



**House
Legislative
Analysis
Section**

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**RESTRICT RESEARCH ON DEAD
EMBRYO, FETUS, AND NEONATE**

House Bill 5578

Sponsor: Rep. Cameron Brown

Committee: Health Policy

Complete to 2-4-01

A SUMMARY OF HOUSE BILL 5578 AS INTRODUCED 1-29-01

Part 26 of the Public Health Code regulates medical data, information, and research. Several sections of Part 26 deal with research on live and dead embryos, fetuses, and neonates. House Bill 5578 would amend the Public Health Code (MCL 333.2685 and 333.2688) to prohibit health professionals and other persons from knowingly performing research upon a dead embryo or fetus if the death of the embryo or fetus was the result of an abortion. Also, a health professional or other individual could not knowingly perform research upon a dead embryo, fetus, or neonate, whose death was the result of a spontaneous abortion, without first obtaining the mother’s written consent. (This section, Section 2688, does not offer a definition of “abortion.” Elsewhere in the code, however, “abortion” is explicitly defined as an *intentional* act that does not include a spontaneous abortion.) Currently the act states only that research may not knowingly be performed upon a dead embryo, fetus, or neonate, without first obtaining written consent from the mother (unless the research is required by a routine pathological study).

Currently the act prohibits the performance of nontherapeutic research on an embryo or fetus known by the researcher to be the subject of a planned abortion being performed for any purpose other than to save the mother’s life. Further, a person may not use a *live* human embryo, fetus, or neonate for nontherapeutic research if the research could substantially jeopardize the life or health of the embryo, fetus, or neonate. The bill would specify that the latter prohibition applies to a live human embryo, fetus, or neonate “regardless of its location.” The bill would also define “abortion” for this section (Section 2685) as it is defined elsewhere in the code—i.e., as “the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.”

House Bill 5578 (2-4-02)

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