

HOUSE BILL No. 4187

February 5, 2013, Introduced by Reps. Johnson, Rendon, Heise, LaFontaine, McBroom, McMillin, Howrylak, Lauwers, Somerville, Haines, Haveman, Brunner, Brown, Hooker, Yonker, Muxlow, Kelly, Denby, Zorn, Franz, Potvin, Kurtz and Genetski and referred to the Committee on Health Policy.

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:

1 Sec. 17014. The legislature recognizes that under federal
2 constitutional law, a state is permitted to enact persuasive
3 measures that favor childbirth over abortion, even if those
4 measures do not further a health interest. Sections 17015 and 17515
5 are nevertheless designed to provide objective, truthful
6 information, and are not intended to be persuasive. The legislature
7 finds that the enactment of sections 17015 and 17515 is essential
8 for all of the following reasons:

1 (a) The knowledgeable exercise of a woman's decision to have
2 an abortion depends on the extent to which the woman receives
3 sufficient information to make an informed choice regarding
4 abortion.

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

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

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

16 (e) Because many abortions in this state are performed in
17 clinics devoted solely to providing abortions, women who seek
18 abortions at these clinics normally do not have a prior patient-
19 physician relationship with the physician performing the abortion
20 nor do these women continue a patient-physician relationship with
21 the physician after the abortion. In many instances, the woman's
22 only actual contact with the physician performing the abortion
23 occurs simultaneously with the abortion procedure, with little
24 opportunity to receive counsel concerning her decision.
25 Consequently, certain safeguards are necessary to protect a woman's
26 opportunity to select the option best suited to her particular
27 situation.

1 (f) This state has an interest in protecting women and,
2 subject to United States constitutional limitations and supreme
3 court decisions, this state has an interest in protecting the
4 fetus.

5 (g) Providing a woman with factual, medical, and biological
6 information about the fetus she is carrying is essential to
7 safeguard the state's interests described in subdivision (f). The
8 dissemination of the information set forth in sections 17015 and
9 17515 is necessary due to the irreversible nature of the act of
10 abortion and the often stressful circumstances under which the
11 abortion decision is made.

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

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

27 (i) Private, individual counseling, including dissemination of

1 certain information, as the woman's individual circumstances
2 dictate, that affect her decision of whether to choose an abortion.

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

10 (iii) THE PERFORMANCE OF A DIAGNOSTIC ULTRASOUND EXAMINATION OF
11 THE FETUS AT LEAST 2 HOURS BEFORE AN ABORTION IS PERFORMED WITH THE
12 WOMAN GIVEN THE OPTION TO VIEW THE ACTIVE ULTRASOUND IMAGE OF THE
13 FETUS, HEAR THE FETAL HEARTBEAT, RECEIVE A PHYSICAL PICTURE OF THE
14 ULTRASOUND IMAGE OF THE FETUS, AND HEAR AN EXPLANATION OF THE
15 ULTRASOUND IMAGE OF THE FETUS. THE PERFORMANCE OF A DIAGNOSTIC
16 ULTRASOUND EXAMINATION OF THE FETUS, NOW A STANDARD PRACTICE AT
17 ABORTION FACILITIES, PROTECTS THE HEALTH OF THE WOMAN SEEKING AN
18 ABORTION BY VERIFYING AN INTRAUTERINE PREGNANCY, AS UNDIAGNOSED
19 ECTOPIC PREGNANCIES CAN RESULT IN POTENTIALLY FATAL COMPLICATIONS
20 AND INFERTILITY. THE PERFORMANCE OF A DIAGNOSTIC ULTRASOUND
21 EXAMINATION OF THE FETUS FURTHER PROTECTS THE INTERESTS OF THE
22 WOMAN SEEKING AN ABORTION BY ASSESSING THE VIABILITY OF THE FETUS
23 AND CONFIRMING THE APPROXIMATE GESTATIONAL AGE OF THE FETUS, AS
24 THIS INFORMATION IS NECESSARY IN ORDER TO DETERMINE APPROPRIATE
25 MEDICAL CARE FOR THE WOMAN SEEKING AN ABORTION.

26 (j) The safeguards identified in subdivision (i) advance a
27 woman's interests in the exercise of her discretion to choose or

1 not to choose an abortion, and are justified by the objectives and
2 interests of this state to protect the health of a pregnant woman
3 and, subject to United States constitutional limitations and
4 supreme court decisions, to protect the fetus.

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

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

10 (a) "Abortion" means the intentional use of an instrument,
11 drug, or other substance or device to terminate a woman's pregnancy
12 for a purpose other than to increase the probability of a live
13 birth, to preserve the life or health of the child after live
14 birth, or to remove a fetus that has died as a result of natural
15 causes, accidental trauma, or a criminal assault on the pregnant
16 woman. Abortion does not include the use or prescription of a drug
17 or device intended as a contraceptive.

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

22 (c) "Domestic violence" means that term as defined in section
23 1 of 1978 PA 389, MCL 400.1501.

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

26 (e) "Local health department representative" means a person
27 who meets 1 or more of the licensing requirements listed in

1 subdivision ~~(h)~~-(I) and who is employed by, or under contract to
2 provide services on behalf of, a local health department.

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

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

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

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

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

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

26 (I) ~~(h)~~-**"Qualified person assisting the physician" means AN**
27 **INDIVIDUAL ASSISTING THE PHYSICIAN WHO IS** another physician or a

1 physician's assistant licensed under this part or part 175, a fully
2 licensed or limited licensed psychologist licensed under part 182,
3 a professional counselor licensed under part 181, a registered
4 professional nurse or a licensed practical nurse licensed under
5 part 172, or a social worker licensed under part 185.

6 (J) ~~(i)~~—"Probable gestational age of the fetus" means the
7 gestational age of the fetus at the time an abortion is planned to
8 be performed.

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

15 (i) In person.

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

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

19 (iv) By facsimile transmission.

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

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

27 (b) Orally describe **TO THE PATIENT**, in language designed to be

1 understood by the patient, taking into account her age, level of
2 maturity, and intellectual capability, each of the following:

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

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

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

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

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

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

27 (f) Provide the patient with a physical copy of the

1 prescreening summary on prevention of coercion to abort described
2 in subsection (11)(i).

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

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

25 (6) Subject to subsection (10), before obtaining the patient's
26 signature on the acknowledgment and consent form **DESCRIBED IN**
27 **SUBSECTION (11)(C)**, a physician personally and in the presence of

1 the patient shall do all of the following:

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

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

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

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

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

21 (8) ~~If at any time~~ **NOT LESS THAN 2 HOURS BEFORE ANY**
22 **PREOPERATIVE SEDATIVE OR ANESTHETIC MEDICATIONS ARE ADMINISTERED TO**
23 **THE PATIENT, BEFORE THE PATIENT SIGNS THE CONSENT FORM DESCRIBED IN**
24 **SUBSECTION (11)(C), AND** before the performance of an abortion, a
25 ~~patient undergoes an ultrasound examination, or a physician~~
26 ~~determines that ultrasound imaging will be used during the course~~
27 ~~of a patient's abortion,~~ the physician or qualified person

1 assisting the physician shall ~~provide the patient with the~~
2 ~~opportunity to view or decline to view an active ultrasound image~~
3 ~~of the fetus, and~~ **PERFORM A DIAGNOSTIC ULTRASOUND EXAMINATION IN**
4 **ORDER TO VERIFY AN INTRAUTERINE PREGNANCY, ASSESS VIABILITY OF THE**
5 **FETUS, CONFIRM GESTATIONAL AGE OF THE FETUS, AND ENSURE FULLY**
6 **INFORMED CONSENT TO THE ABORTION. THE PHYSICIAN OR QUALIFIED PERSON**
7 **ASSISTING THE PHYSICIAN SHALL ENSURE THAT THE ULTRASOUND SCREEN IS**
8 **TURNED TOWARD THE PATIENT TO ENABLE HER TO EASILY VIEW THE ACTIVE**
9 **ULTRASOUND IMAGE OF THE FETUS; SHALL INFORM THE PATIENT THAT THE**
10 **ACTIVE ULTRASOUND IMAGE OF THE FETUS IS VISIBLE AND SHE MAY VIEW**
11 **THE IMAGE ON THE ULTRASOUND SCREEN IF SHE DESIRES; SHALL PROVIDE**
12 **THE PATIENT WITH THE OPPORTUNITY TO HEAR OR DECLINE TO HEAR THE**
13 **FETAL HEARTBEAT AS CONFIRMATION OF A VIABLE PREGNANCY; SHALL offer**
14 **to provide the patient with a physical picture of the ultrasound**
15 **image of the fetus; ~~before the performance of the abortion~~ AND**
16 **SHALL OFFER TO PROVIDE THE PATIENT WITH AN ORAL EXPLANATION OF THE**
17 **ULTRASOUND IMAGE OF THE FETUS. IN COMPLYING WITH THIS SUBSECTION,**
18 **THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL**
19 **ENSURE THAT THE MOST TECHNOLOGICALLY ADVANCED ULTRASOUND EQUIPMENT**
20 **AVAILABLE AT THAT LOCATION IS USED FOR THE ULTRASOUND EXAMINATION,**
21 **FOR THE PATIENT'S VIEWING AN ACTIVE ULTRASOUND IMAGE, FOR THE**
22 **PATIENT'S HEARING THE FETAL HEARTBEAT, AND FOR CREATING THE**
23 **PHYSICAL PICTURE OF THE ULTRASOUND IMAGE. THE PHYSICIAN OR**
24 **QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL ENSURE THAT THE**
25 **ULTRASOUND IMAGE OF THE FETUS AND THE FETAL HEART TONES ARE OF A**
26 **QUALITY CONSISTENT WITH THE CURRENT MEDICAL STANDARD OF CARE FOR**
27 **PRENATAL DIAGNOSTIC PURPOSES GIVEN THE PATIENT'S GESTATIONAL STAGE**

1 **OF PREGNANCY AND THE EQUIPMENT USED.** After the expiration of the
2 24-hour period prescribed under subsection (3) but before
3 performing an abortion on a patient who is a pregnant woman, a
4 physician or a qualified person assisting the physician shall do
5 all of the following:

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

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

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

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

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 AT LEAST 2 HOURS BEFORE THE SCHEDULED**
14 **ABORTION, THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN**
15 **HAS PERFORMED A DIAGNOSTIC ULTRASOUND EXAMINATION AND HAS DONE ALL**
16 **OF THE FOLLOWING:**

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

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

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

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

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

27 1. The specific risk to me, if any, of the complications that

1 have been associated with the procedure I am scheduled to undergo.

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

4 **G. F.**—I acknowledge that I have received all of the following
5 information:

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

8 2. Information pertaining to available pregnancy related
9 services.

10 **H. G.**—I have been given an opportunity to ask questions about
11 the operation(s) or procedure(s).

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

18 (d) Make available to physicians through the Michigan board of
19 medicine and the Michigan board of osteopathic medicine and
20 surgery, and to any person upon request, the copies of medically
21 accurate depictions, illustrations, or photographs described in
22 subdivision (a), the written standardized summaries described in
23 subdivision (b), the acknowledgment and consent form described in
24 subdivision (c), the prenatal care and parenting information
25 pamphlet described in section 9161, the pregnancy certification
26 form described in subdivision (f), and the materials regarding
27 coercion to abort described in subdivision (i).

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

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

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

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

25 (i) After considering the standards and recommendations of the
26 joint commission on accreditation of healthcare organizations, the
27 Michigan domestic and sexual violence prevention and treatment

1 board, the Michigan coalition to end domestic and sexual violence
2 or successor organization, and the American medical association, do
3 all of the following:

4 (i) Develop, draft, and print or make available in printable
5 format, in nontechnical English, Arabic, and Spanish, a notice that
6 is required to be posted in facilities and clinics under section
7 17015a. The notice shall be at least 8-1/2 inches by 14 inches,
8 shall be printed in at least 44-point type, and shall contain at a
9 minimum all of the following:

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

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

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

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

24 (iii) Develop, draft, and print screening and training tools and
25 accompanying training materials to be utilized by a physician or
26 qualified person assisting the physician while performing the
27 coercion to abort screening required under section 17015a. The

1 screening tools shall instruct the physician or qualified person
2 assisting the physician to orally communicate information to the
3 patient regarding coercion to abort and to document the findings
4 from the coercion to abort screening in the patient's medical
5 record.

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

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

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

15 (C) Explore safety options with the patient.

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

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

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

24 (13) A written consent form meeting the requirements set forth
25 in this section and signed by the patient is presumed valid. The
26 presumption created by this subsection may be rebutted by evidence
27 that establishes, by a preponderance of the evidence, that consent

1 was obtained through fraud, negligence, deception,
2 misrepresentation, coercion, or duress.

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

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

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

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

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

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

26 (b) If a pregnancy is confirmed, ensure that the patient is
27 provided with a completed pregnancy certification form described in

1 subsection (11)(f) at the time the information is provided.

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

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

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

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

16 Enacting section 1. This amendatory act takes effect March 31,
17 2013.