



April 29, 2026

U.S. Senate
Washington, DC 20510

U.S. House of Representatives
Washington, DC 20515

Dear Senator/Representative:

We have written to Congress multiple times expressing our grief for the growing number of families suffering infertility, and expressing our corresponding support for life-affirming, but often overlooked, restorative reproductive medicine. For several reasons, we expressed our necessary opposition to legislation that would expand the use of assisted reproductive technologies (ART) such as in vitro fertilization (IVF).¹ It is regrettable that we are now compelled to write again on account of the “Helping to Optimize Patients’ Experience (HOPE) with Fertility Services Act” (H.R. 8119), a bill that would impose a new federal insurance mandate to cover such life-ending technologies and procedures, which we firmly oppose.

The profound desire of couples to have children is both good and natural. When this is frustrated by an experience of infertility, holistic and individualized restorative approaches to fertility care exist that can often help identify and successfully address the root causes. Unfortunately, it is reported that far too many patients are instead funneled, through no fault of their own and often by well-meaning providers, toward lucrative fertility clinics. After limited testing, minimal waiting, and with no greater effectiveness, these clinics attempt to override infertility symptoms with IVF, instead of treating the underlying obstacles to individuals’ reproductive health. Restorative reproductive medicine involves deeper and more comprehensive diagnostic studies, and more detailed cycle monitoring than a typical workup, to inform surgical, hormonal, and/or even lifestyle treatments that frequently work to truly heal patients.² These practices, and additional research to strengthen them, warrant support and awareness. Patients and hopeful parents deserve no less.

IVF in contrast, especially as practiced in the United States, represents a relatively unregulated industry that creates hundreds of thousands or even millions of preborn children who will be interminably frozen, expended in attempts to place them within a mother, or discarded and killed (often in a selective, eugenic manner). There is perhaps no more literal example of what the late Pope Francis often decried as a “throwaway culture.” In addition to such mass death, IVF poses health risks to both women and the children who are born as a result of it.³ IVF also commodifies human beings, including children and, in many cases, donors or surrogates. This, furthermore, disregards the right of children to be conceived naturally, free from technological manipulation, by their own married mother and father.⁴ We unequivocally affirm, however, that no one has less human value because they were conceived or became parents through IVF. Every person has immeasurable dignity, which is inherent through every stage and circumstance of life.

The above reasons are enough to oppose misguided mandates, such as the one proposed in the “HOPE with Fertility Services Act,” but there are further impacts to consider as well, such as those related to religious freedom. Some proponents have asserted that placing the bill’s mandate within the Employee Retirement Income Security Act (ERISA) means that it will not affect religious employers. The fact is many religious employers that are otherwise exempt from ERISA, however, choose to provide their employees’ health insurance under ERISA anyway precisely because ERISA’s preemption of state law allows them to *avoid* having their consciences violated by state-level insurance requirements



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(including for IVF). A mandate *within* ERISA would therefore place these employers in a new bind between its requirements and those of problematic state laws. At the same time, certain other religious employers' plans, such as those of independent religious schools, may not qualify as "church plans" exempt from ERISA in the first place.

The Religious Freedom Restoration Act (RFRA) is also no guarantee of vindication of religious freedom rights for employers, as it only provides courts with a test to apply, not a result. Thus, any new health coverage mandate is very likely to ignite years of painful litigation for both charitable, faith-based employer organizations as well as private, for-profit employers who are people of faith. This would essentially repeat the well-known legal saga of the Little Sisters of the Poor in fending off the "contraceptive mandate."

The substantial costs of IVF, which presumably motivate the proposed coverage mandate, ought also to be considered insofar as covering them may increase the costs of health insurance overall and thereby hurt other working families, most especially if they or their employers can no longer obtain health coverage as a result. This is all the more striking given that, just last October, President Trump already announced optional, supplemental, employer-based fertility-related coverage, including for IVF⁵, perhaps understanding some of the problems with an across-the-board mandate. To be sure, the bishops have long advocated for comprehensive, high-quality health care that is accessible to all and truly affordable, and this can come with some public monetary costs. Such fiscal costs, however, ought not be undertaken or increased for the sake of procedures that come with a human cost, like IVF, that undermine the same human dignity that health care is meant to protect.

As pastors, we see the suffering that infertility can cause and the deep desire of couples to grow their family. We strongly encourage licit means of easing this suffering, both medically and emotionally. For all of the above reasons, we implore you to consider that life-ending assisted reproductive technologies (ART) cannot be the solution. Therefore, we again further urge you to oppose legislation that would promote or facilitate IVF, or ART more broadly, including through health insurance coverage mandates such as in the "HOPE with Fertility Services Act." Thank you for your consideration.

Sincerely,

Most Reverend Alexander K. Sample
Archbishop of Portland, Oregon
Chairman, Committee for Religious Liberty

Most Reverend Daniel E. Thomas
Bishop of Toledo
Chairman, Committee on Pro-Life Activities

Most Reverend Edward J. Burns
Bishop of Dallas
Chairman, Committee on Laity, Marriage, Family Life
and Youth



¹ See https://www.usccb.org/resources/Letter_NDAA_FY26.pdf;
https://www.usccb.org/resources/Letter_RESTORE_&_Right_to_IVF_2024.pdf;
https://www.usccb.org/resources/Letter_IVF_Protection_Act_2024.pdf;
https://www.usccb.org/resources/Letter_Access_to_Family_Building_Act_2024.pdf.

² See A. Bendix, “A little-known approach to infertility is complicating the White House's IVF push,” NBC News, Aug. 8, 2025, at <https://www.nbcnews.com/health/health-news/little-known-approach-infertility-complicating-white-houses-ivf-push-rcna222960>; M. Duane, MD, et al., “Why Restorative Reproductive Medicine Is More Pro-Woman Than IVF,” The Federalist, Aug. 4, 2025, at <https://thefederalist.com/2025/08/04/why-restorative-reproductive-medicine-is-more-pro-woman-than-ivf/>; H. Rowan (Ed.), “Treating Infertility: The New Frontier of Reproductive Medicine,” Ethics & Public Policy Center and The Heritage Foundation, Mar. 2025, at <https://eppc.org/wp-content/uploads/2025/03/6-FINAL-Treating-Infertility-The-New-Frontier-of-Reproductive-Medicine.pdf>; M. Duane, MD, and T. Brown, MD, “Restorative Reproductive Medicine for Infertility: A Safe, Effective, Affordable Alternative,” FACTS About Fertility, Feb. 27, 2025, at <https://www.factsaboutfertility.org/restorative-reproductive-medicine-for-infertility-a-safe-effective-affordable-alternative/>; T. Arnold, “‘NaPro Technology’ Offers a Pro-Life Alternative to IVF for Infertility Treatment,” National Catholic Register, Mar. 26, 2024, at <https://www.ncregister.com/cna/napro-technology-offers-a-pro-life-alternative-to-ivf-for-infertility-treatment>; “What If We Addressed The Root Of Infertility Rather Than Pushing The Questionable IVF Quick Fix?,” The Federalist, Mar. 25, 2024, at <https://thefederalist.com/2024/03/25/what-if-we-can-heal-infertile-women-rather-than-turning-to-expensive-unethical-ivf-treatments-first/>; see also G. Stark, “From treating infertility to improving reproductive health, Restorative Reproductive Medicine is changing lives—so why are ACOG and ASRM so afraid of it?,” Natural Womanhood, Jul. 24, 2025, at <https://naturalwomanhood.org/restorative-reproductive-medicine/>; M. Kearns, “What I Went Through to Meet My Daughter,” The Free Press, Jul. 19, 2025, at <https://www.thefp.com/p/what-i-went-through-to-meet-my-daughter-ivf-fertility>; C. Turczynski, Ph.D., et al., “Alternatives to In Vitro Fertilization (IVF) for Overcoming Infertility and Delivering a Healthy Baby,” On Science, iss. 18, Charlotte Lozier Inst., Jun. 10, 2025, at <https://lozierinstitute.org/alternatives-to-in-vitro-fertilization-ivf-for-overcoming-infertility-and-delivering-a-healthy-baby/>; H. Klaus, MD, “Reproductive Technology: Evaluation and Treatment of Infertility: Guidelines for Catholic Couples,” U.S. Conference of Catholic Bishops, 2025 ed., at <https://www.usccb.org/resources/Reproductive%20Technology%20Guidelines%20for%20Catholic%20Couples%20updated.pdf>; M. Duane, MD, J.B. Stanford, MD, C. Porucznik; P. Vigil, MD, “Fertility Awareness-Based Methods for Women's Health and Family Planning,” *Frontiers in Medicine*, 9:858977, May 2022, at <https://doi.org/10.3389/fmed.2022.858977>; “‘Isn’t NaProTechnology Just Charting?’ and other questions: A Natural Womanhood NaPro FAQ,” Natural Womanhood, Jun. 11, 2020, at <https://naturalwomanhood.org/naprotechnology-answers-to-your-frequently-asked-napro-questions-2020/>; and see generally International Institute for Restorative Reproductive Medicine at <https://iirrm.org>.

³ See https://www.usccb.org/resources/IVF_Human_Cost_2025.pdf; see also Bendix, “After IVF nightmares, patients have few protections,” NBC News, Mar. 19, 2025, at <https://www.nbcnews.com/health/womens-health/ivf-errors-legal-protections-nightmare-mistakes-lawsuits-rcna194215> (regarding relative lack of regulations); F. Güell, Ph.D., *The Last In Vitro*, 2025.

⁴ See Catechism of the Catholic Church, nos. 2376, 2378; see also Pope Leo XIV, Audience with the Diplomatic Corps accredited to the Holy See, Rome, Jan. 9, 2026 (with respect to surrogacy); Dicastery for the Doctrine of the Faith, *Dignitas infinita*, Rome, Apr. 8, 2024, nos. 48-50 (with regard to surrogacy); Pope Francis, colloquium on “The Complementarity of Man and Woman,” Rome, Nov. 17, 2014; Pope Francis, audience with International Catholic Child Bureau, Apr. 11, 2014 (latter two with regard to children’s rights).

⁵ In response to the President’s announcement, a joint chairmen statement for our three committees reiterated that we strongly reject the promotion of procedures like IVF that freeze or destroy precious human beings and treat them like property: [Bishop Chairmen Respond to Administration’s Announcement of Expansion of Access to IVF and Fertility Treatments | USCCB](#)