

# Minutes of the Sixty-ninth Meeting of the Ethics Committee on Assisted Reproductive Technology

## 22 February 2018

---

Held on 22 February 2018  
at Front + Centre, Wellington

---

### In Attendance

Iris Reuvecamp	Chairperson
Carolyn Mason	Member
Mary Birdsall	Member
Judith Charlton	Member
Paul Copland	Member
Michele Stanton	Member
Sue MacKenzie	ACART Member
Kirsten Forrest	ECART Secretariat
Philippa Bascand	Manager, Ethics Committees
Rob McHawk	Team Leader, Ethics Committees
Carla Denney	HDEC Secretariat

### 1. Welcome

Paul Copland opened the meeting and gave a brief history of some of the tools used for genome editing up to the point of CRISPR which has been receiving some media attention lately. He noted that it can be helpful to go back and start at the beginning to be clear on what is being discussed. He briefly covered how the sequence of DNA defines the primary structure of proteins as well as playing an important role in regulating when different proteins are produced. Paul noted that the role of DNA in making us what we are is often overplayed but it is nevertheless of crucial importance.

It has been possible to alter the DNA molecule to some degree since the early 1970s. This created a stir within the biochemical community at the time and moratoriums were in place. The fact that the genome was being modified in the 1970s is forgotten now as it was of limited clinical benefit but the ethical questions surrounding such modifications remain the same and have been actively engaged with since this time. The first gene experiments in humans happened in 1980 and many further attempts with very limited success have happened since then.

Paul noted that accuracy is the key thing sought in gene editing. Earlier gene editing techniques such as restriction enzymes cut DNA multiple times within a genome and the

problem with this technique was that we were limited to the sequences which these enzymes naturally targeted.

In the 1990s there was a big advance with the discovery of zinc finger proteins which bind sequence-specifically to DNA (each zinc finger domain recognises one nucleotide triplet). This technology had a number of limitations however, including the cost of protein design and construction for each sequence targeted. Active searches for new methods of genome editing continued and in the early 2000s a new technique, TALENS, was developed. For the first time we had a system that was reliably able to target almost any DNA sequence and only that sequence.

CRISPR is different in that it uses RNA as a guide to target a specific sequence. Rather than engineer an entire protein scientists can easily synthesise the guide RNA and can target nearly anywhere in the genome. While it is believed that off target effects are minimal we are not entirely sure that we can detect offsite effects. Once the sequence is targeted by CRISPR we make use of repair systems to insert DNA that we want. Knocking out or adding a new bit in. There is the potential that this technique will be useful at targeting a lot of genes and it is an inherently scalable process that is cheap and accessible compared with previous technologies.

## **2. Conflicts of Interest**

Dr Mary Birdsall declared that she is a shareholder in Fertility Associates and has interests on a professional and a financial basis.

## **3. Confirmation of minutes from previous meeting**

The minutes from ECART 6 December 2017 meeting were confirmed.

## **4. Application E18/11 for Surrogacy involving an Assisted-Reproductive Procedure**

Michele Stanton opened the discussion for this application. The committee considered this information in relation to the *Guidelines on Surrogacy involving an Assisted-Reproductive Procedure* and the principles of the HART Act 2004.

### **Issues discussed included:**

- A child born of this arrangement will be biologically linked to both intending parents.
- The way in which the parties met, the length of time that they have known each other and the birth mother's view on being a surrogate for someone who is not a close friend. The counsellors have observed the interactions between the couples as open and respectful. The intending parents attended joint counselling sessions in the absence of their individual counsellor but all have seen the reports.
- There is no evidence of coercion. The birth mother appears to have made the offer to act as a surrogate freely.
- The relationship the couples have fostered appears to safeguard the wellbeing of all involved including any child born of this arrangement. They have declared that they intend to be open with the potential child about the role the birth parents played in his or her birth.

- The birth mother's medical and birthing history. Medical opinion is that her current health status would not preclude her from being a surrogate. She is making lifestyle changes to further reduce risks prior to any treatment to establish a pregnancy.
- Testamentary guardianship for the potential child has been discussed and agreed. There is a slight discrepancy in the application about who the testamentary guardians would be. However, the committee noted that the important thing is to see that they have been thinking of it and have a plan in place. While there was a slight inconsistency the committee assumes it is clear to both couples.
- Both couples have sought independent legal advice and are aware of the legal issues involved in a surrogacy arrangement. Oranga Tamariki has issued an adoption order in principle to the intending parents.
- The committee noted that the intending parents' child has not received counselling and the committee would recommend that he is involved once a pregnancy is established.
- The surrogate mother has potentially not completed her family. When this was discussed in counselling sessions the birth parents have said they would like another child but would be content with the family they have now if this does not happen. The risk of the birth mother having a medical event that would preclude her from carrying a further pregnancy is low. A risk of her not relinquishing a child to the intending parents is not apparent in this application.

### **Decision**

The committee agreed to approve this application subject to confirmation that counselling is offered to the intending parents' child once a pregnancy is established.

### **Actions**

Secretariat to draft a letter from the Chair to the clinic informing the medical director of the committee's decision.

## **5. Application E18/12 for Surrogacy involving an Assisted-Reproductive Procedure**

Iris Reuevecamp opened the discussion for this application. The committee considered this information in relation to the *Guidelines on Surrogacy involving an Assisted-Reproductive Procedure* and the principles of the HART Act 2004.

### **Issues discussed included**

- The application in this intended arrangement for surrogacy is comprehensive with the content of the counselling reports being detailed and relevant.
- There is a cultural aspect to this application and the residency status of all appears to safeguard the wellbeing of all parties and any resulting child/ren. Both couples are New Zealand residents and intend to live permanently in New Zealand. There are no specific or cultural or religious conditions that they wish to set down for this surrogacy arrangement.
- There is a clear inability for the intending parents to have children. They have been trying to get pregnant without success for a number of years and have explored

the options of commercial surrogacy and adoption overseas but wish to go ahead with an altruistic surrogacy arrangement in New Zealand.

- A letter from a medical specialist sets out the likelihood/risks of the intending mother having a progression of her condition and pregnancy complications should she carry a pregnancy. The advice is that the intending mother should not get pregnant because of the risks involved.
- Birth parents have a number of children together and will tell them once they know the outcome of this application. The committee would like to note that the availability of counselling for their children should be made clear.
- The risks to the birth mother in carrying a surrogate pregnancy are set out in her medical report. It notes a slight increase in the usual pregnancy associated risks due to age but notes no other significant risks. Any delivery will be in hospital and the birth mother is making lifestyle choices to mitigate any risks. Counselling sessions have dealt with the issues thoroughly.
- The intending parents intend to adopt any child born of this arrangement. They have approval for an adoption order in principle from Oranga Tamariki. Independent legal advice has also been obtained.
- The likelihood of success on the treatment was discussed. Medically, surrogacy is the right thing for the intending parents from a health perspective. The birth mother has a good pregnancy and birthing history and any risks to her can be managed.

### **Decision**

The committee agreed to **approve** this application. The committee would like to note the availability of counselling for the birth parents' children should be made clear.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

## **6. Application E18/13 for Donation of Eggs between Certain Family Members**

Mary Birdsall opened the discussion for this application. The committee considered this application in relation to the *Guidelines for the Donation of Eggs or Sperm between Certain Family Members* and the principles of the HART Act 2004.

### **Issues discussed included:**

- This is an application for egg donation in which the egg donor is a step cousin to RP. The committee confirmed that this relationship is captured by the HART Order provision for family member and as such requires ECART consideration in accordance with the within family gamete donation guidelines.
- The recipient parents have had longstanding infertility and have had extensive fertility treatment. While egg reserve is high medical opinion is that the poor outcomes are due to 'egg quality'.
- There is no evidence of coercion. The recipient couple did not talk with wider family about their fertility treatment for some time but when they did so, the egg donor heard about it and volunteered to donate her eggs.

- The egg donor has children as does her partner but from different relationships. Her partner's children are now adults and they have not been involved in this process.
- The egg donor's health history. She is entirely well and has been so during her pregnancies, deliveries and other life events.

### **Decision**

The committee agreed to **approve** this application.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

## **7. Application E18/14 for Surrogacy involving an Assisted Reproductive Procedure**

Paul Copland opened the discussion for this application. The committee considered this information in relation to the *Guidelines on Surrogacy involving an Assisted-Reproductive Procedure* and the principles of the HART Act 2004.

### **Issues discussed included:**

- This is an application for a surrogacy arrangement between sisters. The birth mother has offered to act as a surrogate for her sister following a cancer diagnosis.
- There is no specialist report for the intending mother that gives an indication of the long-term prognosis for the intending mother and the committee noted the application is missing this reassurance.
- The committee noted that it would prefer that the birth mother also understands any long-term prognosis and can include this information as part of her decision on whether to act as a surrogate.
- There are no concerns socially or medically in regard to the birth mother's health.
- The birth parents have agreed to be testamentary guardians as they are related. The birth mother will know that there is a chance that she could end up raising a resulting child.
- The committee agreed that it would like to see a report from specialist about the intending mother's prognosis that has been shared with the birth mother. The committee would also like to see that there has been discussion with the counsellors about what is in the report and including what would happen if the intending mother were to become terminally ill.
- The committee agreed to consider any response in between meetings.

### **Decision**

The committee agreed to **defer** this application to request a specialist report that comments on the long-term prognosis for the intending mother and, that this report is shared with the birth mother and that there has been discussion around the possibility that the intending mother's illness returns. The committee also requests evidence of an adoption order in principle from Oranga Tamariki.

The committee can consider any response in between meetings.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision and to draft a letter to ACART.

### **8. Application E18/15 for Surrogacy involving an Assisted Reproductive Procedure**

Carolyn Mason opened the discussion for this application. The committee considered this information in relation to the *Guidelines on Surrogacy involving an Assisted-Reproductive Procedure* and the principles of the HART Act 2004.

#### **Issues discussed included:**

- The way in which the intending mother and the birth mother met and the length of time that they have known each other. The committee was concerned about this arrangement going ahead given the length of time they have known each other in light of the potential risks to the birth mother, which are varied and significant.
- The intending mother's birth history. Medical opinion is that she can have an IVF cycle but the risks to her in carrying a pregnancy are significant.
- The birth mother has indicated that she would be reluctant to terminate a pregnancy. Although any decision in this regard is legally hers to make, the birth mother has stated that she would abide by the intending parents' wishes on this issue.
- A letter from the birth mother demonstrates that she is genuinely altruistically motivated. She is coming off drugs that are contraindicated during pregnancy.
- A letter from the birth mother's specialist confirms that she is weaning off her medication and also states that she considers that the birth mother's psychological history is not a contraindication to surrogacy due to the specific nature of past triggers. However, the committee was concerned about how the birth mother might cope should anything go wrong during the pregnancy or birth noting that it is the committee's role to assess this surrogate on the basis of her own risks which appear to be significant in this case.
- While there appears to be a genuine medical reason for the need for surrogacy and it is safe for the intending mother to have IVF treatment for egg collection, the committee was concerned about the cluster of significant risk factors for the birth mother and any potential foetus or child set out in the application. The committee agreed that the potential outcomes from this raft of complications are significant.
- There appears to be full disclosure of the birth mother's history. The intending parents know about this and her intention to come off her medication and her past surgical history. However, the implications, if anything goes wrong, are also significant for the intending parents who are especially vulnerable given the intending mother's previous deliveries.

- The intending parents have indicated that they have started working with Oranga Tamariki on the adoption process. An interim support email was included with the original submission but ECART would need to see a formal letter advising of approval of an adoption order in principle.
- Both parties have received independent legal advice and the advice given appears to be robust.

### **Decision**

The committee agreed to **decline** this application on the grounds of risks to the birth mother and any potential child that she might carry. While ECART was satisfied that there is a need for surrogacy, it was not satisfied that the proposal is justified in light of the associated risks.

The committee made this decision in accordance with the principles of the HART Act including in particular: Principle (a): the health and wellbeing of children born as a result of the performance of an assisted reproductive procedure or an established procedure should be an important consideration in all decisions about that procedure; and Principle (c): while all persons are affected by assisted reproductive procedures and establish procedures, women, more than men, are directly and significantly affected by their application, and the health and wellbeing of women must be protected in the use of these procedures.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

## **9. Application E18/16 for Surrogacy involving an Assisted Reproductive Procedure**

Iris Reuvecamp opened the discussion for this application. The committee considered this information in relation to the *Guidelines on Surrogacy involving an Assisted-Reproductive Procedure* and the principles of the HART Act 2004.

### **Issues discussed included:**

- The intended parents in this application had contacted ECART via their fertility provider in 2017 to enquire about whether an application with a different surrogate would be appropriate and considered given that potential surrogate's delivery history. ECART had responded advising that they seek a second medical opinion which they did. After receiving that opinion, it was agreed between the parties that the risks to that surrogate in carrying a further pregnancy were too high.
- The birth mother in this first formal application for surrogacy from the intending parents is a different surrogate from the one first proposed.
- In this case the birth mother and intending mother know each other from childhood and they recently rekindled their relationship. They live in different places so there is distance as well as connection.

- The birth parents consider that their family is complete. Their youngest children attended a counselling session and the counsellor's impression was that they understood the concept and were happy with the intended arrangement.
- The birth mother's pregnancy and birthing history is largely uneventful. She has had the risks involved with a surrogate pregnancy explained to her as well as how they can be minimised with obstetric and midwifery care.
- The counselling reports show careful consideration of the issues a surrogacy arrangement raises. The birth mother has acknowledged that relinquishment of a child could be a challenging time for her and she has made contact with a support group to assist her with that.
- The couples have started connecting with each other and their wider family and it is anticipated that the intending parents' wider family would be available to support the birth parents as they live in close proximity to them. The intending parents live further away.
- The applicants are all Māori but have indicated that they were happy with the counselling provided by counsellors who are Pakeha.
- The letters sent with the intending parents' previous enquiry to ECART were included and they are relevant in the context of this application in terms of the intending parents' feelings about what is proposed.

### **Decision**

The committee agreed to **approve** this application.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **10. Application E17/122 to extend storage of embryos**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

- In this application to extend the storage of embryos the applicants have two children and wish to donate their three remaining embryos created through IVF to another couple.

### **Decision**

The committee agreed to **approve** this application for five years.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **11. Application E18/02 to extend storage of embryos**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

#### **Issues discussed included:**

- The applicants have provided care for family members some of whom have now returned to their own families. They are exploring other options for parenting a child/ren but are also hopeful to be blessed with a biological child of their own and wish to extend the storage period of their embryos while they continue to look for a surrogate.

#### **Decision**

The committee agreed to **approve** this application for five years.

#### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **12. Application E18/03 to extend storage of embryos and donor sperm**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

#### **Issues discussed included:**

- The applicant is requesting an extension to the storage period for donor sperm and an embryo created with the donor sperm. The applicant has two children who are full siblings from embryos created with the donation from the same donor. The applicant wants to use the remaining embryo in treatment for a third child but if treatment is unsuccessful the applicant would wish to use sperm in IVF treatment. At this stage the donor cannot be located and consent is not able to be sought. The committee noted that the current lawful storage date is in July this year and that this provides an opportunity for the fertility clinic to keep trying to contact the donor.

#### **Decision**

The committee agreed to **approve** this application for five years.

#### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **13. Application E18/04 to extend storage of sperm**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

**Issues discussed included:**

- The applicant has requested an extension to storage of sperm that was originally stored prior to medical treatment for cancer. The applicant currently has no children and would like to use the stored sperm in future IVF treatment to start a family.

**Decision**

The committee agreed to **approve** this application for 10 years.

**Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

**14. Application E18/05 to extend storage of donor sperm**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

**Issues discussed included:**

- The applicant has requested an extension of storage of donor sperm. Consent from the donor has been given. The applicant is also planning on going on an IVF programme this year and is looking at the possibility of using an egg donor.

**Decision**

The committee agreed to **approve** this application for five years.

**Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

**15. Application E18/06 to extend storage of embryos**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

**Issues discussed included:**

- The applicant has requested an extension to storage of one embryo. A sperm donor was used for creation of the embryo and the applicant has two children from same cycle. The applicant is considering treatment for a third child.

**Decision**

The committee agreed to **approve** this application for five years.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **16. Application E18/07 to extend storage of eggs**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

#### **Issues discussed included:**

- The applicant has requested an extension to storage for eggs that were first stored in 2008. The applicant has one child and wishes to donate the remaining eggs to another family who are having fertility treatment.

### **Decision**

The committee agreed to **approve** this application for two years.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **17. Application E18/08 to extend storage of donor sperm**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

#### **Issues discussed included:**

- The applicants have two children conceived with the help of IVF treatment using this donated sperm. They would like to use the same donation in further treatment for a full sibling for their two children. The donor has given consent for a five year extension. The applicants have requested a two year extension.

### **Decision**

The committee agreed to **approve** this application for two years.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

### **18. Application E18/09 to extend storage of embryos and donor eggs**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

**Issues discussed included:**

- The applicants have two children conceived with embryos from the same cycle and they would like to use the remaining embryos in treatment for another child and full sibling.

**Decision**

The committee agreed to **approve** this application for five years.

**Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

**19. Application E18/17 to extend storage of sperm**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

**Issues discussed included:**

- The applicant has requested an extended storage period for sperm. The applicant has filed two applications and the reason given in the first application, which is the application that ECART considered at this meeting, is that he wants to donate sperm beyond the 5 family limit in New Zealand. The applicant wishes to export the remaining donation overseas where a 10 family limit is in place and is asking for 6 months extended storage to make necessary arrangements to do this. The committee discussed whether, when it has an explicit reason for storage that is inconsistent with guidelines, it can approve the extension. NZ Service specifications say that donations can be used in up to 10 families but in a New Zealand context the clinics voluntarily say five families. With this in mind donating to more than 5 families is not unlawful. The difference here is that the applicant wants the donation to be used overseas. The committee agreed that the applicant is not circumventing the law and agreed to approve an extension to storage for six months as requested.

**Decision**

The committee agreed to **approve** this application for six months.

**Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

Secretariat to seek legal advice on whether ECART can approve an application for extension of storage and/or more generally suggest to applicants that they consider exporting their gametes and/or seeking treatment overseas where the intent of such an application or advice is to allow the applicant to do something that is not lawful or consistent with the law or guidelines in NZ.

## **20. Application E18/19 to extend storage of embryos**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

### **Issues discussed included:**

- The applicant has requested an extension to storage for embryos that were created with her eggs and the sperm of her now deceased partner before he had treatment for cancer. The applicant and her partner had a daughter before he died. The applicant would like to use the remaining embryos in future treatment to have another child and a sibling for her daughter. The committee agreed to approve an extended storage period and noted that this is on the basis that ECART will need to consider an application for use if the applicant decides to proceed with future treatment. As part of any future application ECART would wish to see evidence of the extent of any consent from her partner for her to use the embryos.

### **Decision**

The committee agreed to **approve** this application for four years.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

## **21. Application E18/20 to extend storage of embryos created with donor eggs**

The committee considered this application in relation to the *Guidelines for Extending the Storage Period of Gametes and Embryos* and the principles of the HART Act 2004.

### **Issues discussed included:**

- The applicant has requested a storage extension for embryos created with donor eggs and her partner's sperm. The applicant will need a surrogate to carry any future pregnancy as it will be safer for the baby to have a surrogate. The committee noted an issue arising from extended storage applications of people wanting to extend storage just because they don't want to destroy embryos. The committee agreed to approve extended storage for two years but noted that an application would need to be made to ECART for surrogacy and commercial surrogacy is not an option here in New Zealand.

### **Decision**

The committee agreed to **approve** this application for two years.

### **Actions**

Secretariat to draft a letter from the Chair informing the applicant and the clinic of the committee's decision.

## **22. Response to application E17/115 for Surrogacy involving an Assisted Reproductive Procedure**

Iris Reuvecamp opened the discussion for this application. The committee considered this information in relation to the *Guidelines on Surrogacy involving an Assisted-Reproductive Procedure* and the principles of the HART Act 2004.

### **Issues discussed included:**

- The committee had agreed to defer this application subject to the receipt of the birth mother's colonoscopy and biopsy results, the outcome of the peer review meeting, confirmation from the gastroenterologist with respect to the risks to the birth mother in the context of her acting as a surrogate and, a reassurance that the intending parents have understood the risks to the birth mother and the unborn child of the birth mother being on continued medication during pregnancy.

The committee noted that it would have preferred to have been provided with the response from the specialist directly rather than to have the response summarised in the fertility provider letter. It was clarified that what was set out in the fertility provider's letter had been lifted directly from the specialist's letter. It was noted that there might have been other things set out in the specialist's letter that might have been left out. A copy of the specialist letter was available and the content read by the committee. The committee noted that the intending parents have all this information and they are happy to go ahead, and agreed to approve this application.

### **Decision**

The committee agreed to **approve** this application and to note that in future it would like to be provided with the original specialist report rather than a letter from the fertility treatment provider with some content copied in and summarised.

### **Actions**

Secretariat to draft a letter from the Chair informing the clinic of the committee's decision.

### **General Business**

The issue of ACART's proposal, set out in its proposed donation guidelines consultation document, that *all* family gamete donation cases should be subject to an ECART decision, was raised.

ECART had previously noted in its feedback to ACART, that this would mean that ECART would end up considering a host of applications that it doesn't need to see. ECART had further suggested that the HART Order be amended so that the current exceptions to the definition of an established procedure are sufficiently detailed so that it addresses relationships of potential concern, for example, if relationships are intergenerational, there is potential for coercion, or there are concerns about the potential child's wellbeing.

ACART is reconsidering this and has asked for feedback about how to frame the relevant provision in the HART Order which currently captures many connections. The HART Order currently carves out certain family members who don't need to apply to ECART.

The factors that cause ethical concern that ECART has previously noted are the potential for coercion/power imbalance, intergenerational relationships and concern about the potential child's wellbeing. ECART is of the view that these factors should warrant an application to ECART for consideration.

ECART agreed to provide this feedback to ACART by letter from the Chair.

**Correspondence**

As included in the documents before the committee.