1	ABORTION BY A MINOR - PARENTAL				
2	2 NOTIFICATION AND CONSENT				
3	3 2006 GENERAL SESSION				
4					
5	5 Chief Sponsor: Kerry W. Gibson				
6 Senate Sponsor: Darin G. Peterson					
7 8 9 10 11 12 13 14 15 16	Cosponsors: Brad L. Dee Aaron Tilton John G. Mathis Glenn A. Donnelson Lorie D. Fowlke Michael E. Noel Gregory H. Hughes Curtis Oda Julie Fisher	Ronda Rudd Menlove Craig W. Buttars Bradley G. Last Scott L Wyatt Peggy Wallace Ann W. Hardy Paul Ray Michael T. Morley Douglas C. Aagard Richard W. Wheeler	Bradley T. Johnson Margaret Dayton David Ure James A. Dunnigan John Dougall Rebecca D. Lockhart Joseph G. Murray DeMar Bud Bowman Mark W. Walker		
17	LONG TITLE				
18	LONG TITLE				
19	General Description:				
20	This bill amends the Utah Criminal Code, the Utah Human Services Code, and the Utah				
21	Health Care Malpractice Ac	t to require parental consent and notif	fication for abortions		
22	performed upon minors, subject to certain exceptions.				
23	Highlighted Provisions:				

- 24
 - This bill:
 - defines terms;
 - provides that a written report of incest or abuse made in connection with a minor
- 27 seeking an abortion may not disclose that the minor obtained or considered an
- 28 abortion;

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- 29 • requires that at least 24 hours before a physician performs an abortion on a minor,
- 30 the physician shall notify a parent or guardian of the minor that the minor intends to



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• makes technical changes.

Monies Appropriated in this Bill:

31	have an abortion, unless:
32	 a medical emergency exists;
33	• the physician reports that the parent or guardian abused the woman or caused
34	the woman's pregnancy by engaging in incest with the woman; or
35	 the parent or guardian has not assumed responsibility for the minor's care and
36	upbringing;
37	 provides that, in a medical emergency, except when it is necessary to immediately
38	perform an abortion, the physician shall notify a parent or guardian of the minor, as
39	early as possible before the abortion, that the minor intends to have an abortion;
40	removes the requirement that a physician notify the spouse of a married woman that
41	she intends to obtain an abortion;
42	requires that a minor obtain parental consent before obtaining an abortion unless:
43	• the minor obtains the right, by court order, to consent to an abortion without
44	parental consent; or
45	 a medical emergency exists;
46	• establishes a procedure for a court to determine whether a minor should be granted
47	the right to consent to an abortion without parental consent;
48	 provides that the proceedings described above are closed and that the name of the
49	juvenile, the nature of the proceedings, and the records relating thereto, are
50	confidential;
51	 provides that a court shall order that a minor may consent to an abortion without
52	parental consent only if the court finds $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{by}}$ a preponderance of the evidence $\leftarrow \hat{\mathbf{H}}$ that:
53	• the minor is mature and capable of giving informed consent to the abortion and
54	has given her informed consent; or
55	 an abortion would be in the minor's best interest;
56	 establishes expedited, confidential, appellate procedures;
57	 grants rulemaking authority to the Judicial Council;
58	 amends the Utah Health Care Malpractice Act and related provisions to conform to
59	the consent requirements of this bill; and

62	None
63	Other Special Clauses:
64	None
65	Utah Code Sections Affected:
66	AMENDS:
67	62A-4a-408, as renumbered and amended by Chapter 260, Laws of Utah 1994
68	76-7-304 , as enacted by Chapter 33, Laws of Utah 1974
69	76-7-305, as last amended by Chapter 221, Laws of Utah 1997
70	76-7-305.5, as last amended by Chapter 13, Laws of Utah 1998
71	76-7-315, as last amended by Chapter 5, Laws of Utah 1996, Second Special Session
72	78-14-5, as last amended by Chapter 9, Laws of Utah 2001
73	ENACTS:
74	76-7-304.5 , Utah Code Annotated 1953
75	
76	Be it enacted by the Legislature of the state of Utah:
77	Section 1. Section 62A-4a-408 is amended to read:
78	62A-4a-408. Written reports.
79	(1) Reports made pursuant to this part shall be followed by a written report within 48
80	hours, if requested by the division. The division shall immediately forward a copy of that
81	report to the statewide central register, on forms supplied by the register.
82	(2) If, in connection with an intended or completed abortion by a minor, a physician is
83	required to make a report of incest or abuse pursuant to Subsection 76-7-304(5), the report may
84	not include information that would in any way disclose that the report was made in connection
85	with:
86	(a) an abortion; or
87	(b) a consultation regarding an abortion.
88	Section 2. Section 76-7-304 is amended to read:
89	76-7-304. Considerations by physician Notice to a parent or guardian
90	Exceptions.
91	(1) As used in this section, "minor" means a person who is:
92	(a) under 18 years of age;

93	(b) unmarried; and		
94	(c) not emancipated.		
95	(2) To enable the physician to exercise [his] the physician's best medical judgment,		
96	[he] the physician shall[: (1) Consider] consider all factors relevant to the well-being of the		
97	woman upon whom the abortion is to be performed including[, but not limited to,]:		
98	(a) her physical, emotional and psychological health and safety[-,]:		
99	(b) her age[,]; and		
100	(c) her familial situation.		
101	[(2) Notify, if possible, the parents or guardian of the woman upon whom the abortion		
102	is to be performed, if she is a minor or the husband of the woman, if she is married.]		
103	(3) Subject to Subsection (4), at least 24 hours before a physician performs an abortion		
104	on a minor, the physician shall notify a parent or guardian of the minor that the minor intends		
105	to have an abortion.		
106	(4) A physician is not required to comply with Subsection (3) if:		
107	(a) subject to Subsection (6)(a):		
108	(i) a medical condition exists that poses a significant threat of harm to the life or health		
109	of the minor; and		
110	(ii) there is not sufficient time to give the notice required under Subsection (3) before it		
111	is necessary to terminate the minor's pregnancy in order to prevent the threatened harm		
112	described in Subsection (4)(a)(i);		
113	(b) subject to Subsection (6)(b):		
114	(i) the physician complies with Subsection (5); and		
115	(ii) (A) the minor is pregnant as a result of incest to which the parent or guardian was a		
116	party; or		
117	(B) the parent or guardian has abused the minor; or		
118	(c) subject to Subsection (6)(b), the parent or guardian has not assumed responsibility		
119	for the minor's care and upbringing.		
120	(5) If, for a reason described in Subsection (4)(b)(ii)(A) or (B), a physician does not		
121	notify a parent or guardian of a minor that the minor intends to have an abortion, the physician		
122	shall report the incest or abuse to the Division of Child and Family Services within the		
123	Department of Human Services		

124	(6) (a) If, for the reason described in Subsection (4)(a), a physician does not give the
125	24-hour notice described in Subsection (3), the physician shall give the required notice as early
126	as possible before the abortion, unless it is necessary to perform the abortion immediately in
127	order to prevent the threatened harm described in Subsection (4)(a)(i).
128	(b) If, for a reason described in Subsection (4)(b) or (c), a parent or guardian of a minor
129	is not notified that the minor intends to have an abortion, the physician shall notify another
130	parent or guardian of the minor, if the minor has another parent or guardian that is not exempt
131	from notification under Subsection (4)(b) or (c).
132	Section 3. Section 76-7-304.5 is enacted to read:
133	76-7-304.5. Consent required for abortions performed on minors Hearing to
134	allow a minor to self-consent Appeals.
135	(1) As used in this section, "minor" is as defined in Subsection 76-7-304(1).
136	(2) In addition to the other requirements of this part, an abortion may not be performed
137	on a minor unless:
138	(a) the minor obtains the informed written consent of a parent or guardian of the minor;
139	(b) the minor is granted the right, by court order under Subsection (6), to consent to the
140	abortion without obtaining consent from a parent or guardian; or
141	(c) (i) a medical condition exists that poses a significant threat of harm to the life or
142	health of a pregnant minor; and
143	(ii) there is not sufficient time to obtain the consent in the manner chosen by the minor
144	under Subsection (3) before it is necessary to terminate the minor's pregnancy in order to
145	prevent the threatened harm described in Subsection (2)(c)(i).
146	(3) A pregnant minor who wants to have an abortion may choose:
147	(a) to seek consent from a parent or guardian under Subsection (2)(a); or
148	(b) to seek the right to consent to the abortion under Subsection (2)(b).
149	(4) (a) If $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{one or both of a pregnant minor's parents or the minor's guardian refuses to}]$
150	consent] a pregnant minor fails to obtain the consent of a parent or guardian of the minor
150a	to the performance of an abortion, or if the minor chooses not to seek the consent of
151	$\hat{\mathbf{H}} \rightarrow [\underline{\text{one or both of her parents}}]$ a parent $\leftarrow \hat{\mathbf{H}}$ or guardian, the minor may file a petition with the
151a	juvenile court to
152	obtain the right to consent to the abortion without the consent of the minor's parent or guardian.
153	(b) If the minor chooses to file the petition described in Subsection (4)(a), the court
154	shall assist the minor, or a person designated by the minor, in preparing the petition required by

155	this section.		
156	(c) The petition described in Subsection (4)(a) shall include:		
157	(i) the initials of the minor;		
158	(ii) the age of the minor;		
159	(iii) a statement that:		
160	(A) the minor has been fully informed regarding the abortion pursuant to the		
161	requirements of Section 76-7-305; or		
162	(B) under Section 76-7-305, the minor is not required to be fully informed regarding		
163	the abortion;		
164	(iv) a claim that:		
165	(A) the minor is sufficiently mature to make the decision to have an abortion; or		
166	(B) an abortion is in the minor's best interest; and		
167	(v) the name of each parent or guardian of the minor.		
168	(5) If a petition is filed under Subsection (4), the court:		
169	(a) may appoint a guardian ad litem for the minor;		
170	(b) shall, if the minor is not already represented by an attorney:		
171	(i) advise the minor that she has the right to a court-appointed attorney; and		
172	(ii) appoint an attorney to represent the minor upon the minor's request;		
173	(c) shall preserve the confidentiality of:		
174	(i) the minor's identity;		
175	(ii) the nature of the proceeding; and		
176	(iii) all records related to the proceeding; and		
177	(d) shall hold a hearing and render a decision on the petition no later than five calendar		
178	days after the day on which the petition is filed.		
179	(6) (a) The hearing described in Subsection (5)(d) shall be closed to the public.		
180	(b) After considering the evidence presented at the hearing, the court shall order that		
181	the minor may consent to an abortion without the consent of a parent or guardian of the minor		
182	if the court finds $\hat{\mathbf{H}} \rightarrow \underline{\mathbf{by}}$ a preponderance of the evidence $\leftarrow \hat{\mathbf{H}}$ that:		
183	(i) the minor:		
184	(A) has given her informed consent to the abortion; and		
185	(B) is mature and capable of giving informed consent to the abortion; or		

186	(ii) an abortion would be in the minor's best interest.			
187	(c) If the court does not make the finding described in Subsection (6)(b), the court shall			
188	order that the minor must obtain consent from the minor's parent or guardian before the minor			
189	may obtain an abortion.			
190	(d) A parent or guardian of a woman who is under the age of 18 may not be informed			
191	of the proceedings under this section, unless the minor gives written authorization for the			
192	parent or guardian to be informed.			
193	(7) (a) The minor may appeal the decision of the juvenile court by filing a written			
194	notice of appeal at any time after the entry of the order described in Subsection (6).			
195	(b) The appeal described in Subsection (7)(a) shall be:			
196	(i) closed to the public; and			
197	(ii) considered and decided no later than five calendar days from the day on which the			
198	notice of appeal is filed.			
199	(c) The decision described in Subsection (7)(b)(ii) may be issued in the form of a			
200	written order.			
201	(d) Nothing in this Subsection (7) shall require the court to write an opinion within five			
202	calendar days from the day on which the notice of appeal is filed.			
203	(e) The court hearing the appeal shall preserve the confidentiality of:			
204	(i) the minor's identity; and			
205	(ii) subject to Subsection (7)(f), all records related to the proceeding.			
206	(f) Notwithstanding Subsection (7)(e)(ii), the court may publish an opinion relating to			
207	the appeal, if the opinion protects the minor's identity.			
208	(8) The Judicial Council shall make rules that:			
209	(a) ensure the confidentiality of the proceedings described in this section and the			
210	records related to the proceedings; and			
211	(b) establish procedures to expedite the hearing and appeal proceedings described in			
212	this section.			
213	Section 4. Section 76-7-305 is amended to read:			
214	76-7-305. Informed consent requirements for abortion 24-hour wait mandatory			
215	Emergency exceptions.			
216	(1) No abortion may be performed unless a voluntary and informed written consent,			

consistent with Section 8.08 of the American Medical Association's Code of Medical Ethics, Current Opinions, and the provisions of this section is first obtained by the attending physician from the woman upon whom the abortion is to be performed.

- (2) Except in the case of a medical emergency, consent to an abortion is voluntary and informed only if:
- (a) at least 24 hours prior to the abortion, the physician who is to perform the abortion, the referring physician, a registered nurse, nurse practitioner, advanced practice registered nurse, certified nurse midwife, or physician's assistant [shall], in a face-to-face consultation, orally [inform] informs the woman of:
- (i) <u>consistent with Subsection (3)(a)</u>, the nature of the proposed abortion procedure or treatment, specifically how that procedure will affect the fetus, and the risks and alternatives to an abortion procedure or treatment that any person would consider material to the decision of whether or not to undergo an abortion[. The alternatives required to be provided under this subsection shall include a description of adoption services, including private and agency adoption methods, and a statement that it is legal for adoptive parents to financially assist in pregnancy and birth expenses];
- (ii) the probable gestational age and a description of the development of the unborn child at the time the abortion would be performed; and
 - (iii) the medical risks associated with carrying her child to term;
- (b) at least 24 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 registered nurse, licensed practical nurse, certified nurse-midwife, advanced practice registered nurse, clinical laboratory technologist, psychologist, marriage and family therapist, clinical social worker, or certified social worker has orally, in a face-to-face consultation, informed 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; [and]

- (ii) the printed material and a viewing of or a copy of the informational video shall be provided to her free of charge;
- (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), the father of the unborn child is legally required to assist in the support of her child, even in instances where he has offered to pay for the abortion, and that the Office of Recovery Services within the Department of Human Services will assist her in collecting child support[. In the case of rape, this information may be omitted]; 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 [was] is the individual [providing] 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 [(2)] (4); and
- (f) the pregnant woman has certified in writing, prior to the abortion, that the information required to be provided under Subsections $(2)(a)[\frac{1}{2}(b), (c), (d), and]$ 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) shall include:
- 276 (i) a description of adoption services, including private and agency adoption methods; 277 and
- 278 (ii) a statement that it is legal for adoptive parents to financially assist in pregnancy and

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279	birth expenses.
280	(b) The information described in Subsection (2)(b)(iv) may be omitted from the
281	information required to be provided to a pregnant woman under this section if the woman is
282	pregnant as the result of rape.
283	[(2)] (4) When the informational video described in Section 76-7-305.5 is provided to a
284	pregnant woman, the person providing the information shall first request that the woman view
285	the video at that time or at another specifically designated time and location. If the woman
286	chooses not to do so, a copy of the video shall be provided to her.
287	[(3)] (5) When a serious medical emergency compels the performance of an abortion,
288	the physician shall inform the woman prior to the abortion, if possible, of the medical
289	indications supporting [his] the physician's judgment that an abortion is necessary.
290	[(4)] (6) Any physician who violates the provisions of this section:
291	(a) is guilty of unprofessional conduct as defined in Section 58-67-102 or 58-68-102[-];
292	and [his license for the practice of medicine and surgery]
293	(b) shall be subject to suspension or revocation of the physician's license for the
294	practice of medicine and surgery in accordance with Sections 58-67-401 and 58-67-402, Utah
295	Medical Practice Act, or Sections 58-68-401 and 58-68-402, Utah Osteopathic Medical
296	Practice Act.
297	[(5)] (7) A physician is not guilty of violating this section for failure to furnish any of
298	the information described in Subsection $[(1)]$ (2) , if:
299	(a) [he] the physician can demonstrate by a preponderance of the evidence that [he] the
300	physician reasonably believed that furnishing the information would have resulted in a severely
301	adverse effect on the physical or mental health of the pregnant woman;
302	(b) in [his] the physician's professional judgment, the abortion was necessary to save
303	the pregnant woman's life;
304	(c) the pregnancy was the result of rape or rape of a child, as defined in Sections
305	76-5-402 and 76-5-402.1;
306	(d) the pregnancy was the result of incest, as defined in Subsection 76-5-406(10) and
307	Section 76-7-102;

(e) in his professional judgment the abortion was to prevent the birth of a child who

would have been born with grave defects; or

310 (f) the pregnant woman was 14 years of age or younger.

[(6)] (8) A physician who complies with the provisions of this section and Section 76-7-304.5 may not be held civilly liable to [his] the physician's patient for failure to obtain informed consent under Section 78-14-5.

Section 5. Section **76-7-305.5** is amended to read:

76-7-305.5. Requirements for printed materials and informational video -- Annual report of Department of Health.

- (1) In order to insure that a woman's consent to an abortion is truly an informed consent, the Department of Health shall publish printed materials and produce an informational video in accordance with the requirements of this section. The department and each local health department shall make those materials and a viewing of the video available at no cost to any person. The printed material and the informational video shall be comprehensible and contain all of the following:
- (a) geographically indexed materials informing the woman of public and private services and agencies available to assist her, financially and otherwise, through pregnancy, at childbirth, and while the child is dependent, including services and supports available under Section 35A-3-308. Those materials shall contain a description of available adoption services, including a comprehensive list of the names, addresses, and telephone numbers of public and private agencies and private attorneys whose practice includes adoption, and explanations of possible available financial aid during the adoption process. The information regarding adoption services shall include the fact that private adoption is legal, and that the law permits adoptive parents to pay the costs of prenatal care, childbirth, and neonatal care. The printed information and video shall present adoption as a preferred and positive choice and alternative to abortion. The department may, at its option, include printed materials that describe the availability of a toll-free 24-hour telephone number that may be called in order to obtain, orally, the list and description of services, agencies, and adoption attorneys in the locality of the caller;
- (b) truthful and nonmisleading descriptions of the probable anatomical and physiological characteristics of the unborn child at two-week gestational increments from fertilization to full term, accompanied by pictures or video segments representing the development of an unborn child at those gestational increments. The descriptions shall include

information about brain and heart function and the presence of external members and internal organs during the applicable stages of development. Any pictures used shall contain the dimensions of the fetus and shall be realistic and appropriate for that woman's stage of pregnancy. The materials shall be designed to convey accurate scientific information about an unborn child at the various gestational ages, and to convey the state's preference for childbirth over abortion;

- (c) truthful, nonmisleading descriptions of abortion procedures used in current medical practice at the various stages of growth of the unborn child, the medical risks commonly associated with each procedure, including those related to subsequent childbearing, the consequences of each procedure to the fetus at various stages of fetal development, the possible detrimental psychological effects of abortion, and the medical risks associated with carrying a child to term;
- (d) any relevant information on the possibility of an unborn child's survival at the two-week gestational increments described in Subsection (1)(b);
- (e) information on the availability of medical assistance benefits for prenatal care, childbirth, and neonatal care;
- (f) a statement conveying that it is unlawful for any person to coerce a woman to undergo an abortion;
- (g) a statement conveying that any physician who performs an abortion without obtaining the woman's informed consent or without according her a private medical consultation in accordance with the requirements of this section, may be liable to her for damages in a civil action at law;
 - (h) a statement conveying that the state of Utah prefers childbirth over abortion; and
- (i) information regarding the legal responsibility of the father to assist in child support, even in instances where he has agreed to pay for an abortion, including a description of the services available through the Office of Recovery Services, within the Department of Human Services, to establish and collect that support.
- (2) (a) The materials described in Subsection (1) shall be produced and printed in a way that conveys the state's preference for childbirth over abortion.
- (b) The printed material described in Subsection (1) shall be printed in a typeface large enough to be clearly legible.

(3) Every facility in which abortions are performed shall immediately provide the printed informed consent materials and a viewing of or a copy of the informational video described in Subsection (1) to any patient or potential patient prior to the performance of an abortion, unless the patient's attending or referring physician certifies in writing that he reasonably believes that provision of the materials or video to that patient would result in a severely adverse effect on her physical or mental health.

- (4) The Department of Health shall produce a standardized videotape that may be used statewide, containing all of the information described in Subsection (1), in accordance with the requirements of that subsection and Subsection (2). In preparing the video, the department may summarize and make reference to the printed comprehensive list of geographically indexed names and services described in Subsection (1)(a). The videotape shall, in addition to the information described in Subsection (1), show an ultrasound of the heart beat of an unborn child at three weeks gestational age, at six to eight weeks gestational age, and each month thereafter, until 14 weeks gestational age. That information shall be presented in a truthful, nonmisleading manner designed to convey accurate scientific information, the state's preference for childbirth over abortion, and the positive aspects of adoption.
- (5) The Department of Health and local health departments shall provide ultrasounds in accordance with the provisions of Subsection 76-7-305[(1)](2)(b), at no expense to the pregnant woman.
- (6) The Department of Health shall compile and report the following information annually, preserving physician and patient anonymity:
- (a) the total amount of informed consent material described in Subsection (1) that was distributed;
- (b) the number of women who obtained abortions in this state without receiving those materials;
- (c) the number of statements signed by attending physicians certifying to his opinion regarding adverse effects on the patient under Subsection (3); and
- (d) any other information pertaining to protecting the informed consent of women seeking abortions.
- (7) The Department of Health shall annually report to the Health and Human Services Interim Committee regarding the information described in Subsection (6), and provide a copy

403	of the printed materials and the videotape produced in accordance with this section to that
404	committee.
405	Section 6. Section 76-7-315 is amended to read:
406	76-7-315. Exceptions to certain requirements in serious medical emergencies.
407	When due to a serious medical emergency, time does not permit compliance with
408	Section 76-7-302, [76-7-304,] 76-7-305, 76-7-305.5, or 76-7-310.5 the provisions of those
409	sections do not apply.
410	Section 7. Section 78-14-5 is amended to read:
411	78-14-5. Failure to obtain informed consent Proof required of patient
412	Defenses Consent to health care.
413	(1) When a person submits to health care rendered by a health care provider, it shall be
414	presumed that what the health care provider did was either expressly or impliedly authorized to
415	be done. For a patient to recover damages from a health care provider in an action based upon
416	the provider's failure to obtain informed consent, the patient must prove the following:
417	(a) that a provider-patient relationship existed between the patient and health care
418	provider;
419	(b) the health care provider rendered health care to the patient;
420	(c) the patient suffered personal injuries arising out of the health care rendered;
421	(d) the health care rendered carried with it a substantial and significant risk of causing
422	the patient serious harm;
423	(e) the patient was not informed of the substantial and significant risk;
424	(f) a reasonable, prudent person in the patient's position would not have consented to
425	the health care rendered after having been fully informed as to all facts relevant to the decision
426	to give consent. In determining what a reasonable, prudent person in the patient's position
427	would do under the circumstances, the finder of fact shall use the viewpoint of the patient
428	before health care was provided and before the occurrence of any personal injuries alleged to
429	have arisen from said health care; and
430	(g) the unauthorized part of the health care rendered was the proximate cause of
431	personal injuries suffered by the patient.
432	(2) It shall be a defense to any malpractice action against a health care provider based
433	upon alleged failure to obtain informed consent if:

(a) the risk of the serious harm which the patient actually suffered was relatively minor;

- (b) the risk of serious harm to the patient from the health care provider was commonly known to the public;
- (c) the patient stated, prior to receiving the health care complained of, that he would accept the health care involved regardless of the risk; or that he did not want to be informed of the matters to which he would be entitled to be informed;
- (d) the health care provider, after considering all of the attendant facts and circumstances, used reasonable discretion as to the manner and extent to which risks were disclosed, if the health care provider reasonably believed that additional disclosures could be expected to have a substantial and adverse effect on the patient's condition; or
- (e) the patient or his representative executed a written consent which sets forth the nature and purpose of the intended health care and which contains a declaration that the patient accepts the risk of substantial and serious harm, if any, in hopes of obtaining desired beneficial results of health care and which acknowledges that health care providers involved have explained his condition and the proposed health care in a satisfactory manner and that all questions asked about the health care and its attendant risks have been answered in a manner satisfactory to the patient or his representative; such written consent shall be a defense to an action against a health care provider based upon failure to obtain informed consent unless the patient proves that the person giving the consent lacked capacity to consent or shows by clear and convincing proof that the execution of the written consent was induced by the defendant's affirmative acts of fraudulent misrepresentation or fraudulent omission to state material facts.
- (3) Nothing contained in this act shall be construed to prevent any person 18 years of age or over from refusing to consent to health care for his own person upon personal or religious grounds.
- (4) [The] Except as provided in Section 76-7-304.5, the following persons are authorized and empowered to consent to any health care not prohibited by law:
 - (a) any parent, whether an adult or a minor, for [his] the parent's minor child;
 - (b) any married person, for a spouse;
- (c) any person temporarily standing in loco parentis, whether formally serving or not, for the minor under [his] that person's care and any guardian for [his] the guardian's ward;

(d) any person 18 years of age or over for [his or her] that person's parent who is unable			
by reason of age, physical or mental condition, to provide such consent;			
(e) any patient 18 years of age or over;			
(f) any female regardless of age or marital status, when given in connection with her			
pregnancy or childbirth;			
(g) in the absence of a parent, any adult for [his] the adult's minor brother or sister; and			
(h) in the absence of a parent, any grandparent for [his] the grandparent's minor			
grandchild.			
(5) No person who in good faith consents or authorizes health care treatment or			

Legislative Review Note as of 1-4-06 11:07 AM

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Based on a limited legal review, this legislation has not been determined to have a high probability of being held unconstitutional.

procedures for another as provided by this act shall be subject to civil liability.

Office of Legislative Research and General Counsel

State Impact

Due to the possibility of more minors seeking court consent, this bill will require \$31,500 in ongoing General Fund for the Courts.

	<u>FY 2007</u> <u>Approp.</u>	FY 2008 Approp.	FY 2007 Revenue	FY 2008 Revenue
General Fund	\$31,500	\$31,500	\$0	\$0
TOTAL	\$31,500	\$31,500	\$0	\$0

Individual and Business Impact

No Fiscal Impact.

Office of the Legislative Fiscal Analyst