

FIRST REGULAR SESSION

HOUSE BILL NO. 870

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE GREGORY.

0790H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 188.015, 188.027, 188.030, and 188.052, RSMo, and to enact in lieu thereof four new sections relating to the abortion of an unborn child with a detectable fetal heartbeat, with penalty provisions.

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

Section A. Sections 188.015, 188.027, 188.030, and 188.052, RSMo, are repealed and
2 four new sections enacted in lieu thereof, to be known as sections 188.015, 188.027, 188.030,
3 and 188.052, to read as follows:

188.015. As used in this chapter, the following terms mean:

2 (1) "Abortion":

3 (a) The act of using or prescribing any instrument, device, medicine, drug, or any other
4 means or substance with the intent to destroy the life of an embryo or fetus in his or her mother's
5 womb; or

6 (b) The intentional termination of the pregnancy of a mother by using or prescribing any
7 instrument, device, medicine, drug, or other means or substance with an intention other than to
8 increase the probability of a live birth or to remove a dead or dying unborn child;

9 (2) "Abortion facility", a clinic, physician's office, or any other place or facility in which
10 abortions are performed or induced other than a hospital;

11 (3) "Conception", the fertilization of the ovum of a female by a sperm of a male;

12 (4) "Department", the department of health and senior services;

13 (5) **"Fetal heartbeat", cardiac activity or the steady and repetitive rhythmic**
14 **contraction of the fetal heart within the gestational sac;**

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.

15 **(6)** "Gestational age", length of pregnancy as measured from the first day of the woman's
16 last menstrual period;

17 **(7)** "**Hospital**", a place devoted primarily to the maintenance and operation of
18 facilities for the diagnosis, treatment, or care, for not less than twenty-four consecutive
19 hours in any week, of three or more nonrelated individuals suffering from illness, disease,
20 injury, deformity, or other abnormal physical conditions; or a place devoted primarily to
21 provide, for not less than twenty-four consecutive hours in any week, medical or nursing
22 care for three or more nonrelated individuals. The term "hospital" does not include
23 convalescent, nursing, shelter, or boarding homes as defined in chapter 188;

24 ~~[(6)]~~ **(8)** "Medical emergency", a condition which, based on reasonable medical
25 judgment, so complicates the medical condition of a pregnant woman as to necessitate the
26 immediate abortion of her pregnancy to avert the death of the pregnant woman or for which a
27 delay will create a serious risk of substantial and irreversible physical impairment of a major
28 bodily function of the pregnant woman;

29 ~~[(7)]~~ **(9)** "Physician", any person licensed to practice medicine in this state by the state
30 board of registration for the healing arts;

31 ~~[(8)]~~ **(10)** "Reasonable medical judgment", a medical judgment that would be made by
32 a reasonably prudent physician, knowledgeable about the case and the treatment possibilities
33 with respect to the medical conditions involved;

34 ~~[(9)]~~ **(11)** "Unborn child", the offspring of human beings from the moment of conception
35 until birth and at every stage of its biological development, including the human conceptus,
36 zygote, morula, blastocyst, embryo, and fetus;

37 ~~[(10)]~~ **(12)** "Viability" or "viable", that stage of fetal development when the life of the
38 unborn child may be continued indefinitely outside the womb by natural or artificial
39 life-supportive systems.

188.027. 1. Except in the case of medical emergency, no abortion shall be performed
2 or induced on a woman without her voluntary and informed consent, given freely and without
3 coercion. Consent to an abortion is voluntary and informed and given freely and without
4 coercion if, and only if, at least seventy-two hours prior to the abortion:

5 (1) The physician who is to perform or induce the abortion, a qualified professional, or
6 the referring physician has informed the woman orally, reduced to writing, and in person, of the
7 following:

8 (a) The name of the physician who will perform or induce the abortion;

9 (b) Medically accurate information that a reasonable patient would consider material to
10 the decision of whether or not to undergo the abortion, including:

11 a. A description of the proposed abortion method;

12 b. The immediate and long-term medical risks to the woman associated with the
13 proposed abortion method including, but not limited to, infection, hemorrhage, cervical tear or
14 uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to
15 term, and possible adverse psychological effects associated with the abortion; and

16 c. The immediate and long-term medical risks to the woman, in light of the anesthesia
17 and medication that is to be administered, the unborn child's gestational age, and the woman's
18 medical history and medical condition;

19 (c) Alternatives to the abortion which shall include making the woman aware that
20 information and materials shall be provided to her detailing such alternatives to the abortion;

21 (d) A statement that the physician performing or inducing the abortion is available for
22 any questions concerning the abortion, together with the telephone number that the physician
23 may be later reached to answer any questions that the woman may have;

24 (e) The location of the hospital that offers obstetrical or gynecological care located
25 within thirty miles of the location where the abortion is performed or induced and at which the
26 physician performing or inducing the abortion has clinical privileges and where the woman may
27 receive follow-up care by the physician if complications arise;

28 (f) The gestational age of the unborn child at the time the abortion is to be performed or
29 induced; and

30 (g) The anatomical and physiological characteristics of the unborn child at the time the
31 abortion is to be performed or induced;

32 (2) The physician who is to perform or induce the abortion or a qualified professional
33 has presented the woman, in person, printed materials provided by the department, which
34 describe the probable anatomical and physiological characteristics of the unborn child at
35 two-week gestational increments from conception to full term, including color photographs or
36 images of the developing unborn child at two-week gestational increments. Such descriptions
37 shall include information about brain and heart functions, the presence of external members and
38 internal organs during the applicable stages of development and information on when the unborn
39 child is viable. The printed materials shall prominently display the following statement: "The
40 life of each human being begins at conception. Abortion will terminate the life of a separate,
41 unique, living human being.";

42 (3) The physician who is to perform or induce the abortion, a qualified professional, or
43 the referring physician has presented the woman, in person, printed materials provided by the
44 department, which describe the various surgical and drug-induced methods of abortion relevant
45 to the stage of pregnancy, as well as the immediate and long-term medical risks commonly
46 associated with each abortion method including, but not limited to, infection, hemorrhage,
47 cervical tear or uterine perforation, harm to subsequent pregnancies or the ability to carry a

48 subsequent child to term, and the possible adverse psychological effects associated with an
49 abortion;

50 (4) The physician who is to perform or induce the abortion or a qualified professional
51 shall provide the woman with the opportunity to view at least seventy-two hours prior to the
52 abortion an active ultrasound of the unborn child ~~[and hear the heartbeat of the unborn child if~~
53 ~~the heartbeat is audible]~~. The woman shall be provided with a geographically indexed list
54 maintained by the department of health care providers, facilities, and clinics that perform
55 ultrasounds, including those that offer ultrasound services free of charge. Such materials shall
56 provide contact information for each provider, facility, or clinic including telephone numbers
57 and, if available, website addresses. Should the woman decide to obtain an ultrasound from a
58 provider, facility, or clinic other than the abortion facility, the woman shall be offered a
59 reasonable time to obtain the ultrasound examination before the date and time set for performing
60 or inducing an abortion. The person conducting the ultrasound shall ensure that the active
61 ultrasound image is of a quality consistent with standard medical practice in the community,
62 contains the dimensions of the unborn child, and accurately portrays the presence of external
63 members and internal organs, if present or viewable, of the unborn child. ~~[The auscultation of~~
64 ~~fetal heart tone must also be of a quality consistent with standard medical practice in the~~
65 ~~community.]~~ If the woman chooses to view the ultrasound ~~[or hear the heartbeat or both]~~ at the
66 abortion facility, the viewing ~~[or hearing or both]~~ shall be provided to her at the abortion facility
67 at least seventy-two hours prior to the abortion being performed or induced;

68 (5) Prior to an abortion being performed or induced on an unborn child of twenty-two
69 weeks gestational age or older, the physician who is to perform or induce the abortion or a
70 qualified professional has presented the woman, in person, printed materials provided by the
71 department that offer information on the possibility of the abortion causing pain to the unborn
72 child. This information shall include, but need not be limited to, the following:

73 (a) At least by twenty-two weeks of gestational age, the unborn child possesses all the
74 anatomical structures, including pain receptors, spinal cord, nerve tracts, thalamus, and cortex,
75 that are necessary in order to feel pain;

76 (b) A description of the actual steps in the abortion procedure to be performed or
77 induced, and at which steps the abortion procedure could be painful to the unborn child;

78 (c) There is evidence that by twenty-two weeks of gestational age, unborn children seek
79 to evade certain stimuli in a manner that in an infant or an adult would be interpreted as a
80 response to pain;

81 (d) Anesthesia is given to unborn children who are twenty-two weeks or more gestational
82 age who undergo prenatal surgery;

83 (e) Anesthesia is given to premature children who are twenty-two weeks or more
84 gestational age who undergo surgery;

85 (f) Anesthesia or an analgesic is available in order to minimize or alleviate the pain to
86 the unborn child;

87 (6) The physician who is to perform or induce the abortion or a qualified professional
88 has presented the woman, in person, printed materials provided by the department explaining to
89 the woman alternatives to abortion she may wish to consider. Such materials shall:

90 (a) Identify on a geographical basis public and private agencies available to assist a
91 woman in carrying her unborn child to term, and to assist her in caring for her dependent child
92 or placing her child for adoption, including agencies commonly known and generally referred
93 to as pregnancy resource centers, crisis pregnancy centers, maternity homes, and adoption
94 agencies. Such materials shall provide a comprehensive list by geographical area of the agencies,
95 a description of the services they offer, and the telephone numbers and addresses of the agencies;
96 provided that such materials shall not include any programs, services, organizations, or affiliates
97 of organizations that perform or induce, or assist in the performing or inducing of, abortions or
98 that refer for abortions;

99 (b) Explain the Missouri alternatives to abortion services program under section 188.325,
100 and any other programs and services available to pregnant women and mothers of newborn
101 children offered by public or private agencies which assist a woman in carrying her unborn child
102 to term and assist her in caring for her dependent child or placing her child for adoption,
103 including but not limited to prenatal care; maternal health care; newborn or infant care; mental
104 health services; professional counseling services; housing programs; utility assistance;
105 transportation services; food, clothing, and supplies related to pregnancy; parenting skills;
106 educational programs; job training and placement services; drug and alcohol testing and
107 treatment; and adoption assistance;

108 (c) Identify the state website for the Missouri alternatives to abortion services program
109 under section 188.325, and any toll-free number established by the state operated in conjunction
110 with the program;

111 (d) Prominently display the statement: "There are public and private agencies willing
112 and able to help you carry your child to term, and to assist you and your child after your child is
113 born, whether you choose to keep your child or place him or her for adoption. The state of
114 Missouri encourages you to contact those agencies before making a final decision about abortion.
115 State law requires that your physician or a qualified professional give you the opportunity to call
116 agencies like these before you undergo an abortion.";

117 (7) The physician who is to perform or induce the abortion or a qualified professional
118 has presented the woman, in person, printed materials provided by the department explaining that

119 the father of the unborn child is liable to assist in the support of the child, even in instances
120 where he has offered to pay for the abortion. Such materials shall include information on the
121 legal duties and support obligations of the father of a child, including, but not limited to, child
122 support payments, and the fact that paternity may be established by the father's name on a birth
123 certificate or statement of paternity, or by court action. Such printed materials shall also state
124 that more information concerning paternity establishment and child support services and
125 enforcement may be obtained by calling the family support division within the Missouri
126 department of social services; and

127 (8) The physician who is to perform or induce the abortion or a qualified professional
128 shall inform the woman that she is free to withhold or withdraw her consent to the abortion at
129 any time without affecting her right to future care or treatment and without the loss of any state
130 or federally funded benefits to which she might otherwise be entitled.

131 2. All information required to be provided to a woman considering abortion by
132 subsection 1 of this section shall be presented to the woman individually, in the physical
133 presence of the woman and in a private room, to protect her privacy, to maintain the
134 confidentiality of her decision, to ensure that the information focuses on her individual
135 circumstances, to ensure she has an adequate opportunity to ask questions, and to ensure that she
136 is not a victim of coerced abortion. Should a woman be unable to read materials provided to her,
137 they shall be read to her. Should a woman need an interpreter to understand the information
138 presented in the written materials, an interpreter shall be provided to her. Should a woman ask
139 questions concerning any of the information or materials, answers shall be provided in a
140 language she can understand.

141 3. No abortion shall be performed or induced unless and until the woman upon whom
142 the abortion is to be performed or induced certifies in writing on a checklist form provided by
143 the department that she has been presented all the information required in subsection 1 of this
144 section, that she has been provided the opportunity to view an active ultrasound image of the
145 unborn child ~~and hear the heartbeat of the unborn child if it is audible~~, and that she further
146 certifies that she gives her voluntary and informed consent, freely and without coercion, to the
147 abortion procedure.

148 4. No abortion shall be performed or induced on an unborn child of twenty-two weeks
149 gestational age or older unless and until the woman upon whom the abortion is to be performed
150 or induced has been provided the opportunity to choose to have an anesthetic or analgesic
151 administered to eliminate or alleviate pain to the unborn child caused by the particular method
152 of abortion to be performed or induced. The administration of anesthesia or analgesics shall be
153 performed in a manner consistent with standard medical practice in the community.

154 5. No physician shall perform or induce an abortion unless and until the physician has
155 obtained from the woman her voluntary and informed consent given freely and without coercion.
156 If the physician has reason to believe that the woman is being coerced into having an abortion,
157 the physician or qualified professional shall inform the woman that services are available for her
158 and shall provide her with private access to a telephone and information about such services,
159 including but not limited to the following:

160 (1) Rape crisis centers, as defined in section 455.003;

161 (2) Shelters for victims of domestic violence, as defined in section 455.200; and

162 (3) Orders of protection, pursuant to chapter 455.

163 6. The physician who is to perform or induce the abortion shall, at least seventy-two
164 hours prior to such procedure, inform the woman orally and in person of:

165 (1) The immediate and long-term medical risks to the woman associated with the
166 proposed abortion method including, but not limited to, infection, hemorrhage, cervical tear or
167 uterine perforation, harm to subsequent pregnancies or the ability to carry a subsequent child to
168 term, and possible adverse psychological effects associated with the abortion; and

169 (2) The immediate and long-term medical risks to the woman, in light of the anesthesia
170 and medication that is to be administered, the unborn child's gestational age, and the woman's
171 medical history and medical conditions.

172 7. No physician shall perform or induce an abortion unless and until the physician has
173 received and signed a copy of the form prescribed in subsection 3 of this section. The physician
174 shall retain a copy of the form in the patient's medical record.

175 8. In the event of a medical emergency as provided by section 188.039, the physician
176 who performed or induced the abortion shall clearly certify in writing the nature and
177 circumstances of the medical emergency. This certification shall be signed by the physician who
178 performed or induced the abortion, and shall be maintained under section 188.060.

179 9. No person or entity shall require, obtain, or accept payment for an abortion from or
180 on behalf of a patient until at least seventy-two hours have passed since the time that the
181 information required by subsection 1 of this section has been provided to the patient. Nothing
182 in this subsection shall prohibit a person or entity from notifying the patient that payment for the
183 abortion will be required after the seventy-two-hour period has expired if she voluntarily chooses
184 to have the abortion.

185 10. The term "qualified professional" as used in this section shall refer to a physician,
186 physician assistant, registered nurse, licensed practical nurse, psychologist, licensed professional
187 counselor, or licensed social worker, licensed or registered under chapter 334, 335, or 337, acting
188 under the supervision of the physician performing or inducing the abortion, and acting within the
189 course and scope of his or her authority provided by law. The provisions of this section shall not

190 be construed to in any way expand the authority otherwise provided by law relating to the
191 licensure, registration, or scope of practice of any such qualified professional.

192 11. By November 30, 2010, the department shall produce the written materials and forms
193 described in this section. Any written materials produced shall be printed in a typeface large
194 enough to be clearly legible. All information shall be presented in an objective, unbiased manner
195 designed to convey only accurate scientific and medical information. The department shall
196 furnish the written materials and forms at no cost and in sufficient quantity to any person who
197 performs or induces abortions, or to any hospital or facility that provides abortions. The
198 department shall make all information required by subsection 1 of this section available to the
199 public through its department website. The department shall maintain a toll-free,
200 twenty-four-hour hotline telephone number where a caller can obtain information on a regional
201 basis concerning the agencies and services described in subsection 1 of this section. No
202 identifying information regarding persons who use the website shall be collected or maintained.
203 The department shall monitor the website on a regular basis to prevent tampering and correct any
204 operational deficiencies.

205 12. In order to preserve the compelling interest of the state to ensure that the choice to
206 consent to an abortion is voluntary and informed, and given freely and without coercion, the
207 department shall use the procedures for adoption of emergency rules under section 536.025 in
208 order to promulgate all necessary rules, forms, and other necessary material to implement this
209 section by November 30, 2010.

210 13. If the provisions in subsections 1 and 9 of this section requiring a seventy-two-hour
211 waiting period for an abortion are ever temporarily or permanently restrained or enjoined by
212 judicial order, then the waiting period for an abortion shall be twenty-four hours; provided,
213 however, that if such temporary or permanent restraining order or injunction is stayed or
214 dissolved, or otherwise ceases to have effect, the waiting period for an abortion shall be
215 seventy-two hours.

188.030. 1. Except in the case of a medical emergency, no abortion of ~~[a-viable]~~ **an**
2 unborn child **with a detectable fetal heartbeat** shall be performed or induced unless the
3 abortion is necessary to preserve the life of the pregnant woman whose life is endangered by a
4 physical disorder, physical illness, or physical injury, including a life-endangering physical
5 condition caused by or arising from the pregnancy itself, or when continuation of the pregnancy
6 will create a serious risk of substantial and irreversible physical impairment of a major bodily
7 function of the pregnant woman. For purposes of this section, "major bodily function" includes,
8 but is not limited to, functions of the immune system, normal cell growth, digestive, bowel,
9 bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

10 2. Except in the case of a medical emergency:

11 (1) **Prior to performing or inducing an abortion upon a woman, the physician shall**
12 **determine whether there is a detectable fetal heartbeat of the unborn child. The method**
13 **of determining the presence of a fetal heartbeat shall be consistent with the physician's**
14 **good-faith understanding of standard medical practice. The physician shall record in the**
15 **pregnant woman's medical record the estimated gestational age of the unborn child, the**
16 **method used to test for the presence or absence of the fetal heartbeat, the date and time of**
17 **the test, and the results of the test. If a fetal heartbeat is detected, the physician shall, in**
18 **writing, inform the pregnant woman that an abortion shall not be performed under**
19 **Missouri law except in the case of medical emergency or when necessary to preserve the**
20 **life of the pregnant woman whose life is endangered by a physical disorder, physical illness,**
21 **or physical injury or when continuation of the pregnancy will create a serious risk of**
22 **substantial and irreversible physical impairment of a major bodily function of the**
23 **pregnant woman;**

24 (2) Prior to performing or inducing an abortion upon a woman, the physician shall
25 determine the gestational age of the unborn child in a manner consistent with accepted obstetrical
26 and neonatal practices and standards. In making such determination, the physician shall make
27 such inquiries of the pregnant woman and perform or cause to be performed such medical
28 examinations, imaging studies, and tests as a reasonably prudent physician, knowledgeable about
29 the medical facts and conditions of both the woman and the unborn child involved, would
30 consider necessary to perform and consider in making an accurate diagnosis with respect to
31 gestational age;

32 ~~[(2)]~~ (3) If the physician determines that the gestational age of the unborn child is twenty
33 weeks or more, prior to performing or inducing an abortion upon the woman, the physician shall
34 determine if the unborn child is viable by using and exercising that degree of care, skill, and
35 proficiency commonly exercised by a skillful, careful, and prudent physician. In making this
36 determination of viability, the physician shall perform or cause to be performed such medical
37 examinations and tests as are necessary to make a finding of the gestational age, weight, and lung
38 maturity of the unborn child and shall enter such findings and determination of viability in the
39 medical record of the woman;

40 ~~[(3)]~~ (4) If the physician determines that the gestational age of the unborn child is twenty
41 weeks or more, and further determines that the unborn child is not viable and performs or
42 induces an abortion upon the woman, the physician shall report such findings and determinations
43 and the reasons for such determinations to the health care facility in which the abortion is
44 performed and to the state board of registration for the healing arts, and shall enter such findings
45 and determinations in the medical records of the woman and in the individual abortion report
46 submitted to the department under section 188.052;

47 ~~[(4)]~~ **(5)** (a) If the physician determines that the unborn child ~~[is viable]~~ **has a detectable**
48 **fetal heartbeat**, the physician shall not perform or induce an abortion upon the woman unless
49 the abortion is necessary to preserve the life of the pregnant woman or that a continuation of the
50 pregnancy will create a serious risk of substantial and irreversible physical impairment of a major
51 bodily function of the woman.

52 (b) Before a physician may proceed with performing or inducing an abortion upon a
53 woman when it has been determined that the unborn child ~~[is viable]~~ **has a detectable fetal**
54 **heartbeat**, the physician shall first certify in writing the medical threat posed to the life of the
55 pregnant woman, or the medical reasons that continuation of the pregnancy would cause a
56 serious risk of substantial and irreversible physical impairment of a major bodily function of the
57 pregnant woman. Upon completion of the abortion, the physician shall report the reasons and
58 determinations for the abortion of ~~[a viable]~~ **an unborn child with a detectable fetal heartbeat**
59 to the health care facility in which the abortion is performed and to the state board of registration
60 for the healing arts, and shall enter such findings and determinations in the medical record of the
61 woman and in the individual abortion report submitted to the department under section 188.052.

62 (c) Before a physician may proceed with performing or inducing an abortion upon a
63 woman when it has been determined that the unborn child ~~[is viable]~~ **has a detectable fetal**
64 **heartbeat**, the physician who is to perform the abortion shall obtain the agreement of a second
65 physician with knowledge of accepted obstetrical and neonatal practices and standards who shall
66 concur that the abortion is necessary to preserve the life of the pregnant woman, or that
67 continuation of the pregnancy would cause a serious risk of substantial and irreversible physical
68 impairment of a major bodily function of the pregnant woman. This second physician shall also
69 report such reasons and determinations to the health care facility in which the abortion is to be
70 performed and to the state board of registration for the healing arts, and shall enter such findings
71 and determinations in the medical record of the woman and the individual abortion report
72 submitted to the department under section 188.052. The second physician shall not have any
73 legal or financial affiliation or relationship with the physician performing or inducing the
74 abortion, except that such prohibition shall not apply to physicians whose legal or financial
75 affiliation or relationship is a result of being employed by or having staff privileges at the same
76 hospital as the term "hospital" is defined in section 197.020.

77 (d) Any physician who performs or induces an abortion upon a woman when it has been
78 determined that the unborn child is viable shall utilize the available method or technique of
79 abortion most likely to preserve the life or health of the unborn child. In cases where the method
80 or technique of abortion most likely to preserve the life or health of the unborn child would
81 present a greater risk to the life or health of the woman than another legally permitted and
82 available method or technique, the physician may utilize such other method or technique. In all

83 cases where the physician performs an abortion upon a viable unborn child, the physician shall
84 certify in writing the available method or techniques considered and the reasons for choosing the
85 method or technique employed.

86 (e) No physician shall perform or induce an abortion upon a woman when it has been
87 determined that the unborn child is viable unless there is in attendance a physician other than the
88 physician performing or inducing the abortion who shall take control of and provide immediate
89 medical care for a child born as a result of the abortion. During the performance of the abortion,
90 the physician performing it, and subsequent to the abortion, the physician required to be in
91 attendance, shall take all reasonable steps in keeping with good medical practice, consistent with
92 the procedure used, to preserve the life or health of the viable unborn child; provided that it does
93 not pose an increased risk to the life of the woman or does not pose an increased risk of
94 substantial and irreversible physical impairment of a major bodily function of the woman.

95 3. Any person who knowingly performs or induces an abortion of an unborn child in
96 violation of the provisions of this section is guilty of a class D felony, and, upon a finding of
97 guilt or plea of guilty, shall be imprisoned for a term of not less than one year, and,
98 notwithstanding the provisions of section 558.002, shall be fined not less than ten thousand nor
99 more than fifty thousand dollars.

100 4. Any physician who pleads guilty to or is found guilty of performing or inducing an
101 abortion of an unborn child in violation of this section shall be subject to suspension or
102 revocation of his or her license to practice medicine in the state of Missouri by the state board
103 of registration for the healing arts under the provisions of sections 334.100 and 334.103.

104 5. Any hospital licensed in the state of Missouri that knowingly allows an abortion of
105 an unborn child to be performed or induced in violation of this section may be subject to
106 suspension or revocation of its license under the provisions of section 197.070.

107 6. Any abortion facility licensed in the state of Missouri that knowingly allows an
108 abortion of an unborn child to be performed or induced in violation of this section may be subject
109 to suspension or revocation of its license under the provisions of section 197.220.

110 7. A woman upon whom an abortion is performed or induced in violation of this section
111 shall not be prosecuted for a conspiracy to violate the provisions of this section.

112 8. Nothing in this section shall be construed as creating or recognizing a right to
113 abortion, nor is it the intention of this section to make lawful any abortion that is currently
114 unlawful.

115 9. It is the intent of the legislature that this section be severable as noted in section 1.140.
116 In the event that any section, subsection, subdivision, paragraph, sentence, or clause of this
117 section be declared invalid under the Constitution of the United States or the Constitution of the
118 State of Missouri, it is the intent of the legislature that the remaining provisions of this section

119 remain in force and effect as far as capable of being carried into execution as intended by the
120 legislature.

121 10. The general assembly may, by concurrent resolution, appoint one or more of its
122 members who sponsored or co-sponsored this act in his or her official capacity to intervene as
123 a matter of right in any case in which the constitutionality of this law is challenged.

188.052. 1. An individual abortion report for each abortion performed or induced upon
2 a woman shall be completed by her attending physician.

3 2. An individual complication report for any post-abortion care performed upon a woman
4 shall be completed by the physician providing such post-abortion care. This report shall include:

5 (1) The date of the abortion;

6 (2) The name and address of the abortion facility or hospital where the abortion was
7 performed;

8 (3) The nature of the abortion complication diagnosed or treated; **and**

9 (4) **The time, date, method, and results of the fetal heartbeat detection test**
10 **performed prior to the abortion.**

11 3. All abortion reports shall be signed by the attending physician, and submitted to the
12 state department of health and senior services within forty-five days from the date of the
13 abortion. All complication reports shall be signed by the physician providing the post-abortion
14 care and submitted to the department of health and senior services within forty-five days from
15 the date of the post-abortion care.

16 4. A copy of the abortion report shall be made a part of the medical record of the patient
17 of the facility or hospital in which the abortion was performed.

18 5. The state department of health and senior services shall be responsible for collecting
19 all abortion reports and complication reports and collating and evaluating all data gathered
20 therefrom and shall annually publish a statistical report based on such data from abortions
21 performed in the previous calendar year.

✓