

212 (2) (a) A health care facility having possession of an aborted fetus shall provide for the  
 213 final disposition of the aborted fetus through:

214 (i) cremation as that term is defined in Section 58-9-102; or

215 (ii) interment.

216 (b) Within 120 business days after the day on which an abortion is performed, a health  
 217 care facility possessing an aborted fetus shall:

218 (i) conduct the final disposition of the aborted fetus in accordance with this section; or

219 (ii) ensure that the aborted fetus is preserved until final disposition.

220 (c) A health care facility shall conduct the final disposition under this section in  
 221 accordance with applicable state and federal law.

222 (3) Before performing an abortion, a health care facility shall:

223 (a) provide the pregnant woman with the information described in Subsection  
 224 76-7-305(2)(d)(ix) through:

225 (i) a form approved by the department;

226 (ii) an in-person consultation with a physician; or

227 (iii) an in-person consultation with a mental health therapist as defined in Section  
 228 58-60-102; and

229 (b) document the pregnant woman's decision under Subsection (4)(b) in the pregnant  
 230 woman's medical record.

231 (4) A pregnant woman who has an abortion:

232 (a) except as provided in Subsection (6), has the right to control the final disposition of  
 233 the aborted fetus;

234 (b) **§→ if the pregnant woman has a preference for disposition of the aborted fetus, ←§**  
 234a shall inform the health care facility of the pregnant woman's decision for final  
 235 disposition of the aborted fetus;

236 (c) is responsible for the costs related to the final disposition of the aborted fetus at the  
 237 chosen location if the pregnant woman chooses a method or location for the final disposition of  
 238 the aborted fetus that is different from the method or location that is usual and customary for  
 239 the health care facility; and

240 (d) for a medication-induced abortion, shall be permitted to return the aborted fetus to  
 241 the health care facility in a sealed container for disposition by the health care facility in  
 242 accordance with this section.

274 facility possessing miscarried remains shall:

275 (i) conduct the final disposition of the miscarried remains in accordance with this  
276 section; or

277 (ii) ensure that the miscarried remains are preserved until final disposition.

278 (c) A health care facility shall conduct the final disposition under this section in  
279 accordance with applicable state and federal law.

280 (3) (a) No more than 24 hours after a woman has her miscarried fetus expelled or  
281 extracted in a health care facility, the health care facility shall provide information to the parent  
282 or parents of the miscarried fetus regarding:

283 (i) the parents' right to determine the final disposition of the miscarried fetus;

284 (ii) the available options for disposition of the miscarried fetus; and

285 (iii) counseling that may be available concerning the death of the miscarried fetus.

286 (b) A health care facility shall:

287 (i) provide the information described in Subsection (3)(a) through:

288 (A) a form approved by the department;

289 (B) an in-person consultation with a physician; or

290 (C) an in-person consultation with a mental health therapist as defined in Section  
291 58-60-102; and

292 (ii) document the parent's decision under Subsection (4)(b) in the parent's medical  
293 record.

294 (4) The parents of a miscarried fetus:

295 (a) have the right to control the final disposition of the miscarried fetus;

296 (b) ~~§~~→ if the parents have a preference for disposition of the miscarried fetus, ←~~§~~ shall  
296a inform the health care facility of the parents' decision for final disposition of  
297 the miscarried fetus; and

298 (c) are responsible for the costs related to the final disposition of the miscarried fetus at  
299 the chosen location if the parents choose a method or location for the final disposition of the  
300 miscarried fetus that is different from the method or location that is usual and customary for the  
301 health care facility.

302 (5) The form described in Subsection (3)(b)(i) shall include the following information:

303 "You have the right to decide what you would like to do with the miscarried fetus. You  
304 may decide for the provider to be responsible for disposition of the fetus. The provider may

460 (b) (i) obtain from the pregnant woman a written certification that the information  
 461 required to be provided under Subsection (2) and this Subsection (3) was provided in  
 462 accordance with the requirements of Subsection (2) and this Subsection (3);~~and]~~

463 (ii) obtain a copy of the statement described in Subsection (2)(c)(i)~~[-]; and~~

464 (iii) ensure that ~~S~~ → [ ] :

464a (A) ~~S~~ → in accordance with Subsections 26-21-33(3) and (4), the woman has  
 465 received information ~~S~~ → ; ~~S~~ and

465a ~~S~~ → **(B) if the woman has a preference for the disposition of the aborted fetus , the woman**  
 465b **has informed the health care facility of the woman's ~~S~~ ~~S~~ → [made a] ~~S~~ decision regarding**  
 465c **the disposition of the aborted fetus.**

466 (4) When a serious medical emergency compels the performance of an abortion, the  
 467 physician shall inform the woman prior to the abortion, if possible, of the medical indications  
 468 supporting the physician's judgment that an abortion is necessary.

469 (5) If an ultrasound is performed on a woman before an abortion is performed, the  
 470 individual who performs the ultrasound, or another qualified individual, shall:

471 (a) inform the woman that the ultrasound images will be simultaneously displayed in a  
 472 manner to permit her to:

473 (i) view the images, if she chooses to view the images; or

474 (ii) not view the images, if she chooses not to view the images;

475 (b) simultaneously display the ultrasound images in order to permit the woman to:

476 (i) view the images, if she chooses to view the images; or

477 (ii) not view the images, if she chooses not to view the images;

478 (c) inform the woman that, if she desires, the person performing the ultrasound, or  
 479 another qualified person shall provide a detailed description of the ultrasound images,  
 480 including:

481 (i) the dimensions of the unborn child;

482 (ii) the presence of cardiac activity in the unborn child, if present and viewable; and

483 (iii) the presence of external body parts or internal organs, if present and viewable; and

484 (d) provide the detailed description described in Subsection (5)(c), if the woman  
 485 requests it.

486 (6) The information described in Subsections (2), (3), and (5) is not required to be  
 487 provided to a pregnant woman under this section if the abortion is performed for a reason  
 488 described in:

489 (a) Subsection 76-7-302(3)(b)(i), if the treating physician and one other physician  
 490 concur, in writing, that the abortion is necessary to avert:

584 development;

585 (p) describe the possible detrimental psychological effects of abortion;

586 (q) describe the medical risks associated with carrying a child to term;

587 (r) include relevant information on the possibility of an unborn child's survival at the

588 two-week gestational increments described in Subsection (2)(m);

589 (s) except as provided in Subsection (5), include:

590 (i) information regarding substantial medical evidence from studies concluding that an  
591 unborn child who is at least 20 weeks gestational age may be capable of experiencing pain

592 during an abortion procedure; and

593 (ii) the measures that will be taken in accordance with Section 76-7-308.5;

594 (t) explain the options and consequences of aborting a medication-induced abortion;

595 (u) include the following statement regarding a medication-induced abortion,

596 "Research indicates that mifepristone alone is not always effective in ending a pregnancy. You  
597 may still have a viable pregnancy after taking mifepristone. If you have taken mifepristone but  
598 have not yet taken the second drug and have questions regarding the health of your fetus or are  
599 questioning your decision to terminate your pregnancy, you should consult a physician  
600 immediately.";

601 (v) inform a pregnant woman that she has the right to view an ultrasound of the unborn  
602 child, at no expense to her, upon her request; [~~and~~]

603 (w) inform a pregnant woman that she has the right to:

604 (i) determine the final disposition of the remains of the aborted fetus;

605 (ii) receive information about options for disposition of the aborted fetus, including the  
606 method of disposition that is usual and customary for a health care facility; and

607 (iii) for a medication-induced abortion, return the aborted fetus to the health care  
608 facility for disposition; ~~§~~→ [~~and~~]

608a (x) provide a digital copy of the form described in Section 26-21-33(3)(a)(i); and ~~←~~§

609 [~~(w)~~] ~~§~~→ [~~(x)~~] (y) ~~←~~§ be in a typeface large enough to be clearly legible.

610 (3) The information module and website described in Subsection (1) may include a  
611 toll-free 24-hour telephone number that may be called in order to obtain, orally, a list and  
612 description of services, agencies, and adoption attorneys in the locality of the caller.

613 (4) The department may develop a version of the information module and website that  
614 omits the information in Subsections (2)(j) and (k) for a viewer who is pregnant as the result of