly, the court then went on to consider the factors of Section 188 of the Second Restatement, which are usually used in the absence of a specific choice of law provision. The court found the analysis of these factors “inconclusive”, noting that:

“For example, the “place of contracting” and the “place of negotiation” … are both unknown, although presumably these activities took place in New York or Connecticut, or both. The “place of performance,” … arguably is the intended place of birth (Massachusetts), or the place of prenatal care (at least partly in Massachusetts), or the place where the pregnancy evolved (New York), or the place where the genetic carrier was inseminated (Connecticut), or any combination of these. The location of the “subject matter of the contract,” see … is equally difficult to determine, and the final consideration, the “domicil” of the parties (New York or Connecticut), see … in this case is not helpful.”

This analysis indicates precisely the problem with the Second Restatement approach: too many of the factors cannot be analyzed when discussed in the context of an ART situation. One solution to this may be to have more presumptions in the Restatement itself – for example, to have a presumption that states that in a surrogacy contract, the “place of performance” is the place of birth – but any such presumption would first likely be arbitrary and second, as with all presumptions, may defeat the advantage of flexibility in reasoning that the Second Restatement provides. These concerns are addressed further in the next section.

In Hodas, after all of that reasoning, the court concluded whether New York has an interest or not “it is doubtful that the principles of § 188 would result in application of New York law to this

440 Id. at 325-6. The court in Hodas was careful to note: “We are concerned here only with those portions of the gestational carrier agreement that pertain to the choice of Massachusetts law and the complaint to establish parentage and for a prebirth order. We have not been asked to express an opinion-nor do we do so-on the validity, construction, or enforceability of any other provision of the gestational carrier agreement.” Id. at 324 n.7.
441 Id. at 326 (citations omitted).
particular contact. Given that, the court finally concluded that the judge should have applied the law of Massachusetts – the law chosen by the parties – to decide the case.

Illinois:

In a case that reached a somewhat opposite result from Hodas, an Illinois court used the Second Restatement and decided that a dispute should have been determined under Florida law, despite the fact that the parties had stipulated that the question would be decided under Illinois law. The case concerned the parentage of a child born during the marriage of an Illinois couple after the wife was artificially inseminated while the couple was living in Florida. The wife later brought a divorce action in Illinois, seeking support for the child; the husband denied parentage of the son. The trial court awarded child support, finding that John was estopped from denying parentage of the child; the appeals court affirmed, but the high court reversed. The court noted that Florida and Illinois have somewhat different statutes regarding the parentage of children born via artificial insemination, and the court found the use of Illinois law here was customary to typical choice-of-law rules, which state that the law governing legitimacy will be the law of the state which has the most significant relationship to the child and parent.

E. Case Decided In Two States

Virginia and Vermont:

One of the most recent, and quite controversial cases to illustrate a conflicts issue springing from ART is a parentage case that arose from a same-sex relationship. In this case, two women – Janet and Lisa – were partners in a lesbian relationship from 1998 to 2003. For most of that time, they lived in Virginia, but they entered into a civil union, as allowed under Vermont law,

442 Id. at 326.
443 Id. at 327. The court, it should be noted, felt comfortable in its conclusion and reasoning: “Although the judge in her decision prudently raised the issue of forum shopping in declining to consider the complaint, we are satisfied that, in the circumstances of this case, the parties' choice of law is one we should respect. We are also satisfied that our established conflict of laws analysis will work to prevent misuse of our courts and our laws.” Id.
446 Id. at 635-36.
447 Id. at 637, 640.
448 Id. at 639.
449 Virginia uses the First Restatement approach. See Symonodies, supra note 317 at 713.
451 Miller-Jenkins v. Miller-Jenkins, 637 S.E.2d 330 (Va. Ct. App. 2006), appeal after remand 2007 WL 1119817 (Va. Ct. App. Apr 17, 2007), aff’d 661 S.E.2d 822 (Va. 2008), pet. for cert. filed Sept 4, 2008 (Miller-Jenkins Virginia). See also, A.K. v. N.B. (finding that Alabama would not reconsider a California judgment in a case where a child was conceived through ART, when the natural mother tried to appeal the judgement, which had granted visitation rights to her former lesbian partner; note that Alabama uses the Vested Rights Approach. See Symonodies, supra note 317 at 713.
452 Miller-Jenkins Virginia, 661 S.E.2d at 824.
453 VT. STAT. ANN. tit. 15, § 1201 et seq.
in 2000. They returned to Virginia after that, and in 2002 decided to have a child together and went through intrauterine insemination: Lisa was inseminated with anonymous donor sperm and carried and gave birth to their daughter, IMJ. Shortly thereafter, they moved to Vermont, but split up in 2003. Lisa took their daughter and moved back to Virginia.

In November 2003, Lisa filed a petition in a Vermont court seeking to dissolve their civil union and to gain custody of their daughter; the court dissolved the union and granted Lisa custody and Janet visitation rights. Not content with this, on July 1, 2004, Lisa filed a petition in a court seeking sole custody. Six days later, Janet filed a motion in a Vermont court seeking enforcement of the Vermont custody order and a determination that Lisa was in contempt.

The Vermont court entered an order that it had continuing jurisdiction over the custody dispute, but the Virginia court entered an order awarding temporary sole custody to Lisa. Since this case was proceeding simultaneously in Vermont and Virginia, Janet continued her appeals in Vermont: “subsequently, the Vermont Supreme Court affirmed the opinion of the lower court, specifically holding that, because Vermont had continuing custody jurisdiction under the Parental Kidnapping Prevention Act (PKPA), Virginia lacked jurisdiction to entertain Lisa’s parentage action. Thus, Vermont did not have to recognize the Virginia judgment, which itself had improperly denied recognition to the previous Vermont judgment.”

Lisa continued her case in Virginia, the Virginia Court of Appeals held that the Vermont order should stand. The Virginia Supreme court, in an important holding in June 2008 - just three months prior to this writing - held that the biological mother could not appeal the Virginia Court of Appeals reinstatement of the Vermont child custody order, and that the non-biological mom, and former partner, should thus continue to have visitation rights.

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454 Miller-Jenkins Virginia, 661 S.E.2d at 824.
455 Id.
456 Id.
457 Id.
458 Id.
460 Miller-Jenkins Virginia at 824.
461 Id.
462 Id.
463 28 U.S.C. § 1738A.
464 Symonodies, supra note 393 at 302.
465 Miller-Jenkins Virginia, 637 S.E.2d 330.
466 Miller-Jenkins, 661 S.E.2d 882. This holding was based on the law of the case doctrine; because Lisa had failed to perfect her appeal from the prior Virginia Court of Appeals ruling, she was barred from challenging that ruling in a subsequent appeal. Id. at 826. As of the date of writing, Lisa’s petition for certiorari to the U.S. Supreme Court was still pending.
One of Lisa’s arguments in the Vermont Supreme Court was that Janet could not be considered a parent of IMJ because she lacked a biological relationship with the child. The court rejected that argument, relying in part on a string of cases giving parental status to the husbands of women who are inseminated by anonymous donors. The court also noted that a growing number of courts have recognized parental rights for same-sex partners of those who adopt children or conceive via artificial insemination. Lisa did not preserve for appeal an argument that Janet’s parental status should have been determined under Virginia law, and the Vermont Supreme Court, using its choice of law approach found that Vermont law applies:

“We have a similar response to Lisa’s argument that Janet's parental status must be determined under Virginia law. Again, the argument was not preserved below. … In any event, we also reject this argument. We have adopted the “most significant relationship” test of the Restatement (Second) of Conflict of Laws § 287 (971) in determining choice-of-law questions. ... (law of the state with the most significant relationship to the child and parent determines legitimacy); as we held in the first section, the Vermont court had jurisdiction to adjudicate custody and visitation of IMJ under both the PKPA and the UCCJA. Although these acts primarily determine jurisdiction, their provisions are such that they establish the state with the most significant relationship to a child custody or visitation dispute…. Accordingly, we conclude that where jurisdiction is exercised consistent with the PKPA and UCCJA, the law of the forum state is applicable. In this case … Vermont had jurisdiction under both statutes, and, accordingly, Vermont law applies here."

The significance of Miller-Jenkins is not just in how the case proceeded, but in the facts that the court separated any discussion of recognition of civil unions from its analysis of whether a custody agreement (made upon the dissolution of such a union) would stand. Moreover, the decision of the courts – in particular, Virginia’s, and the U.S. Supreme Court’s decision not to accept certiorari on this case – comfortingly reinforce the basic principle that the PKPA and the Full Faith and Credit clause will continue to require courts to recognize parentage and custody determinations made in other states. Unfortunately, cases where a decision has already been reached are only a small part of the panoply of cross-border ART cases. Additionally, even if we can answer the question of recognition of judgments, the original court still oftentimes must make a difficult decision. For that reason, the next section suggests some solutions to those very difficult determinations.

**PART THREE: SOLUTIONS TO ART CONFLICTS AND COMPLEXITIES**

467 *Miller-Jenkins Vermont*, 912 A.2d at 965-68.
468 *Id.* at 970.
469 *Id.* at 972.
470 *Id.* at 971 (citations omitted).
As discussed above, ART poses problems for a variety of legal models because it breaks up the traditional units of “person” and “family” into smaller components than those traditionally contemplated by the choice of law approaches. The laws differ widely on many of the issues, and no choice of law approach is precisely tailored to solving this problem. The question then needs to be asked: what can be done? This section analyzes several solutions.

I. **Uniform Laws**

The obvious way to eliminate choice of law problems to begin with is to eliminate conflicts themselves. Put simply, if the laws are the same throughout, then the conflicts issues simply won’t arise. Thus, laws like the Uniform Parentage Act and the ABA’s recent Model Act could – and should – be useful in preventing conflicts issues.

Unfortunately, neither act has yet – or seems likely to – solve the wide range of issues that confront the courts. The history of the UPA has been very mixed. The UPA in its current form indicates revisions and a complicated history. It has been controversial and not all of its provisions have achieved even close to uniform adoption. For example, one of its provisions would clarify problems with surrogacy:

> “Article 8 of the UPA (2000), which has since been revised in 2002, attempts to clarify legal parenting of a child born as the result of a ‘gestational agreement. Article 8 recognizes that conception through surrogacy is here to stay so, unlike the USCACA, it does not give states the option of outlawing surrogacy outright.”

This article goes on to point out the exact difficulty of this section and the UPA overall:

> “Of course, any state remains free not to enact the UPA (2000), to enact it without Article 8, or to enact it with a modified version of Article 8.”

Recent articles have outline other problems with the act, including, *inter alia,* its problems in addressing the rights of stepmothers, and its lack of attention to issues of assisted reproductive technology and the complicated problems this creates.

The lack of comprehensive coverage in, and lack of uniform adoption of the UPA indicate that this act itself does not – and cannot – solve ART problems or conflicts. In partial response to this gap, and to address other issues that the UPA does not even contemplate, the ABA House of Representatives, after much discussion, finally passed the ABA Model Act Governing Assisted

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471 Supra at 175.
472 MODEL ART ACT, supra note 2.
474 Id.
ABA Model Act:

The American Bar Association has also noted the need for more uniformity in the laws themselves, and has passed a Model Act Governing Assisted Reproductive Technology ("The ART Act"). In it, the ABA notes,

"It is the purpose of this Act to give assisted reproductive technology (ART) patients, participants, parents, providers, and the resulting children and their siblings clear legal rights, obligations and protections. These goals are accomplished by establishing legal standards for the use, storage, and other disposition of gametes and embryos by addressing societal concerns about ART, such as clarifying issues of health insurance coverage for the treatment of infertility and by establishing legal standards for informed consent, reporting, and quality assurance."

The ART Act is quite comprehensive in scope. It covers areas from informed consent (Art. 2), mental health consultations (Art. 3), Privacy (Art. 4) to the needed topics of payment to donors and gestational carriers (Art. 8), health insurance (Art. 9) and quality assurance (Art. 10).

It also delves into the difficult topics of embryo transfer and disposition (Art. 5) and the status of children of assisted reproduction and the people who donated the sperm and eggs. (Art. 6) The ART Act, however, does note that it may actually conflict with provisions of the UPA, and urges caution:

"It is not the intent of this act to conflict with or supersede provisions of the Uniform Parentage Act or applicable intestacy provisions of the Uniform Probate Code. Accordingly, any state or territory considering adoption of this Act should review its statutes to determine if those uniform acts have been adopted in that jurisdiction and, if so, to refer to those existing provisions rather than enacting this Article 6."

However, when it focuses on gestational agreements, the ART Act actually contains two alternatives (Art. 7). One requires a judicial proceeding, while the other does not. Here, too, there is the possibility of deference to the UPA, just as in Article 6. The ABA explains it as follows:

"Since the Gestational Agreement provisions of the Uniform Parentage Act are bracketed and, therefore, optional, an alternative procedure to determine parentage in a gestational surrogacy arrangement is offered that does not require a

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477 The rise of these new technologies and therapeutic modalities, including the use of third parties, to assist in creation or gestation of an embryo has created a host of novel legal issues. The resolution of these issues has caused confusion and contradictions in the application of a body of existing statutory and common law. MODEL ART ACT.
478 MODEL ART ACT, preface.
479 MODEL ART ACT, Legislative Note to Article 6.
judicial proceeding if, and only if, the parties comply with all of the other procedural protections of the statutory alternative. The judicial preauthorization model is offered as Alternative A, and the administrative model is offered as Alternative B.]”

Again, the possibility of alternatives on a difficult topic makes the ART Act instantly less able to create uniformity.

The history of the UPA and other acts also indicates that states are not likely to adopt the Act, or all portions of it, or adopt it in a uniform fashion. The possible inconsistencies between the UPA and the ART Act may also breed confusion, and will likely ensure that conflicts will remain. Further, even if states adopt similar provisions of the ART Act, there are likely to be differences in interpretation and application. Moreover, states may be reluctant to consider a Model Act in an area as sensitive, and emotionally and politically loaded as this one. Regardless of whether any Model Acts are adopted, the need for sound Choice of Law principles to decide disputes will remain. It is quite possible that greater uniformity in the laws will contribute to the interstate aspect of ART.

II. PARTY CHOICES TO MINIMIZE CONFLICTS

Another possible solution is allowing patients and doctors to contract for specific choices of law to apply to their interactions. Choice of law provisions in contracts generally are now quite common; however, the idea of contracting for a choice of law clause in anticipation of a tort action is a newer idea. There have been several approaches to allowing for party autonomy in tort cases: one is to let parties choose a state’s law in their contract; this is analyzed below. Another option is the idea of letting the parties choose the law to govern their dispute post-occurrence, but pre litigation. The reason that the latter does not need much discussion is because it is still used extremely rarely, and assumes that parties can agree. In some ways, this is no different than having one party allege that a particular law should apply, and having the other party not contest that particular issue.

The idea of choice of law provisions in medical contracts as potentially governing tort actions is not unique to ART. There is no reason why such provisions cannot be more commonplace, except for several concerns: first, such provisions so clearly anticipate litigation, that they may make both the doctor and the patient uncomfortable. Second, such provisions create extra legal work that the attorney’s for the doctor (or her insurer) must do in advance, and might not be easy choices to make. They could be straightforward if the doctor practices in a state whose laws favor the medical profession, but if she does not practice in such a state, and the contract

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480 MODEL ART ACT, Legislative note to Article 7.
481 The lessons learned with the UPA indicate this, if nothing else.
482 One need only look at the arena of same-sex marriages to see the issues that arise. For an excellent discussion of that issue, see Mark E. Wojcik, The Wedding Bells Heard Around the World: Years from Now, Will We Wonder Why We Worried About Same-Sex Marriage?, 24 N. ILL. U. L. REV. 589 (2004). Moreover, the topics discussed throughout the article – surrogacy, embryo-disposition, etc. – indicate that states do not naturally tend toward a uniform approach to these very difficult questions.
483 See, e.g., In re Marriage of Adams, 551 N.E.2d 635.
includes a provision that another state’s law should govern, that may be confusing for everyone involved. It may even strike the patient as somewhat suspicious. A related concern is the information provided to a patient: most patients in general, and certainly most ART patients, do not bring their lawyers with them to the doctor’s office. Any extra legal language may make any patient nervous, and anything unexpected, could exacerbate those nerves. Finally, as with any “adhesion contract”, were the parties cannot bargain for the choice of law, there is the concern that the choice of law provision might not even be upheld.\footnote{See, e.g., \textit{Siegelman v Cunard White Star Limited}, 221 F.2d 189 (1955). In the area of jurisdiction, there is the same concern. See, e.g., \textit{Carnival Cruise Lines, Inc. v. Shute}, 499 U.S. 585 (1991).}

The choice of law solution has the potential to work particularly well in surrogacy contracts, where there is a clear contractual relationship that can be established between the parties. Trickier, though possible, is to include choice-of-law provisions in quasi-contracts: forms that people who are going through ART often complete in their doctors’ offices.\footnote{See \textit{Kindregan} \& \textit{McBrien}, supra note 62 at 313-317 for a discussion of fertility center contracts and forms.}

In place of including a specific choice of law provision, the contract could more accurately and informatively spell out the rights of the parties involved, at least the laws that exist in the state where the procedure is being done. Here, however, if a suit is eventually brought in another jurisdiction, that other forum may choose to use its own law rather than the rules spelled out in the contract, thus creating more confusion for everyone involved.

III. \textbf{Strange Bedfellows: A Governmental Interest Solution for ART Conflicts}

The traditional approaches to conflicts of law are grounded in a notion of territoriality. It is important to understand where an event occurred and where the parties rights “vested” because it is that location that is said to have the power of having its law apply. The difficulty with this approach in the realm of ART is that it is not always possible to determine what the critical event is that gave rise to the lawsuit, and even if that is possible to determine, it is not always possible to pinpoint where it occurred.

The First and Second Restatements share the same problems. It is difficult in both to assess some critical issues when analyzing an ART case, for example:

\begin{itemize}
  \item Where is the “domicile” of an embryo
  \item Where is place of injury? Of negligence?
  \item How are ART cases to be characterized? Are embryo cases “torts” or “property”? Is a case about surrogacy one of contract or family law?
\end{itemize}

These questions are possible to answer, but insuring that all courts answer them uniformly would require additional components to the approaches that they do not presently have.

The “Better Law” approach is criticized in general for being inconsistent, unpredictable, giving too much power to judges and fostering forum shopping (since a court is likeliest to apply its
own law). As far as research indicates, this approach has not been used yet to resolve a conflicts of law issue involving ART.

An interesting, though controversial and potentially problematic, idea is to have courts faced with an ART case use the “better law” approach. Here, there is not the same need to determine where the parties rights “vested”, nor is it necessary to assess any of the other myriad of factors required by the Second Restatement. Under this approach a court would be free to determine and choose which law was “better”. The concerns about this approach in other areas of the law, however, that is substitutes judges for lawyers, and that it improperly allocates quasi-legislative power to the courts, would be magnified in an area as loaded with religious, ethical and emotional issues as ART. It is hard to imagine a court in Alabama deciding that its surrogacy law was worse than the surrogacy law in Vermont, and thus using the other state’s law. Thus, it is far likelier that here, as in the better law approach generally, courts would tend to use forum law to decide most conflicts, which would at least be predictable pre-litigation, but would no doubt lead to forum shopping and potentially unfair results.

Of the four, the governmental interest approach is quite possibly the best solution to ART conflicts. It is precisely this last issue discussed above – the state’s strong interest in developing its own laws about such important and difficult family law issues – that makes the interest analysis approach the best of the modern approaches. Recall that the idea behind this approach is that the state should choose the law of the state that has a real interest in the case, thus eliminating many cases that seem to pose a conflict because there are connections to many states, but really do not. Here, with ART cases, the idea that a state can evaluate the laws themselves and determine, first and foremost, if they are meant to apply, will actually mean that different laws will be considered, but only laws that are meant to apply to that particular factual situation will be used.

This approach is not without critics: the concerns raised are that it is inconsistent and that it may give too much weight to forum law. Moreover, many teachers of this subject find it difficult to explain to students how the canon of simply reevaluating a state’s own interest is a satisfactory way of resolving a true conflict. It may be best to say that in a true conflict situation, a state should truly make the effort to determine which state has the greater interest in the case, by looking at the laws of that state and determining if those laws are really meant to apply to this type of factual situation.

Of course, suggesting the use of the Governmental Interest approach for ART cases assumes the possibility that a court may pick and choose a choice of law approach depending on the case at hand. Obviously, the criticism of such an idea is that it is confusing for courts and litigants. However, even this kind of subject based, seemingly piecemeal approach, is better than the different approaches used by different states, and would provide more certainty - at least in this particular area of law.

486 Note that Leflar himself realized that a forum would most likely choose its own law: “… The idea that the forum’s own law is the best in the world … is unfortunately but understbadably still current among some members of our high courts. Leflar, supra note 329 at 298.
487 The same reasons for why it is difficult to create uniformity apply here as well.
488 This is different from solving a true conflict merely by applying forum law.
CONCLUSION

Despite the passage of the Model Act, the issues will continue to become more and more complicated as the new technologies continue to develop, become more widely used, and become more widely used across state lines. The need for clear legislative guidance is apparent, and alongside that, the courts need to review and reconsider how they approach interstate cases themselves.

The field of Conflicts of Law inspired two great legal thinkers – separately – to write poetry about its complexity. To their efforts, this author adds her addition to the poem, considering the particular problems created by ART.

CONFLICT OF LAWS

FIRST VERSE (1914)\textsuperscript{489}

CONFLICT OF LAWS with its peppery seasoning,
Of pliable, scarcely reliable reasoning,
Dealing with weird and impossible things,
Such as marriage and domicil, bastards and kings,

All about courts without jurisdiction,
Handing out misery, pain and affliction,
Making defendant, for reasons confusing,
Unfounded, ill-grounded, but always amusing

Liable one place but not in another
Son of his father, but not of his mother,
Married in Sweden, but only a lover in
Pious dominions of Great Britain's sovereign.

Blithely upsetting all we've been taught,
Rendering futile our methods of thought,
Till Reason, tottering down from her throne,

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\textsuperscript{489} James A. McLaughlin, the Robert L. Shuman Professor of Law at West Virginia University College of Law wrote in a 1991 law review article: “The late Thurman Arnold, one of the more iconoclastic of the legal realists (he wrote The Folklore of Capitalism (1937) and The Symbols of Government (1935), but who, after a stint in Academia as Dean at West Virginia University College of Law, Professor at Yale Law School, and judge on the federal bench, founded the Washington law firm of Arnold, Fortas and Porter) waxed poetic when it came to Conflict of Laws as dished up by Joseph Beale (at Harvard law school). In Arnold's autobiography, Fair Fights and Foul, A Dissenting Lawyer's Life (1965), he remembers a poem written at the Harvard Law School in 1914, to which I have added a second verse, hopefully in something of the spirit of Arnold's original. Here is Arnold's doggerel with my addition.” The first two verses – Arnold’s and McLaughlin’s – were cited by Judge Raker of the Maryland Court of Appeals court when he dissented in \textit{American Motorists Ins. Co. v. ARTRA Group, Inc.} noting, “Today, the majority fails to shed new “light” on the murky maze of Conflict of Laws.” 659 A.2d 1295, 1312 (Md. 1995).
And Common Sense, sitting, neglected, alone,

Cry out despairingly, “Why do you hate us?
Give us once more our legitimate status.”
Ah. Students, bewildered, don’t grasp at such straws,
But join in the chorus of Conflict of Laws.

Chorus
Beale, Beale, wonderful Beale,
Not even in verse can we tell how we feel,
When our efforts so strenuous,
To over-throw,
Your reasoning tenuous,
Simply won't go.

For the law is a system of wheels within wheels
Invented by Sayres and Thayers and Beales
With each little wheel so exactly adjusted,
That if it goes haywire the whole thing is busted.

So Hail to Profanity, Goodbye to Sanity,
Lost if you stop to consider or pause,
On with the frantic, romantic, pedantic, effusive, abusive, illusive, conclusive,
Evasive, persuasive Conflict of Laws

SECOND VERSE (1991)

If Arnold thought reason had gone from its throne
Clear back in '14, O now how he'd groan
For Babcock and Jackson had a terrible row
And seeds of new policy surely did sow.

The seeds were from plants nursed in academia's groves
And from '20 to '60 grew in great droves;
But, once out of the classroom and into the courts
The profuse little seedlings grew into sports.

Though the new growth was reason supplanting mere rites
When growing in Academe's neat little sites;
In real rows the neat rows fit nothing quite right,
And we often get darkness instead of new light.

But if light be our metaphor, mixed as it is,

491. This was added by Professor McLaughlin. See, Id.
Old light was dimmer and fuzzy as fizz;
Nothing it showed but shadow to fools
Who mistake simple outlines for the sureness of rules.

Now New light makes “sense” always the goal
And explores each case nuance with the Restated tools
So, Lawyers, relax, break up the old straws,
And join in the chorus of Conflict of Laws.

THIRD VERSE (2008)\textsuperscript{492}

Now in the “oughts” we have troubles galore-
As each new procedure has conflicts in store.
Restatements pervasive but reason long gone,
As courts cry for guidance and find there is none.

“Born” to a father, a child of two mothers,
With surrogate sisters and twins who’re not brothers;
California’d reverse but New York would affirm
A suit against posthumous donors of sperm.

We’ve redefined meanings of “person” and “parent”
With “interstate intercourse” nothing’s apparent.
Despite Model Acts made to make it all fine,
An emryo’s cells can now cross a state line.

So we ask for more “light” on the Restated rules
Shine upon petri dish, medical tools;
Help unconfuse what was once elemental
And judges might find what is truly “parental”.

As humans, in hope, employ ART,
Let resolution be bright as can be.
So parents and children will not have a cause
To join in the chorus of Conflict of Laws.

\textsuperscript{492} The author has humbly added this for consideration.