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## DIGEST

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HB No. 388

**Abstract:** Provides for requirements of physicians who perform abortions.

Present law provides requirements of physicians who perform abortions. Proposed law retains present law and adds thereto a requirement that on the date an abortion is performed or induced, the physician performing or inducing the abortion shall:

- (1) Have active admitting privileges at a hospital that is located not further than 30 miles from the location at which the abortion is performed or induced and that provides obstetrical or gynecological health care services.
- (2) Provide the pregnant woman with all of the following before the abortion is performed or induced:
  - (a) A telephone number by which the pregnant woman may reach the physician, or other health care personnel employed by the physician or facility at which the abortion was performed or induced, who has 24 hours per day access to the woman's relevant medical records so that the woman may request assistance related to any complication that arises from the performance or induction of the abortion, or to ask health-related questions regarding the abortion.
  - (b) The name and telephone number of the hospital nearest to the home of the pregnant woman at which an emergency arising from the abortion would be treated.
  - (c) Written notice informing the pregnant woman whether the outpatient abortion facility follows the practice of imposing abortion sales quotas on its employees.

Present law provides regulations for the practice of inducing an abortion through use of drugs or chemicals. Proposed law retains present law and adds thereto the following requirements:

- (1) No drug or chemical shall be administered, dispensed, or otherwise provided to the pregnant woman by a physician or any person acting under the physician's direction, whether in a licensed outpatient abortion facility, private medical office or any other facility, unless the physician has obtained the voluntary and informed consent of the pregnant woman pursuant to the requirements of present law.

- (2) If a physician prescribes, dispenses, administers, or provides any drug or chemical to a pregnant woman for the purpose of inducing an abortion, the physician shall report the abortion to DHH in accordance with provisions of present law.
- (3) If the physician knows that the woman experienced a serious adverse event, as defined by the MedWatch Reporting System, during or after the administration or use of a drug to induce an abortion, the physician shall report the event to the U.S. Food and Drug Administration through the MedWatch Reporting System not later than the third day after the date he learns that the event occurred.

Proposed law authorizes the La. State Board of Medical Examiners to take disciplinary action as authorized in present law against a physician who violates any provision of proposed law.

For purposes of present law comprising the Outpatient Abortion Facility Licensing Law, present law defines "first trimester" as the time period from 6 to 14 weeks after the first day of the last menstrual period. Proposed law revises definition to provide that "first trimester" means the time period up to 14 weeks after the first day of the last menstrual period.

For purposes of present law comprising the Outpatient Abortion Facility Licensing Law, present law defines "outpatient abortion facility" as any outpatient facility, other than a hospital or an ambulatory surgical center, in which any second trimester or five or more first trimester abortions per month are performed. Proposed law changes the abortions per unit of time metric provided in the definition from five or more first trimester abortions per month to five or more first trimester abortions per calendar year.

Proposed law provides all of the following expressions of legislative intent:

- (1) It is the intent of the legislature that each physician who performs an abortion as defined in present law shall follow the long-established procedure of reporting anonymous, aggregate abortion statistics and health complications to DHH, subject to all state and federal privacy protections, for the purpose of providing anonymous and accurate public health and safety data regarding abortion and its impact on women's health.
- (2) It is the intent of the legislature that every application of proposed law to every individual woman shall be severable from each other. In the event the application of proposed law is found to impose an impermissible undue burden on any pregnant woman or group of pregnant women, the application of proposed law to those women shall be severed from the remaining applications of proposed law that do not impose an undue burden, and those remaining applications shall remain in force and unaffected.

Proposed law provides that proposed law shall be known as the "Unsafe Abortion Protection Act".

(Amends R.S. 40:1299.35.2(A), 1299.35.2.1, and 2175.3(2) and (5))

## Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Health and Welfare to the original bill.

1. Added provision expressing the intent of the legislature that each physician who performs an abortion as defined in present law shall follow the long-established procedure of reporting anonymous, aggregate abortion statistics and health complications to DHH, subject to all state and federal privacy protections, for the purpose of providing anonymous and accurate public health and safety data regarding abortion and its impact on women's health.
2. Added provision stipulating that proposed law shall not be construed or interpreted to apply to emergency contraceptives or any other drugs or chemicals that do not cause abortion as defined in present law.
3. Made technical change.

### House Floor Amendments to the engrossed bill.

1. Made technical changes.