

HOUSE BILL No. 4241

February 25, 2015, Introduced by Reps. Hooker, Howrylak, Crawford, Price, Rendon, Poleski, Goike, Gamrat, Courser, Somerville, Lauwers, Yonker, Cox, Garcia and Johnson and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code," by amending sections 17015 and 17515 (MCL 333.17015 and 333.17515), as amended by 2012 PA 499, and by adding section 17015b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 17015. (1) Subject to subsection (10), a physician shall
2 not perform an abortion otherwise permitted by law without the
3 patient's informed written consent, given freely and without
4 coercion to abort.

5 (2) For purposes of this section and ~~section~~**SECTIONS** 17015a
6 **AND 17015B:**

7 (a) "Abortion" means the intentional use of an instrument,
8 drug, or other substance or device to terminate a woman's pregnancy
9 for a purpose other than to increase the probability of a live
10 birth, to preserve the life or health of the child after live

1 birth, or to remove a fetus that has died as a result of natural
2 causes, accidental trauma, or a criminal assault on the pregnant
3 woman. Abortion does not include the use or prescription of a drug
4 or device intended as a contraceptive **OR ANY MEDICAL TREATMENT OF A**
5 **WOMAN WHO IS EXPERIENCING A MISCARRIAGE OR HAS BEEN DIAGNOSED WITH**
6 **AN EXTRAUTERINE PREGNANCY.**

7 (b) "Coercion to abort" means an act committed with the intent
8 to coerce an individual to have an abortion. ~~, which act is~~
9 ~~prohibited by section 213a of the Michigan penal code, 1931 PA 328,~~
10 ~~MCL 750.213a.~~

11 (c) "Domestic violence" means that term as defined in section
12 1 of 1978 PA 389, MCL 400.1501.

13 (d) "Fetus" means an individual organism of the species ~~homo~~
14 **HOMO** sapiens in utero.

15 (e) "Local health department representative" means a person
16 who meets 1 or more of the licensing requirements listed in
17 subdivision (h) and who is employed by, or under contract to
18 provide services on behalf of, a local health department.

19 (f) "Medical emergency" means ~~that~~ **A** condition ~~which,~~ **THAT,** on
20 the basis of the physician's good faith clinical judgment, so
21 complicates the medical condition of a pregnant woman as to
22 necessitate the immediate abortion of her pregnancy to avert her
23 death or for which a delay will create serious risk of substantial
24 and irreversible impairment of a major bodily function.

25 (g) "Medical service" means the provision of a treatment,
26 procedure, medication, examination, diagnostic test, assessment, or
27 counseling, including, but not limited to, a pregnancy test,

1 ultrasound, pelvic examination, or an abortion.

2 (h) "Qualified person assisting the physician" means another
3 physician or a physician's assistant licensed under this part or
4 part 175, a fully licensed or limited licensed psychologist
5 licensed under part 182, a professional counselor licensed under
6 part 181, a registered professional nurse or a licensed practical
7 nurse licensed under part 172, or a social worker licensed under
8 part 185.

9 (i) "Probable gestational age of the fetus" means the
10 gestational age of the fetus at the time an abortion is planned to
11 be performed.

12 (j) "Provide the patient with a physical copy" means
13 confirming that the patient accessed the ~~internet~~**INTERNET** website
14 described in subsection (5) and received a printed valid
15 confirmation form from the website and including that form in the
16 patient's medical record or giving a patient a copy of a required
17 document by 1 or more of the following means:

18 (i) In person.

19 (ii) By registered mail, return receipt requested.

20 (iii) By parcel delivery service that requires the recipient to
21 provide a signature in order to receive delivery of a parcel.

22 (iv) By facsimile transmission.

23 (3) Subject to subsection (10), a physician or a qualified
24 person assisting the physician shall do all of the following not
25 less than 24 hours before that physician performs an abortion upon
26 a patient who is a pregnant woman:

27 (a) Confirm that, according to the best medical judgment of a

1 physician, the patient is pregnant, and determine the probable
2 gestational age of the fetus.

3 (b) Orally describe, in language designed to be understood by
4 the patient, taking into account her age, level of maturity, and
5 intellectual capability, each of the following:

6 (i) The probable gestational age of the fetus she is carrying.

7 (ii) Information about what to do and whom to contact should
8 medical complications arise from the abortion.

9 (iii) Information about how to obtain pregnancy prevention
10 information through the department of community health.

11 (c) Provide the patient with a physical copy of the written
12 standardized summary described in subsection (11)(b) that
13 corresponds to the procedure the patient will undergo and is
14 provided by the department of community health. If the procedure
15 has not been recognized by the department, but is otherwise allowed
16 under Michigan law, and the department has not provided a written
17 standardized summary for that procedure, the physician shall
18 develop and provide a written summary that describes the procedure,
19 any known risks or complications of the procedure, and risks
20 associated with live birth and meets the requirements of subsection
21 (11)(b)(iii) through (vii).

22 (d) Provide the patient with a physical copy of a medically
23 accurate depiction, illustration, or photograph and description of
24 a fetus supplied by the department of community health pursuant to
25 subsection (11)(a) at the gestational age nearest the probable
26 gestational age of the patient's fetus.

27 (e) Provide the patient with a physical copy of the prenatal

1 care and parenting information pamphlet distributed by the
2 department of community health under section 9161.

3 (f) Provide the patient with a physical copy of the
4 prescreening summary on prevention of coercion to abort described
5 in subsection (11)(i).

6 (4) The requirements of subsection (3) may be fulfilled by the
7 physician or a qualified person assisting the physician at a
8 location other than the health facility where the abortion is to be
9 performed. The requirement of subsection (3)(a) that a patient's
10 pregnancy be confirmed may be fulfilled by a local health
11 department under subsection (18). The requirements of subsection
12 (3) cannot be fulfilled by the patient accessing an internet
13 website other than the internet website that is maintained and
14 operated by the department under subsection (11)(g).

15 (5) The requirements of subsection (3)(c) through (f) may be
16 fulfilled by a patient accessing the internet website that is
17 maintained and operated by the department under subsection (11)(g)
18 and receiving a printed, valid confirmation form from the website
19 that the patient has reviewed the information required in
20 subsection (3)(c) through (f) at least 24 hours before an abortion
21 being performed on the patient. The website shall not require any
22 information be supplied by the patient. The department shall not
23 track, compile, or otherwise keep a record of information that
24 would identify a patient who accesses this website. The patient
25 shall supply the valid confirmation form to the physician or
26 qualified person assisting the physician to be included in the
27 patient's medical record to comply with this subsection.

1 (6) Subject to subsection (10), before obtaining the patient's
2 signature on the acknowledgment and consent form **DESCRIBED IN**
3 **SUBSECTION (11) (C)**, a physician personally and in the presence of
4 the patient shall do all of the following:

5 (a) Provide the patient with the physician's name, confirm
6 with the patient that the coercion to abort screening required
7 under section 17015a was performed, and inform the patient of her
8 right to withhold or withdraw her consent to the abortion at any
9 time before performance of the abortion.

10 (b) Orally describe, in language designed to be understood by
11 the patient, taking into account her age, level of maturity, and
12 intellectual capability, each of the following:

13 (i) The specific risk, if any, to the patient of the
14 complications that have been associated with the procedure the
15 patient will undergo, based on the patient's particular medical
16 condition and history as determined by the physician.

17 (ii) The specific risk of complications, if any, to the patient
18 if she chooses to continue the pregnancy based on the patient's
19 particular medical condition and history as determined by a
20 physician.

21 (7) To protect a patient's privacy, the information set forth
22 in subsection (3) and subsection (6) shall not be disclosed to the
23 patient in the presence of another patient.

24 (8) If at any time before the performance of an abortion, a
25 patient undergoes an ultrasound examination, or a physician
26 determines that ultrasound imaging will be used during the course
27 of a patient's abortion, the physician or qualified person

1 assisting the physician shall provide the patient with the
2 opportunity to view or decline to view an active ultrasound image
3 of the fetus, and offer to provide the patient with a physical
4 picture of the ultrasound image of the fetus before the performance
5 of the abortion. After the expiration of the 24-hour period
6 prescribed under subsection (3) but before performing an abortion
7 on a patient who is a pregnant woman, a physician or a qualified
8 person assisting the physician shall do all of the following:

9 (a) Obtain the patient's signature on the acknowledgment and
10 consent form described in subsection (11)(c) confirming that she
11 has received the information required under subsection (3).

12 (b) Provide the patient with a physical copy of the signed
13 acknowledgment and consent form described in subsection (11)(c).

14 (c) Retain a copy of the signed acknowledgment and consent
15 form described in subsection (11)(c) and, if applicable, a copy of
16 the pregnancy certification form completed under subsection
17 (18)(b), in the patient's medical record.

18 (9) This subsection does not prohibit notifying the patient
19 that payment for medical services will be required or that
20 collection of payment in full for all medical services provided or
21 planned may be demanded after the 24-hour period described in this
22 subsection has expired. A physician or an agent of the physician
23 shall not collect payment, in whole or in part, for a medical
24 service provided to or planned for a patient before the expiration
25 of 24 hours from the time the patient has done either or both of
26 the following, except in the case of a physician or an agent of a
27 physician receiving capitated payments or under a salary

1 arrangement for providing those medical services:

2 (a) Inquired about obtaining an abortion after her pregnancy
3 is confirmed and she has received from that physician or a
4 qualified person assisting the physician the information required
5 under subsection (3)(c) and (d).

6 (b) Scheduled an abortion to be performed by that physician.

7 (10) If the attending physician, utilizing his or her
8 experience, judgment, and professional competence, determines that
9 a medical emergency exists and necessitates performance of an
10 abortion before the requirements of subsections (1), (3), and (6)
11 can be met, the physician is exempt from the requirements of
12 subsections (1), (3), and (6), may perform the abortion, and shall
13 maintain a written record identifying with specificity the medical
14 factors upon which the determination of the medical emergency is
15 based.

16 (11) The department of community health shall do each of the
17 following:

18 (a) Produce medically accurate depictions, illustrations, or
19 photographs of the development of a human fetus that indicate by
20 scale the actual size of the fetus at 2-week intervals from the
21 fourth week through the twenty-eighth week of gestation. Each
22 depiction, illustration, or photograph shall be accompanied by a
23 printed description, in nontechnical English, Arabic, and Spanish,
24 of the probable anatomical and physiological characteristics of the
25 fetus at that particular state of gestational development.

26 (b) Subject to subdivision (e), develop, draft, and print, in
27 nontechnical English, Arabic, and Spanish, written standardized

1 summaries, based upon the various medical procedures used to abort
2 pregnancies, that do each of the following:

3 (i) Describe, individually and on separate documents, those
4 medical procedures used to perform abortions in this state that are
5 recognized by the department.

6 (ii) Identify the physical complications that have been
7 associated with each procedure described in subparagraph (i) and
8 with live birth, as determined by the department. In identifying
9 these complications, the department shall consider the annual
10 statistical report required under section 2835, and shall consider
11 studies concerning complications that have been published in a peer
12 review medical journal, with particular attention paid to the
13 design of the study, and shall consult with the federal ~~centers~~
14 **CENTERS** for ~~disease control~~ **DISEASE CONTROL** and prevention, the
15 American ~~congress~~ **CONGRESS** of ~~obstetricians~~ **OBSTETRICIANS** and
16 ~~gynecologists~~, **GYNECOLOGISTS**, the Michigan ~~state medical society~~,
17 **STATE MEDICAL SOCIETY**, or any other source that the department
18 determines appropriate for the purpose.

19 (iii) State that as the result of an abortion, some women may
20 experience depression, feelings of guilt, sleep disturbance, loss
21 of interest in work or sex, or anger, and that if these symptoms
22 occur and are intense or persistent, professional help is
23 recommended.

24 (iv) State that not all of the complications listed in
25 subparagraph (ii) may pertain to that particular patient and refer
26 the patient to her physician for more personalized information.

27 (v) Identify services available through public agencies to

1 assist the patient during her pregnancy and after the birth of her
2 child, should she choose to give birth and maintain custody of her
3 child.

4 (vi) Identify services available through public agencies to
5 assist the patient in placing her child in an adoptive or foster
6 home, should she choose to give birth but not maintain custody of
7 her child.

8 (vii) Identify services available through public agencies to
9 assist the patient and provide counseling should she experience
10 subsequent adverse psychological effects from the abortion.

11 (c) Develop, draft, and print, in nontechnical English,
12 Arabic, and Spanish, an acknowledgment and consent form that
13 includes only the following language above a signature line for the
14 patient:

15 "I, _____ , voluntarily and willfully
16 hereby authorize Dr. _____ ("the physician") and any
17 assistant designated by the physician to perform upon me the
18 following operation(s) or procedure(s):

19 _____
20 (Name of operation(s) or procedure(s))

21 _____

22 A. I understand that I am approximately _____ weeks pregnant.
23 I consent to an abortion procedure to terminate my pregnancy. I
24 understand that I have the right to withdraw my consent to the
25 abortion procedure at any time before performance of that
26 procedure.

27 B. I understand that it is illegal for anyone to coerce me

1 into seeking an abortion.

2 C. I acknowledge that at least 24 hours before the scheduled
3 abortion I have received a physical copy of each of the following:

4 1. A medically accurate depiction, illustration, or photograph
5 of a fetus at the probable gestational age of the fetus I am
6 carrying.

7 2. A written description of the medical procedure that will be
8 used to perform the abortion.

9 3. A prenatal care and parenting information pamphlet.

10 D. If any of the documents listed in paragraph C were
11 transmitted by facsimile, I certify that the documents were clear
12 and legible.

13 E. I acknowledge that the physician who will perform the
14 abortion has orally described all of the following to me:

15 1. The specific risk to me, if any, of the complications that
16 have been associated with the procedure I am scheduled to undergo.

17 2. The specific risk to me, if any, of the complications if I
18 choose to continue the pregnancy.

19 F. I acknowledge that I have received all of the following
20 information:

21 1. Information about what to do and whom to contact in the
22 event that complications arise from the abortion.

23 2. Information pertaining to available pregnancy related
24 services.

25 G. I have been given an opportunity to ask questions about the
26 operation(s) or procedure(s).

27 H. I certify that I have not been required to make any

1 payments for an abortion or any medical service before the
 2 expiration of 24 hours after I received the written materials
 3 listed in paragraph C, or 24 hours after the time and date listed
 4 on the confirmation form if the information described in paragraph
 5 C was viewed from the state of Michigan ~~internet~~**INTERNET**
 6 website.".

7 (d) Make available to physicians through the Michigan board of
 8 medicine and the Michigan board of osteopathic medicine and
 9 surgery, and to any person upon request, the copies of medically
 10 accurate depictions, illustrations, or photographs described in
 11 subdivision (a), the written standardized summaries described in
 12 subdivision (b), the acknowledgment and consent form described in
 13 subdivision (c), the prenatal care and parenting information
 14 pamphlet described in section 9161, the pregnancy certification
 15 form described in subdivision (f), and the materials regarding
 16 coercion to abort described in subdivision (i).

17 (e) ~~The department shall not develop~~**IN DEVELOPING THE** written
 18 standardized summaries for abortion procedures under subdivision
 19 (b), ~~that utilize~~**INCLUDE IN THE SUMMARIES ONLY** medication that has
 20 ~~not been approved by the United States food~~**FOOD** and ~~drug~~
 21 ~~administration~~**DRUG ADMINISTRATION** for use in performing an
 22 abortion.

23 (f) Develop, draft, and print a certification form to be
 24 signed by a local health department representative at the time and
 25 place a patient has a pregnancy confirmed, as requested by the
 26 patient, verifying the date and time the pregnancy is confirmed.

27 (g) Develop, operate, and maintain an ~~internet~~**INTERNET**

1 website that allows a patient considering an abortion to review the
2 information required in subsection (3)(c) through (f). After the
3 patient reviews the required information, the department shall
4 assure that a confirmation form can be printed by the patient from
5 the ~~internet~~**INTERNET** website that will verify the time and date
6 the information was reviewed. A confirmation form printed under
7 this subdivision becomes invalid 14 days after the date and time
8 printed on the confirmation form.

9 (h) Include on the informed consent ~~internet~~**INTERNET** website
10 operated under subdivision (g) a list of health care providers,
11 facilities, and clinics that offer to perform ultrasounds free of
12 charge. The list shall be organized geographically and shall
13 include the name, address, and telephone number of each health care
14 provider, facility, and clinic.

15 (i) After considering the standards and recommendations of the
16 ~~joint commission~~**JOINT COMMISSION** on ~~accreditation~~**ACCREDITATION** of
17 ~~healthcare organizations,~~**HEALTHCARE ORGANIZATIONS**, the Michigan
18 domestic and sexual violence prevention and treatment board, the
19 Michigan ~~coalition~~**COALITION** to end domestic ~~violence~~**END DOMESTIC** and
20 ~~sexual violence~~**SEXUAL VIOLENCE** or successor organization, and the
21 American ~~medical association,~~**MEDICAL ASSOCIATION**, do all of the
22 following:

23 (i) Develop, draft, and print or make available in printable
24 format, in nontechnical English, Arabic, and Spanish, a notice that
25 is required to be posted in facilities and clinics under section
26 17015a. The notice shall be at least 8-1/2 inches by 14 inches,
27 shall be printed in at least 44-point type, and shall contain at a

1 minimum all of the following:

2 (A) A statement that it is illegal under Michigan law to
3 coerce a woman to have an abortion.

4 (B) A statement that help is available if a woman is being
5 threatened or intimidated; is being physically, emotionally, or
6 sexually harmed; or feels afraid for any reason.

7 (C) The telephone number of at least 1 domestic violence
8 hotline and 1 sexual assault hotline.

9 (ii) Develop, draft, and print or make available in printable
10 format, in nontechnical English, Arabic, and Spanish, a
11 prescreening summary on prevention of coercion to abort that, at a
12 minimum, contains the information required under subparagraph (i)
13 and notifies the patient that an oral screening for coercion to
14 abort will be conducted before her giving written consent to obtain
15 an abortion.

16 (iii) Develop, draft, and print screening and training tools and
17 accompanying training materials to be utilized by a physician or
18 qualified person assisting the physician while performing the
19 coercion to abort screening required under section 17015a. The
20 screening tools shall instruct the physician or qualified person
21 assisting the physician to orally communicate information to the
22 patient regarding coercion to abort and to document the findings
23 from the coercion to abort screening in the patient's medical
24 record.

25 (iv) Develop, draft, and print protocols and accompanying
26 training materials to be utilized by a physician or a qualified
27 person assisting the physician if a patient discloses coercion to

1 abort or that domestic violence is occurring, or both, during the
2 coercion to abort screening. The protocols shall instruct the
3 physician or qualified person assisting the physician to do, at a
4 minimum, all of the following:

5 (A) Follow the requirements of section 17015a as applicable.

6 (B) Assess the patient's current level of danger.

7 (C) Explore safety options with the patient.

8 (D) Provide referral information to the patient regarding law
9 enforcement and domestic violence and sexual assault support
10 organizations.

11 (E) Document any referrals in the patient's medical record.

12 (12) A physician's duty to inform the patient under this
13 section does not require disclosure of information beyond what a
14 reasonably well-qualified physician licensed under this article
15 would possess.

16 (13) A written consent form meeting the requirements set forth
17 in this section and signed by the patient is presumed valid. The
18 presumption created by this subsection may be rebutted by evidence
19 that establishes, by a preponderance of the evidence, that consent
20 was obtained through fraud, negligence, deception,
21 misrepresentation, coercion, or duress.

22 (14) A completed certification form described in subsection
23 (11)(f) that is signed by a local health department representative
24 is presumed valid. The presumption created by this subsection may
25 be rebutted by evidence that establishes, by a preponderance of the
26 evidence, that the physician who relied upon the certification had
27 actual knowledge that the certificate contained a false or

1 misleading statement or signature.

2 (15) This section does not create a right to abortion.

3 (16) Notwithstanding any other provision of this section, a
4 person shall not perform an abortion that is prohibited by law.

5 (17) If any portion of this act or the application of this act
6 to any person or circumstances is found invalid by a court, that
7 invalidity does not affect the remaining portions or applications
8 of the act that can be given effect without the invalid portion or
9 application, if those remaining portions are not determined by the
10 court to be inoperable.

11 (18) Upon a patient's request, each local health department
12 shall:

13 (a) Provide a pregnancy test for that patient to confirm the
14 pregnancy as required under subsection (3)(a) and determine the
15 probable gestational stage of the fetus. The local health
16 department need not comply with this subdivision if the
17 requirements of subsection (3)(a) have already been met.

18 (b) If a pregnancy is confirmed, ensure that the patient is
19 provided with a completed pregnancy certification form described in
20 subsection (11)(f) at the time the information is provided.

21 (19) The identity and address of a patient who is provided
22 information or who consents to an abortion pursuant to this section
23 is confidential and is subject to disclosure only with the consent
24 of the patient or by judicial process.

25 (20) A local health department with a file containing the
26 identity and address of a patient described in subsection (19) who
27 has been assisted by the local health department under this section

1 shall do both of the following:

2 (a) Only release the identity and address of the patient to a
3 physician or qualified person assisting the physician in order to
4 verify the receipt of the information required under this section.

5 (b) Destroy the information containing the identity and
6 address of the patient within 30 days after assisting the patient
7 under this section.

8 SEC. 17015B. (1) EXCEPT WHEN A MEDICAL EMERGENCY EXISTS THAT
9 PREVENTS COMPLIANCE WITH THIS SECTION, A PHYSICIAN SHALL NOT
10 PERFORM AN ABORTION ON A PREGNANT WOMAN BEFORE DETERMINING, IN
11 ACCORDANCE WITH STANDARD MEDICAL PRACTICE, WHETHER A FETAL
12 HEARTBEAT IS DETECTABLE IN THE FETUS THE PREGNANT WOMAN IS
13 CARRYING. AN INDIVIDUAL WHO PERFORMS AN ABORTION IN A MEDICAL
14 EMERGENCY WITHOUT DETERMINING WHETHER THE FETUS HAS A DETECTABLE
15 HEARTBEAT SHALL NOTE IN THE PREGNANT WOMAN'S MEDICAL RECORD THE
16 SPECIFIC NATURE OF THE MEDICAL EMERGENCY THAT EXISTED. COMPLIANCE
17 WITH THIS SECTION DOES NOT REQUIRE THE USE OF AN INTRAVAGINAL
18 DIAGNOSTIC PROCEDURE.

19 (2) IF DURING THE EXAMINATION REQUIRED UNDER SUBSECTION (1) A
20 FETAL HEARTBEAT IS DETECTED, THE PHYSICIAN OR A QUALIFIED PERSON
21 ASSISTING THE PHYSICIAN SHALL OFFER TO THE PREGNANT WOMAN THE
22 OPTION OF HEARING OR SEEING EVIDENCE OF THE FETAL HEARTBEAT.

23 (3) IF THE EXAMINATION REQUIRED UNDER SUBSECTION (1) DOES NOT
24 DETECT A FETAL HEARTBEAT, THE PHYSICIAN OR A QUALIFIED PERSON
25 ASSISTING THE PHYSICIAN SHALL DO ALL OF THE FOLLOWING THAT APPLY:

26 (A) ADVISE THE PREGNANT WOMAN OF THE PHYSICIAN'S
27 RECOMMENDATION EITHER TO IMMEDIATELY PERFORM AN ADDITIONAL

1 DIAGNOSTIC PROCEDURE OR PROCEDURES THAT MAY DETECT A FETAL
2 HEARTBEAT OR TO DELAY UNTIL A LATER DATE PERFORMING A DIAGNOSTIC
3 PROCEDURE TO DETERMINE IF THE FETUS IS PHYSICALLY DEVELOPING.

4 (B) INFORM THE PREGNANT WOMAN OF THE PROBABILITY OF
5 MAINTAINING THE PREGNANCY VERSUS EXPERIENCING A MISCARRIAGE, GIVEN
6 THE ABSENCE OF A DETECTABLE FETAL HEARTBEAT, THE STATE OF
7 PREGNANCY, AND OTHER FACTORS KNOWN TO AFFECT THE POSSIBILITY OF A
8 MISCARRIAGE.

9 (C) IF THE FETUS HAS BEEN VISIBLY IDENTIFIED BUT IS NOT
10 EXHIBITING A HEARTBEAT OR OTHER SIGNS OF PHYSICAL ACTIVITY, ADVISE
11 THE PREGNANT WOMAN THAT A PROCEDURE TO REMOVE A FETUS THAT HAS DIED
12 IS NOT CONSIDERED AN ABORTION UNDER LAW AND INFORM THE PREGNANT
13 WOMAN OF THE RELATIVE RISKS AND BENEFITS OF DIFFERENT MEANS OF
14 TERMINATING THE PREGNANCY, INCLUDING MEDICAL INDUCEMENT, A SURGICAL
15 PROCEDURE, OR ALLOWING A MISCARRIAGE TO OCCUR SPONTANEOUSLY.

16 Sec. 17515. A physician, before performing an abortion on a
17 patient, shall comply with sections 17015 and ~~17015a~~. TO 17015B.

18 Enacting section 1. This amendatory act takes effect 90 days
19 after the date it is enacted into law.