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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SIXTH
SESSION

HOUSE FILE No. **1951**

March 19, 2009

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The bill was read for the first time and referred to the Committee on Health Care and Human Services Policy and Oversight

1.1 A bill for an act
1.2 relating to health; requiring certain information be provided to patients seeking
1.3 in vitro fertilization therapy or donating gametes; proposing coding for new
1.4 law in Minnesota Statutes, chapter 145.

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

1.6 Section 1. **[145.426] INFORMATION ON CHOICE OF DISPOSITION OF**
1.7 **REMAINING EMBRYOS OR GAMETES.**

1.8 (a) A physician or other health care provider who provides a patient with in vitro
1.9 fertilization therapy must provide the patient with timely, relevant, and appropriate
1.10 information sufficient to allow that patient to make an informed and voluntary choice
1.11 regarding the disposition of any preimplantation embryos or gametes remaining following
1.12 treatment. The physician or other health care provider must present the patient with
1.13 the options of storing, donating to another person, donating for research purposes, or
1.14 otherwise disposing of or destroying any unused preimplantation embryos, as appropriate.
1.15 The commissioner of health must prescribe and provide for use by physicians and other
1.16 health care providers who treat patients for infertility through in vitro or any other process
1.17 where an egg is extracted from a woman the following two documents, in multiple
1.18 languages as determined by the commissioner:

1.19 (1) an informational pamphlet, describing the procedure by which an egg is
1.20 extracted from the patient, including all short and long-term potential health impacts of
1.21 the procedure on the patient, any drugs or devices to be used, including whether they
1.22 have received approval from the United States Food and Drug Administration, the risks
1.23 involved, any discomfort and side effects that may be experienced, any alternatives which
1.24 the patient may have and their attendant risks and benefits, medical treatment available

2.1 to the patient should complications arise, and that the particular treatment may involve
2.2 currently unforeseeable risks to the patient, embryo, or fetus. A physician or other health
2.3 care provider treating a woman with a procedure by which an egg is intended to be
2.4 extracted must provide the patient with this pamphlet or a legible copy thereof, and provide
2.5 any other treatment information which may be specific to the patient's treatment; and

2.6 (2) an informed consent form, stating that the patient has been given and has
2.7 reviewed and understands the informational pamphlet described in clause (1), has
2.8 consulted with her physician or health care provider concerning the general procedures
2.9 and her specific medical situation, and understanding the procedure, process, and risks,
2.10 consents to proceed with the procedure or process. The informed consent form must also
2.11 contain a "Notes" section, to be completed by the physician or health care provider. This
2.12 notes section must contain any medical information, alternative procedures, medicines,
2.13 devices, considerations, or risks relevant to the specific patient's informed consent to
2.14 proceed and must be completed by the physician or health care provider in each case. A
2.15 physician or other health care provider treating a woman by a procedure by which an
2.16 egg is intended to be extracted must provide the patient with this form or a legible copy
2.17 thereof, and must keep a signed copy of this document in the patient's medical file.

2.18 (b) No physician or other health care provider shall provide this treatment before
2.19 providing the patient with both the informational pamphlet and the informed consent form
2.20 and without receiving, in return, a complete and fully executed informed consent form
2.21 from the patient. A physician or other health care provider shall seek such informed
2.22 consent only under circumstances that provide the prospective patient reasonable
2.23 opportunity to consider whether or not to receive such treatment and that minimize the
2.24 possibility of coercion or undue influence. The information that is given to the patient
2.25 shall be in language understandable to the patient.