

Beyond the Low Hanging Fruit: Stem Cell Policy in the Obama Administration

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Impending major change in Federal stem cell policy?

- **Expectation that in-coming Administration and Congress would relax Bush Administration's restrictions**
- **Recent executive order and NIH draft guidelines less expansive than many expected**

Executive Order 13,505

- Executive order narrowly drawn
- Repealed Bush orders/policy statements limiting federal funding to specified lines
- Eliminated prohibition on “direct/indirect” use of federal funds to support research on ineligible lines
- No specific set of standards, left to NIH

NIH Draft Guidelines

- Mostly embodied what Congress has already passed twice
- Lines derived from embryos created, but not used for reproductive purposes
- Donation with informed consent; no incentives
- Compliance with Dickey/Wicker
 - *no use of funds to create embryos for research*

What's not there

- **Calls for repeal of Dickey/Wicker**
 - *Administration has "no position"*
- **Endorsement of SCNT**
 - *"therapeutic cloning"*
- **Explicit calls or promises for more federal funding**
- **Paying for eggs**

Public reaction

- **Justification was partially “broad public support”**
- **Advocates**
 - *Supportive but some are disappointed*
- **Detractors**
 - *Opposed, but “could have been worse”*
- **Editorial reaction**
 - *“Intelligent solution”*

Is this it?

- **Administration unlikely to pursue further expansion of eligible lines**
- **hESC issues still controversial**
 - *SCNT/Dickey/egg sales; "incentives"; no clear majority*
- **Other issues are important**
 - *especially abortion reduction*
- **Money**
 - *NIH got \$10 billion stimulus bump*
 - *lots of proposals*
 - *maybe more support*

What happens next?

- **States/private funders have filled hESC funding and policy making vacuum**
- **10 states have supported at least some form of stem cell research at some level**
 - *CA by far largest - \$3 billion over 10 yrs*
 - *Other large programs - NY/ MA/WI*
 - *Most smaller*
- **Wide variety of policies**
 - *grantees/egg donation/SNCT funding, etc*

Private funding

- Unusually large amount of private money
- Disease foundations
 - *JDRF/Fox/Leukemia*
- Individual donors/foundations
 - *much larger than average*
 - *multiple billion \$*
- Capital focus
 - *avoid indirect use of federal funds*

What happens next?

- **Multiple payers and sets of rules**
- **States and private funders continue to be major players**
 - *Competition between states*
- **Diminished funding**
 - *State budget troubles*
 - *Foundation portfolios shrunk*
- **Shift in funding priorities - short term payoff**
 - *No miracles yet - pressure for results*
 - *States/foundations shifting focus*