

This Document can be made available in alternative formats upon request

State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-FIFTH  
SESSION

HOUSE FILE No. 34

January 8, 2007

Authored by Kahn, Hilty, Greiling, Hornstein, Bly and others

The bill was read for the first time and referred to the Committee on Biosciences and Emerging Technologies

1.1 A bill for an act  
1.2 relating to health; establishing state policy for stem cell research; providing  
1.3 criminal penalties; appropriating money; proposing coding for new law in  
1.4 Minnesota Statutes, chapters 137; 145.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [137.45] STEM CELL RESEARCH.

1.7 The University of Minnesota may spend state-appropriated funds on stem cell  
1.8 research.

1.9 Sec. 2. [145.426] LEGISLATIVE FINDINGS.

1.10 The legislature finds and declares all of the following:

1.11 (a) An estimated 128,000,000 Americans suffer from the crippling economic  
1.12 and psychological burden of chronic, degenerative, and acute diseases and conditions,  
1.13 including diabetes, Parkinson's disease, and cancer.

1.14 (b) The costs of treatment and lost productivity of chronic, degenerative, and acute  
1.15 diseases and conditions in the United States constitute hundreds of billions of dollars every  
1.16 year. Estimates of the economic costs of these diseases and conditions do not account for  
1.17 the associated extreme human loss and suffering.

1.18 (c) Stem cell research offers immense promise for developing new medical therapies  
1.19 for these debilitating diseases and conditions and a critical means to explore fundamental  
1.20 questions of biology. Stem cell research could lead to unprecedented treatments and  
1.21 potential cures for diabetes, cancer, and other diseases and conditions.

1.22 (d) The United States and Minnesota have historically been a haven for open  
1.23 scientific inquiry and technological innovation and this environment, coupled with the

2.1 commitment of public and private resources, has made the United States the preeminent  
2.2 world leader in biomedicine and biotechnology.

2.3 (e) The biomedical industry is a critical and growing component of Minnesota's  
2.4 economy and would be significantly diminished by limitations imposed on stem cell  
2.5 research.

2.6 (f) Open scientific inquiry and publicly funded research will be essential to realizing  
2.7 the promise of stem cell research and to maintain Minnesota's leadership in biomedicine  
2.8 and biotechnology. Publicly funded stem cell research, conducted under established  
2.9 standards of open scientific exchange, peer review, and public oversight, offers the  
2.10 most efficient and responsible means of fulfilling the promise of stem cells to provide  
2.11 regenerative medical therapies.

2.12 (g) Stem cell research, including the use of embryonic stem cells for medical  
2.13 research, raises significant ethical and policy concerns and, while not unique, the ethical  
2.14 and policy concerns associated with stem cell research must be carefully considered.

2.15 (h) Public policy on stem cell research must balance ethical and medical  
2.16 considerations. The policy must be based on an understanding of the science associated  
2.17 with stem cell research and grounded in a thorough consideration of the ethical concerns  
2.18 regarding this research. Public policy on stem cell research must be carefully crafted to  
2.19 ensure that researchers have the tools necessary to fulfill the promise of stem cell research.

2.20 **Sec. 3. [145.427] STATE POLICY FOR STEM CELL RESEARCH.**

2.21 Subdivision 1. **Research use permitted.** The policy of the state of Minnesota is  
2.22 that research involving the derivation and use of human embryonic stem cells, human  
2.23 embryonic germ cells, and human adult stem cells from any source, including somatic  
2.24 cell nuclear transplantation, shall be permitted and that full consideration of the ethical  
2.25 and medical implications of this research be given. Research involving the derivation and  
2.26 use of human embryonic stem cells, human embryonic germ cells, and human adult stem  
2.27 cells, including somatic cell nuclear transplantation, shall be reviewed by an approved  
2.28 institutional review board.

2.29 Subd. 2. **Informed consent.** A physician, surgeon, or other health care provider  
2.30 who is treating a patient for infertility shall provide the patient with timely, relevant, and  
2.31 appropriate information sufficient to allow the patient to make an informed and voluntary  
2.32 choice regarding the disposition of any human embryos remaining following the fertility  
2.33 treatment. Any patient to whom information is provided under this subdivision shall  
2.34 be presented with the options of storing any unused embryos, donating the embryos  
2.35 to another individual, discarding the embryos, or donating the remaining embryos for

3.1 research. Any patient who elects to donate embryos remaining after fertility treatments  
3.2 for research shall provide written consent to that donation.

3.3 Subd. 3. **Prohibiting sale of fetal tissue.** (a) A person may not knowingly, for  
3.4 valuable consideration, purchase, sell, or otherwise transfer or obtain, or promote the  
3.5 sale or transfer of, embryonic or cadaveric fetal tissue for research purposes. However,  
3.6 embryonic or cadaveric fetal tissue may be donated for research purposes under this  
3.7 section. For purposes of this subdivision, "valuable consideration" means financial gain or  
3.8 advantage, but does not include reasonable payment for the removal, processing, disposal,  
3.9 preservation, quality control, storage, transplantation, or implantation of embryonic or  
3.10 cadaveric fetal tissue.

3.11 (b) Violation of this subdivision is a gross misdemeanor.

3.12 **Sec. 4. APPROPRIATION.**

3.13 \$..... in fiscal year 2008 is appropriated from the general fund to the Board of  
3.14 Regents of the University of Minnesota for the purposes of sections 1 to 3.