1 HOUSE OF REPRESENTATIVES - FLOOR VERSION STATE OF OKLAHOMA 2 3 2nd Session of the 58th Legislature (2022) ENGROSSED SENATE 4 BILL NO. 1553 By: Treat and Jett of the 5 Senate 6 and McCall of the House 7 8 9 An Act relating to abortion; amending 63 O.S. 2021, Section 1-730, which relates to definitions; deleting definition; amending 63 O.S. 2021, Section 1-732, 10 which relates to viability of fetus; modifying grounds to perform abortion; prohibiting abortion 11 after certain time period except under specified conditions; amending 63 O.S. 2021, Sections 1-734, 1-12 737.8, 1-740.16, 1-745.3, and 1-756; conforming language; updating statutory language; updating 13 statutory reference; and providing an effective date. 14 15 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 16 SECTION 1. AMENDATORY 63 O.S. 2021, Section 1-730, is 17 amended to read as follows: 18 Section 1-730. A. As used in this article: 19 1. "Abortion" means the use or prescription of any instrument, 20 medicine, drug, or any other substance or device intentionally to 21 terminate the pregnancy of a female known to be pregnant with an 22 intention other than to increase the probability of a live birth, to 23

preserve the life or health of the child after live birth, to remove

- an ectopic pregnancy, or to remove a dead unborn child who died as
 the result of a spontaneous miscarriage, accidental trauma, or a
 criminal assault on the pregnant female or her unborn child;
 - 2. "Attempt to perform an abortion" means an act, or an omission of a statutorily required act, that under the circumstances as the actor believes them to be constitutes a substantial step in a course of conduct planned to culminate in the performance of an abortion;
 - 3. "Certified technician" means a Registered Diagnostic Medical Sonographer who is certified in obstetrics and gynecology by the American Registry for Diagnostic Medical Sonography (ARDMS) or a Nurse Midwife or Advance Practice Nurse Practitioner in Obstetrics with certification in obstetrical ultrasonography;
 - 4. "Unborn child" or "unborn person" means the unborn offspring of human beings from the moment of conception, through pregnancy, and until live birth including the human conceptus, zygote, morula, blastocyst, embryo and fetus;
 - 5. "Unemancipated minor" means any person less than eighteen

 (18) years of age who is not or has not been married or who is under
 the care, custody, and control of the person's parent or parents,

 quardian, or juvenile court of competent jurisdiction;
 - 6. "Viable" means potentially able to live outside of the womb of the mother upon premature birth, whether resulting from natural causes or an abortion;

- 7. "Conception" means the fertilization of the ovum of a female individual by the sperm of a male individual;
 - 8. 7. "Health" means physical or mental health;

- 9. 8. "Department" means the State Department of Health; and
- 10.9. "Inducing an abortion" means the administration by any person, including the pregnant woman, of any substance designed or intended to cause an expulsion of the unborn child, effecting an abortion as defined above.
- B. Nothing contained herein shall be construed in any manner to include any contraceptive device or medication or sterilization procedure.
- 12 SECTION 2. AMENDATORY 63 O.S. 2021, Section 1-732, is
 13 amended to read as follows:
 - Section 1-732. A. No person shall perform or induce an abortion upon a pregnant woman after such time as her unborn child has become viable if more than thirty (30) days have elapsed since the probable beginning of the last menstrual period of the pregnant woman, based upon either information provided by her or by an examination by her attending physician, unless such abortion is necessary to prevent the death of the pregnant woman or to prevent impairment to her health.
 - B. An unborn child shall be presumed to be viable if more than twenty-four (24) weeks have elapsed since the probable beginning of the last menstrual period of the pregnant woman, based upon either

information provided by her or by an examination by her attending physician. If it is the judgment of the attending physician that a particular unborn child is not viable where the presumption of viability exists as to that particular unborn child, then he shall certify in writing the precise medical criteria upon which he has determined that the particular unborn child is not viable before an abortion may be performed or induced.

eriod specified by subsection A of this section shall be performed or induced except after written certification by the attending physician that in his the best medical judgment of the physician the abortion is necessary to prevent the death of the pregnant woman or to prevent an impairment to her health. The physician shall further certify in writing the medical indications for such abortion and the probable health consequences if the abortion is not performed or induced.

D. C. The physician who shall perform or induce an abortion upon a pregnant woman after such time as her unborn child has become viable the time period specified by subsection A of this section shall utilize the available method or technique of abortion most likely to preserve the life and health of the unborn child, unless he shall first certify the physician first certifies in writing that in his the best medical judgment of the physician such method or technique shall present presents a significantly greater danger to

the life or health of the pregnant woman than another available method or technique.

E. D. An abortion of a viable an unborn child after the time period specified by subsection A of this section shall be performed or induced only when there is in attendance a physician other than the physician performing or inducing the abortion who shall take control of and provide immediate medical care for the child. the performance or inducing of the abortion, the physician performing it, and subsequent to it, the physician required by this section to be in attendance, shall take all reasonable steps in keeping with good medical practice, consistent with the procedure used, to preserve the life and health of the child, in the same manner as if the child had been born naturally or spontaneously. The requirement of the attendance of a second physician may be waived when in the best judgment of the attending physician a medical emergency exists and further delay would result in a serious threat to the life or physical health of the pregnant woman. Provided that, under such emergency circumstances and waiver, the attending physician shall have the duty to take all reasonable steps to preserve the life and health of the child before, during and after the abortion procedure, unless such steps shall, in the best medical judgment of the physician, present a significantly greater danger to the life or health of the pregnant woman.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

- 1 <u>F. E.</u> Any person violating subsection A of this section shall 2 be guilty of homicide.
- 3 SECTION 3. AMENDATORY 63 O.S. 2021, Section 1-734, is 4 amended to read as follows:
 - Section 1-734. A. No person shall purposely take the life of a child born as a result of an abortion or attempted abortion which is alive when partially or totally removed from the uterus of the pregnant woman.
 - B. No After the time period specified by subsection A of

 Section 1-732 of this title, no person shall purposely take the life
 of a viable child who is alive while inside the uterus of the
 pregnant woman and may be removed alive therefrom without creating
 any significant danger to her life or health.
 - C. Any person who performs, induces, or participates in the performance or inducing of an abortion shall take all reasonable measures to preserve the life of a child who is alive when partially or totally removed from the uterus of the pregnant woman, so long as the measures do not create any significant danger to her life or health.
 - D. Any person violating this section shall be guilty of homicide.
- 22 SECTION 4. AMENDATORY 63 O.S. 2021, Section 1-737.8, is amended to read as follows:

Section 1-737.8. For the purposes of the Oklahoma Unborn Child Protection from Dismemberment Abortion Act:

- 1. "Abortion" means the use or prescription of any instrument, medicine, drug, or any other substance or device:
 - a. to purposely kill the unborn child of a woman known to be pregnant, or
 - b. to purposely terminate the pregnancy of a woman known to be pregnant, with a purpose other than:
 - (1) after viability the time period specified by subsection A of Section 1-732 of this title, to produce a live birth and preserve the life and health of the child born alive, or
 - (2) to remove a dead unborn child;
- 2. "Attempt to perform an abortion" means to do or omit to do anything that, under the circumstances as the actor believes them to be, is an act or omission constituting a substantial step in a course of conduct planned to culminate in the actor performing an abortion. Such substantial steps include, but are not limited to:
 - a. agreeing with an individual to perform an abortion on that individual or on some other person, whether or not the term "abortion" is used in the agreement, and whether or not the agreement is contingent on another factor such as receipt of payment or a determination of pregnancy, or

3

5

6

7

8

11

10

12

14

15

16

1718

19

20

21

22

24

b. scheduling or planning a time to perform an abortion on an individual, whether or not the term "abortion" is used, and whether or not the performance is contingent on another factor such as receipt of payment or a determination of pregnancy.

This definition shall not be construed to require that an abortion procedure actually must be initiated for an attempt to occur;

- 3. "Dismemberment abortion" means, with the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush, and/or grasp a portion of the unborn child's body to cut or rip it off. This definition does not include an abortion which uses suction to dismember the body of the developing unborn child by sucking fetal parts into a collection container;
- 4. "Physician" means a person licensed to practice medicine and surgery or osteopathic medicine and surgery, or otherwise legally authorized to perform an abortion;
- 5. "Purposely" means the following: A person acts purposely with respect to a material element of an offense when:
 - if the element involves the nature of his or her conduct or a result thereof, it is his or her

- conscious objective to engage in conduct of that
 nature or to cause such a result, and
 - b. if the element involves the attendant circumstances, he or she is aware of the existence of such circumstances or he or she believes or hopes that they exist;
 - 6. "Serious health risk to the unborn child's mother" means that in reasonable medical judgment she has a condition that so complicates her medical condition that it necessitates the abortion of her pregnancy to avert her death or to avert serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. No such condition may be determined to exist if it is based on a claim or diagnosis that the woman will engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function; and
 - 7. "Woman" means a female human being whether or not she has reached the age of majority.
 - SECTION 5. AMENDATORY 63 O.S. 2021, Section 1-740.16, is amended to read as follows:
 - Section 1-740.16. As used in the Choosing Childbirth Act:
 - 1. "Abortion" means the use or prescription of any instrument, medicine, drug or any other substance or device to intentionally:

1	ā	ı .	kill	the unborn child of a woman known to be pregnant,
2			or	
3	k	·	termi	nate the pregnancy of a woman known to be
4			pregr	nant, with an intention other than:
5			(1)	after viability of the unborn child the time
6				period specified by subsection A of Section 1-732
7				of this title, to produce a live birth and
8				preserve the life and health of the child born
9				alive, or
10			(2)	to remove a dead unborn child;
11	2 . " t	Inbo	rn chi	lld" means an individual organism of the species
12	Homo sapie	ens	from f	fertilization until birth; and
13	3. "	Gran	t-supe	ervising entity" means a private entity which
14	approves a	all	grants	s provided under the Choosing Childbirth Act and
15	which:			
16	ā	ı .	is or	rganized as a not-for-profit corporation in
17			Oklah	noma and as a 501(c)3 entity under the federal
18			Inter	rnal Revenue Code, and
19	k		does	not encourage or counsel any woman to have an
20			abort	tion not necessary to prevent her death, to
21			provi	de her such an abortion or to refer her for such
22			an ak	portion, and does not accept funds or services
23			knowi	ingly from any entity which performs abortions or

receives money for abortions.

1 SECTION 6. AMENDATORY 63 O.S. 2021, Section 1-745.3, is

2 amended to read as follows:

Section 1-745.3. The Legislature of the State of Oklahoma finds that:

- 1. Pain receptors (nociceptors) are present throughout the unborn child's entire body by no later than sixteen (16) weeks after fertilization and nerves link these receptors to the brain's thalamus and subcortical plate by no later than twenty (20) weeks;
- 2. By eight (8) weeks after fertilization, the unborn child reacts to touch. After twenty (20) weeks, the unborn child reacts to stimuli that would be recognized as painful if applied to an adult human, for example by recoiling;
- 3. In the unborn child, application of such painful stimuli is associated with significant increases in stress hormones known as the stress response;
- 4. Subjection to such painful stimuli is associated with long-term harmful neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional, behavioral, and learning disabilities later in life;
- 5. For the purposes of surgery on unborn children, fetal
 anesthesia is routinely administered and is associated with a
 decrease in stress hormones compared to their level when painful
 stimuli are applied without such anesthesia;

- 6. The position, asserted by some medical experts, that the unborn child is incapable of experiencing pain until a point later in pregnancy than twenty (20) weeks after fertilization predominately rests on the assumption that the ability to experience pain depends on the cerebral cortex and requires nerve connections between the thalamus and the cortex. However, recent medical research and analysis, especially since 2007, provides strong evidence for the conclusion that a functioning cortex is not necessary to experience pain;
 - 7. Substantial evidence indicates that children born missing the bulk of the cerebral cortex, those with hydranencephaly, nevertheless experience pain;
 - 8. In adults, stimulation or ablation of the cerebral cortex does not alter pain perception, while stimulation or ablation of the thalamus does;
 - 9. Substantial evidence indicates that structures used for pain processing in early development differ from those of adults, using different neural elements available at specific times during development, such as the subcortical plate, to fulfill the role of pain processing;
 - 10. The position, asserted by some, that the unborn child remains in a coma-like sleep state that precludes the unborn child from experiencing pain is inconsistent with the documented reaction of unborn children to painful stimuli and with the experience of

- fetal surgeons who have found it necessary to sedate the unborn child with anesthesia to prevent the unborn child from thrashing
- 3 about in reaction to invasive surgery;
 - 11. Consequently, there is substantial medical evidence that an unborn child is capable of experiencing pain by twenty (20) weeks after fertilization;
 - 12. It is the purpose of the State of Oklahoma this state to assert a compelling state interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain; and
 - 13. Oklahoma's compelling state interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain is intended to be separate from and independent of Oklahoma's compelling state interest in protecting the lives of unborn children from the stage of viability after the time period specified by subsection A of Section 1-732 of this title, and neither state interest is intended to replace the other.
- 19 SECTION 7. AMENDATORY 63 O.S. 2021, Section 1-756, is 20 amended to read as follows:
- 21 Section 1-756. A. As used in this section:
- 1. "Abortion" means the use or prescription of any instrument,
 medicine, drug or any other substance or device:

4

5

6

7

8

9

10

11

12

13

14

15

16

17

- 1 (a) to intentionally kill the unborn child of a woman known to be pregnant;, or
 - (b) to intentionally terminate the pregnancy of a woman known to be pregnant, with an intention other than to remove a dead unborn child or, after viability the time period specified by subsection A of Section 1-732 of this title, to produce a live birth and preserve the life and health of the child born alive;
 - 2. "Medical emergency" means a condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions. No condition shall be deemed a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function; and
 - 3. "Medication abortion" means the use or prescription of an abortion-inducing drug or drugs dispensed with the intent to cause the death of the unborn child.
 - B. 1. Any private office, freestanding outpatient clinic, hospital or other facility or clinic in which medication abortions that use mifepristone are provided shall conspicuously post a sign

in a location defined in paragraph 3 of this subsection so as to be clearly visible to patients, which reads:

"NOTICE TO PATIENTS HAVING MEDICATION ABORTIONS WHICH USE

MIFEPRISTONE: Mifepristone, also known as RU-486 or Mifeprex, alone
is not always effective in ending a pregnancy. It may be possible
to reverse its intended effect if the second pill or tablet has not
been taken or administered. If you change your mind and wish to try
to continue the pregnancy, 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/. Additional
information is available on the State Board of Medical Licensure and
Supervision's website, www.awomansright.org, which provides informed
consent materials under the Woman's Right-to-Know Act, including
information about the development of the unborn child and video of
ultrasound images of the unborn child at various stages of
development."

- 2. The sign required pursuant to paragraph 1 of this subsection shall be printed with lettering that is legible and shall be at least three-fourths (3/4) of an inch boldfaced type.
- 3. A facility in which medication abortions that use mifepristone are provided that is a private office or a freestanding outpatient clinic shall post the required sign in each patient waiting room and patient consultation room used by patients to whom such medication abortions are provided. A hospital or any other

- facility in which medication abortions are performed that is not a private office or freestanding outpatient clinic shall post the required sign in each patient admission area used by patients on whom abortions are performed.
 - C. 1. Except in the case of a medical emergency, a medication abortion that uses mifepristone shall not be provided or induced or attempted to be provided or induced without informing the female, by telephone or in person, by the physician who is to dispense or provide the abortion drug or drugs, by a referring physician or by an agent of either physician at least seventy-two (72) hours before the abortion:
 - a. that it may be possible to reverse the intended effects of a medication abortion that uses mifepristone if the woman changes her mind but that time is of the essence, and
 - b. of information on reversing the effects of a medication abortion that uses mifepristone, which is available on the website of the State Board of Medical Licensure and <u>Supervision</u> <u>Supervision</u>, and included in such information is the Abortion Pill Reversal 24-hour Hotline number: 877-558-0333 and website address: https://www.abortionpillreversal.com.
 - 2. After the first drug, mifepristone, is dispensed or provided to the patient, the physician or an agent of the physician shall

provide written instructions to the pregnant woman which shall include the statement:

"NOTICE TO PATIENTS HAVING MEDICATION ABORTIONS WHICH USE

MIFEPRISTONE: Mifepristone, also known as RU-486 or Mifeprex, alone
is not always effective in ending a pregnancy. It may be possible
to reverse its intended effect if the second pill or tablet has not
been taken or administered. If you change your mind and wish to try
to continue the pregnancy, you can get immediate help by calling the
Abortion Pill Reversal 24-hour Hotline at 877-558-0333 or going to
Abortion Pill Reversal website,
https://www.abortionpillreversal.com/. Additional information is
available on the State Board of Medical Licensure and Supervision's
website, www.awomansright.org, which provides informed consent
materials under the Woman's Right-to-Know Act, including information
about the development of the unborn child and video of ultrasound
images of the unborn child at various stages of development."

D. When a medical emergency compels the performance of an abortion, the physician shall inform the female, prior to the abortion if possible, of the medical indications supporting the physician's judgment that an abortion is necessary to avert her death or that a seventy-two-hour delay will create serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions.

E. Within ninety (90) days after this act Section 1-751 et seq.

of this title is enacted, the State Board of Medical Licensure and Supervision shall cause to be published, in English and in each language which is the primary language of two percent (2%) or more of the state's population, in print and on the website required to be developed and maintained under Section 1-738.11 of Title 63 of the Oklahoma Statutes, comprehensible materials designed to inform the female of the possibility of reversing the effects of a medication abortion that uses mifepristone, also known as RU-486 or Mifeprex, and information on resources that may be available to help her reverse its effects. The website shall include the Abortion Pill Reversal 24-hour Hotline number 877-558-0333 and the Abortion Pill Reversal website address https://www.abortionpillreversal.com.

F. Any person who knowingly or recklessly provides or induces or attempts to provide or induce an abortion in violation of this section shall be guilty of a felony. No penalty may be assessed against the female to whom the medication abortion is provided or induced or attempted to be provided or induced. No penalty or civil liability may be assessed for failure to comply with subsection C of this section unless the State Board of Medical Licensure and Supervision has made the information available on the website at the time the physician or the physician's agent is required to inform the female.

- G. Any private office, freestanding outpatient clinic or other facility or clinic that fails to post a sign required in subsection B of this section in knowing, reckless or negligent violation of this act Section 1-751 et seq. of this title shall be assessed a fine of Ten Thousand Dollars (\$10,000.00) by the State Board of Medical Licensure and Supervision. Each day on which a medication abortion that uses mifepristone, other than a medication abortion that is necessary to prevent the death of the pregnant female, is provided in any private office, freestanding outpatient clinic or other facility or clinic during which the required sign is not posted during a portion of business hours when patients or perspective prospective patients are present is a separate violation.
- H. 1. Any person upon whom an abortion has been performed without this section having been complied with, the father of the unborn child who was the subject of such an abortion, or, if the female had not attained the age of eighteen (18) years at the time of the medication abortion or has died as a result of the medication abortion, the grandparent of such an unborn child may maintain an action against the person who provided the medication abortion in knowing or reckless violation of this section for actual and punitive damages. Any person upon whom an abortion has been attempted without this section having been complied with may maintain an action against the person who attempted to provide the

- abortion in knowing or reckless violation of this section for actual and punitive damages. No damages may be awarded a plaintiff if the pregnancy resulted from the plaintiff's criminal conduct.
- 2. If judgment is rendered in favor of the plaintiff in any action described in this subsection, the court shall also render judgment for a reasonable attorney's attorney fee in favor of the plaintiff against the defendant. If judgment is rendered in favor of the defendant and the court finds that the plaintiff's suit was frivolous and brought in bad faith, the court shall also render judgment for a reasonable attorney's attorney fee in favor of the defendant against the plaintiff.
- I. In every civil or criminal proceeding or action brought under this section, the court shall rule whether the anonymity of any female to whom a medication abortion has been provided or attempted shall be preserved from public disclosure if she does not give her consent to such disclosure. The 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 tailored to serve that interest and why no
reasonable less restrictive alternative exists. In the absence of
written consent of the female to whom an abortion drug or drugs has
have been provided or attempted to be provided, anyone, other than a
public official, who brings an action under subsection # H of this
section shall do so under a pseudonym. This section may not be
construed to conceal the identity of the plaintiff or of witnesses

J. If any one or more provision, section, subsection, sentence, clause, phrase or word of this act Section 1-751 et seq. of this title or the application thereof to any person or circumstance is found to be unconstitutional, the same is hereby declared to be severable and the balance of this act Section 1-751 et seq. of this title shall remain effective notwithstanding such unconstitutionality. The Legislature hereby declares that it would have passed this act Section 1-751 et seq. of this title, and each provision, section, subsection, sentence, clause, phrase or word thereof, irrespective of the fact that any one or more provision, section, subsection, sentence, clause, phrase or word be declared unconstitutional.

SECTION 8. This act shall become effective November 1, 2022.

COMMITTEE REPORT BY: COMMITTEE ON RULES, dated 04/12/2022 - DO PASS.

from the defendant.