

# HOUSE BILL No. 5643

June 10, 2014, Introduced by Reps. Hooker, Kurtz, Rendon, Genetski, Heise, Zorn, Lauwers, Johnson, Haveman, Olumba, Potvin, Outman, Yonker, Goike, Muxlow, McMillin and Callton and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code," by amending sections 17015 and 17515 (MCL 333.17015 and 333.17515), as amended by 2012 PA 499, and by adding section 17015b.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

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

5           (2) For purposes of this section and ~~section~~**SECTIONS** 17015a  
6 **AND 17015B:**

7           (a) "Abortion" means the intentional use of an instrument,  
8 drug, or other substance or device to terminate a woman's pregnancy  
9 for a purpose other than to increase the probability of a live

1 birth, to preserve the life or health of the child after live  
 2 birth, or to remove a fetus that has died as a result of natural  
 3 causes, accidental trauma, or a criminal assault on the pregnant  
 4 woman. Abortion does not include the use or prescription of a drug  
 5 or device intended as a contraceptive **OR ANY MEDICAL TREATMENT OF A**  
 6 **WOMAN WHO IS EXPERIENCING A MISCARRIAGE OR HAS BEEN DIAGNOSED WITH**  
 7 **AN EXTRAUTERINE PREGNANCY.**

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

12 (c) "Domestic violence" means that term as defined in section  
 13 1 of 1978 PA 389, MCL 400.1501.

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

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

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

26 (g) "Medical service" means the provision of a treatment,  
 27 procedure, medication, examination, diagnostic test, assessment, or

1 counseling, including, but not limited to, a pregnancy test,  
2 ultrasound, pelvic examination, or an abortion.

3 (h) "Qualified person assisting the physician" means another  
4 physician or a physician's assistant licensed under this part or  
5 part 175, a fully licensed or limited licensed psychologist  
6 licensed under part 182, a professional counselor licensed under  
7 part 181, a registered professional nurse or a licensed practical  
8 nurse licensed under part 172, or a social worker licensed under  
9 part 185.

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

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

19 (i) In person.

20 (ii) By registered mail, return receipt requested.

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

23 (iv) By facsimile transmission.

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

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

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

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

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

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

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

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

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

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

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

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

1 patient's medical record to comply with this subsection.

2 (6) Subject to subsection (10), before obtaining the patient's  
3 signature on the acknowledgment and consent form **DESCRIBED IN**  
4 **SUBSECTION (11) (C)**, a physician personally and in the presence of  
5 the patient shall do all of the following:

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

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

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

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

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

25 (8) If at any time before the performance of an abortion, a  
26 patient undergoes an ultrasound examination, or a physician  
27 determines that ultrasound imaging will be used during the course

1 of a patient's abortion, the physician or qualified person  
2 assisting the physician shall provide the patient with the  
3 opportunity to view or decline to view an active ultrasound image  
4 of the fetus, and offer to provide the patient with a physical  
5 picture of the ultrasound image of the fetus before the performance  
6 of the abortion. After the expiration of the 24-hour period  
7 prescribed under subsection (3) but before performing an abortion  
8 on a patient who is a pregnant woman, a physician or a qualified  
9 person assisting the physician shall do all of the following:

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

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

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

19 (9) This subsection does not prohibit notifying the patient  
20 that payment for medical services will be required or that  
21 collection of payment in full for all medical services provided or  
22 planned may be demanded after the 24-hour period described in this  
23 subsection has expired. A physician or an agent of the physician  
24 shall not collect payment, in whole or in part, for a medical  
25 service provided to or planned for a patient before the expiration  
26 of 24 hours from the time the patient has done either or both of  
27 the following, except in the case of a physician or an agent of a

1 physician receiving capitated payments or under a salary  
2 arrangement for providing those medical services:

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

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

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

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

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

27 (b) Subject to subdivision (e), develop, draft, and print, in



1 nontechnical English, Arabic, and Spanish, written standardized  
2 summaries, based upon the various medical procedures used to abort  
3 pregnancies, that do each of the following:

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

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

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

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

27 (v) Identify services available through public agencies to

1 assist the patient during her pregnancy and after the birth of her  
2 child, should she choose to give birth and maintain custody of her  
3 child.

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

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

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

15 "I, \_\_\_\_\_ , voluntarily and willfully  
16 hereby authorize Dr. \_\_\_\_\_ ("the physician") and any  
17 assistant designated by the physician to perform upon me the  
18 following operation(s) or procedure(s):

19 \_\_\_\_\_  
20 (Name of operation(s) or procedure(s))

21 \_\_\_\_\_

22 A. I understand that I am approximately \_\_\_\_\_ weeks pregnant.  
23 I consent to an abortion procedure to terminate my pregnancy. I  
24 understand that I have the right to withdraw my consent to the  
25 abortion procedure at any time before performance of that  
26 procedure.

27 B. I understand that it is illegal for anyone to coerce me

1 into seeking an abortion.

2 C. I acknowledge that at least 24 hours before the scheduled  
3 abortion I have received a physical copy of each of the following:

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

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

9 3. A prenatal care and parenting information pamphlet.

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

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

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

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

19 F. I acknowledge that I have received all of the following  
20 information:

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

23 2. Information pertaining to available pregnancy related  
24 services.

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

27 H. I certify that I have not been required to make any

1 payments for an abortion or any medical service before the  
2 expiration of 24 hours after I received the written materials  
3 listed in paragraph C, or 24 hours after the time and date listed  
4 on the confirmation form if the information described in paragraph  
5 C was viewed from the state of Michigan internet website.".

6 (d) Make available to physicians through the Michigan board of  
7 medicine and the Michigan board of osteopathic medicine and  
8 surgery, and to any person upon request, the copies of medically  
9 accurate depictions, illustrations, or photographs described in  
10 subdivision (a), the written standardized summaries described in  
11 subdivision (b), the acknowledgment and consent form described in  
12 subdivision (c), the prenatal care and parenting information  
13 pamphlet described in section 9161, the pregnancy certification  
14 form described in subdivision (f), and the materials regarding  
15 coercion to abort described in subdivision (i).

16 (e) ~~The department shall not develop~~ **IN DEVELOPING THE** written  
17 standardized summaries for abortion procedures under subdivision  
18 (b), ~~that utilize~~ **INCLUDE IN THE SUMMARIES ONLY** medication that has  
19 ~~not~~ been approved by the United States food and drug administration  
20 for use in performing an abortion.

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

25 (g) Develop, operate, and maintain an internet website that  
26 allows a patient considering an abortion to review the information  
27 required in subsection (3)(c) through (f). After the patient

1 reviews the required information, the department shall assure that  
2 a confirmation form can be printed by the patient from the internet  
3 website that will verify the time and date the information was  
4 reviewed. A confirmation form printed under this subdivision  
5 becomes invalid 14 days after the date and time printed on the  
6 confirmation form.

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

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

19 (i) Develop, draft, and print or make available in printable  
20 format, in nontechnical English, Arabic, and Spanish, a notice that  
21 is required to be posted in facilities and clinics under section  
22 17015a. The notice shall be at least 8-1/2 inches by 14 inches,  
23 shall be printed in at least 44-point type, and shall contain at a  
24 minimum all of the following:

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

27 (B) A statement that help is available if a woman is being

1 threatened or intimidated; is being physically, emotionally, or  
2 sexually harmed; or feels afraid for any reason.

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

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

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

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

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

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

3 (C) Explore safety options with the patient.

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

4 SEC. 17015B. (1) EXCEPT WHEN A MEDICAL EMERGENCY EXISTS THAT  
5 PREVENTS COMPLIANCE WITH THIS SECTION, A PHYSICIAN SHALL NOT  
6 PERFORM AN ABORTION ON A PREGNANT WOMAN BEFORE DETERMINING, IN  
7 ACCORDANCE WITH STANDARD MEDICAL PRACTICE, WHETHER EVIDENCE OF A  
8 FETAL HEARTBEAT HAS BEEN DETECTED IN THE FETUS THE PREGNANT WOMAN  
9 IS CARRYING. AN INDIVIDUAL WHO PERFORMS AN ABORTION IN A MEDICAL  
10 EMERGENCY WITHOUT DETERMINING WHETHER THE FETUS HAS A DETECTABLE  
11 HEARTBEAT SHALL NOTE IN THE PREGNANT WOMAN'S MEDICAL RECORD THE  
12 SPECIFIC NATURE OF THE MEDICAL EMERGENCY THAT EXISTED. COMPLIANCE  
13 WITH THIS SECTION DOES NOT REQUIRE THE USE OF AN INTRAVAGINAL  
14 DIAGNOSTIC PROCEDURE.

15 (2) IF DURING THE EXAMINATION REQUIRED UNDER SUBSECTION (1)  
16 EVIDENCE OF A FETAL HEARTBEAT IS DETECTED, THE PHYSICIAN OR A  
17 QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL DO ALL OF THE  
18 FOLLOWING:

19 (A) OFFER TO THE PREGNANT WOMAN THE OPTION OF HEARING OR  
20 SEEING THE EVIDENCE OF THE FETAL HEARTBEAT.

21 (B) INFORM THE PREGNANT WOMAN OF THE PROBABILITY OF  
22 MAINTAINING THE PREGNANCY VERSUS EXPERIENCING A MISCARRIAGE, GIVEN  
23 THE STAGE OF PREGNANCY AND OTHER FACTORS KNOWN TO AFFECT THE  
24 POSSIBILITY OF A MISCARRIAGE.

25 (3) IF THE EXAMINATION REQUIRED UNDER SUBSECTION (1) DOES NOT  
26 PRODUCE EVIDENCE OF A FETAL HEARTBEAT, THE PHYSICIAN OR A QUALIFIED  
27 PERSON ASSISTING THE PHYSICIAN SHALL DO ALL OF THE FOLLOWING THAT

1 APPLY:

2 (A) ADVISE THE PREGNANT WOMAN OF THE PHYSICIAN'S  
3 RECOMMENDATION EITHER TO IMMEDIATELY PERFORM AN ADDITIONAL  
4 DIAGNOSTIC PROCEDURE OR PROCEDURES THAT MAY DETECT A FETAL  
5 HEARTBEAT OR TO DELAY UNTIL A LATER DATE PERFORMING A DIAGNOSTIC  
6 PROCEDURE TO DETERMINE IF THE FETUS IS PHYSICALLY DEVELOPING.

7 (B) IF THE FETUS HAS BEEN VISIBLY IDENTIFIED BUT IS NOT  
8 EXHIBITING A HEARTBEAT OR OTHER SIGNS OF PHYSICAL ACTIVITY, ADVISE  
9 THE PREGNANT WOMAN THAT A PROCEDURE TO REMOVE A FETUS THAT HAS DIED  
10 IS NOT CONSIDERED AN ABORTION UNDER LAW AND INFORM THE PREGNANT  
11 WOMAN OF THE RELATIVE RISKS AND BENEFITS OF DIFFERENT MEANS OF  
12 TERMINATING THE PREGNANCY, INCLUDING MEDICAL INDUCEMENT, A SURGICAL  
13 PROCEDURE, OR ALLOWING A MISCARRIAGE TO OCCUR SPONTANEOUSLY.

14 Sec. 17515. A physician, before performing an abortion on a  
15 patient, shall comply with sections 17015 and ~~17015a~~. TO 17015B.