

SECOND REGULAR SESSION

# HOUSE BILL NO. 1520

## 94TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVES HODGES (Sponsor), HARRIS (110), LEMBKE, STEVENSON,  
BIVINS, MCGHEE AND ONDER (Co-sponsors).

Pre-filed January 3, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

3664L.01I

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### AN ACT

To repeal sections 188.027 and 188.039, RSMo, and to enact in lieu thereof two new sections relating to informed consent for abortions.

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

Section A. Sections 188.027 and 188.039, RSMo, are repealed and two new sections  
2 enacted in lieu thereof, to be known as sections 188.027 and 188.039, to read as follows:

188.027. No abortion shall be performed except with the prior, informed and written  
2 consent freely given of the pregnant woman. **Except in the case of medical emergency,**  
3 **consent to an abortion is voluntary and informed if and only if the woman is told the**  
4 **following by the physician who is to perform or induce the abortion or by the referring**  
5 **physician, orally and in person, at least twenty-four hours before the abortion:**

6 (1) **The name of the physician who will perform or induce the abortion;**

7 (2) **The particular medical risks associated with the particular abortion procedure**  
8 **to be employed, including, when medically accurate, the risks of infection, hemorrhage,**  
9 **and breast cancer, and the danger to subsequent pregnancies and infertility;**

10 (3) **The probable gestational age of the unborn child at the time the abortion is to**  
11 **be performed or induced; and**

12 (4) **The medical risks associated with carrying her child to term.**

188.039. 1. For purposes of this section, "medical emergency" means a condition which,  
2 on the basis of the physician's good faith clinical judgment, so complicates the medical condition

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.

3 of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death  
4 or for which a delay will create a serious risk of substantial and irreversible impairment of a  
5 major bodily function.

6 2. Except in the case of medical emergency, no person shall perform or induce an  
7 abortion unless at least twenty-four hours prior thereto a treating physician has:

8 (1) Conferred with the patient and discussed with her **the following:**

9 (a) **That medical assistance benefits may be available for prenatal care, childbirth,**  
10 **and neonatal care;**

11 (b) **That the father is liable to assist in the support of her child, even in instances**  
12 **in which the father has offered to pay for the abortion;**

13 (c) **That there are available services provided by public and private agencies which**  
14 **provide pregnancy prevention counseling and medical referrals for obtaining pregnancy**  
15 **prevention medications or devices;**

16 (d) **The availability of information through the alternatives to abortion program**  
17 **established under section 188.335; and**

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

25 (2) **The treating physician or a qualified person assisting the treating physician:**

26 (a) **Performs fetal ultrasound imaging and auscultation of fetal heart tone services;**

27 (b) **Provides the patient with an opportunity to view the active ultrasound image**  
28 **of the unborn child and hear the heartbeat of the unborn child if the heartbeat is audible;**  
29 **and**

30 (c) **Offers to provide the patient with a physical picture of the ultrasound image of**  
31 **the unborn child.**

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33 **An ultrasound image shall be of a quality consistent with standard medical practice in the**  
34 **community, shall contain the dimensions of the unborn child, and shall accurately portray**  
35 **the presence of external members and internal organs if present or viewable of the unborn**  
36 **child.**

37 3. The patient shall be evaluated by a treating physician during the conference for  
38 indicators and contraindicators, risk factors including any physical, psychological, or situational

39 factors which would predispose the patient to or increase the risk of experiencing one or more  
40 adverse physical, emotional, or other health reactions to the proposed procedure or drug or drugs  
41 in either the short or long term as compared with women who do not possess such risk factors.

42 4. At the end of the conference, and if the woman chooses to proceed with the abortion,  
43 a treating physician shall sign and shall cause the patient to sign a written statement that the  
44 woman gave her informed consent freely and without coercion after the physician had:

45 (1) Discussed with her the [indicators and contraindicators, and risk factors, including  
46 any physical, psychological, or situational factors] **information described in subsection 2 of**  
47 **section 188.027 and subdivision (1) of subsection 2 of this section; and**

48 (2) **Conducted fetal ultrasound imaging and auscultation of fetal heart tone services**  
49 **under subdivision (2) of subsection 2 of this section.**

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51 All such executed statements shall be maintained as part of the patient's medical file, subject to  
52 the confidentiality laws and rules of this state.

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

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