PARTIAL-BIRTH ABORTION BAN ACT

Model Legislation & Policy Guide
For the 2013 Legislative Year

AMERICANS UNITED FOR LIFE

Changing Law to Protect Human Life, State by State
INTRODUCTION

In the first challenge to a prohibition on partial-birth abortion, the U.S. Supreme Court, by a 5-4 vote, struck down the partial-birth abortion prohibitions of Nebraska and 29 other states.¹ The majority held that the Nebraska prohibition was unconstitutional because it lacked an exception to protect the woman’s health and because it imposed an “undue burden” on a woman’s ability to choose a dilation and extraction (D&E) abortion, the most common method of abortion after the first trimester, before or after viability. However, the battle to end partial-birth abortion and protect women did not—thankfully—end there.

In November 2003, President George W. Bush signed the federal “Partial Birth Abortion Ban Act of 2003,” outlawing this unnecessary and gruesome procedure. That law was immediately challenged by Planned Parenthood, the American Civil Liberties Union (ACLU), and other abortion supporters and enjoined (pending the outcome of litigation) by three federal district courts. Two of the three cases were ultimately appealed to the U.S. Supreme Court.

On April 18, 2007, the U.S. Supreme Court issued its groundbreaking decision in Gonzales v. Carhart, upholding the federal ban on partial-birth abortion.² While the Court distinguished the federal ban from the state bans at issue in Stenberg, the Court in Gonzales also effectively threw out Stenberg and restored the guidelines set forth in 1992 in Planned Parenthood v. Casey³ that are more deferential to state abortion-related legislation. Further, because there were other alternative methods for late-term abortions, the Court ruled that the federal ban did not require a health exception. The Court also narrowed the unlimited health exception laid out in Doe v. Bolton⁴ to a focus on “significant health risks”—effectively rejecting the contention that an unlimited emotional health exception is required for every abortion regulation.

With the Court’s approval of the federal partial-birth abortion ban in 2007, state passage of partial-birth abortion prohibitions in 2013 is highly recommended. While much of the general public believes that state bans are unnecessary because the federal government has already acted to ban partial-birth abortion, that assertion is incorrect for three basic reasons.

First, the penalties for violating the ban could be more stringent. For example, under the federal ban, violators can be fined or imprisoned for no more than two years, or both.⁵ Contrast that to the ban in Louisiana, passed after the Gonzales decision, which provides that a person violating the law “shall be imprisoned at hard labor for not less than one nor more than ten years, fined not

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less than ten thousand nor more than one hundred thousand dollars, or both.”

Thus, there is room for states to pass laws with stricter penalties.

Second, a state ban ensures timely and effective enforcement. If for some reason the U.S. Attorney General decides not to enforce the federal ban, a state attorney general, along with local prosecutors, could step in and enforce a state ban.

Third, the federal ban may not reach the actions of all abortion providers. In order for the federal ban to be triggered, the abortion provider must either be on federal property (or a federal employee) or engaged in interstate commerce. While this is an area of law confusing even to most attorneys, the gist of the interstate commerce rule is that a private individual or business must be engaged in the flow of business across state lines in order for an offense to be considered federal in nature. It is hard to imagine an abortion provider that does not in some way engage in business across state lines. Women may come from across state lines; the abortion provider himself or herself may fly in from out of state; and the clinic surely purchases items or instruments from businesses in other states. However, to best ensure the eradication of partial-birth abortion in a state, the state must pass its own ban.

For more information and drafting assistance, please contact AUL’s Legislative Coordinator at (202) 741-4907 or Legislation@AUL.org.

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6 LA. REV. STAT. § 14:32.10(E).
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 medically 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. Carhart, 550 U.S. 124 (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 regulate interstate or foreign commerce. U.S. CONST. art. 1, §8, cl. 3. Without this Act, partial-birth abortions performed, but not affecting these narrow categories 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 partial-birth abortion is not constitutionally required to contain a maternal “health” exception.

(8) 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 being considered 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 purposefully seeks to kill the child inches from birth [or legal personhood].

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 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 person legally authorized by the State to perform abortions; provided, however, that any person 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 facility in which the abortion is performed for inclusion in the report of the medical facility to the [Insert appropriate State department, department head, or regulatory body]; or if the abortion is not performed in a medical 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 the physician to criminal or civil penalties.

(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 appropriate penalty classification].

(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 ($10,000) nor more than one-hundred thousand dollars ($100,000) 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 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.

Section 10. Penalties for Ambulatory Health Care Facilities.

(a) An ambulatory health care [or surgical] facility licensed pursuant to [Insert reference(s) to appropriate statute(s) or regulation(s)] 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 name of appropriate department or agency].

(b) An ambulatory health care [or surgical] facility licensed pursuant to [Insert references to appropriate statute(s) or regulation(s)] 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 [or 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 Act.

**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 to 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 herefrom 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].

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STATE OF THE STATES: WHERE ARE WE NOW?
STATE PARTIAL-BIRTH ABORTION PROHIBITIONS

Twenty state laws prohibiting partial-birth abortion are in effect.

Ten state laws apply throughout pregnancy and have either been upheld in court or mirror the federal partial-birth abortion ban: AZ, AR, LA, MI, MO, NH, ND, OH, UT and VA.

Seven state laws apply throughout pregnancy and have never been challenged in court: IN, KS, MS, OK, SC, SD, and TN.

Three state laws apply only after viability: GA, MT, and NM.

Twelve state laws banning partial-birth abortion are enjoined (most were invalidated by the U.S. Supreme Court’s 2000 decision in Stenberg v. Carhart and have not been re-enacted under the auspices of the Court’s later decision in Gonzales v. Carhart) or are currently in litigation: AL, AK, FL, ID, IL, IA, KY, NE, NJ, RI, WV, and WI.
More detailed information about the need and justification for state bans on partial-birth abortion can be found in AUL’s annual publication *Defending Life 2012: Building a Culture of Life, Deconstructing the Abortion Industry.*

*Defending Life 2012* is available online at AUL.org.

For further information regarding this or other AUL policy guides, please contact:

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