1	UNBORN CHILD PROTECTION AMENDMENTS		
2	2017 GENERAL SESSION		
3	STATE OF UTAH		
4	Chief Sponsor: Keven J. Stratton		
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13	LONG TITLE		
14	General Description:		
15	This bill amends the information that is required to be given to ensure that a woman		
16	gives informed consent before the performance of an abortion procedure.		
17	<b>Highlighted Provisions:</b>		
18	This bill:		
19	<ul><li>requires specified</li></ul>	l medical personnel to inform a won	nan seeking an abortion of the
20	options and consequences of aborting a medication-induced abortion; and		
21	requires the Department of Health to include in its published, printed materials an		
22	explanation of the options and consequences of aborting a medication-induced		
23	abortion.		
24	Money Appropriated in thi	is Bill:	
25	None		
26	Other Special Clauses:		
27	None		
28	<b>Utah Code Sections Affects</b>	ed:	

AMENDS:
76-7-305, as last amended by Laws of Utah 2016, Chapter 362
76-7-305.5, as last amended by Laws of Utah 2016, Chapter 362
Be it enacted by the Legislature of the state of Utah:
Section 1. Section 76-7-305 is amended to read:
76-7-305. Informed consent requirements for abortion 72-hour wait mandatory
Exceptions.
(1) A person may not perform an abortion, unless, before performing the abortion, the
physician who will perform the abortion obtains a voluntary and informed written consent from
the woman on whom the abortion is performed, that is consistent with:
(a) Section 8.08 of the American Medical Association's Code of Medical Ethics,
Current Opinions; and
(b) the provisions of this section.
(2) Except as provided in Subsection (9), consent to an abortion is voluntary and
informed only if:
(a) at least 72 hours before the abortion, the physician who is to perform the abortion,
the referring physician, a physician, a registered nurse, nurse practitioner, advanced practice
registered nurse, certified nurse midwife, genetic counselor, or physician's assistant, in a
face-to-face consultation in any location in the state, orally informs the woman:
(i) consistent with Subsection (3)(a), of:
(A) the nature of the proposed abortion procedure;
(B) specifically how the procedure described in Subsection (2)(a)(i)(A) will affect the
fetus; [and]
(C) the risks and alternatives to an abortion procedure or treatment; <u>and</u>
(D) the options and consequences of aborting a medication-induced abortion;
(ii) of the probable gestational age and a description of the development of the unborn
child at the time the abortion would be performed;

(iii) of the medical risks associated with carrying her child to term; and

- (iv) if the abortion is to be performed on an unborn child who is at least 20 weeks gestational age:
- (A) that substantial medical evidence from studies concludes that an unborn child who is at least 20 weeks gestational age may be capable of experiencing pain during an abortion procedure; and
  - (B) the measures that shall be taken in accordance with Section 76-7-308.5;
- (b) at least 72 hours prior to the abortion the physician who is to perform the abortion, the referring physician, or, as specifically delegated by either of those physicians, a physician, a registered nurse, licensed practical nurse, certified nurse-midwife, advanced practice registered nurse, clinical laboratory technologist, psychologist, marriage and family therapist, clinical social worker, genetic counselor, or certified social worker orally, in a face-to-face consultation in any location in the state, informs the pregnant woman that:
- (i) the Department of Health, in accordance with Section 76-7-305.5, publishes printed material and an informational video that:
- (A) provides medically accurate information regarding all abortion procedures that may be used;
  - (B) describes the gestational stages of an unborn child; and
- (C) includes information regarding public and private services and agencies available to assist her through pregnancy, at childbirth, and while the child is dependent, including private and agency adoption alternatives;
- (ii) the printed material and a viewing of or a copy of the informational video shall be made available to her, free of charge, on the Department of Health's website;
- (iii) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care, and that more detailed information on the availability of that assistance is contained in the printed materials and the informational video published by the Department of Health;
  - (iv) except as provided in Subsection (3)(b):

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pregnant as the result of rape.

(A) the father of the unborn child is legally required to assist in the support of her child, even if he has offered to pay for the abortion; and (B) the Office of Recovery Services within the Department of Human Services will assist her in collecting child support; and (v) she has the right to view an ultrasound of the unborn child, at no expense to her, upon her request; (c) the information required to be provided to the pregnant woman under Subsection (2)(a) is also provided by the physician who is to perform the abortion, in a face-to-face consultation, prior to performance of the abortion, unless the attending or referring physician is the individual who provides the information required under Subsection (2)(a); (d) a copy of the printed materials published by the Department of Health has been provided to the pregnant woman; (e) the informational video, published by the Department of Health, has been provided to the pregnant woman in accordance with Subsection (4); and (f) the pregnant woman has certified in writing, prior to the abortion, that the information required to be provided under Subsections (2)(a) through (e) was provided, in accordance with the requirements of those subsections. (3) (a) The alternatives required to be provided under Subsection (2)(a)(i) include: (i) a description of adoption services, including private and agency adoption methods: and (ii) a statement that it is legal for adoptive parents to financially assist in pregnancy and birth expenses. (b) The information described in Subsection (2)(b)(iv) may be omitted from the

(c) Nothing in this section shall be construed to prohibit a person described in Subsection (2)(a) from, when providing the information described in Subsection (2)(a)(iv),

information required to be provided to a pregnant woman under this section if the woman is

informing a woman of the person's own opinion regarding the capacity of an unborn child to

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113	experience pain.
114	(4) When the informational video described in Section 76-7-305.5 is provided to a
115	pregnant woman, the person providing the information shall:
116	(a) request that the woman view the video at that time or at another specifically
117	designated time and location; or
118	(b) if the woman chooses not to view the video at a time described in Subsection (4)(a),
119	inform the woman that she can access the video on the Department of Health's website.
120	(5) When a serious medical emergency compels the performance of an abortion, the
121	physician shall inform the woman prior to the abortion, if possible, of the medical indications
122	supporting the physician's judgment that an abortion is necessary.
123	(6) If an ultrasound is performed on a woman before an abortion is performed, the
124	person who performs the ultrasound, or another qualified person, shall:
125	(a) inform the woman that the ultrasound images will be simultaneously displayed in a
126	manner to permit her to:
127	(i) view the images, if she chooses to view the images; or
128	(ii) not view the images, if she chooses not to view the images;
129	(b) simultaneously display the ultrasound images in order to permit the woman to:
130	(i) view the images, if she chooses to view the images; or
131	(ii) not view the images, if she chooses not to view the images;
132	(c) inform the woman that, if she desires, the person performing the ultrasound, or
133	another qualified person shall provide a detailed description of the ultrasound images,
134	including:
135	(i) the dimensions of the unborn child;
136	(ii) the presence of cardiac activity in the unborn child, if present and viewable; and
137	(iii) the presence of external body parts or internal organs, if present and viewable; and

(d) provide the detailed description described in Subsection (6)(c), if the woman

(7) The information described in Subsections (2), (3), (4), and (6) is not required to be

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requests it.

141	provided to a pregnant woman under this section if the abortion is performed for a reason
142	described in:
143	(a) Subsection 76-7-302(3)(b)(i), if the treating physician and one other physician
144	concur, in writing, that the abortion is necessary to avert:
145	(i) the death of the woman on whom the abortion is performed; or
146	(ii) a serious risk of substantial and irreversible impairment of a major bodily function
147	of the woman on whom the abortion is performed; or
148	(b) Subsection 76-7-302(3)(b)(ii).
149	(8) In addition to the criminal penalties described in this part, a physician who violates
150	the provisions of this section:
151	(a) is guilty of unprofessional conduct as defined in Section 58-67-102 or 58-68-102;
152	and
153	(b) shall be subject to:
154	(i) suspension or revocation of the physician's license for the practice of medicine and
155	surgery in accordance with Section 58-67-401 or 58-68-401; and
156	(ii) administrative penalties in accordance with Section 58-67-402 or 58-68-402.
157	(9) A physician is not guilty of violating this section for failure to furnish any of the
158	information described in Subsection (2), or for failing to comply with Subsection (6), if:
159	(a) the physician can demonstrate by a preponderance of the evidence that the
160	physician reasonably believed that furnishing the information would have resulted in a severely
161	adverse effect on the physical or mental health of the pregnant woman;
162	(b) in the physician's professional judgment, the abortion was necessary to avert:
163	(i) the death of the woman on whom the abortion is performed; or
164	(ii) a serious risk of substantial and irreversible impairment of a major bodily function
165	of the woman on whom the abortion is performed;
166	(c) the pregnancy was the result of rape or rape of a child, as defined in Sections
167	76-5-402 and 76-5-402.1;
168	(d) the pregnancy was the result of incest, as defined in Subsection 76-5-406(10) and

169	Section 76-7-102; or
170	(e) at the time of the abortion, the pregnant woman was 14 years of age or younger.
171	(10) A physician who complies with the provisions of this section and Section
172	76-7-304.5 may not be held civilly liable to the physician's patient for failure to obtain
173	informed consent under Section 78B-3-406.
174	(11) (a) The Department of Health shall provide an ultrasound, in accordance with the
175	provisions of Subsection (2)(b), at no expense to the pregnant woman.
176	(b) A local health department shall refer a person who requests an ultrasound described
177	in Subsection (11)(a) to the Department of Health.
178	(12) A physician is not guilty of violating this section if:
179	(a) the physician provides the information described in Subsection (2) less than 72
180	hours before performing the abortion; and
181	(b) in the physician's professional judgment, the abortion was necessary in a case
182	where:
183	(i) a ruptured membrane, documented by the attending or referring physician, will
184	cause a serious infection; or
185	(ii) a serious infection, documented by the attending or referring physician, will cause a
186	ruptured membrane.
187	Section 2. Section <b>76-7-305.5</b> is amended to read:
188	76-7-305.5. Requirements for printed materials and informational video.
189	(1) In order to ensure that a woman's consent to an abortion is truly an informed
190	consent, the Department of Health shall, in accordance with the requirements of this section:
191	(a) publish printed materials; and
192	(b) produce an informational video.
193	(2) The printed materials and the informational video described in Subsection (1) shall:
194	(a) be scientifically accurate, comprehensible, and presented in a truthful,
195	nonmisleading manner;
196	(b) present adoption as a preferred and positive choice and alternative to abortion;

197	(c) be printed and produced in a manner that conveys the state's preference for
198	childbirth over abortion;
199	(d) state that the state prefers childbirth over abortion;
200	(e) state that it is unlawful for any person to coerce a woman to undergo an abortion;
201	(f) state that any physician who performs an abortion without obtaining the woman's
202	informed consent or without providing her a private medical consultation in accordance with
203	the requirements of this section, may be liable to her for damages in a civil action at law;
204	(g) provide information on resources and public and private services available to assist
205	a pregnant woman, financially or otherwise, during pregnancy, at childbirth, and while the
206	child is dependent, including:
207	(i) medical assistance benefits for prenatal care, childbirth, and neonatal care;
208	(ii) services and supports available under Section 35A-3-308;
209	(iii) other financial aid that may be available during an adoption; and
210	(iv) services available from public adoption agencies, private adoption agencies, and
211	private attorneys whose practice includes adoption;
212	(h) describe the adoption-related expenses that may be paid under Section 76-7-203;
213	(i) describe the persons who may pay the adoption related expenses described in
214	Subsection (2)(h);
215	(j) describe the legal responsibility of the father of a child to assist in child support,
216	even if the father has agreed to pay for an abortion;
217	(k) describe the services available through the Office of Recovery Services, within the
218	Department of Human Services, to establish and collect the support described in Subsection
219	(2)(j);
220	(l) state that private adoption is legal;
221	(m) in accordance with Subsection (3), describe the probable anatomical and
222	physiological characteristics of an unborn child at two-week gestational increments from
223	fertilization to full term, including:
224	(i) brain and heart function; and

225	(ii) the presence and development of external members and internal organs;
226	(n) describe abortion procedures used in current medical practice at the various stages
227	of growth of the unborn child, including:
228	(i) the medical risks associated with each procedure;
229	(ii) the risk related to subsequent childbearing that are associated with each procedure;
230	and
231	(iii) the consequences of each procedure to the unborn child at various stages of fetal
232	development;
233	(o) describe the possible detrimental psychological effects of abortion;
234	(p) describe the medical risks associated with carrying a child to term; and
235	(q) include relevant information on the possibility of an unborn child's survival at the
236	two-week gestational increments described in Subsection (2)(m).
237	(3) The information described in Subsection (2)(m) shall be accompanied by the
238	following for each gestational increment described in Subsection (2)(m):
239	(a) pictures or video segments that accurately represent the normal development of an
240	unborn child at that stage of development; and
241	(b) the dimensions of the fetus at that stage of development.
242	(4) The printed material and video described in Subsection (1) may include a toll-free
243	24-hour telephone number that may be called in order to obtain, orally, a list and description of
244	services, agencies, and adoption attorneys in the locality of the caller.
245	(5) In addition to the requirements described in Subsection (2), the printed material
246	described in Subsection (1)(a) shall:
247	(a) be printed in a typeface large enough to be clearly legible;
248	(b) in accordance with Subsection (6), include a geographically indexed list of public
249	and private services and agencies available to assist a woman, financially or otherwise, through
250	pregnancy, at childbirth, and while the child is dependent; [and]
251	(c) except as provided in Subsection (7), include a separate brochure that contains
252	truthful, nonmisleading information regarding:

253	(i) substantial medical evidence from studies concluding that an unborn child who is at
254	least 20 weeks gestational age may be capable of experiencing pain during an abortion
255	procedure; and
256	(ii) the measures that shall be taken in accordance with Section 76-7-308.5[-];
257	(d) explain the options and consequences of aborting a medication-induced abortion;
258	<u>and</u>
259	(e) include the following statement, "Research indicates that mifepristone alone is not
260	always effective in ending a pregnancy. You may still have a viable pregnancy after taking
261	mifepristone. If you have taken mifepristone but have not yet taken the second drug and have
262	questions regarding the health of your fetus or are questioning your decision to terminate your
263	pregnancy, you should consult a physician immediately."
264	(6) The list described in Subsection (5)(b) shall include:
265	(a) private attorneys whose practice includes adoption; and
266	(b) the names, addresses, and telephone numbers of each person listed under
267	Subsection $(5)(b)$ or $(6)(a)$ .
268	(7) A person or facility is not required to provide the information described in
269	Subsection (5)(c) to a patient or potential patient, if the abortion is to be performed:
270	(a) on an unborn child who is less than 20 weeks gestational age at the time of the
271	abortion; or
272	(b) on an unborn child who is at least 20 weeks gestational age at the time of the
273	abortion, if:
274	(i) the abortion is being performed for a reason described in Subsection
275	76-7-302(3)(b)(i) or (ii); and
276	(ii) due to a serious medical emergency, time does not permit compliance with the
277	requirement to provide the information described in Subsection (5)(c).
278	(8) In addition to the requirements described in Subsection (2), the video described in
279	Subsection (1)(b) shall:
280	(a) make reference to the list described in Subsection (5)(b); and

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281	(b) show an ultrasound of the heartbeat of an unborn child at:
282	(i) four weeks from conception;
283	(ii) six to eight weeks from conception; and
284	(iii) each month after 10 weeks gestational age up to 14 weeks gestational age