

FIRST REGULAR SESSION

HOUSE BILL NO. 1225

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE CUNNINGHAM (86).

Read 1st time March 29, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

2716L.01I

AN ACT

To repeal section 188.039, RSMo, and to enact in lieu thereof one new section relating to informed consent for abortions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 188.039, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 188.039, to read as follows:

188.039. 1. For purposes of this section, "medical emergency" means 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 a serious risk of substantial and irreversible impairment of a major bodily function.

2. Except in the case of medical emergency, no person shall perform or induce an abortion unless:

(1) (a) **The woman shall be informed by the physician who is to perform the abortion or by an allied health professional working in conjunction with the physician of the procedure to be involved and by the physician who is to perform the abortion of the probable gestational age of the embryo or fetus, verified by an obstetric ultrasound, at the time the abortion is to be performed.**

(b) **Such obstetric ultrasound shall be performed by the physician who is to perform the abortion or a certified technician working in conjunction with the physician.**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 (c) **The images viewed by the physician or certified technician to verify the**
16 **gestational age shall be reproduced and reviewed with the mother by the physician or**
17 **allied health professional working in conjunction with the physician prior to the woman**
18 **giving her informed consent to having an abortion procedure performed; and**

19 (2) At least twenty-four hours prior thereto a treating physician has conferred with the
20 patient and discussed with her the indicators and contraindicators, and risk factors including any
21 physical, psychological, or situational factors for the proposed procedure and the use of
22 medications, including but not limited to mifepristone, in light of her medical history and
23 medical condition. For an abortion performed or an abortion induced by a drug or drugs, such
24 conference shall take place at least twenty-four hours prior to the writing or communication of
25 the first prescription for such drug or drugs in connection with inducing an abortion. Only one
26 such conference shall be required for each abortion.

27 3. The patient shall be evaluated by a treating physician during the conference for
28 indicators and contraindicators, risk factors including any physical, psychological, or situational
29 factors which would predispose the patient to or increase the risk of experiencing one or more
30 adverse physical, emotional, or other health reactions to the proposed procedure or drug or drugs
31 in either the short or long term as compared with women who do not possess such risk factors.

32 4. At the end of the conference, and if the woman chooses to proceed with the abortion,
33 a treating physician shall sign and shall cause the patient to sign a written statement that the
34 woman gave her informed consent freely and without coercion after the physician had discussed
35 with her **the obstetric ultrasound images, and** the indicators and contraindicators, and risk
36 factors, including any physical, psychological, or situational factors. All such executed
37 statements shall be maintained as part of the patient's medical file, subject to the confidentiality
38 laws and rules of this state.

39 5. The director of the department of health and senior services shall disseminate a model
40 form that physicians may use as the written statement required by this section, but any lack or
41 unavailability of such a model form shall not affect the duties of the physician set forth in
42 subsections 2 to 4 of this section.

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