PARTIAL-BIRTH ABORTION BAN ACT

HOUSE/SENATE BILL No.______
By Representatives/Senators_______________

Section 1. Title.

This Act may be known and cited as the “Partial-Birth Abortion Ban Act.”

Section 2. Legislative Findings and Purposes.

(a) The [Legislature] of the State of [Insert name of State] finds that:

(1) Partial-birth abortion is a gruesome and inhumane procedure that is never med-
    ically necessary and, as such, should be prohibited.

(2) In 2003, the 108th United States Congress passed the “Partial-Birth Abortion
    Ban Act of 2003” (18 U.S.C. §1531) and President George W. Bush signed it
    into law.

(3) Later, on April 18, 2007, the Supreme Court of the United States upheld the
    “Partial-Birth Abortion Ban Act of 2003” (“the federal ban”) in Gonzales v.
    Gonzales v. Carhart, 127 S. Ct. 1610 (2007), specifically ruling that a ban on partial-birth
    abortion need not include a maternal “health” exception to be constitutional.

(4) This Act’s language stems from and uses as its primary influence the language
    of the federal ban as upheld in Gonzales v. Carhart.

(5) This Act—a state ban on partial-birth abortion—is needed to supplement the
    federal ban. Importantly, the federal ban was narrowly tailored to reach only
    those partial-birth abortion procedures that implicate Congress’ power to regu-
    late interstate or foreign commerce. U.S. Const. art. 1, §8, cl. 3. Without this
    Act, partial-birth abortions performed, but not affecting these narrow catego-
    ries of commerce, are not prohibited under the federal ban.

(6) Partial-birth abortion poses serious risks to women’s long-term health.

(7) There is a substantial evidentiary record upon which the [Legislature] of the
    State of [Insert name of State] has based its conclusion that a state ban on par-
    tial-birth abortion is not constitutionally required to contain a maternal “health”
Moreover, the medical evidence clearly supports the informed judgment of the State of [Insert name of State] that a partial-birth abortion is never medically necessary to preserve a woman’s health and instead poses serious health risks, lying outside the standard of medical care.

Specifically, partial-birth abortion poses serious risks including, but not limited to: an increased risk of cervical incompetence, a result of cervical dilation that makes it difficult or impossible for a woman to successfully carry a subsequent pregnancy to term; an increased risk of uterine rupture, abruption, amniotic fluid embolus, and trauma to the uterus as a result of converting the child to a footling breech position – a procedure which, according to a leading obstetrics textbook, “there are very few, if any, indications for other than for delivery of a second twin”; and a risk of lacerations and secondary hemorrhaging as a result of the physician blindly forcing a sharp instrument into the base of the unborn child’s skull while he or she is lodged in the birth canal – an act which could result in severe bleeding and subsequent shock.

There is no credible medical evidence that partial-birth abortions are safer than other abortion procedures. No controlled studies of partial-birth abortion have been conducted nor have any comparative studies been conducted to demonstrate its safety and efficacy compared to other abortion methods. Furthermore, there have been no articles published in peer-reviewed journals that establish that partial-birth abortions are superior in any way to established abortion procedures.

In light of this overwhelming evidence, the State of [Insert name of State] has a compelling interest in prohibiting partial-birth abortion. Both Roe v. Wade, 410 U.S. 113 (1973), and Planned Parenthood v. Casey, 505 U.S. 833 (1992), recognized a governmental interest in protecting the life of a child during the birth [or delivery] process. This interest is specifically implicated during a partial-birth abortion because labor is induced and the birth process is begun before an abortion is attempted or the child is actually aborted [or killed].

In fact, partial-birth abortion kills a child who is mere inches away from birth and becoming a “person” under Roe. Thus, the State clearly has a heightened interest in protecting the life of the partially-born child.

The public’s perception of the appropriate role of a physician during a child’s birth [or delivery] is undermined by aborting a child in the manner that pur-
posefully seeks to kill the child inches from birth [or legal personhood].

(14) Partial-birth abortion is disturbingly similar to the killing of a newborn infant and blurs the legal and moral lines between infanticide and abortion. This Act reinforces that line at birth—just as the Supreme Court established in Roe v. Wade—while also preserving the integrity of the medical profession and promoting respect for human life.

(15) The vast majority of infants killed during partial-birth abortions are alive up through the very end of the procedure. Medical science has established that an unborn infant can feel pain when subjected to painful stimuli like that inflicted during a partial-birth abortion procedure. Moreover, fetal pain experts believe that an unborn child’s perception of pain can be even more intense than that of newborn infants and older children subjected to the same stimuli.

(b) For these reasons, the [Legislature]’s purposes in promulgating this Act are to conclusively establish that partial-birth abortion is never medically indicated to preserve the health of the mother and instead poses significant health risks to her; to clearly define the line between abortion and infanticide; and to safeguard the role of a physician during childbirth.

Section 3. Definitions.

(a) “Medical facility” means any public or private hospital, clinic, center, medical school, medical training institution, health care facility, physician’s office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location wherein medical care is provided to any person.

(b) “Partial-birth abortion” means an abortion in which the person performing the abortion:

1. deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially-delivered living fetus; and

2. performs the overt act, other than completion of delivery, that kills the partially-delivered living fetus.

(c) “Physician” means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which the doctor performs such activity, or any other
individual legally authorized by the State to perform abortions; *provided, however*, that any individual who is not a physician or not otherwise legally authorized by the State to perform abortions, but who nevertheless directly performs a partial-birth abortion, shall be subject to the provisions of this Act.

**Section 4. Prohibition.**

A person shall not knowingly perform or attempt to perform a partial-birth abortion.

**Section 5. Limitations.**

No person shall perform or induce a partial-birth abortion on a viable fetus unless such person is a physician and has a documented referral from another physician not legally or financially affiliated with the physician performing or inducing the abortion and both physicians determine that the life of the mother is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself.

**Section 6. Reporting.**

(a) If a physician determines in accordance with the provisions of Section 5 that a partial-birth abortion is necessary and performs a partial-birth abortion on the woman, the physician shall report such determination and the reasons for such determination in writing to the medical care facility in which the abortion is performed for inclusion in the report of the medical care facility to the [Insert appropriate State department, department head, or regulatory body]; or if the abortion is not performed in a medical care facility, the physician shall report the reasons for such determination in writing to the [Insert appropriate State department, department head, or regulatory body] as part of the written report made by the physician to [Insert appropriate State department, department head, or regulatory body]. The physician shall retain a copy of the written reports required under this Section for not less than five (5) years.

(b) Failure to report under this Section does not subject physician to criminal or civil penalties under Sections 7 and 8.

(c) Subsection (b) does not preclude sanctions, disciplinary action, or any other appropriate action by the [Insert appropriate citation or reference to State Medical Board or other appropriate agency].
Section 7. Criminal Penalties.

(a) Any person who intentionally or knowingly violates this Act is guilty of a [Insert class of felony or misdemeanor].

(b) Any physician who intentionally or knowingly performs a partial-birth abortion and thereby kills a human fetus shall be fined not less than ten thousand nor more than one-hundred thousand dollars under this Act, or be imprisoned [at hard labor] not less than one (1) year nor more than ten (10) years, or both.

Section 8. Civil Penalties.

(a) The father, if married to the mother at the time she receives a partial-birth abortion procedure, and, if the mother has not attained the age of eighteen (18) years at the time of the abortion, the maternal grandparents of the fetus may in a civil action obtain appropriate relief, unless the pregnancy resulted from the plaintiff’s criminal conduct or the plaintiff consented to the abortion.

(b) Such relief shall include—

(1) money damages for all injuries, psychological and physical, occasioned by the violation of this Act; and

(2) statutory damages equal to [Insert number] times the cost of the partial-birth abortion.

Section 9. Review by State Medical Board [of Medical Licensure and Supervision].

(a) A physician-defendant accused of an offense under this Act may seek a hearing before the State Medical Board [or other appropriate State agency] as to whether the physician’s conduct was necessary to save the life of the mother whose life was endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself.

(b) The findings on this issue are admissible on this issue at the civil and criminal trial(s) of the physician-defendant. Upon a motion of the physician-defendant, the court shall delay the beginning of the trial(s) for not more than thirty (30) days to permit such a hearing to take place.

(a) An ambulatory healthcare [surgical] facility licensed pursuant to [Insert appropriate statutes or regulations] in which the partial-birth abortion is performed in violation of this Act shall be subject to immediate revocation of its license by the [Insert appropriate department or agency].

(b) An ambulatory healthcare [surgical] facility licensed pursuant to [Insert appropriate statutes or regulations] in which the partial-birth abortion is performed in violation of this Act shall lose all state funding for [Insert number] years and will be required to reimburse the state for funds from the calendar [fiscal] year in which the partial-birth abortion was performed.

Section 11. Prosecutorial Exclusion.

A woman upon whom a partial-birth abortion is performed may not be prosecuted under this Act for a conspiracy to violate Section 4 of this bill.

Section 12. Construction.

(a) Nothing in this Act shall be construed as creating or recognizing a right to abortion.

(b) It is not the intention of this Act to make lawful an abortion that is currently unlawful.

Section 13. Severability.

Any provision of this Act held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, shall be construed so as give it the maximum effect permitted by law, unless such holding shall be one of utter invalidity or unenforceability, in which event such provision shall be deemed severable here from and shall not affect the remainder hereof or the application of such provision to other persons not similarly situated or to other, dissimilar circumstances.

Section 14. Right of Intervention.

The [Legislature], by joint resolution, may appoint one or more of its members, who sponsored or cosponsored this Act in his or her official capacity, to intervene as a matter of right in any case in which the constitutionality of this law is challenged.

Section 15. Effective Date.

This Act shall take effect on [Insert date].