

SENATE BILL No. 313

April 12, 2011, Introduced by Senators ROBERTSON, BRANDENBURG, HILDENBRAND, PAVLOV, NOFS, CASWELL, MARLEAU, COLBECK, GREEN, JANSEN, BOOHER and EMMONS 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 2006 PA 77.

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.

9 (2) For purposes of this section:

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 ~~dead~~-fetus **THAT HAS DIED AS A RESULT OF**
15 **NATURAL CAUSES, ACCIDENTAL TRAUMA, OR A CRIMINAL ASSAULT ON THE**
16 **PREGNANT WOMAN.** Abortion does not include the use or prescription
17 of a drug or device intended as a contraceptive.

18 (b) "Fetus" means an individual organism of the species homo
19 sapiens in utero.

20 (c) "Local health department representative" means a person,
21 who meets 1 or more of the licensing requirements listed in
22 subdivision ~~(F)~~-(G) and who is employed by, or under contract to
23 provide services on behalf of, a local health department.

24 (d) "Medical emergency" means that condition which, on the
25 basis of the physician's good faith clinical judgment, so
26 complicates the medical condition of a pregnant woman as to
27 necessitate the immediate abortion of her pregnancy to avert her

1 death or for which a delay will create serious risk of substantial
2 and irreversible impairment of a major bodily function.

3 (e) "Medical service" means the provision of a treatment,
4 procedure, medication, examination, diagnostic test, assessment, or
5 counseling, including, but not limited to, a pregnancy test,
6 ultrasound, pelvic examination, or an abortion.

7 (F) "MOST TECHNOLOGICALLY ADVANCED ULTRASOUND EQUIPMENT
8 AVAILABLE AT THAT LOCATION" MEANS ULTRASOUND IMAGING EQUIPMENT THAT
9 MEETS BOTH OF THE FOLLOWING REQUIREMENTS:

10 (i) IS CAPABLE OF PROVIDING THE MOST VISIBLY CLEAR IMAGE OF THE
11 GROSS ANATOMICAL DEVELOPMENT OF THE FETUS AND THE MOST AUDIBLE
12 FETAL HEARTBEAT.

13 (ii) IS PRESENT IN THE CLINICAL AREA WITHIN A BUILDING WHERE
14 THE PATIENT COUNSELING, PREOPERATIVE PROCEDURES, AND ABORTION ARE
15 TO BE PERFORMED AND THAT IS UNDER THE SUPERVISION AND DISCRETION OF
16 THE ATTENDING PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN
17 TO UTILIZE FOR DIAGNOSTIC OR OPERATIVE PURPOSES.

18 (G) ~~(f)~~—"Qualified person assisting the physician" means
19 another physician or a physician's assistant licensed under this
20 part or part 175, a fully licensed or limited licensed psychologist
21 licensed under part 182, a professional counselor licensed under
22 part 181, a registered professional nurse or a licensed practical
23 nurse licensed under part 172, or a social worker licensed under
24 part 185.

25 (H) ~~(g)~~—"Probable gestational age of the fetus" means the
26 gestational age of the fetus at the time an abortion is planned to
27 be performed.

1 (I) ~~(h)~~—"Provide the patient with a physical copy" means
2 confirming that the patient accessed the internet website described
3 in subsection (5) and received a printed valid confirmation form
4 from the website and including that form in the patient's medical
5 record or giving a patient a copy of a required document by 1 or
6 more of the following means:

7 (i) In person.

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

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

11 (iv) By facsimile transmission.

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

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

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

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

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

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

27 (c) Provide the patient with a physical copy of the written

1 summary described in subsection (11)(b) that corresponds to the
2 procedure the patient will undergo and is provided by the
3 department of community health. If the procedure has not been
4 recognized by the department, but is otherwise allowed under
5 Michigan law, and the department has not provided a written summary
6 for that procedure, the physician shall develop and provide a
7 written summary that describes the procedure, any known risks or
8 complications of the procedure, and risks associated with live
9 birth and meets the requirements of subsection (11)(b)(iii) through
10 (vii).

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

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

19 (4) The requirements of subsection (3) may be fulfilled by the
20 physician or a qualified person assisting the physician at a
21 location other than the health facility where the abortion is to be
22 performed. The requirement of subsection (3)(a) that a patient's
23 pregnancy be confirmed may be fulfilled by a local health
24 department under subsection (18). The requirements of subsection
25 (3) cannot be fulfilled by the patient accessing an internet
26 website other than the internet website described in subsection (5)
27 that is maintained through the department.

1 (5) The requirements of subsection (3)(c) through (e) may be
2 fulfilled by a patient accessing the internet website maintained
3 and operated through the department and receiving a printed, valid
4 confirmation form from the website that the patient has reviewed
5 the information required in subsection (3)(c) through (e) at least
6 24 hours before an abortion being performed on the patient. The
7 website shall not require any information be supplied by the
8 patient. The department shall not track, compile, or otherwise keep
9 a record of information that would identify a patient who accesses
10 this website. The patient shall supply the valid confirmation form
11 to the physician or qualified person assisting the physician to be
12 included in the patient's medical record to comply with this
13 subsection.

14 (6) Subject to subsection (10), before obtaining the patient's
15 signature on the acknowledgment and consent form, a physician
16 personally and in the presence of the patient shall do all of the
17 following:

18 (a) Provide the patient with the physician's name and inform
19 the patient of her right to withhold or withdraw her consent to the
20 abortion at any time before performance of the abortion.

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

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

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

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

8 ~~(8) If at any time prior to~~ **NOT LESS THAN 2 HOURS BEFORE ANY**
9 **PREOPERATIVE SEDATIVE OR ANESTHETIC MEDICATIONS ARE ADMINISTERED,**
10 **BEFORE THE PATIENT SIGNS THE CONSENT FORM DESCRIBED IN SUBSECTION**
11 **(11) (C), AND BEFORE** the performance of an abortion, ~~a patient~~
12 ~~undergoes an ultrasound examination, or a physician determines that~~
13 ~~ultrasound imaging will be used during the course of a patient's~~
14 ~~abortion,~~ the physician or qualified person assisting the physician
15 shall ~~provide the patient with the opportunity to view or decline~~
16 ~~to view an active ultrasound image of the fetus, and~~ **PERFORM A**
17 **DIAGNOSTIC ULTRASOUND EXAMINATION IN ORDER TO VERIFY AN**
18 **INTRAUTERINE PREGNANCY, ASSESS VIABILITY OF THE FETUS, CONFIRM**
19 **GESTATIONAL AGE OF THE FETUS, AND ENSURE FULLY INFORMED CONSENT TO**
20 **THE ABORTION. THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE**
21 **PHYSICIAN SHALL ENSURE THAT THE ULTRASOUND SCREEN IS TURNED TOWARD**
22 **THE PATIENT TO ENABLE HER TO EASILY VIEW THE ACTIVE ULTRASOUND**
23 **IMAGE OF THE FETUS; SHALL INFORM THE PATIENT THAT THE ACTIVE**
24 **ULTRASOUND IMAGE OF THE FETUS IS VISIBLE AND SHE MAY VIEW THE IMAGE**
25 **ON THE ULTRASOUND SCREEN IF SHE DESIRES; SHALL PROVIDE THE PATIENT**
26 **WITH THE OPPORTUNITY TO HEAR OR DECLINE TO HEAR THE FETAL HEARTBEAT**
27 **AS CONFIRMATION OF A VIABLE PREGNANCY; SHALL** offer to provide the

1 patient with a physical picture of the ultrasound image of the
2 fetus; ~~prior to the performance of the abortion.~~ **AND SHALL OFFER TO**
3 **PROVIDE THE PATIENT WITH AN ORAL EXPLANATION OF THE ULTRASOUND**
4 **IMAGE OF THE FETUS. IN COMPLYING WITH THIS SUBSECTION, THE**
5 **PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL ENSURE**
6 **THAT THE MOST TECHNOLOGICALLY ADVANCED ULTRASOUND EQUIPMENT**
7 **AVAILABLE AT THAT LOCATION IS USED FOR THE ULTRASOUND EXAMINATION,**
8 **FOR THE PATIENT'S VIEWING AN ACTIVE ULTRASOUND IMAGE, FOR THE**
9 **PATIENT'S HEARING THE FETAL HEARTBEAT, AND FOR CREATING THE**
10 **PHYSICAL PICTURE OF THE ULTRASOUND IMAGE. THE PHYSICIAN OR**
11 **QUALIFIED PERSON ASSISTING THE PHYSICIAN SHALL ENSURE THAT THE**
12 **ULTRASOUND IMAGE OF THE FETUS AND THE FETAL HEART TONES ARE OF A**
13 **QUALITY CONSISTENT WITH THE CURRENT MEDICAL STANDARD OF CARE FOR**
14 **PRENATAL DIAGNOSTIC PURPOSES GIVEN THE PATIENT'S GESTATIONAL STAGE**
15 **OF PREGNANCY AND THE EQUIPMENT USED.** Before performing an abortion
16 on a patient who is a pregnant woman, a physician or a qualified
17 person assisting the physician shall do all of the following:

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

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

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

27 **(D) RETAIN A PHYSICAL PICTURE OF THE ULTRASOUND IMAGE OF THE**

1 FETUS FROM THE DIAGNOSTIC ULTRASOUND EXAMINATION PERFORMED UNDER
2 THIS SUBSECTION, WHICH ULTRASOUND IMAGE VERIFIES INTRAUTERINE
3 PREGNANCY AND CONFIRMS GESTATIONAL AGE OF THE FETUS.

4 (9) This subsection does not prohibit notifying the patient
5 that payment for medical services will be required or that
6 collection of payment in full for all medical services provided or
7 planned may be demanded after the 24-hour period described in this
8 subsection has expired. A physician or an agent of the physician
9 shall not collect payment, in whole or in part, for a medical
10 service provided to or planned for a patient before the expiration
11 of 24 hours from the time the patient has done either or both of
12 the following, except in the case of a physician or an agent of a
13 physician receiving capitated payments or under a salary
14 arrangement for providing those medical services:

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

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

20 (10) If the attending physician, utilizing his or her
21 experience, judgment, and professional competence, determines that
22 a medical emergency exists and necessitates performance of an
23 abortion before the requirements of subsections (1), (3), and (6)
24 can be met, the physician is exempt from the requirements of
25 subsections (1), (3), and (6), may perform the abortion, and shall
26 maintain a written record identifying with specificity the medical
27 factors upon which the determination of the medical emergency is

1 based.

2 (11) The department of community health shall do each of the
3 following:

4 (a) Produce medically accurate depictions, illustrations, or
5 photographs of the development of a human fetus that indicate by
6 scale the actual size of the fetus at 2-week intervals from the
7 fourth week through the twenty-eighth week of gestation. Each
8 depiction, illustration, or photograph shall be accompanied by a
9 printed description, in nontechnical English, Arabic, and Spanish,
10 of the probable anatomical and physiological characteristics of the
11 fetus at that particular state of gestational development.

12 (b) Subject to subdivision (g), develop, draft, and print, in
13 nontechnical English, Arabic, and Spanish, written standardized
14 summaries, based upon the various medical procedures used to abort
15 pregnancies, that do each of the following:

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

19 (ii) Identify the physical complications that have been
20 associated with each procedure described in subparagraph (i) and
21 with live birth, as determined by the department. In identifying
22 these complications, the department shall consider the annual
23 statistical report required under section ~~2835(6)~~ **2835**, and shall
24 consider studies concerning complications that have been published
25 in a peer review medical journal, with particular attention paid to
26 the design of the study, and shall consult with the federal centers
27 for disease control **AND PREVENTION**, the American college ~~CONGRESS~~

1 of obstetricians and gynecologists, the Michigan state medical
2 society, or any other source that the department determines
3 appropriate for the purpose.

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

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

12 (v) Identify services available through public agencies to
13 assist the patient during her pregnancy and after the birth of her
14 child, should she choose to give birth and maintain custody of her
15 child.

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

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

23 (c) Develop, draft, and print, in nontechnical English,
24 Arabic, and Spanish, an acknowledgment and consent form that
25 includes only the following language above a signature line for the
26 patient:

27 "I, _____, hereby authorize Dr.

1 _____ ("the physician") and any assistant designated
 2 by the physician to perform upon me the following operation(s) or
 3 procedure(s):

4 _____
 5 (Name of operation(s) or procedure(s))
 6 _____

7 **A.** I understand that I am approximately _____ weeks pregnant.
 8 I consent to an abortion procedure to terminate my pregnancy. I
 9 understand that I have the right to withdraw my consent to the
 10 abortion procedure at any time prior to performance of that
 11 procedure.

12 **B.** I acknowledge that at least 24 hours before the scheduled
 13 abortion I have received a physical copy of each of the following:

14 1. ~~(a)~~—A medically accurate depiction, illustration, or
 15 photograph of a fetus at the probable gestational age of the fetus
 16 I am carrying.

17 2. ~~(b)~~—A written description of the medical procedure that
 18 will be used to perform the abortion.

19 3. ~~(c)~~—A prenatal care and parenting information pamphlet.

20 **C.** If any of the ~~above-listed~~ documents **LISTED IN PARAGRAPH B**
 21 were transmitted by facsimile, I certify that the documents were
 22 clear and legible.

23 **D. I ACKNOWLEDGE THAT AT LEAST 2 HOURS BEFORE THE SCHEDULED**
 24 **ABORTION, THE PHYSICIAN OR QUALIFIED PERSON ASSISTING THE PHYSICIAN**
 25 **HAS PERFORMED A DIAGNOSTIC ULTRASOUND EXAMINATION AND HAS DONE ALL**
 26 **OF THE FOLLOWING:**

27 1. **PROVIDED ME WITH AN OPPORTUNITY TO VIEW OR DECLINE TO VIEW**

1 THE ACTIVE ULTRASOUND IMAGE OF THE FETUS.

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

4 3. OFFERED TO PROVIDE ME WITH A PHYSICAL PICTURE OF THE
5 ULTRASOUND IMAGE OF THE FETUS.

6 4. OFFERED AN ORAL EXPLANATION OF THE ULTRASOUND IMAGE OF THE
7 FETUS.

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

10 1. ~~(i)~~—The specific risk to me, if any, of the complications
11 that have been associated with the procedure I am scheduled to
12 undergo.

13 2. ~~(ii)~~—The specific risk to me, if any, of the complications
14 if I choose to continue the pregnancy.

15 F. I acknowledge that I have received all of the following
16 information:

17 1. ~~(d)~~—Information about what to do and whom to contact in the
18 event that complications arise from the abortion.

19 2. ~~(e)~~—Information pertaining to available pregnancy related
20 services.

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

23 H. I certify that I have not been required to make any
24 payments for an abortion or any medical service before the
25 expiration of 24 hours after I received the written materials
26 listed in ~~paragraphs (a), (b), and (c)~~ **PARAGRAPH B** above, or 24
27 hours after the time and date listed on the confirmation form if

1 paragraphs (a), (b), and (c) were **THE INFORMATION DESCRIBED IN**
2 **PARAGRAPH B WAS** viewed from the state of Michigan internet
3 website."

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

13 (e) The department shall not develop written **STANDARDIZED**
14 summaries for abortion procedures under subdivision (b) that
15 utilize medication that has not been approved by the United States
16 food and drug administration for use in performing an abortion.

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

21 (g) Develop and maintain an internet website that allows a
22 patient considering an abortion to review the information required
23 in subsection (3)(c) through (e). After the patient reviews the
24 required information, the department shall assure that a
25 confirmation form can be printed by the patient from the internet
26 website that will verify the time and date the information was
27 reviewed. A confirmation form printed under this subdivision

1 becomes invalid 14 days after the date and time printed on the
2 confirmation form.

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

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

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

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

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

27 (16) Notwithstanding any other provision of this section, a

1 person shall not perform an abortion that is prohibited by law.

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

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

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

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

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

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

26 (a) Only release the identity and address of the patient to a
27 physician or qualified person assisting the physician in order to

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