WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

Introduced

Senate Bill 552

By Senators Rucker, Taylor, Karnes, Phillips, Grady, Smith, Maynard, Martin, Azinger, Woodrum, Roberts, Deeds, Oliverio, Swope, Stuart, Tarr, Barrett, Hunt, Chapman, Queen, and Stover [Introduced February 02, 2023; referred to the Committee on Health and Human Resources; and then to the Committee on the Judiciary]

1	A BILL to amend and reenact §16-2I-1, §16-2I-2, §16-2I-3, and §16-2I-4 of the Code of West						
2	Virginia, 1931, as amended; to repeal §16-2I-5 of said code; and to amend and reenact						
3	§16-2I-6, §16-2I-7, §16-2I-8, and §16-2I-9 of said code, all relating to abortion; defining						
4	terms; amending information provided during informed consent; removing liability						
5	protection for a physician when prescribing a non-Food and Drug Administration approved						
6	drug therapy; providing resource to contact if questions rise regarding chemical abortion;						
7	requiring the Secretary of the Department of Health and Human Resources to have a 24-						
8	hour telephone number to maximize awareness; revising information to be made available;						
9	requiring the Bureau of Public Health to publish information on its website; setting forth the						
10	required information; and providing for administrative discipline against a licensed medical						
11	professional for violation of article.						
	Be it enacted by the Legislature of West Virginia:						

ARTICLE 2I. WOMEN'S RIGHT TO KNOW ACT.

	§16-2I-1. Definitions.
1	For the purposes of this article, the words or phrases defined in this section have these
2	meanings ascribed to them.
3	"Abortion" means the same as that term is defined in §16-2F-2 an <u>"abortion", as defined in</u>
4	$\S16-2R-2$ of this code that is performed pursuant to the exceptions provided for in $\S16-2R-3$ of this
5	<u>code.</u>
6	"Attempt to perform an abortion" means the same as that term is defined in §16-2M-2
7	"attempt to perform or induce an abortion", as defined in §16-2R-2 of this code that is performed
8	pursuant to the exceptions provided for in §16-2R-3 of this code.
9	"Chemical abortion" means the use or prescription of an abortion-inducing drug dispensed
10	with the intent to cause an abortion.

"Designee" means a person licensed under Chapter 30 of this code practicing within his or
 her scope of practice.

13

"Licensed medical professional" means the same as that term is defined in \$16-2P-1 \$16-14 2R-2 of this code.

15 "Medical emergency" means any condition which, in the reasonable medical judgment of 16 the patient's physician, so complicates the medical condition of a pregnant female as to 17 necessitate the immediate termination of her pregnancy to avert her death or for which a delay will 18 create serious risk of substantial and irreversible physical impairment of a major bodily function, 19 not including psychological or emotional conditions. No condition shall be deemed a medical 20 emergency if based on a claim or diagnosis that the female will engage in conduct which she 21 intends to result in her death or in substantial and irreversible physical impairment of a major

- 22 bodily function means the same as that term is defined in §16-2R-2 of this code.
- 23

"Physician" means the same as that term is defined in of this code

24 "Probable gestational age of the embryo or fetus" means what, in the judgment of the 25 physician licensed medical professional, will with reasonable probability be the gestational age of 26 the embryo or fetus at the time the abortion is planned to be performed.

27 "Reasonable medical judgement" means the same as that term is defined in §16-2M-2 28 §16-2R-2 of this code.

29 "Stable Internet website" means a website that, to the extent reasonably practicable, is 30 safeguarded from having its content altered by another other than the Department of Health and 31 Human Resources.

§16-2I-2. Informed consent. 1 An abortion may not be performed in this state except with the voluntary and informed

2 consent of the female upon whom the abortion is to be performed. Except in the case of a medical 3 emergency, consent to an abortion is voluntary and informed if, and only if:

4 (a) The female is told the following, by telephone or in person, by the physician or the 5 licensed medical professional or the designee to whom the responsibility has been delegated by 6 the physician licensed medical professional who is to perform the abortion at least 24 hours before

7 the abortion:

8 (1) The particular medical risks associated with the particular abortion procedure to be
9 employed, including, when medically accurate among other things pertinent to informed consent,
10 the risks of infection, hemorrhage, danger to subsequent pregnancies, and infertility;

(2) The probable gestational age of the embryo or fetus at the time the abortion is to beperformed:

13 (3) The medical risks associated with carrying her child to term; and

(4) (3) If a chemical abortion involving the two-drug process of mifepristone is initiated and
 then a prostaglandin such as misoprostol is planned to be used at a later time, the female shall be
 informed that:

17 (A) Some <u>Studies</u> suggest that it may be possible to counteract the intended effects of a
18 mifepristone chemical abortion by taking progesterone if the female changes her mind, before
19 taking the second drug. but this process has not been approved by the Food and Drug
20 Administration

(B) After the first drug involved in the two-drug process is dispensed in a mifepristone
 chemical abortion, the physician licensed medical professional or agent of the physician licensed
 medical professional shall provide written medical discharge instructions to the pregnant female
 which shall include the statement:

"If you change your mind and decide to try to counteract the intended effects of a
 mifepristone chemical abortion, if the second pill has not been taken, please consult with your
 physician a licensed medical professional knowledgeable about discontinuing a medical abortion
 or you can get immediate help by calling the Abortion Pill Reversal 24-hour Hotline at 877-558 0333 or going to website https://www.abortionpillreversal.com.

30 (i) You might experience a complete abortion without ever taking misoprostol;

31 (ii) You might experience a missed abortion, which means the fetus is no longer viable, but
32 the fetus did not leave your body; or

33 (iii) It is possible that your pregnancy may continue; and

34 (iv) You should consult with your physician licensed medical professional."

35 (C) The female shall certify, as part of the informed consent process for any medical 36 procedure, that she has been informed about the above possibilities regarding a chemical 37 abortion.

38 (D) Notwithstanding any law to the contrary, a physician acting in conformity with the 39 informed consent provisions of this section relating to the possibility of counteracting the intended 40 effects of a chemical abortion, or a physician prescribing a non-Food and Drug Administration 41 approved drug therapy to counteract a chemical abortion is not liable for any loss, damage, 42 physical injury, or death arising from any information provided by the physician related to 43 counteracting the intended effects of a chemical abortion or arising from prescribing a non-Food 44 and Drug Administration approved drug therapy to counteract a chemical abortion In the case that 45 a child is diagnosed with a disability in the womb, it is important that she is presented and informed 46 of the resources available. In the case of a female seeking an abortion of a nonviable embryo or 47 fetus as defined in §16-2R-2 of this code, the female is informed, by telephone or in person, by the 48 licensed medical professional who is to perform the abortion or the licensed medical professional's 49 agent:

- 50 (1) That perinatal hospital services are available;
- 51 (2) This service is an alternative to abortion;

52 (3) That she has the right to review the printed materials described in §16-2I-3 of this code;

53 (4) That these materials are available on a state sponsored website, and

54 (5) What the website address is where she can access this information.

55 The information required by this subsection may be provided by telephone without 56 conducting a physical examination or tests of the patient, in which case the information required to 57 be provided may be based on facts supplied by the female to the physician <u>licensed medical</u> 58 professional or other licensed health care professional a designee to whom the responsibility has

2023R3416

59 been delegated by the physician licensed medical professional and whatever other relevant 60 information is reasonably available to the physician licensed medical professional or other 61 licensed health care professional a designee to whom the responsibility has been delegated by the 62 physician licensed medical professional. It may not be provided by a tape recording, but must be 63 provided during a consultation in which the physician or licensed medical professional licensed 64 health care professional or a designee to whom the responsibility has been delegated by the 65 physician licensed medical professional is able to ask questions of the female and the female is 66 able to ask questions of the physician or the licensed health care medical professional or a 67 designee to whom the responsibility has been delegated by the physician licensed medical professional. 68

69 If a physical examination, tests or the availability of other information to the physician 70 licensed medical professional or other licensed health care professional a designee to whom the 71 responsibility has been delegated by the physician licensed medical professional subsequently 72 indicate, in the medical judgment of the physician licensed medical professional or the licensed 73 health care professional a designee to whom the responsibility has been delegated by the 74 physician licensed medical professional, a revision of the information previously supplied to the 75 patient, that revised information may be communicated to the patient at any time before the 76 performance of the abortion procedure.

Nothing in this section may be construed to preclude provision of required information in a
language understood by the patient through a translator.

(b) The female is informed, by telephone or in person, by the physician licensed medical
 professional who is to perform the abortion, or by an agent of the physician-licensed medical
 professional, at least 24 hours before the abortion procedure:

82 (1) That medical assistance benefits may be available for prenatal care, childbirth, and
83 neonatal care through governmental or private entities;

84

(2) That the father, if his identity can be determined, is liable to assist in the support of her

child based upon his ability to pay even in instances in which the father has offered to pay for theabortion;

(3) That she has the right to review the printed materials described in §16-2I-3 of this code,
that these materials are available on a state-sponsored website and the website address; and
(4) That the female will be presented with a form which she will be required to execute prior
to the abortion procedure that is available pursuant to §16-2I-3 of this code. and that the form to be
presented will inform her of the opportunity to view the ultrasound image and her right to view or

92 decline to view the ultrasound image, if an ultrasound is performed

93 The physician licensed medical professional, or an agent of the physician licensed medical 94 professional shall orally inform the female that the materials have been provided by the State of 95 West Virginia and that they describe the embryo or fetus and list agencies and entities which offer 96 alternatives to abortion.

97 If the female chooses to view the materials other than on the website, then they shall either
98 be provided to her at least 24 hours before the abortion or mailed to her at least 72 hours before
99 the abortion by first class mail in an unmarked envelope.

100 The information required by this subsection may be provided by a tape recording if 101 provision is made to record or otherwise register specifically whether the female does or does not 102 choose to have the printed materials given or mailed to her.

103 (c) The form required pursuant to subdivision (b)(4) of this section shall include the 104 following information:

(1) It is a female's decision whether or not to undergo any ultrasound imaging procedure in
 consultation with her health care provider;

107 (2) If an ultrasound is performed in conjunction with the performance of an abortion108 procedure, the female has the right to view or to decline to view the image; and

109 (3) That the female has been previously informed of her opportunity to view the ultrasound
110 image and her right to view or decline to view the ultrasound image. The female shall certify her

111 choice on this form prior to the abortion procedure being performed.

The female shall certify in writing, before the abortion, that the information described in subsections (a) and (b) of this section has been provided to her and that she has been informed of her opportunity to review the information referred to in subdivision (b)(3) of this section.

Before performing the abortion procedure, the physician licensed medical professional who is to perform the abortion or the physician's licensed medical professional's agent shall obtain a copy of the executed certification required by the provisions of subsections (b) and (c) of this section.

§16-2I-3. Printed information.

(a) Within 90 days of the effective date of this article, <u>upon its reenactment during the 2023</u>
<u>Regular Session</u>, the Secretary of the Department of Health and Human Resources shall cause to
be published, in English and in each language which is the primary language of two percent or
more of the state's population, as determined by the most recent decennial census performed by
the U.S. census bureau, and shall cause to be available on the website provided in §16-2I-4 of this
code the following printed materials in such a way as to ensure that the information is easily
comprehensible:

8 (1) Geographically indexed materials designed to inform the reader of public and private 9 agencies and services available to assist a female through pregnancy, upon childbirth and while 10 the child is dependent, including adoption agencies, which shall include a comprehensive list of 11 the agencies available, a description of the services they offer and a description of the manner, 12 including telephone numbers. At the option of the Secretary of Health and Human Resources, a A 13 24-hour-a-day telephone number may shall be established with the number being published in 14 such a way as to maximize public awareness of its existence which may be called to obtain a list 15 and description of agencies in the locality of the caller and of the services they offer;

(2) Materials designed to inform the female of the probable anatomical and physiological
 characteristics of the embryo or fetus at two-week gestational increments from the time when a

2023R3416

18 female can be known to be pregnant to full term, including any relevant information on the 19 possibility of the embryo or fetus's survival and pictures or drawings representing the development 20 of an embryo or fetus at two-week gestational increments: *Provided*, That any such pictures or 21 drawings must contain the dimensions of the embryo or fetus and must be realistic and appropriate for the stage of pregnancy depicted. The materials shall be objective, nonjudgmental, 22 23 and designed to convey only accurate scientific information about the embryo or fetus at the 24 various gestational ages. The material shall also contain objective information describing the 25 methods of abortion procedures commonly employed, the medical risks commonly associated 26 with each procedure, and the possible detrimental psychological effects of abortion; and the 27 medical risks commonly associated with carrying a child to term and

(3) Materials designed to inform the female of the range of possibilities regarding the
effects and risks of a mifepristone chemical abortion or an attempt to counteract it and information
on and assistance with the resources that may be available.

(b) The materials referred to in subsection (a) of this section shall be printed in a typeface large enough to be clearly legible. The website provided for in section four of this article shall be maintained at a minimum resolution of seventy dots per inch. All pictures appearing on the website shall be a minimum of 200 x 300 pixels. All letters on the website shall be a minimum of 11-point font. All information and pictures shall be accessible with an industry standard browser requiring no additional plug-ins.

37 (c) The materials required under this section shall be available at no cost from the
 38 Department of Health and Human Resources upon request and in appropriate numbers to any
 39 person, facility, or hospital.

§16-2I-4. Internet website.

(a) Within 90 days of the effective date of this article <u>upon the reenactment of this article</u>
 <u>during the 2023 Regular Session</u>, the secretary of the Department of Health and Human
 Resources shall develop and maintain a stable Internet website to provide the information

2023R3416

4	required to be provided pursuant to the provisions of section three of this article <u>§16-2I-3 of this</u>							
5	code. No information regarding persons visiting the website may be collected or maintained. The							
6	secretary of the Department of Health and Human Resources shall monitor the website on a daily							
7	basis to prevent and correct tampering.							
8	(b) The Bureau for Public Health shall make the following available through the bureau's							
9	publicly accessible internet website:							
10	(1) Up-to-date evidence-based information about any in-utero disability or diagnosis that							
11	has been peer reviewed by medical experts and any national disability rights organizations. The							
12	information provided shall include the following:							
13	(A) Physical, developmental, educational, and psychological outcomes;							
14	(B) Life expectancy;							
15	(C) Clinical course;							
16	(D) Intellectual and functional development;							
17	(E) Treatment options; and							
18	(F) Any other information the bureau deems necessary.							
19	(G) Contact information regarding first call programs and support services, including the							
20	following:							
21	(i) Information hotlines specific to any in-utero fetal disabilities or conditions;							
22	(ii) Relevant resources centers or clearinghouses;							
23	(iii) Information about adoption specific to disabilities;							
24	(iv) National and local disability rights organizations; and							
25	(v) Education and support programs.							
1	(H) Information regarding perinatal hospice and palliative care as provided in section §16-							
2	<u>2I-2(4).</u>							
3	(c) The information provided in accordance with this section shall conform to the applicable							
4	standard or standards provided in the Enhanced National Standards for Culturally and							

5	Linguistically Appropriate Services in Health and Health Care as adopted by the United States								
6	Department of Health and Human Resources and published in the Federal Register on September								
7	<u>24, 2013.</u>								
8	(d) The website:								
9	(1) Must use enhanced, user-friendly search capabilities to ensure that the information								
10	described in §16-2I-3 of this code is easily accessible, and must use searchable by keywords and								
11	phrases, specifically to ensure that entering the terms "abortion" and "abortion pill reversal" and								
12	disability" and "fetal abnormality" and "non -medically viable fetus" yields the §16-2I-3 of this code								
13	materials, regardless of §16-2I-3 of this code materials are labeled.								
14	(2) Must ensure that the §16-2I-3 of this code material is printable.								
15	(3) Must give clear prominent instructions on how to receive the information in printed form;								
16	and								
17	(4) Must be accessible to the public without requiring registration or use of a username, a								
18	password, or another user identification.								
	§16-2I-5. Procedure in case of medical emergency.								
1	[Repealed.]								
	§16-2I-6. Protection of privacy in court proceedings.								
1	In every civil or criminal proceeding or action brought under this article, the court shall rule								
2	whether the anonymity of any female upon whom an abortion has been performed or attempted								
3	shall be preserved from public disclosure if she does not give her consent to such disclosure. The								
4	court, upon motion or sua sponte, shall make such a ruling and, upon determining that her								

anonymity should be preserved, shall issue orders to the parties, witnesses and counsel and shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing rooms to the extent necessary to safeguard her identity from public disclosure. Each such order shall be accompanied by specific written findings explaining why the anonymity of the female should be preserved from public disclosure, why the order is essential to that end, how the order is narrowly 10 tailored to serve that interest and why no reasonable, less restrictive alternative exists. In the 11 absence of written consent of the female upon whom an abortion has been performed or 12 attempted, anyone, other than a public official, who brings an action under section nine of this 13 article §16-2I-8 of this code shall do so under a pseudonym. This section may not be construed to 14 conceal the identity of the plaintiff or of witnesses from the defendant.

§16-2I-7. Reporting requirements.

(a) Within 90 days of the effective date of this article <u>upon the reenactment of this article</u>
 <u>during the 2023 Regular Session</u>, the secretary of the Department of Health and Human
 Resources shall prepare a reporting form for physicians <u>licensed medical professional</u> containing
 a reprint of this article and listing:

5 (1) The number of females to whom the information described in subsection (a), section
6 two of this article <u>§16-2I-2 of this code</u> was provided;

7 (2) The number of females to whom the physician licensed medical professional, or an
agent of the physician licensed medical professional provided the information described in
9 subsection (b), section two of this article §16-2I-2 of this code;

(3) The number of females who availed themselves of the opportunity to obtain a copy of
the printed information described in section three of this article <u>§16-2I-3</u> of this code other than on
the website;

13 (4) The number of abortions performed in cases involving medical emergency; and

14 (5) The number of abortions performed in cases not involving a medical emergency.

(b) The secretary of the Department of Health and Human Resources shall ensure that
copies of the reporting forms described in subsection (a) of this section are provided:

(1) Within 120 days after the effective date of this article to all physicians licensed medical
professionals licensed to practice in this state;

(2) To each physician licensed medical professional who subsequently becomes newly
 licensed to practice in this state, at the same time as official notification to that physician licensed

21 medical professional that the physician licensed medical professional is so licensed; and

(3) By December 1, of each year, other than the calendar year in which forms are
 distributed in accordance with subdivision (1) of this subsection, to all physicians licensed medical
 professionals licensed to practice in this state.

(c) By the <u>February 28</u>, of each year following a calendar year in any part of which this act
was in effect, each <u>physician licensed health professional who</u> provided, or whose agent provided,
information to one or more females in accordance with section two of this article during the
previous calendar year shall submit to the secretary of the Department of Health and Human
Resources a copy of the form described in subsection (a) of this section with the requested data
entered accurately and completely.

(d) Reports that are not submitted by the end of a grace period of 30 days following the due date are subject to a late fee of \$500 for each additional 30-day period or portion of a 30-day period they are overdue. Any physician licensed health professional required to report in accordance with this section who has not submitted a report, or has submitted only an incomplete report, more than one year following the due date may, in an action brought by the secretary of the Department of Health and Human Resources, be directed by a court of competent jurisdiction to submit a complete report within a period stated by court order or be subject to sanctions for civil contempt.

38 (e) By August 1, of each year, the secretary of the Department of Health and Human 39 Resources shall issue a public report providing statistics for the previous calendar year compiled 40 from all of the reports covering that year submitted in accordance with this section for each of the 41 items listed in subsection (a) of this section. Each report shall also provide the statistics for all 42 previous calendar years, adjusted to reflect any additional information from late or corrected 43 reports. The secretary of the Department of Health and Human Resources shall prevent any of the 44 information from being included in the public reports that could reasonably lead to the identification 45 of any physician licensed medical professional who performed or treated an abortion, or any 46 female who has had an abortion, in accordance with subsection (a), (b) or (c) of this section. Any

2023R3416

47 information that could reasonably lead to the identification of any physician licensed medical 48 professional who performed or treated an abortion, or any female who has had an abortion, in 49 accordance with subsection (a), (b) or (c) of this section is exempt from disclosure under the 50 freedom of information act, article one, chapter twenty-nine-b §29B-1-1 *et seq.* of this code.

51 (f) The secretary of the Department of Health and Human Resources may propose rules 52 for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a 53 §29A-3-1 et seq. of this code which alter the dates established by subdivision (3), subsection (b) of 54 this section or subsection (c) or (e) of this section or consolidate the forms or reports described in 55 this section with other forms or reports to achieve administrative convenience or fiscal savings or to reduce the burden of reporting requirements, so long as reporting forms are sent to all licensed 56 57 physicians licensed medical professionals in the state at least once every year and the report 58 described in subsection (e) of this section is issued at least once every year.

§16-2I-8. Administrative remedies.

Any physician or agent thereof who willfully violates the provisions of this article may be
 subject to sanctions as levied by the licensing board governing his or her profession.

A licensed medical professional who knowingly and willfully performs, induces, or attempts to perform or induce an abortion, in violation of this article, is subject to disciplinary action by his or her applicable licensing board. If the licensing board finds that the licensed medical professional has knowingly and willfully performed, induced, or attempted to perform or induce an elective abortion in violation of this article, the licensing board shall revoke the medical professional's license.

§16-2I-9. Severability.

Effective from the reenactment of this section during the third extraordinary session of the
 Legislature, 2022, this article is of no force or effect unless any provision of §16-2R-1 *et seq.* of this
 code is judicially determined to be unconstitutional
 If any one or more provision, section, subsection, sentence, clause, phrase, or word of this

5	article or th	e application the	ereof to ar	y person or o	circumstan	ce is found to be	unconstitutional, the
6	same is he	ereby declared	to be seve	erable and th	<u>ne balance</u>	of this article sh	all remain effective
7	notwithstar	nding such unc	onstitution	ality. The Lo	egislature	hereby declares	that it would have
8	passed this	s article, and ea	ach provis	ion, section,	subsectior	n, sentence, clau	<u>se, phrase, or word</u>
9	thereof, irre	espective of the	e fact that	any one or	more prov	ision, section, su	bsection, sentence,
10	<u>clause,</u>	phrase,	or	word	be	declared	unconstitutional.

NOTE: The purpose of this bill is to normalize definitions with more recently passed abortion legislation, expand requirements for informed consent, remove liability protection for a physician regarding the prescribing of non-FDA approved drug therapy, require the Department of Health and Human resources to place enhanced information on its web page, and administrative penalties for licensed medical professionals knowingly and willfully violating article.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.