A bill to amend 1978 PA 368, entitled "Public health code,"
by amending sections 17014 and 17015 (MCL 333.17014 and 333.17015),
section 17014 as amended by 2002 PA 685 and section 17015 as
amended by 2012 PA 499.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 17014. The legislature recognizes that under federal constitutional law, a state is permitted to enact persuasive measures that favor childbirth over abortion, even if those measures do not further a health interest. Sections 17015 and 17515 are nevertheless designed to provide objective, truthful information, and are not intended to be persuasive. The legislature finds that the enactment of sections 17015 and 17515 is essential for all of the following reasons:
(a) The knowledgeable exercise of a woman's decision to have an abortion depends on the extent to which the woman receives sufficient information to make an informed choice regarding abortion.

(b) The decision to obtain an abortion is an important and often stressful one, and it is in the state's interest that the decision be made with full knowledge of its nature and consequences.

(c) Enactment of sections 17015 and 17515 is necessary to ensure that, before an abortion, a woman is provided information regarding her available alternatives, and to ensure that a woman gives her voluntary and informed consent to an abortion.

(d) The receipt of accurate information about abortion and its alternatives is essential to the physical and psychological well-being of a woman considering an abortion.

(e) Because many abortions in this state are performed in clinics devoted solely to providing abortions, women who seek abortions at these clinics normally do not have a prior patient-physician relationship with the physician performing the abortion nor do these women continue a patient-physician relationship with the physician after the abortion. In many instances, the woman's only actual contact with the physician performing the abortion occurs simultaneously with the abortion procedure, with little opportunity to receive counsel concerning her decision. Consequently, certain safeguards are necessary to protect a woman's opportunity to select the option best suited to her particular situation.
(f) This state has an interest in protecting women and, subject to United States constitutional limitations and supreme court decisions, this state has an interest in protecting the fetus.

(g) Providing a woman with factual, medical, and biological information about the fetus she is carrying is essential to safeguard the state's interests described in subdivision (f). The dissemination of the information set forth in sections 17015 and 17515 is necessary due to the irreversible nature of the act of abortion and the often stressful circumstances under which the abortion decision is made.

(h) Because abortion services are marketed like many other commercial enterprises, and nearly all abortion providers advertise some free services, including pregnancy tests and counseling, the legislature finds that consumer protection should be extended to women contemplating an abortion decision by delaying any financial transactions until after a 24-hour waiting period. Furthermore, since the legislature and abortion providers have determined that a woman's right to give informed consent to an abortion can be protected by means other than the patient having to travel to the abortion facility during the 24-hour waiting period, the legislature finds that abortion providers do not have a legitimate claim of necessity in obtaining payments during the 24-hour waiting period.

(i) The safeguards that will best protect a woman seeking advice concerning abortion include the following:

   (i) Private, individual counseling, including dissemination of
certain information, as the woman's individual circumstances dictate, that affect her decision of whether to choose an abortion.

(ii) A 24-hour waiting period between a woman's receipt of that information provided to assist her in making an informed decision, and the actual performance of an abortion, if she elects to undergo an abortion. A 24-hour waiting period affords a woman, in light of the information provided by the physician or a qualified person assisting the physician, an opportunity to reflect on her decision and to seek counsel of family and friends in making her decision.


(j) The safeguards identified in subdivision (i) advance a woman's interests in the exercise of her discretion to choose or
not to choose an abortion, and are justified by the objectives and interests of this state to protect the health of a pregnant woman and, subject to United States constitutional limitations and supreme court decisions, to protect the fetus.

Sec. 17015. (1) Subject to subsection (10), a physician shall not perform an abortion otherwise permitted by law without the patient's informed written consent, given freely and without coercion to abort.

(2) For purposes of this section and section 17015a:

(a) "Abortion" means 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 fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Abortion does not include the use or prescription of a drug or device intended as a contraceptive.

(b) "Coercion to abort" means an act committed with the intent to coerce an individual to have an abortion, which act is prohibited by section 213a of the Michigan penal code, 1931 PA 328, MCL 750.213a—AGAINST HER WILL.

(c) "Domestic violence" means that term as defined in section 1 of 1978 PA 389, MCL 400.1501.

(d) "Fetus" means an individual organism of the species homo sapiens in utero.

(e) "Local health department representative" means a person who meets 1 or more of the licensing requirements listed in
subdivision (h)(I) and who is employed by, or under contract to provide services on behalf of, a local health department.

(f) "Medical emergency" means that a condition which, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.

(g) "Medical service" means the provision of a treatment, procedure, medication, examination, diagnostic test, assessment, or counseling, including, but not limited to, a pregnancy test, ultrasound, pelvic examination, or an abortion.

(H) "MOST TECHNOLOGICALLY ADVANCED ULTRASOUND EQUIPMENT AVAILABLE AT THAT LOCATION" MEANS ULTRASOUND IMAGING EQUIPMENT THAT MEETS BOTH OF THE FOLLOWING REQUIREMENTS:

(i) IS CAPABLE, IN COMPARISON TO OTHER ULTRASOUND IMAGING EQUIPMENT AT THE LOCATION, OF PROVIDING THE MOST VISIBLY CLEAR IMAGE OF THE GROSS ANATOMICAL DEVELOPMENT OF THE FETUS AND THE MOST AUDIBLE FETAL HEARTBEAT.

(ii) IS PRESENT IN THE CLINICAL AREA WITHIN A BUILDING WHERE THE PATIENT COUNSELING, PREOPERATIVE PROCEDURES, AND ABORTION ARE TO BE PERFORMED.

(iii) IS UNDER THE SUPERVISION AND DISCRETION OF THE ATTENDING PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN TO UTILIZE FOR DIAGNOSTIC OR OPERATIVE PURPOSES.

(I) "Qualified person assisting the physician" means AN INDIVIDUAL ASSISTING THE PHYSICIAN WHO IS another physician or a
physician's assistant licensed under this part or part 175, a fully licensed or limited licensed psychologist licensed under part 182, a professional counselor licensed under part 181, a registered professional nurse or a licensed practical nurse licensed under part 172, or a social worker licensed under part 185.

(J) "Probable gestational age of the fetus" means the gestational age of the fetus at the time an abortion is planned to be performed.

(K) "Provide the patient with a physical copy" means confirming that the patient accessed the internet website described in subsection (5) and received a printed valid confirmation form from the website and including that form in the patient's medical record or giving a patient a copy of a required document by 1 or more of the following means:

(i) In person.

(ii) By registered mail, return receipt requested.

(iii) By parcel delivery service that requires the recipient to provide a signature in order to receive delivery of a parcel.

(iv) By facsimile transmission.

(3) Subject to subsection (10), a physician or a qualified person assisting the physician shall do all of the following not less than 24 hours before that physician performs an abortion upon a patient who is a pregnant woman:

(a) Confirm that, according to the best medical judgment of a physician, the patient is pregnant, and determine the probable gestational age of the fetus.

(b) Orally describe TO THE PATIENT, in language designed to be
understood by the patient, taking into account her age, level of maturity, and intellectual capability, each of the following:

(i) The probable gestational age of the fetus she is carrying.

(ii) Information about what to do and whom to contact should medical complications arise from the abortion.

(iii) Information about how to obtain pregnancy prevention information through the department of community health.

(c) Provide the patient with a physical copy of the written standardized summary described in subsection (11)(b) that corresponds to the procedure the patient will undergo and is provided by the department of community health. If the procedure has not been recognized by the department, but is otherwise allowed under Michigan law, and the department has not provided a written standardized summary for that procedure, the physician shall develop and provide a written summary that describes the procedure, any known risks or complications of the procedure, and risks associated with live birth and meets the requirements of subsection (11)(b)(iii) through (vii).

(d) Provide the patient with a physical copy of a medically accurate depiction, illustration, or photograph and description of a fetus supplied by the department of community health pursuant to subsection (11)(a) at the gestational age nearest the probable gestational age of the patient's fetus.

(e) Provide the patient with a physical copy of the prenatal care and parenting information pamphlet distributed by the department of community health under section 9161.

(f) Provide the patient with a physical copy of the
prescreening summary on prevention of coercion to abort described in subsection (11)(i).

(4) The requirements of subsection (3) may be fulfilled by the physician or a qualified person assisting the physician at a location other than the health facility where the abortion is to be performed. The requirement of subsection (3)(a) that a patient's pregnancy be confirmed may be fulfilled by a local health department under subsection (18). The requirements of subsection (3) cannot be fulfilled by the patient accessing an internet website other than the internet website that is maintained and operated by the department under subsection (11)(g).

(5) The requirements of subsection (3)(c) through (f) may be fulfilled by a patient accessing the internet website that is maintained and operated by the department under subsection (11)(g) and receiving a printed, valid confirmation form from the website that the patient has reviewed the information required in subsection (3)(c) through (f) at least 24 hours before an abortion being performed on the patient. The website shall not require any information be supplied by the patient. The department shall not track, compile, or otherwise keep a record of information that would identify a patient who accesses this website. The patient shall supply the valid confirmation form to the physician or qualified person assisting the physician to be included in the patient's medical record to comply with this subsection.

(6) Subject to subsection (10), before obtaining the patient's signature on the acknowledgment and consent form described in subsection (11)(c), a physician personally and in the presence of

the patient shall do all of the following:

(a) Provide the patient with the physician's name, confirm with the patient that the coercion to abort screening required under section 17015a was performed, and inform the patient of her right to withhold or withdraw her consent to the abortion at any time before performance of the abortion.

(b) Orally describe, in language designed to be understood by the patient, taking into account her age, level of maturity, and intellectual capability, each of the following:

(i) The specific risk, if any, to the patient of the complications that have been associated with the procedure the patient will undergo, based on the patient's particular medical condition and history as determined by the physician.

(ii) The specific risk of complications, if any, to the patient if she chooses to continue the pregnancy based on the patient's particular medical condition and history as determined by a physician.

(7) To protect a patient's privacy, the information set forth in subsection (3) and subsection (6) shall not be disclosed to the patient in the presence of another patient.

(8) If at any time NOT LESS THAN 2 HOURS BEFORE ANY PREOPERATIVE SEDATIVE OR ANESTHETIC MEDICATIONS ARE ADMINISTERED TO THE PATIENT, BEFORE THE PATIENT SIGNS THE CONSENT FORM DESCRIBED IN SUBSECTION (11)(C), AND before the performance of an abortion, a patient undergoes an ultrasound examination, or a physician determines that ultrasound imaging will be used during the course of a patient's abortion, the physician or qualified person
assisting the physician shall provide the patient with the opportunity to view or decline to view an active ultrasound image of the fetus, and PERFORM A DIAGNOSTIC ULTRASOUND EXAMINATION IN ORDER TO VERIFY AN INTRAUTERINE PREGNANCY, ASSESS VIABILITY OF THE FETUS, CONFIRM GESTATIONAL AGE OF THE FETUS, AND ENSURE FULLY INFORMED CONSENT TO THE ABORTION. THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL ENSURE THAT THE ULTRASOUND SCREEN IS TURNED TOWARD THE PATIENT TO ENABLE HER TO EASILY VIEW THE ACTIVE ULTRASOUND IMAGE OF THE FETUS; SHALL INFORM THE PATIENT THAT THE ACTIVE ULTRASOUND IMAGE OF THE FETUS IS VISIBLE AND SHE MAY VIEW THE IMAGE ON THE ULTRASOUND SCREEN IF SHE DESIRES; SHALL PROVIDE THE PATIENT WITH THE OPPORTUNITY TO HEAR OR DECLINE TO HEAR THE FETAL HEARTBEAT AS CONFIRMATION OF A VIABLE PREGNANCY; SHALL offer to provide the patient with a physical picture of the ultrasound image of the fetus; before the performance of the abortion AND SHALL OFFER TO PROVIDE THE PATIENT WITH AN ORAL EXPLANATION OF THE ULTRASOUND IMAGE OF THE FETUS. IN COMPLYING WITH THIS SUBSECTION, THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL ENSURE THAT THE MOST TECHNOLOGICALLY ADVANCED ULTRASOUND EQUIPMENT AVAILABLE AT THAT LOCATION IS USED FOR THE ULTRASOUND EXAMINATION, FOR THE PATIENT'S VIEWING AN ACTIVE ULTRASOUND IMAGE, FOR THE PATIENT'S HEARING THE FETAL HEARTBEAT, AND FOR CREATING THE PHYSICAL PICTURE OF THE ULTRASOUND IMAGE. THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL ENSURE THAT THE ULTRASOUND IMAGE OF THE FETUS AND THE FETAL HEART TONES ARE OF A QUALITY CONSISTENT WITH THE CURRENT MEDICAL STANDARD OF CARE FOR PRENATAL DIAGNOSTIC PURPOSES GIVEN THE PATIENT'S GESTATIONAL STAGE...
OF PREGNANCY AND THE EQUIPMENT USED. After the expiration of the
24-hour period prescribed under subsection (3) but before
performing an abortion on a patient who is a pregnant woman, a
physician or a qualified person assisting the physician shall do
all of the following:

(a) Obtain the patient's signature on the acknowledgment and
consent form described in subsection (11)(c) confirming that she
has received the information required under subsection (3).

(b) Provide the patient with a physical copy of the signed
acknowledgment and consent form described in subsection (11)(c).

(c) Retain a copy of the signed acknowledgment and consent
form described in subsection (11)(c) and, if applicable, a copy of
the pregnancy certification form completed under subsection
(18)(b), in the patient's medical record.

(D) RETAIN A PHYSICAL PICTURE OF THE ULTRASOUND IMAGE OF THE
FETUS FROM THE DIAGNOSTIC ULTRASOUND EXAMINATION PERFORMED UNDER
THIS SUBSECTION, WHICH ULTRASOUND IMAGE VERIFIES INTRAUTERINE
PREGNANCY AND CONFIRMS GESTATIONAL AGE OF THE FETUS.

(9) This subsection does not prohibit notifying the patient
that payment for medical services will be required or that
collection of payment in full for all medical services provided or
planned may be demanded after the 24-hour period described in this
subsection has expired. A physician or an agent of the physician
shall not collect payment, in whole or in part, for a medical
service provided to or planned for a patient before the expiration
of 24 hours from the time the patient has done either or both of
the following, except in the case of a physician or an agent of a
physician receiving capitated payments or under a salary arrangement for providing those medical services:

(a) Inquired about obtaining an abortion after her pregnancy is confirmed and she has received from that physician or a qualified person assisting the physician the information required under subsection (3)(c) and (d).

(b) Scheduled an abortion to be performed by that physician.

(10) If the attending physician, utilizing his or her experience, judgment, and professional competence, determines that a medical emergency exists and necessitates performance of an abortion before the requirements of subsections (1), (3), and (6) can be met, the physician is exempt from the requirements of subsections (1), (3), and (6), may perform the abortion, and shall maintain a written record identifying with specificity the medical factors upon which the determination of the medical emergency is based.

(11) The department of community health shall do each of the following:

(a) Produce medically accurate depictions, illustrations, or photographs of the development of a human fetus that indicate by scale the actual size of the fetus at 2-week intervals from the fourth week through the twenty-eighth week of gestation. Each depiction, illustration, or photograph shall be accompanied by a printed description, in nontechnical English, Arabic, and Spanish, of the probable anatomical and physiological characteristics of the fetus at that particular state of gestational development.

(b) Subject to subdivision (e), develop, draft, and print, in
nontechnical English, Arabic, and Spanish, written standardized summaries, based upon the various medical procedures used to abort pregnancies, that do each of the following:

(i) Describe, individually and on separate documents, those medical procedures used to perform abortions in this state that are recognized by the department.

(ii) Identify the physical complications that have been associated with each procedure described in subparagraph (i) and with live birth, as determined by the department. In identifying these complications, the department shall consider the annual statistical report required under section 2835, and shall consider studies concerning complications that have been published in a peer review medical journal, with particular attention paid to the design of the study, and shall consult with the federal centers for disease control and prevention, the American congress of obstetricians and gynecologists, the Michigan state medical society, or any other source that the department determines appropriate for the purpose.

(iii) State that as the result of an abortion, some women may experience depression, feelings of guilt, sleep disturbance, loss of interest in work or sex, or anger, and that if these symptoms occur and are intense or persistent, professional help is recommended.

(iv) State that not all of the complications listed in subparagraph (ii) may pertain to that particular patient and refer the patient to her physician for more personalized information.

(v) Identify services available through public agencies to
assist the patient during her pregnancy and after the birth of her child, should she choose to give birth and maintain custody of her child.

(vi) Identify services available through public agencies to assist the patient in placing her child in an adoptive or foster home, should she choose to give birth but not maintain custody of her child.

(vii) Identify services available through public agencies to assist the patient and provide counseling should she experience subsequent adverse psychological effects from the abortion.

(c) Develop, draft, and print, in nontechnical English, Arabic, and Spanish, an acknowledgment and consent form that includes only the following language above a signature line for the patient:

"I, _____________________________, voluntarily and willfully hereby authorize Dr. __________________ ("the physician") and any assistant designated by the physician to perform upon me the following operation(s) or procedure(s):

________________________________________________________
(Name of operation(s) or procedure(s))

________________________________________________________

A. I understand that I am approximately _____ weeks pregnant. I consent to an abortion procedure to terminate my pregnancy. I understand that I have the right to withdraw my consent to the abortion procedure at any time before performance of that procedure.

B. I understand that it is illegal for anyone to coerce me
C. I acknowledge that at least 24 hours before the scheduled abortion I have received a physical copy of each of the following:

1. A medically accurate depiction, illustration, or photograph of a fetus at the probable gestational age of the fetus I am carrying.

2. A written description of the medical procedure that will be used to perform the abortion.

3. A prenatal care and parenting information pamphlet.

D. If any of the documents listed in paragraph C were transmitted by facsimile, I certify that the documents were clear and legible.

E. I ACKNOWLEDGE THAT AT LEAST 2 HOURS BEFORE THE SCHEDULED ABORTION, THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN HAS PERFORMED A DIAGNOSTIC ULTRASOUND EXAMINATION AND HAS DONE ALL OF THE FOLLOWING:

1. PROVIDED ME WITH AN OPPORTUNITY TO VIEW OR DECLINE TO VIEW THE ACTIVE ULTRASOUND IMAGE OF THE FETUS.

2. PROVIDED ME WITH AN OPPORTUNITY TO HEAR OR DECLINE TO HEAR THE FETAL HEARTBEAT.

3. OFFERED TO PROVIDE ME WITH A PHYSICAL PICTURE OF THE ULTRASOUND IMAGE OF THE FETUS.

4. OFFERED AN ORAL EXPLANATION OF THE ULTRASOUND IMAGE OF THE FETUS.

F. I acknowledge that the physician who will perform the abortion has orally described all of the following to me:

1. The specific risk to me, if any, of the complications that
have been associated with the procedure I am scheduled to undergo.

2. The specific risk to me, if any, of the complications if I choose to continue the pregnancy.

G. I acknowledge that I have received all of the following information:

1. Information about what to do and whom to contact in the event that complications arise from the abortion.

2. Information pertaining to available pregnancy related services.

H. I have been given an opportunity to ask questions about the operation(s) or procedure(s).

I. I certify that I have not been required to make any payments for an abortion or any medical service before the expiration of 24 hours after I received the written materials listed in paragraph C, or 24 hours after the time and date listed on the confirmation form if the information described in paragraph C was viewed from the state of Michigan internet website."

(d) Make available to physicians through the Michigan board of medicine and the Michigan board of osteopathic medicine and surgery, and to any person upon request, the copies of medically accurate depictions, illustrations, or photographs described in subdivision (a), the written standardized summaries described in subdivision (b), the acknowledgment and consent form described in subdivision (c), the prenatal care and parenting information pamphlet described in section 9161, the pregnancy certification form described in subdivision (f), and the materials regarding coercion to abort described in subdivision (i).
(e) The department shall not develop written standardized summaries for abortion procedures under subdivision (b), that utilize medication that has not been approved by the United States food and drug administration for use in performing an abortion.

(f) Develop, draft, and print a certification form to be signed by a local health department representative at the time and place a patient has a pregnancy confirmed, as requested by the patient, verifying the date and time the pregnancy is confirmed.

(g) Develop, operate, and maintain an internet website that allows a patient considering an abortion to review the information required in subsection (3)(c) through (f). After the patient reviews the required information, the department shall assure that a confirmation form can be printed by the patient from the internet website that will verify the time and date the information was reviewed. A confirmation form printed under this subdivision becomes invalid 14 days after the date and time printed on the confirmation form.

(h) Include on the informed consent internet website operated under subdivision (g) a list of health care providers, facilities, and clinics that offer to perform ultrasounds free of charge. The list shall be organized geographically and shall include the name, address, and telephone number of each health care provider, facility, and clinic.

(i) After considering the standards and recommendations of the joint commission on accreditation of healthcare organizations, the Michigan domestic and sexual violence prevention and treatment
board, the Michigan coalition to end domestic and sexual violence or successor organization, and the American medical association, do all of the following:

(i) Develop, draft, and print or make available in printable format, in nontechnical English, Arabic, and Spanish, a notice that is required to be posted in facilities and clinics under section 17015a. The notice shall be at least 8-1/2 inches by 14 inches, shall be printed in at least 44-point type, and shall contain at a minimum all of the following:

(A) A statement that it is illegal under Michigan law to coerce a woman to have an abortion.

(B) A statement that help is available if a woman is being threatened or intimidated; is being physically, emotionally, or sexually harmed; or feels afraid for any reason.

(C) The telephone number of at least 1 domestic violence hotline and 1 sexual assault hotline.

(ii) Develop, draft, and print or make available in printable format, in nontechnical English, Arabic, and Spanish, a prescreening summary on prevention of coercion to abort that, at a minimum, contains the information required under subparagraph (i) and notifies the patient that an oral screening for coercion to abort will be conducted before her giving written consent to obtain an abortion.

(iii) Develop, draft, and print screening and training tools and accompanying training materials to be utilized by a physician or qualified person assisting the physician while performing the coercion to abort screening required under section 17015a. The
screening tools shall instruct the physician or qualified person assisting the physician to orally communicate information to the patient regarding coercion to abort and to document the findings from the coercion to abort screening in the patient's medical record.

(iv) Develop, draft, and print protocols and accompanying training materials to be utilized by a physician or a qualified person assisting the physician if a patient discloses coercion to abort or that domestic violence is occurring, or both, during the coercion to abort screening. The protocols shall instruct the physician or qualified person assisting the physician to do, at a minimum, all of the following:

(A) Follow the requirements of section 17015a as applicable.

(B) Assess the patient's current level of danger.

(C) Explore safety options with the patient.

(D) Provide referral information to the patient regarding law enforcement and domestic violence and sexual assault support organizations.

(E) Document any referrals in the patient's medical record.

(12) A physician's duty to inform the patient under this section does not require disclosure of information beyond what a reasonably well-qualified physician licensed under this article would possess.

(13) A written consent form meeting the requirements set forth in this section and signed by the patient is presumed valid. The presumption created by this subsection may be rebutted by evidence that establishes, by a preponderance of the evidence, that consent
was obtained through fraud, negligence, deception, misrepresentation, coercion, or duress.

(14) A completed certification form described in subsection (11)(f) that is signed by a local health department representative is presumed valid. The presumption created by this subsection may be rebutted by evidence that establishes, by a preponderance of the evidence, that the physician who relied upon the certification had actual knowledge that the certificate contained a false or misleading statement or signature.

(15) This section does not create a right to abortion.

(16) Notwithstanding any other provision of this section, a person shall not perform an abortion that is prohibited by law.

(17) If any portion of this act or the application of this act to any person or circumstances is found invalid by a court, that invalidity does not affect the remaining portions or applications of the act that can be given effect without the invalid portion or application, if those remaining portions are not determined by the court to be inoperable.

(18) Upon a patient's request, each local health department shall:

(a) Provide a pregnancy test for that patient to confirm the pregnancy as required under subsection (3)(a) and determine the probable gestational stage of the fetus. The local health department need not comply with this subdivision if the requirements of subsection (3)(a) have already been met.

(b) If a pregnancy is confirmed, ensure that the patient is provided with a completed pregnancy certification form described in
subsection (11)(f) at the time the information is provided.

(19) The identity and address of a patient who is provided information or who consents to an abortion pursuant to this section is confidential and is subject to disclosure only with the consent of the patient or by judicial process.

(20) A local health department with a file containing the identity and address of a patient described in subsection (19) who has been assisted by the local health department under this section shall do both of the following:

(a) Only release the identity and address of the patient to a physician or qualified person assisting the physician in order to verify the receipt of the information required under this section.

(b) Destroy the information containing the identity and address of the patient within 30 days after assisting the patient under this section.

Enacting section 1. This amendatory act takes effect March 31, 2013.