

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 1168

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DATE	D-PG	OFFICIAL STATUS
02/14/2019		Introduction and first reading Referred to Health and Human Services Finance and Policy

1.1 A bill for an act

1.2 relating to health; requiring physicians to allow viewing of ultrasound imaging

1.3 prior to an abortion; amending Minnesota Statutes 2018, section 145.4242.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. Minnesota Statutes 2018, section 145.4242, is amended to read:

1.6 **145.4242 INFORMED CONSENT.**

1.7 (a) No abortion shall be performed in this state except with the voluntary and informed

1.8 consent of the female upon whom the abortion is to be performed. Except in the case of a

1.9 medical emergency or if the fetus has an anomaly incompatible with life, and the female

1.10 has declined perinatal hospice care, consent to an abortion is voluntary and informed only

1.11 if:

1.12 (1) the female is told the following, by telephone or in person, by the physician who is

1.13 to perform the abortion or by a referring physician, at least 24 hours before the abortion:

1.14 (i) the particular medical risks associated with the particular abortion procedure to be

1.15 employed including, when medically accurate, the risks of infection, hemorrhage, breast

1.16 cancer, danger to subsequent pregnancies, and infertility;

1.17 (ii) the probable gestational age of the unborn child at the time the abortion is to be

1.18 performed;

1.19 (iii) the medical risks associated with carrying her child to term; and

1.20 (iv) for abortions after 20 weeks gestational, whether or not an anesthetic or analgesic

1.21 would eliminate or alleviate organic pain to the unborn child caused by the particular method

2.1 of abortion to be employed and the particular medical benefits and risks associated with the
2.2 particular anesthetic or analgesic.

2.3 The information required by this clause may be provided by telephone without conducting
2.4 a physical examination or tests of the patient, in which case the information required to be
2.5 provided may be based on facts supplied to the physician by the female and whatever other
2.6 relevant information is reasonably available to the physician. It may not be provided by a
2.7 tape recording, but must be provided during a consultation in which the physician is able
2.8 to ask questions of the female and the female is able to ask questions of the physician. If a
2.9 physical examination, tests, or the availability of other information to the physician
2.10 subsequently indicate, in the medical judgment of the physician, a revision of the information
2.11 previously supplied to the patient, that revised information may be communicated to the
2.12 patient at any time prior to the performance of the abortion. Nothing in this section may be
2.13 construed to preclude provision of required information in a language understood by the
2.14 patient through a translator;

2.15 (2) the female is informed, by telephone or in person, by the physician who is to perform
2.16 the abortion, by a referring physician, or by an agent of either physician at least 24 hours
2.17 before the abortion:

2.18 (i) that medical assistance benefits may be available for prenatal care, childbirth, and
2.19 neonatal care;

2.20 (ii) that the father is liable to assist in the support of her child, even in instances when
2.21 the father has offered to pay for the abortion; and

2.22 (iii) that she has the right to review the printed materials described in section 145.4243,
2.23 that these materials are available on a state-sponsored website, and what the website address
2.24 is. The physician or the physician's agent shall orally inform the female that the materials
2.25 have been provided by the state of Minnesota and that they describe the unborn child, list
2.26 agencies that offer alternatives to abortion, and contain information on fetal pain. If the
2.27 female chooses to view the materials other than on the website, they shall either be given
2.28 to her at least 24 hours before the abortion or mailed to her at least 72 hours before the
2.29 abortion by certified mail, restricted delivery to addressee, which means the postal employee
2.30 can only deliver the mail to the addressee.

2.31 The information required by this clause may be provided by a tape recording if provision
2.32 is made to record or otherwise register specifically whether the female does or does not
2.33 choose to have the printed materials given or mailed to her;

3.1 (3) the female certifies in writing, prior to the abortion, that the information described
3.2 in clauses (1) and (2) has been furnished to her and that she has been informed of her
3.3 opportunity to review the information referred to in clause (2), item (iii); and

3.4 (4) prior to the performance of the abortion, the physician who is to perform the abortion
3.5 or the physician's agent obtains a copy of the written certification prescribed by clause (3)
3.6 and retains it on file with the female's medical record for at least three years following the
3.7 date of receipt.

3.8 (b) Prior to administering the anesthetic or analgesic as described in paragraph (a), clause
3.9 (1), item (iv), the physician must disclose to the woman any additional cost of the procedure
3.10 for the administration of the anesthetic or analgesic. If the woman consents to the
3.11 administration of the anesthetic or analgesic, the physician shall administer the anesthetic
3.12 or analgesic or arrange to have the anesthetic or analgesic administered.

3.13 (c) A female seeking an abortion of her unborn child diagnosed with fetal anomaly
3.14 incompatible with life must be informed of available perinatal hospice services and offered
3.15 this care as an alternative to abortion. If perinatal hospice services are declined, voluntary
3.16 and informed consent by the female seeking an abortion is given if the female receives the
3.17 information required in paragraphs (a), clause (1), and (b). The female must comply with
3.18 the requirements in paragraph (a), clauses (3) and (4).

3.19 (d) If, at any time prior to the performance of an abortion, a female undergoes an
3.20 ultrasound examination, or a physician determines that ultrasound imaging will be used
3.21 during the course of a patient's abortion, the physician or the physician's agent shall orally
3.22 inform the patient of the opportunity to view or decline to view an active ultrasound image
3.23 of the unborn child.