## 2008 SESSION

INTRODUCED

HB1556

084735464 HOUSE BILL NO. 1556 1 Offered January 18, 2008 2 3 A BILL to amend and reenact § 18.2-76 of the Code of Virginia, relating to unborn child pain 4 information. 5 Patron-Cline 6 7 Referred to Committee for Courts of Justice 8 9 Be it enacted by the General Assembly of Virginia: 10 1. That § 18.2-76 of the Code of Virginia is amended and reenacted as follows: § 18.2-76. Informed written consent required; civil penalty. 11 A. Before performing any abortion or inducing any miscarriage or terminating a pregnancy as 12 provided in §§ 18.2-72, 18.2-73 or § 18.2-74, the physician shall obtain the informed written consent of 13 the pregnant woman. However, if the woman has been adjudicated incapacitated by any court of 14 15 competent jurisdiction or if the physician knows or has good reason to believe that such woman is incapacitated as adjudicated by a court of competent jurisdiction, then only after permission is given in 16 writing by a parent, guardian, committee, or other person standing in loco parentis to the woman, may 17 18 the physician perform the abortion or otherwise terminate the pregnancy. 19 B. For purposes of this section: "Informed written consent" means the knowing and voluntary written consent to abortion by a 20 21 pregnant woman of any age, without undue inducement or any element of force, fraud, deceit, duress, or 22 other form of constraint or coercion by the physician who is to perform the abortion or his agent. The 23 basic information to effect such consent, as required by this subsection, shall be provided by telephone 24 or in person to the woman at least 24 hours before the abortion by the physician who is to perform the 25 abortion, by a referring physician, or by a licensed professional or practical nurse working under the direct supervision of either the physician who is to perform the abortion or the referring physician; 26 however, the information in subdivision 5 may be provided instead by a licensed health-care 27 28 professional working under the direct supervision of either the physician who is to perform the abortion 29 or the referring physician. This basic information shall include: 1. A full, reasonable and comprehensible medical explanation of the nature, benefits, and risks of and 30 31 alternatives to the proposed procedures or protocols to be followed in her particular case; 2. An instruction that the woman may withdraw her consent at any time prior to the performance of 32 33 the procedure: 34 3. An offer for the woman to speak with the physician who is to perform the abortion so that he 35 may answer any questions that the woman may have and provide further information concerning the 36 procedures and protocols; 37 4. A statement of the probable gestational age of the fetus at the time the abortion is to be 38 performed: and 39 5. An offer to review the printed materials described in subsection D. If the woman chooses to 40 review such materials, they shall be provided to her in a respectful and understandable manner, without prejudice and intended to give the woman the opportunity to make an informed choice and shall be 41 provided to her at least 24 hours before the abortion or mailed to her at least 72 hours before the 42 abortion by first-class mail or, if the woman requests, by certified mail, restricted delivery. This offer for 43 the woman to review the material shall advise her of the following: (i) the Department of Health 44 45 publishes printed materials that describe the unborn child and list agencies that offer alternatives to 46 abortion; (ii) medical assistance benefits may be available for prenatal care, childbirth and neonatal care, 47 and that more detailed information on the availability of such assistance is contained in the printed materials published by the Department; (iii) the father of the unborn child is liable to assist in the 48 49 support of her child, even in instances where he has offered to pay for the abortion, that assistance in the collection of such support is available, and that more detailed information on the availability of such 50 51 assistance is contained in the printed materials published by the Department; and (iv) she has the right 52 to review the materials printed by the Department and that copies will be provided to her free of charge 53 if she chooses to review them. Where the woman has advised that the pregnancy is the result of a rape, 54 the information in clause (iii) above may be omitted. 55 The information required by this subsection may be provided by telephone without conducting a

56 The information required by this subsection may be provided by telephone without conducting a
56 physical examination of or tests upon the woman, in which case the information required to be provided
57 may be based on facts supplied by the woman and whatever other relevant information is reasonably
58 available to the physician. If a physical examination, tests or the availability of other information to the

physician or the nurse subsequently indicates, in the medical judgment of the physician or the nurse, a
revision of the information previously supplied to the woman, that revised information may be
communicated to the woman at any time prior to the performance of the abortion.

62 6. An offer to anesthetize the fetus in a manner consistent with that commonly used with a human 63 undergoing an amputation. This offer shall advise the woman of the following: (i) that drugs administered to the woman may not prevent the fetus from feeling pain, but that in some cases 64 65 anesthesia or other pain-reducing drugs can be administered directly to the fetus, (ii) that there is evidence that by 20 weeks gestational age the fetus has the physical structures necessary to experience 66 pain and to evade certain stimuli in a manner that in an infant or adult would be interpreted as a 67 response to pain, (iii) that anesthesia is routinely administered to fetuses that at 20 weeks gestational 68 69 age or older undergo prenatal surgery, (iv) the reasonable clinical judgment of the physician on the 70 risks, if any, of administering such anesthesia or analgesic, and (v) the costs associated with administering such anesthesia or analgesic. Such offer need not be provided to the woman if, in the 71 reasonable clinical judgment of the physician, the delay caused by providing the information would 72 cause a serious risk to the life of the woman or serious risk of substantial and irreversible impairment 73 74 of a major bodily function of the woman or if the fetus is at less than 20 weeks gestational development 75 as determined by an ultrasound after review of the woman by the physician.

76 C. The physician need not obtain the informed written consent of the woman when the abortion is to 77 be performed pursuant to a medical emergency. "Medical emergency" means any condition which, on 78 the basis of the physician's good faith clinical judgment, so complicates the medical condition of a 79 pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for 78 which a delay will create a serious risk of substantial and irreversible impairment of a major bodily 79 function.

D. On or before October 1, 2001, the Department of Health shall publish, in English and in each language which is the primary language of two percent or more of the population of the Commonwealth, the following printed materials in such a way as to ensure that the information is easily comprehensible:

1. Geographically indexed materials designed to inform the woman of public and private agencies 86 87 and services available to assist a woman through pregnancy, upon childbirth and while the child is 88 dependent, including, but not limited to, information on services relating to (i) adoption as a positive 89 alternative, (ii) information relative to counseling services, benefits, financial assistance, medical care 90 and contact persons or groups, (iii) paternity establishment and child support enforcement, (iv) child 91 development, (v) child rearing and stress management, and (vi) pediatric and maternal health care. The 92 materials shall include a comprehensive list of the names and telephone numbers of the agencies, or, at 93 the option of the Department of Health, printed materials including a toll-free, 24-hour-a-day telephone 94 number which may be called to obtain, orally, such a list and description of agencies in the locality of 95 the caller and of the services they offer;

96 2. Materials designed to inform the woman of the probable anatomical and physiological 97 characteristics of the human fetus at two-week gestational increments from the time when a woman can 98 be known to be pregnant to full term, including any relevant information on the possibility of the fetus's 99 survival and pictures or drawings representing the development of the human fetus at two-week 100 gestational increments. Such pictures or drawings shall contain the dimensions of the fetus and shall be 101 realistic and appropriate for the stage of pregnancy depicted. The materials shall contain the following 102 statement: "By 20 weeks gestational age, a fetus has the physical structures necessary to experience pain. There is evidence that by 20 weeks gestational age fetuses seek to evade certain stimuli in a manner that in an infant or an adult would be interpreted as a response to pain. Anesthesia is routinely 103 104 105 administered to fetuses that are at 20 weeks gestational age or more and undergo prenatal surgery."

106 The materials shall be objective, nonjudgmental and designed to convey only accurate scientific 107 information about the human fetus at the various gestational ages; and

108 3. Materials containing objective information describing the methods of abortion procedures
109 commonly employed, the medical risks commonly associated with each such procedure, the possible
110 detrimental psychological effects of abortion, and the medical risks commonly associated with carrying a
111 child to term.

112 The Department of Health shall make these materials available at each local health department and, 113 upon request, to any person or entity, in reasonable numbers and without cost to the requesting party.

114 E. Any physician who fails to comply with the provisions of this section shall be subject to a \$2,500 115 civil penalty.