Minutes of the one hundred and fourteen meeting of the Advisory Committee on Assisted Reproductive Technology

Held online on 19 June 2025

Present

Debra Wilson (Chair)

Lynsey Cree

Seth Fraser

Neuton Lambert

Amanda B Lees

Kathleen Logan

Andrew Murray

Catherine Ryan

Shalomy Sathiyaraj

Karaitiana Taiuru

Non-members present

Emily Liu. Ethics Committee on Assisted Reproductive Technology.

Natalia Jefferson. Ethics team, Ministry of Health.

Martin Kennedy. ACART Secretariat, Ministry of Health.

Saskia Patton. Manager, Ethics team, Ministry of Health (part of meeting).

1. Welcome and karakia

1.1 The Chair opened the meeting at 9.00 a.m., welcomed the ECART member, and opened the floor for Andrew to speak about his recent attendance at a conference in Singapore.

2. Opening comments

2.1 Andrew Murray had attended the 14th Congress of the Asia Pacific Initiative on Reproduction, and highlighted the following matters.

(a) **Increased prevalence of AI** for embryo selection, and for individualising care where, rather than a one-size fits all approach. Dr Murray noted that there may be advantages by individualising drug regimes for patients. Once an embryo is created, AI can help with imaging, embryo biopsy and selection. At the moment, clinicians and researchers are observing and watching the development of AI.

(b) **IVF add-ons**. These are additional measures clinic can offer patients that could improve chances of success. The controversy is that many of the add-ons may seem like a good idea, but could do harm, or make no difference at all. Until we have enough data on many of these add-ons, providers of care need to be transparent on the efficacy of the procedures, as there may be additional fees involved. Dr Murray said that the best way he has seen to present information about add-ons is a traffic light style system. The Human Embryology And Fertilization Authority (the HEFA) in the UK uses a traffic light system, where green means the procedure is definitely beneficial and should be offered to everyone. Amber procedures may be beneficial for some people but not all. Red procedures appear to do more harm than good and should not be offered.

2.2 Another member requested clarification on the efficacy of personalized health care, whether it meant adjusting the care for characteristics of the patient, and if there is enough data that shows that the different methods are useful for different characteristics.

2.3 The ECART member considered that AI can be used to support a decision, and it is not meant to replace embryologists. The use of AI could potentially add another layer of evidence to support the embryologist and to ensure consistency.

3. Apologies

3.1 No apologies. Emily stepping out from 12 to 1:30pm

4. Approval of the agenda

4.1 Members approved the agenda.

Action

- *Secretariat to add the June 2025 agenda to the ACART website.*

5. Declarations of Interests

5.1 No conflicts of interest declared.

6. Minutes of ACART's meeting in February 2025

6.1 Members accepted the minutes.

Action

- *Secretariat to publish the May 2025 minutes on the ACART website.*

7. Actions arising from ACART's May 2025 meeting

7.1 The Chair reviewed the open actions, and also gave an update on her meeting with Minister Costello on the 18th of June, where the Chair had requested permission to proceed with the consultation on the guidelines for Human Reproductive Research, and to add four items to the work programme, among other matters.

7.2 Minister Costello agreed to the four new projects, and requested more information for the consultation on Human Reproductive Research. In particular, the Minister wanted to ensure the technical matters would be explained clearly.

7.3 The action now for the secretariat is to seek advice from the Ministry of Health communications team, and then provide the Minister with communication options to make the consultation more accessible for the general public.

7.4 The interim member for Mana Mokopuna / the Children's Commission suggested liaising with MBIE to advise Minister Reti on potential research benefits. The member also noted the value of "Deliberative Dialogue" that could be held on social media channels. However, there was a high cost to these discussions, and doing so might not be cost-effective.

7.5 The Chair suggested a low-cost option, which would involve including stories in the consultation document to give the public some examples of the research for easier understanding.

7.6 Members discussed whether including a glossary would help with accessibility to wider community and broader cultural groups, and agreed that the briefing could include a commentary at the beginning to make it more user-friendly.

Action

- *Members to email the secretariat ideas for engagement and communication channels for different groups across the wider community.*

8. Status of ACART's work programme

8.1 Members noted the report.

9. Report on ECART's recent meeting

9.1 The Chair noted the minutes from the previous ECART meeting the 11th of April and the Extended Storage applications. Some of the applications for extending storage had been granted temporary extensions, which could suggest that applicants are

applying closer to the end of their storage period.

9.2 One application to ECART had become complicated due to its timing. This complexity raised the importance of clear communication between clinics and patients. It could be that people are not applying before the expiration date, and that the ECART secretariat may be under-resourced. Either way, the late applications can translate into delays in ECART receiving applications. The Secretariat stated that there is a project in process with the clinics to resolve this issue.

9.3 One of the members requested clarification about an application to extend the storage of reproductive tissue that is currently stored overseas, and that would reach the 10-year limit by the end of the month. The member asked whether ECART could approve extensions for material that was stored overseas. The Secretariat indicated that the couple had been advised to import their material into New Zealand in order to apply for an extension, following legal advice.

9.4 The chair highlighted another application where consent was withdrawn by an ex-partner following the dissolution of the marriage. The applicant had requested several extensions without consent, and the application was finally declined at the last application.

9.5 The most recent ECART meeting was in person on 12 June, and the ACART Chair had attended on behalf of ACART. She noted two cases as follows.

(a) Ongoing case of a male, same-sex couple wanting an intra-family egg donation to use in surrogacy. The case was originally presented to ECART for non-binding advice, and the couple were overseas. The HART Act requires an ECART application for intra-family donation for a male same-sex couple, whereas ECART approval is not required for a female same-sex couple. This dichotomy suggested a possibly unjustified discrimination against same sex male couples attempting to use fertility services in this specific way. Also, the couple had received Australian legal advice, which was not applicable to the New Zealand territory, and therefore New Zealand legal advice was required'. This application has become a lengthy process for the couple, and it has raised two items on the work programme … indirect discrimination, and two-step applications.

(b) The Chair commented on another application that involved a change of the surrogate, where two same-sex male and female couples entered a gamete-sharing agreement, which resulted in 22 embryos that they could use. One of the couples had a failed pregnancy and went through a grieving process, then when it was their turn to donate an embryo to the other couple, the counselling reports raised a concern that they felt obliged to. The change of circumstances came from the donating couple, as the initial agreement was that they would donate their gametes for the male couple to use with a surrogate, and now they wanted to use the embryos themselves. This meant that both couples would now have access to the embryos and the couple who miscarried, would start a fertility treatment in a year or two, while the other couple used the embryos. Apparently, the donor couple were not going to be advised on the number of embryos left, and there was a discussion on how that could be managed. There was a discussion among members, who used examples of overseas management of embryos, and shared agreements that would divide the pool and give both couples an even number to use. The members

felt that this could feel like a race among families.

10. ACART's annual report to Minister: for approval

10.1 Members approved the annual report to the Minister for the 2023/24 financial year.

10.2 The Chair asked members who were in the committee during that time to check that their background information was correct. The Secretariat noted that they are waiting for the number of storage extensions for that financial year, and that Calum Barrett had been the chair during the 2024/25 period, so he should review the foreword before the report is sent to the Minister.

11. Correspondence

11.1 Letter from Health NZ about variants of uncertain significance. Members noted that the topic has been added to ACART's work programme.

11.2 Letter to Health NZ about variants of uncertain significance. Members noted that the topic has been added to ACART's work programme.

11.3 Email to a member of the public about the regulation of egg donations. The ACART Chair had responded to the person and pointed out the relevant provisions of the HART Act and the advice.

11.4 Letter to Minister Costello about consulting on human reproductive research and about ACART's work programme. This letter had been discussed at the Chair's meeting with the Minister. The letter discusses ACART's consultation on Human Reproductive Research, and lists the four projects to add to ACART's work programme (pre-implantation genetic testing, donation of reproductive tissue after somatic gene therapy, fertility treatments that may have two steps and potential unjustified discrimination).

12. New project: pre-implantation genetic testing

12.1 Before getting into the detail of the work on pre-implantation genetic testing members discussed the prioritisation of the four new projects that are being added to ACART's work programme.

Decisions about the priority of the new projects

12.2 Of the new projects on ACART's programme, members agreed that the two with the highest priority are:

(a) PG testing (narrowing down to PGT-M Monogenic Disorders, the status of variants of uncertain significance, and the parameters for classifying tests as established procedures or assisted reproductive procedures), and

(b) potential unjustified discrimination (this to be combined with the matter of 2-step applications to ECART).

12.3 Members agreed the two projects can be run in parallel. Members noted that project on unjustified discrimination might involve investigating the HART Act, Order, and guidelines to find any sources of potential discrimination and then determining

recommendations.

12.4 Members agreed that the least urgent of the new projects is the work on the donation of reproductive tissue from people who have had somatic gene-therapy.

Pre-implantation genetic testing

12.5 Members had a detailed discussion about the scope of the review of pre-implantation genetic testing. Members agreed to request a legal opinion on the legal status of testing for "variants of uncertain significance."

12.6 A member suggested a better way for the tests to be classified as either established procedures or assisted reproductive procedures could be to include more variables in the HART Order. These variables could include (a) the risk and severity of the condition, (b) the ethical questions associated with the condition, such as the wellbeing of the person to be born and the possible costs to society (c) the risks and costs of *not* doing the tests. Other variables might also need to be explored.

12.7 A member noted that the current method, in the HART Order, for classifying tests as either established procedures or assisted reproductive procedures is simplistic in that it relies heavily on whether the likelihood of the condition is above or below 25%. The member noted the importance of assessing the severity of the condition and when it would or might develop in the person who would be born.

12.8 There was a discussion about the *use* of embryos after testing and if and how ACART might be involved in making recommendations about decisions to use.

12.9 A member commented that, in te ao Māori, disabilities are often seen as acceptable and not necessarily as outcomes that need to be avoided.

12.10 There was a discussion about the severity of conditions and the risk of regulators taking an excessively "ableist" view. A member noted that ACART's focus would be more on preventing future suffering.

12.11 Members also discussed the social implications of testing and not testing. Implications of not testing include more resources being needed to help people who would have conditions for which the need support. Conversely, an implication of testing is that fewer people would be born with conditions, thereby leading to an increase in the social perception that certain conditions or disabilities are undesirable or problematic. Such attitudes can cause people with conditions to feel they are less valued than other people in society.

12.12 The discussion returned to the matter of who decides whether embryos could be used and on what basis do they make those decisions. Members agreed it would be useful to investigate other parts of the health sector to see how decisions are made about treatment in order to help guide ACART's possible work on the regulation of the use of embryos that have been tested. A member suggested that ACART could investigate this matter and revisit its intentions, for this part of the work, as more information becomes available.

12.13 The Chair reminded members that the Ethics Committee on Assisted Reproductive Technology had asked ACART to comment on non-binding advice that ECART had sent to a clinic about a particular case involving PGT. Members noted the advice

and that the Chair would respond to ECART in the near future.

Actions

- *Secretariat to compile sections of the ACART guidelines to be reviewed and discussed at the next meeting to find any discriminatory practices.*
- *Lay members to discuss with their colleagues about any practices that may be discriminatory.*
- *Secretariat to investigate other parts of the health sector to see how decisions are made about whether to treat.*
- *Chair to draft a response to Jeanne on ECARTs advice on PGT,*

13. Human Reproductive Research

13.1 This matter had been discussed early in the meeting, when the Chair had explained her meeting with the Minister and the requests the Minister had made.

14. Chair's report: for noting

15.1 Noted and discussed previously.

16. Member reports on research papers : for noting

16.1 Lynsey will attend and present at the Genetic Society of Australasia in mid-July. Lynsey will also attend ESHRE online, and that event could potentially have sessions about research about PGT and the variance of uncertain significance.

Action

- *Lynsey, opening comments at next meeting*

17. Secretariat report: for noting

17.1 Noted.

18. Work between meetings: for agreement

18.1 Draft the response, to the Chair of ECART, about ECART's advice to the clinic.

18.2 For the consultation on human reproductive research — the Secretariat to draft a document with options for the Minister to consider regarding communications plan, timelines and potential risks, and a simplified document for the committee to review. Members agreed the Chair can approve this extra information and contact members if there is anything to discuss.

19. Update on appointments

19.1 The Secretariat indicated that there some members whose terms will end in mid-2026.

20. Attendance at ECART meetings in 2025

- 8 August, Karaitiana
- 10 October, Amanda
- 12 December, Shalomy

Closing comments

- One member referred to the news of two incidents happening at an IVF clinic in Australia where the wrong embryos were replaced. This situation could have an impact in New Zealand, as there is a code of practice in clinics audited by the RTAC, which is a subcommittee of the Fertility Society of Australia and New Zealand, and because of these recent errors, the Australian government may want to set up an independent accreditation authority that is government-funded and government-regulated. This could have implications in NZ as we may have to set up our own accreditation authority, or developing a joint one with Australia. There is potential for more scrutiny.
- Another member mentioned that there are two start-ups in the USA who offer polygenic tests (height, eye colour, visualization of the child, prioritization of embryos), they are currently operating in the US, but it was considered as an item of interest, as they seem to work with software and not testing any embryos per se.

The meeting closed at 2:20 pm